



Item: AC: A-3

Tuesday, November 16, 2021

**SUBJECT: REQUEST TO APPROVE THE COMPLIANCE AND ETHICS PROGRAM REVIEW**

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**PROPOSED Board ACTION**

Approval of the Compliance and Ethics Program Review.

**BACKGROUND INFORMATION**

FAU approved its first Compliance and Ethics Program (Program) in 2018. Board of Governors (BOG) Regulation 4.003 requires each state university to complete an external review of their Program's design and effectiveness and provide recommendations for improvement, as appropriate. The regulation requires that such a review must occur at least once every five (5) years, with the first review initiated on or before November 2021.

FAU retained Deloitte to complete its first program review, which included analysis of compliance-related documentation and interviews with eleven FAU constituents, including the President and the Chair of the Board's Audit and Compliance Committee. The framework for the review was an Effectiveness Survey Tool developed by the State University System compliance officers and approved by BOG compliance staff. The Effectiveness Survey Tool included 39 questions to assess conformity with various areas of the BOG regulation. Deloitte's assessment found that thirty-five questions demonstrated conformity with the regulation, four demonstrated partial conformity, and no questions demonstrated nonconformity.

Deloitte understood that FAU is only three years into its compliance program and has been working diligently to implement the foundations for our compliance program. To that end, Deloitte was asked to identify opportunities for program maturity and growth. Deloitte provided a detailed report and identified five broad areas for program maturity (compliance processes and tools, policy development, training and communication structure, decentralized compliance functions and compliance resources and people), with three specific areas for program growth as follows:

- Governance and high-level oversight, with respect to compliance resource allocations;
- Auditing and monitoring to detect and prevent criminal conduct; and
- Enforcing standards by engaging in compliance risk management.

FAU will use the recommendations and areas identified as a roadmap to strengthen and update its compliance program moving forward.

#### **IMPLEMENTATION PLAN/DATE**

Upon Board approval, the program review will be submitted to the BOG.

#### **FISCAL IMPLICATIONS**

There are no immediate fiscal implications to the program review. Implementation of maturity and conformity recommendations included within the review may have fiscal implications through additional compliance office resources.

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<b>Supporting Documentation:</b>	Effectiveness Survey Tool and Compliance Program Assessment
<b>Presented by:</b>	Elizabeth Rubin, Chief Compliance & Ethics Officer, Office of Compliance & Ethics
<b>Phone:</b>	561-297-3004



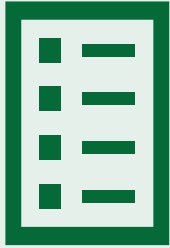
# Compliance Program Assessment

Report prepared for Florida Atlantic University

September 22, 2021

This report is intended solely for the information and internal use of Florida Atlantic University ("FAU"), and is not intended to be used, and should not be used, by any other person or entity. No other person or entity is entitled to rely, in any manner, or for any purpose, on this report.

# Contents | How this report is organized



3

## Executive summary

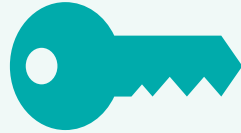
Summary of recommendations for program maturity and compliance with BOG 4.003



4 - 5

## Compliance and Ethics Program Milestones

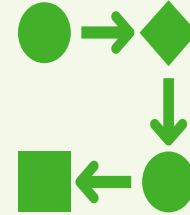
Noteworthy actions and successes of the Compliance and Ethics Program



6 - 7

## Project Approach

Methodology followed to determine regulatory compliance and maturity



8 - 9

## Notable Themes, Observations, and Recommendations

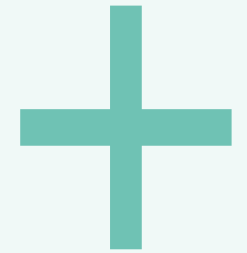
Broad themes and opportunities for maturity identified through interviews and document review



10 - 16

## Detailed Observations and Recommendations

Detailed recommendations and mapping of themes identified to industry leading practices



17 - 21

## Appendix

BOG Assessment Results  
Stakeholders Interviewed  
Documents Reviewed

# Executive Summary

## Purpose and Objectives

This engagement was to provide Florida Atlantic University (“FAU”) with an **external compliance program assessment**, as required every five years by the Florida Board of Governors, to understand and analyze whether FAU has conformed with program requirements around (7) major compliance areas in accordance with BOG 4.003. This engagement was also scoped to provide FAU with **recommendations to strengthen the overall maturity** of the Ethics and Compliance Program (“Program”). **The focus of this report will largely be the recommendations for program maturity.**

## Opportunities for Program Maturity

The following **broad areas were identified as opportunities to mature** the Compliance and Ethics Program at FAU.\*

1. Compliance Processes and Tools\*\*
2. Policy Development Process
3. Training and Communication Structure\*\*
4. Decentralized Compliance Functions and Compliance Committee
5. Compliance Resources and People\*\*

\*Please refer to pages 8 – 14 for a deeper dive of opportunities and associated recommendations.

\*\*These areas were also identified as areas for growth through the assessment of FAU’s compliance with BOG 4.003.

## BOG 4.003 Compliance

The Effectiveness Survey Tool included 39 questions to assess whether FAU demonstrated conformity with various areas of BOG 4.003. Our assessment found that **thirty-five questions demonstrated conformity** with the regulation, **four demonstrated partial conformity**, and no questions demonstrated nonconformity.

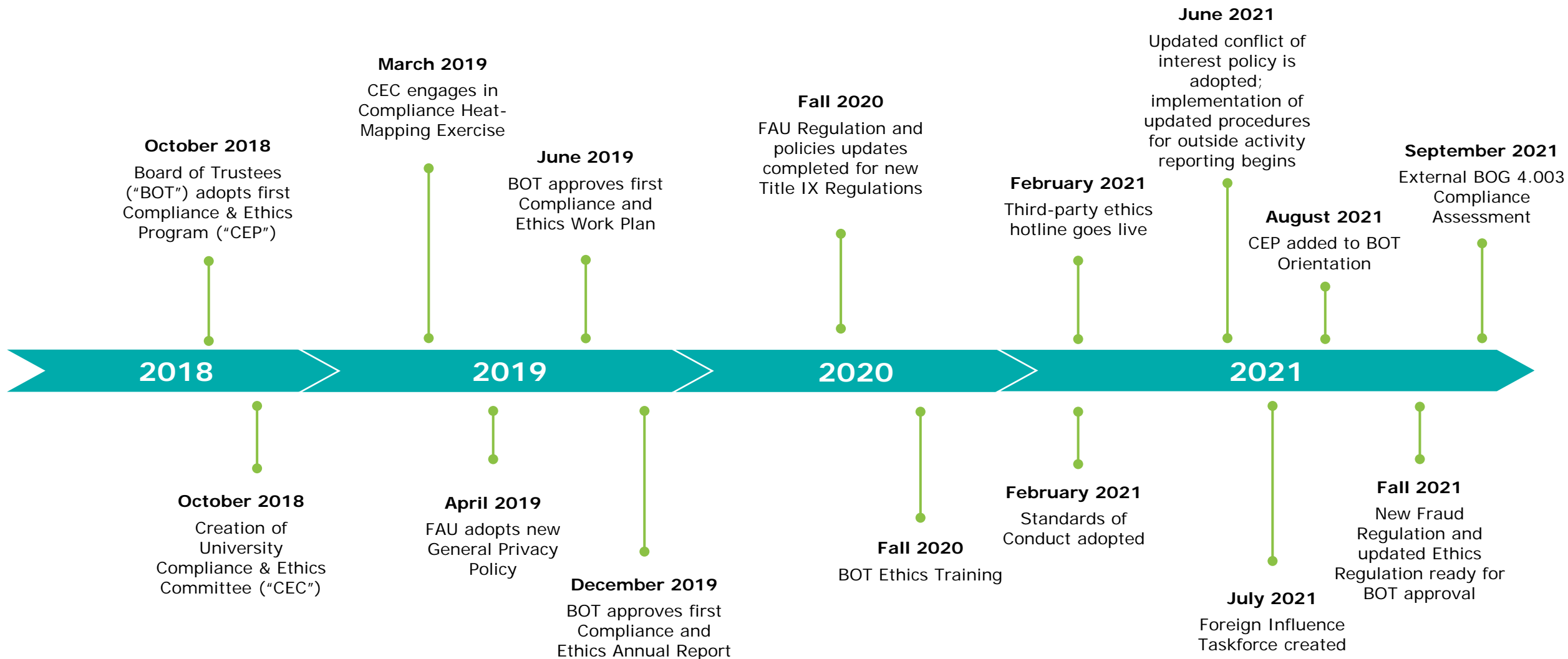
The following **areas for growth**, documented in the Effectiveness Survey Tool, will enable FAU to enhance its compliance with BOG 4.003.

1. **Governance and high-level oversight**, with respect to resource allocations for Compliance
2. **Auditing and monitoring** to detect and prevent criminal conduct
3. **Enforcing standards** by engaging in compliance risk management

# **Compliance and Ethics Program Milestones**

# Compliance and Ethics Milestones

FAU has a **strong commitment to compliance** and has built a **strong foundation and culture** for an effective Program. FAU's Compliance and Ethics Program has taken significant steps to grow and mature. The timeline below highlights some key milestones, activities, and successes since FAU's compliance program was established.



# Project Approach



# Project Approach

Our analysis of FAU's Compliance and Ethics Program consisted of the activities below.

## Discovery

- ✓ Aligned with project sponsors on **scope, project expectations,** and general **project management** protocols
- ✓ Identified **relevant stakeholders to be interviewed** and collaborated with FAU to schedule interviews
- ✓ **Requested and received existing program documentation** for review, including relevant policies and procedures that support compliance efforts

## Assessment

- ✓ Conducted **11 stakeholder interviews** in order to understand current processes and program elements and help establish compliance via the state Effectiveness Survey Tool, in accordance with **requirements of BOG 4.003**
- ✓ **Analyzed the information gathered** from documentation and interviews notes and leveraged industry leading practices and frameworks to **identify program strengths, gaps, and enhancement opportunities,** and assess the current Program maturity

## Recommendations

- ✓ Developed a report summarizing observations and **recommendations** taken from interviews and documentation to support the **advancement and maturity of specific elements of FAU's Compliance and Ethics Program**

# Notable Themes and Observations

# Notable Themes, Observations, and Recommendations

The following themes were identified as opportunities to further advance FAU's Compliance and Ethics Program.

- Establish a **formal process**, such as an annual risk assessment, **for identifying and monitoring compliance risks**.
- **Risk manager** has primary responsibility for the FAU insurance program. There is an opportunity to **enhance this role** to better manage broad risks and integrate it into the Compliance Program.
- **Integrate the Compliance Office into investigations** of misconduct.

- Enhance **strategy to communicate** with the larger FAU Community on compliance issues, policies, and processes could be established.
- Define a process for **identifying and updating outdated employee training**.
- **Expand Internal training for Administrators** on the Compliance and Ethics program.



- Implement a formal process to **evaluate the sufficiency and completeness of FAU policies** and procedures.
- Enhance procedures around when **policies should be created or updated, who** should update and approve them and **how** they should be communicated to stakeholders.

- Compliance and Ethics Office is currently **comprised of a single person**, the CCO.
- Better position the Office to **manage new and emerging responsibilities**, including regulatory change and compliance risks.
- A case for **greater investment** in compliance is needed to improve program coverage and reach across the University.

- Define the **roles and responsibilities** of "Compliance Partners" and **maximize utilization of the Compliance Committee**.
- **Enhance compliance program documentation**, such as work plans and reports, to clearly communicate Program priorities.
- **Develop a plan to address siloed compliance efforts** across the University.

# Detailed Observations and Recommendations

# Detailed Observations and Recommendations | Format and Structure

Slides 12 to 16 will focus on the opportunities for maturity of FAU's Compliance and Ethics Program. Observations and recommendations, as well as some leading practices for FAU's consideration, will be displayed in the format below in the upcoming slides.

## Observations and Recommendations

Leading practices for management's consideration	
<b>Compliance leading practices in area identified</b>	 <b>Questions for management's consideration</b>
CURRENT STATE OBSERVATIONS	RECOMMENDATIONS
<b>Observations gathered from stakeholder interviews and document reviews</b>	<b>Recommendations for maturing FAU's Compliance and Ethics Program in area identified, informed by compliance leading practices</b>

# Compliance Processes and Tools

Enhancing compliance risk management and connectivity to investigations to address potential FAU vulnerabilities.

## Leading practices for management's consideration

- **A cross-functional (Compliance, Internal Audit, and Enterprise Risk Management) risk assessment effort** that periodically identifies, analyzes, prioritizes, and develops plans to mitigate existing or emerging compliance risks.
- **Appropriate** controls to mitigate risk and consistent testing of the effectiveness of these controls.
- **Key Performance Indicators (KPIs) and Key Risk Indicators (KRIs)** are established, analyzed, and monitored in real-time to assess the performance and achievements of the Program.
- **Monitoring of external regulatory environment** to keep up with changing regulations and policies.



*How does the Compliance and Ethics Program ensure that they identify, assess, and monitor compliance risks that could present a threat to FAU? To what degree does the Program devote appropriate scrutiny and resources to the spectrum of risks?*

## CURRENT STATE OBSERVATIONS

### Risk management processes

- There is an informal structure for identifying and mitigating compliance risks.
- Limited risks are identified informally by the CCO based on perception of potential vulnerability to the University. For example, the CCO identified conflicts of interests as a potentially high-risk area and is responding to this risk.
- There is a risk manager that sits within the Environmental Health and Safety Department, a Compliance Partner; this individual handles mostly insurance and risks related to safety.
- The risk management function does not handle university-wide compliance risks. There is an opportunity to better enhance this role.

### Misconduct investigation protocols

- Compliance investigations are reactive, only initiated after misconduct has already occurred.
- Compliance violations and misconduct are usually handled outside of the Compliance Office by FAU Departments. For example, a misconduct case against an athletic coach would involve Athletics Compliance, HR, the General Counsel, and the Office of Equity and Inclusion (which does report into the Compliance Office).
- The CCO may be apprised of the investigation at a high level, reports are created by General Counsel and disseminated to departments involved.
- This process may prevent the Compliance Office from having the necessary information to detect and prevent unethical behavior in the future or modify the Compliance Program to better address the risk of noncompliance.

## RECOMMENDATIONS

### Formalize policies and procedures related to assessing risk

- Define and document a framework for identifying, assessing, controlling, measuring, and monitoring compliance risks.
- Define and document a process for conducting Compliance Risk Assessments (CRAs) across all university functions with compliance responsibilities, including defining how often assessments should occur.
- Establish a formalized process for scoring and assessing compliance risks.
- Conduct a CRA across all university functions with compliance responsibilities and develop a compliance risk register to inventory all relevant compliance risks.
- Continue focusing on relationship with the Inspector General to determine a clear line of sight between the two functions.

### Create clear responsibilities and accountabilities for managing compliance risks

- Create a "Risk Manager" position housed specifically within the Compliance and Ethics Office. This position should also be a member of FAU's Compliance and Ethics Committee.
- This person would be responsible for managing the risk assessment process within the Compliance Program as well as help manage accountabilities for risk ownership across the University.

### Ensure Compliance and Ethics' is adequately informed about investigations of misconduct and criminal conduct

- Compliance and Ethics Office should provide oversight of misconduct investigations so that they are sufficiently triaged and handled, and so that matters are remediated appropriately.
- Compliance and Ethics Office should be provided with all relevant investigation documentation, including reports, trends, and remediation actions.

# Policy Development Process

Identify and distribute policy development responsibilities and processes to expand the bandwidth of the Compliance and Ethics Office.

## Leading practices for management's consideration

- **Policies and procedures are regularly updated**, typically on a biennial or triennial basis and as needed.
- Process for **identifying regulatory and business changes along** with established **accountability for revising the policies and procedures** to reflect new and changing requirements.
- **Monitoring to ensure policies are timely and properly updated.**
- **Central repository** for all compliance and ethics-related policies and procedures across the organization.



*How can the policy development process be improved to ensure that accountability for policy development is distributed across University functions?*

## CURRENT STATE OBSERVATIONS

### Compliance and Ethics Office as a policy-development unit

- Currently, policy development takes up a lot of the CCO's time. This is driven by resource constraints (see Page 14), and because of loosely defined procedures around the roles and responsibilities of policy development and maintenance.
- The CCO's policy-creation responsibility is one that she shares with her previous role in the General Counsel's office.

### A "Policy on policies"

- There is an opportunity to define and enhance procedures around policy development and updating so that that the Compliance and Ethics Office can expand their coverage of other compliance matters as they arise.

## RECOMMENDATIONS

### Conduct a Policy Gap Analysis

- Conduct a high-level review that maps regulatory requirements to current FAU policies. This analysis will help identify what policies need to be created, updated, or eliminated.

### Enhance the Policy Development Framework for the management of policies and policy development at FAU. This framework should include the following elements:

- Defined process for monitoring regulatory and business change that may influence specific University policies.
- Defined and repeatable process for developing and revising University policy.
- Assigned accountabilities for policies. This should include delegating specific individuals to monitor policies and revise them as needed.
- Defined process for approval of policies.

### Create central policy repository to increase collaboration and efficiency in policy creation and updating

- Centralize information on the policy development process and individual responsibilities so that policies are accessible to FAU stakeholders with policy management responsibilities.

# Training and Communication Structure

Improving structures to promote a culture of compliance across FAU.

## Leading practices for management's consideration

- **Development and execution of an annual compliance communication plan** to raise awareness of the Program, compliance risks, and expectations.
- Use of multiple learning modes and platforms to **provide training that is risk-based and targeted**.
- **Tracking of training participation** to ensure completion of required compliance training.



*How does the Compliance and Ethics Program ensure that compliance information and processes are received and followed by the FAU Community? Do the current communication structures promote a culture of compliance?*

## CURRENT STATE OBSERVATIONS

### Compliance and Ethics' communication strategy

- Compliance information and policy updates are sent to FAU community via email. Given the large volume of emails received, information may be overlooked by recipients.
- Language used in policy may be dense and difficult to read. Policies updated or developed could be communicated more effectively to the FAU community so that there is greater awareness and understanding.

### Training and development for University employees

- Currently, all new employees receive the same Compliance and Ethics training within 30 days of onboarding. However, this may be the only training that employees receive on the Program, and, over time, they may forget application of them, be unaware changes that were made, or new policies that exist.
- Training for Administrators on the Program could also be broadened. For example, some Administrators did not receive internal training on the Program itself but may have received State-sponsored or external ethics training.

### Development and revisions of compliance trainings

- A process for determining when compliance trainings should be developed or revised has not yet been defined.
- As new policies are created, there is an opportunity to develop corresponding trainings to enhance employee knowledge of the program.

## RECOMMENDATIONS

### Develop and implement an annual compliance communications strategy

Components of such a strategy could include:

- Plans for University Administrators to consistently and routinely message about the importance of the Compliance Program.
- Targeting communications to specific roles across the University.
- Leveraging social media and technology (e.g., FAU's police department uses a safety application).
- Coordination with other university departments, (e.g., collaborating on newsletters and meetings).
- Gathering feedback from employees on Program communication.

### Create a central, accessible repository of compliance information for FAU Community

- Policies and compliance information should be explained in an accessible manner, so they are digestible for members of the FAU community at all levels.

### Consider conducting a training needs assessment

- Such an assessment, led by the Compliance and Ethics Office, could be completed at the department-level in coordination with the Compliance Partners. This would help measure employees' current level of compliance knowledge and competency against the required competencies for their specific roles, giving the Compliance and Ethics Office a sense of what the gaps are in existing training and what additional training needs to be developed.

### Develop a risk-based training strategy, leveraging results from training needs assessment

- Deploy level-based training related to the risk areas associated with specific levels of responsibility, as some Compliance and Ethics risks may be more applicable to only certain individuals at FAU.



# Decentralized Compliance Functions and Compliance Committee

Promoting cohesion across University departments with Compliance functions.

## Leading practices for management's consideration

- **Established communication protocols** between the centralized compliance office and departments across the organization with major compliance functions.
- **Departments with compliance functions** have **defined responsibilities** for carrying out the charge of the organization's Compliance Program



*Do compliance functions across FAU effectively communicate with the central Compliance and Ethics office? How can the role of Compliance Partners be optimized to achieve the compliance goals of the University?*

## CURRENT STATE OBSERVATIONS

### Role of Compliance Partners

- Compliance Partners, which are offices across FAU that have compliance functions or responsibilities, manage their respective responsibilities outside of and separately from the Compliance and Ethics Office.
- There is opportunity to define the role of the Compliance Partners and increase communication between these and the Compliance and Ethics Office to make sure that (1) the central Office has visibility over compliance activities across FAU; (2) Program activities are not being duplicated across various departments; and (3) Compliance Partners are effectively carrying out the goals and objectives of FAU's Compliance and Ethics Program.

### Compliance and Ethics Committee utilization

- The Compliance Committee currently operates as a medium for communicating and updating members on compliance activities happening across FAU.
- The Committee charter defines major responsibilities, including assisting with policy and procedure development, risk management, and training, and there is opportunity to empower the Committee to effectively conduct these activities.

### Compliance documentation

- Program documentation such as work plans and annual reports are currently information-dense, and there is opportunity to enhance these to clearly communicate Program priorities to University leadership.

## RECOMMENDATIONS

### Enhance the charter that defines the roles and responsibilities of Compliance Partners.

Responsibilities defined in this Charter could include:

- Defining compliance priorities in Partner's respective departments.
- Conducting department focused CRAs and compliance plans. The central Compliance and Ethics Office could use this information when conducting University-wide CRAs.
- Reporting to the Compliance and Ethics Office on a semi-regular basis.

### Consider establishing communication protocols for Compliance Partners

- Create a template for Compliance Partners to report activities to the Compliance and Ethics Office on a semi-regular basis. Template should highlight, at a high-level, compliance risks, activities, and areas for centralized collaboration.
- Facilitate meetings between Compliance Partners so that they may report and collaborate on similar activities as needed.

### Measure the progress and success of the Compliance and Ethics Committee

- Track actions of Committee against the roles and responsibilities defined in the Committee Charter; Perform an annual evaluation of Committee performance.
- Analyze current charter to identify opportunities to enhance committee effectiveness including leadership support, committee member roles and responsibilities, issue management and communication processes, committee education and onboarding, reporting, and monitoring and evaluation.

### Streamline Compliance Documentation

- In conjunction with Compliance Partners, determine the top priority goals of the Compliance and Ethics Program.
- Restructure work plans and annual reports to specifically report on the progress towards these defined goals and the activities taken to achieve them.

# Compliance Resources and People

Deploying resources to support Program maturity.

## Leading practices for management’s consideration

- **Level of effort and needs-based assessment** is needed to create a **staffing model that supports the effective management of** a Compliance Program’s **primary responsibilities**, as defined by a Compliance Office Charter.



*Does the Compliance Program have adequate resources to mature manage emerging responsibilities?*

### CURRENT STATE OBSERVATIONS

- Growing the Compliance and Ethics Program**
- Currently, the CCO is the only staff member with compliance functions within the Compliance and Ethics Office. Another staff member, the Compliance Manager, has strictly administrative responsibilities.
  - The CCO currently spends a lot of time on policy development, which may pose a restriction on the time spent focusing on the broad set of responsibilities outlined by FAU’s Compliance Office Charter.
  - In addition to her primary roles and responsibilities, the CCO also serves as the Chair or is a member of various University Committees to ensure compliance representation. Preparation for Committee meetings can be time consuming, and there is opportunity to allocate additional resources to improve compliance coverage across the University.
  - As the spectrum of responsibilities for the Office grow, such as new or changing regulations and emerging compliance risks, staffing will need to grow. For example, the new Florida Foreign Influence legislation will require specific management that the Office may not yet be well positioned to provide.

### RECOMMENDATIONS

- Develop a staffing model that addresses Compliance and Ethics Office needs**
- Take inventory of the full spectrum of roles and responsibilities of the Office, including new and emerging tasks (e.g., Foreign Influence legislation).
  - Analyze budget needs by identifying responsibilities that require additional “manpower” and resources.
  - Create a resource and staffing model to present to FAU leadership. The model should link under-resourced responsibilities identified to specific staffing or financial asks.

# Appendix

# BOG 4.003 Assessment Results

The Effectiveness Survey Tool listed (39) questions to assess whether FAU's Compliance and Ethics Programs conformed with BOG 4.003. Below are the high-level results of the assessment. Please see the completed Effectiveness Survey Tool for full assessment results.

	Effectiveness Survey Tool Responses	
<b>Conforms</b>	<b>Thirty-five</b> questions demonstrated conformity with BOG requirements.	<b>Areas of opportunity for greater conformity with BOG 4.003*</b>  <b>Allocating additional resources to facilitate the growth of the Compliance and Ethics Program</b>  <b>Expanding policies and procedures to detect and prevent noncompliance and misconduct</b>  <b>Formalizing a compliance risk management process to manage risks and prevent noncompliance with the Program</b>
<b>Partially Conforms</b>	<b>Four</b> questions demonstrated partial conformity with some BOG requirements.	
<b>Does Not Conform</b>	<b>Zero</b> questions demonstrated nonconformity with BOG requirements.	

\*The following areas were also identified as areas of opportunity to mature FAU's Compliance and Ethics Program and will be included in our observations and recommendations in slides 10 to 16.

# Compliance Program Assessment Stakeholder Interviewees

The following FAU stakeholders were interviewed as part of our assessment of FAU's Compliance and Ethics Program.

**John Kelly**  
*University President*

**Shaun Davis**  
*Chair, Board of Trustees Audit and Compliance Committee*

**Stacy Volnick**  
*Vice President for Administrative Affairs and Interim Chief Financial Officer*

**Elizabeth Rubin**  
*Associate Vice President for Compliance (Chief Compliance Officer)*

**Reuben Iyamu**  
*Inspector General*

**David Kian**  
*Vice President of Legal Affairs and General Counsel*

**Jason Ball**  
*Associate Provost and Chief Information Officer*

**Chitra Iyer**  
*Assistant Vice President for Human Resources*

**Elisa Gaucher**  
*Assistant Vice President for Research Integrity*

**Sean Brammer**  
*Chief of Police*

**Arnie Harrison**  
*Risk Manager*

# Compliance Program Documents Received

The following documents were received and reviewed in our assessment of FAU's Compliance and Ethics Program.

- BOT - Committee and Full Board Meetings Master Agenda, February 16, 2021
- BOT - Full Board Meeting Minutes February 16, 2021
- Audit and Compliance Committee (ACC) Action Agenda: Review and Approval of the Audit and Compliance Committee Charter Update
- ACC Action Agenda: Review and Approval of the Compliance Office Charter
- ACC Minutes February 16, 2021
- BOT - Committee and Full Board Meetings Master Agenda, November 17, 2021
- BOT - Full Board Meeting Minutes November 17, 2021
- ACC Action Agenda: Request for Approval of the Compliance and Ethics Annual Report (FY 2019-20) and PowerPoint Presentation
- ACC Minutes November 17, 2021
- BOT - Special Full Board Meeting Master Agenda, August 12, 2020
- BOT - Full Board Meeting Minutes August 12, 2020
- ACC Action Agenda: Approval of the 2018-19 Florida Educational Equity Report (pages 1-27 of 93) and PowerPoint Presentation
- BOT - Committee and Full Board Meetings Master Agenda, June 2, 2020
- ACC Action Agenda: Review and recommend Approval of the FY 20-21 Compliance and Ethics Work Plan and PowerPoint Presentation
- ACC Minutes June 2, 2020
- BOT - Committee and Full Board Meetings Master Agenda, December 6, 2019
- ACC Action Agenda: Review and Approval of the Compliance and Ethics Annual Report (FY 2018-19) and PowerPoint Presentation
- ACC Minutes December 6, 2019
- BOT - Board Retreat Agenda, September 16-17, 2019
- BOT - Board Retreat Minutes, September 16-17, 2019
- Florida Commission on Ethics Presentation - Christopher Anderson Bio
- ACC Action Agenda: Approval of the 2017-18 Florida Educational Equity Report (Full Report) and PowerPoint Presentation
- BOT - Committee and Full Board Meetings Master Agenda, June 4, 2019
- BOT - Full Board Meeting Minutes June 4, 2019
- ACC Action Agenda: Review and recommend Approval of the FY 2019-2020 Compliance and Ethics Work Plan and PowerPoint Presentation
- ACC Minutes June 4, 2019
- BOT - Committee and Full Board Meetings Master Agenda, January 29, 2019
- BOT - Full Board Meeting Minutes January 29, 2019
- ACC Information Agenda: Compliance Update
- ACC Minutes January 29, 2019
- BOT - Board Retreat Agenda, October 1-2, 2018
- BOT - Board Retreat Minutes, October 1-2, 2018
- Proposed Action: Approve FAU's Compliance and Ethics Program (CEP) and PowerPoint Presentation
- BOT - Committee and Full Board Meetings Master Agenda, August 21, 2018
- ACC Action Agenda: Request Approval for the Appointment of Elizabeth Rubin to the position of Associate VP, Compliance with a working title of Chief Compliance and Ethics Officer - Position Description
- ACC Action Agenda: Request Approval for the Submission of the 2018 Florida Educational Equity Report (pages 1-5 of 71) to the BOG
- ACC Minutes August 21, 2018
- BOT - Committee and Full Board Meetings Master Agenda, February 20, 2018
- BOT - Full Board Meeting Minutes February 2018
- ACC Action Agenda: Approval and Adoption of the Office of Compliance Charter
- ACC Minutes February 20, 2018
- Administrative Affairs PowerPoint for BOT Orientation
- Audit and Compliance Committee Charter, Amended February 15, 2021, Adopted by ACC of the FAU BOT on May 16, 2017
- Audit and Compliance Committee Agendas/Minutes
- FAU Compliance and Ethics Program Charter

# Compliance Program Documents Received

The following documents were received and reviewed in our assessment of FAU's Compliance and Ethics Program.

- FY2019-20 Compliance and Ethics Annual Report
- FY2018-19 Compliance and Ethics Annual Report
- FY2019-20 Compliance and Ethics Work Plan
- FY2018-19 Compliance and Ethics Work Plan
- University Organizational Chart
- Compliance Office Organizational Chart
- Compliance Officer Position Description
- Compliance Office Charter
- Compliance Office Budget
- Compliance Officer Resume
- Compliance Office - 5 Year Review Materials
- Compliance Officer and University Committee Listing and Committee Agendas & Minutes
- Compliance Office - Anonymous Hotline Engagement Documentation
- FAU Lighthouse Anonymous Reporting Website
  - Lighthouse Hotline Services Agreement
  - Anonymous Reporting Hotline PowerPoint
  - FAU Report A Concern Webpage
  - FAU Office of Inspector General Anonymous Complaint Form
- Fraud and Other Wrong Acts Policies
  - Regulation 7.007 Process for Complaints of Waste, Fraud or Financial Management
  - Policy 1.9 Fraud
  - Policy 8.4 Billing Compliance Plan (Health Care Units)
- "Compliance Partners" meeting agendas, minutes, notes; Committee members listing
  - List of Compliance Partners
  - IT Compliance Meeting Agendas
  - Division of Research Meeting Agendas
  - Conflict of Interest Task Force Meeting Agenda and Members Listing
  - Foreign Influence Task Force Meeting Agenda and Members Listing
  - HIPAA Task Force Meeting Agenda and Members Listing
  - Policies and Procedures Review Committee Meeting Agendas and Members Listing
- Code of Conduct/Statement of Ethical Conduct/ Policies
  - Regulation 5.011 University Ethics
  - Regulation 5.012 Employee Standards and Disciplinary Procedures
  - Policy 1.10 Consensual Relations
  - Policy 1.13 Disabilities and Accommodations
  - Policy 1.15 Prohibited Discrimination & Harassment
  - Policy 1.18 HIPAA Compliance
  - Policy 6.4 Reporting Foreign Gifts and Contracts
  - Policy 7.1 Employment of Relatives
  - Policy 7.6 Reporting Child Abuse
  - Policy 8.1 General Privacy Policy
  - Policy 8.2 Standards of Conduct
  - Policy 8.3 Conflicts of Interest, Conflicts of Commitment and Outside Activities
- Training Documentation
  - Compliance and Ethics Employee Training - Canvas
  - All Available FAU Training Portal
  - Conflict of Interest and Conflict of Commitment and Outside Activity Training (PowerPoint)
  - Respectful Workplace Training - HR Strategy Group

**EFFECTIVENESS QUESTIONS -  
SUPPORTING DOCUMENTS, SUPPORTING STATEMENTS, AND OTHER EVIDENCE**

**INSTRUCTIONS:** For each question, please answer Y or N in column E then assess to the extent conformance with the regulations is met by providing supporting documentation. You can refer to Columns A and F for suggestions of supporting documents and should be tailored to the program under assessment so, feel free to add or remove supporting documents as appropriate. Once your list of documents is finalized, select the letter(s) from Column A and enter them in Column G requirement. Note: Column F can be deleted at the end the assessment. The assessment also includes interviewing different employees across the organization. During the interviews you may hear supportive statements that are representative of the Program. Compile these statements on one document and include it in column A (e.g. see x). Number the statements on that document so you can refer to them in Column H, for example x)1) or x)2). Column I provides opportunity to briefly describe the evidence that may be favorable, for example, the university may not have a Non Retaliation Policy currently but is in the process of developing one. When the assessment is complete, go to the next tab to assign a rating.

This engagement was done to provide Florida Atlantic University with an assessment of their Compliance and Ethics Program's Conformity with Board of Governors Regulation 4.003. The scope of the BOG 4.003 assessment included a review of Program documentation as well as interviews of compliance stakeholders at FAU in order to answer and substantiate the (39) questions below in the Effectiveness Survey Tool.

A.	B.	C.	D.	E.	G.	H.
List of Suggested Supporting Documents	SUB SECTION	#	Questions	Y/N	Supporting Documentation	Interview Findings
<b>GOVERNANCE AND HIGH-LEVEL OVERSIGHT</b>						
a) BOT Meeting Agendas/minutes b) New BOT Orientation Materials c) BOT – Other Workshop Materials d) BOG BOT Orientation Materials e) BOT/Compliance Committee training or other educational material f) Audit and Compliance Committee Charter g) Compliance Committee Agenda and Minutes h) Compliance Office Annual Reports	<b>Board of Trustees</b>	1	Are the President and the Board of Trustees members knowledgeable about the Compliance and Ethics Program (Program)? How is it demonstrated?	Yes	BOT Orientation Presentation/ Training on Compliance; BOT meeting minutes 2/16, 12/19, 12/20, 12/20	Board members are engaged on compliance issues. This fluctuates as there are changes in Board members that need to be re-trained, but they are always engaged by the Chief Compliance Officer (CCO), who brings issues to the Audit and Compliance Committee Chair for discussion and approval. These issues and subsequent action items are discussed with the larger Audit and Compliance Committee, and work is reported out the larger Board of Trustees (BOT), as evidenced by BOT meeting agendas and minutes.
i) University Organizational Chart j) Compliance Office Organizational Chart k) Compliance Officer Position Description l) Compliance Office Charter m) Compliance Office Budget		2	Do the President and BOT exercise oversight with respect to the Program's implementation and effectiveness?	Yes	Board of Trustees Minutes 6/19 Approval of Compliance Work Plan, Board of Trustees Minutes 11/20 Approval of Annual Report	The CCO has touchpoints with BOT Audit and Compliance Chair before Committee meetings and has other ad hoc conversations as needed. The Committee approves the work plan and the annual report every year (as evidenced in BOT minutes on 6/19 and 11/20) and those are usually meetings, and then additional meetings are added based on what other work needs to be done.
n) Compliance Officer Resume o) Compliance Office - 5-Year Review Materials p) Compliance Officer - University Committee Listing q) Compliance Office - Hotline Engagement Documentation r) "Compliance Partners" meeting agendas, minutes, notes; Committee members listing s) Code of		3	Are any Program plan revisions, based on the Chief Compliance Officer's report approved by the Board of Trustees?	Yes		As gathered from interviews, since the approval of the Compliance program in 2018, there have been no updates to the program itself. CCO is planning to start update process within the next year and escalate that to the BOT. Per discussions with the CCO the BOT would approve any plan revisions made to the program.
	<b>Audit and Compliance Committee</b>	4	Does the Audit and Compliance Committee Charter address governance oversight for the Program?	Yes	Audit and Compliance Committee Charter, adopted May 16, 2017 and amended February 16, 2021	Committee charters are updated as needed. Charters may be shared with the President formally or informally, and then shared with the Chair of the Audit and Compliance Committee followed by the full Committee. Approval of the Committee Charter, which addresses governance for the Program, was done by the BOT February 2021. The Compliance Office may also reach out to the Board of Governors (BOG) to also get input on the Charter.
		<b>Compliance Office</b>	5	Is the Office of the Chief Compliance Officer governed by a charter approved by the Board of Trustees and reviewed at least every three (3) years for the consistency with applicable Board of Governors and university regulations, professional standards, and best practices?	Yes	Compliance Office Charter adopted February 20, 2018; Reviewed and approved by the BOT as originally adopted on February 15, 2021
			6	Does the Chief Compliance Officer report functionally to the Board of Trustees and administratively to the president?	Yes	Compliance Office Organizational Chart, 2021 ; Chief Compliance Officer Position Description; FAU Compliance and Ethics Program, Page 5



**EFFECTIVENESS QUESTIONS -  
SUPPORTING DOCUMENTS, SUPPORTING STATEMENTS, AND OTHER EVIDENCE**

List of Suggested Supporting Documents	SUB SECTION	#	Questions	Y/N	Supporting Documentation	Interview Findings
Conduct/Statement of Ethical Conduct t) Code of Conduct, Ethical Conduct Training u) Fraud and Other Wrongful Acts Policy w) Compliance Program Plan x) Supporting statements	Chief Compliance Officer/Compliance	7	Is the Chief Compliance Officer the same individual as the Chief Audit Executive or the General Counsel (with the exception of New College of Florida and Florida Polytechnic University)?	No	Compliance and Ethics Organizational Chart, 2021	The Inspector General serves as the Chief Audit executive, and this is a separate position to the CCO as evidenced by the separate offices in the Compliance organizational chart. The General Counsel is also a separate office. Because of the CCO's former role in the General Counsel's office, she still has some policies and procedures responsibilities she shares with that office.
		8	Does the Chief Compliance Officer have the independence and objectivity to perform the responsibilities of the Chief Compliance Officer function?	Yes	Compliance and Ethics Organizational Chart, 2021	As gathered from interviews, the CCO is free to elevate concerns and have free communication with the President and the BOT. CCO focuses her work on areas she sees as most critical from exposure perspective to the University, and based on this can guide everything that comes in front of the BOT and CCO.
		9	In circumstances where either a restriction or barrier was imposed by an individual on the scope of an inquiry, or the access to the necessary information for the purposes of such inquiry was denied, is the Chief Compliance Officer able to remedy the situation by talking to the President?	Yes		Our review of documentation and Office activities found no evidence of restrictions or barriers imposed on the CCO's access to necessary information. Additionally, during our interviews, the CCO expressed that she has not faced any barriers when making inquiries and requesting information and resources. There is an avenue to address concerns in this area, since there is open communication between the CCO, her supervisor (AVP of Admin Affairs), and the President.
		10	Does the Chief Compliance Officer have decision-making independence, including the ability to elevate compliance and ethics concerns directly to the BOT without executive leadership pre-approval?	Yes		The CCO can go to the President and the Board of Trustees freely. Because of the delegation of authority to the VP of Administrative Affairs, she also brings the work plan, issues, and updates as they come up to the VP, but this does not prevent her from reaching out to BOT and President freely. It is often both the CCO and VP of Administrative Affairs in meetings with the President and the BOT.
a) BOT Meeting Agendas/minutes b) New BOT Orientation Materials c) BOT – Other Workshop Materials d) BOG BOT Orientation Materials e) BOT/Compliance Committee training or other educational material f) Audit and Compliance Committee Charter g) Compliance Committee Agenda and Minutes h) Compliance Office Annual Reports i) University Organizational Chart j) Compliance Office Organizational Chart k) Compliance Office Position Description l) Compliance Office Charter m) Compliance Office Budget n) Compliance Officer	Chief Compliance Officer/Compliance Office	11	Does the Chief Compliance Officer have timely access to any records, data, and other information in possession or control of the university, including information reported to the university's hotline/helpline?	Yes		As gathered from interviews, there is currently no data coming out of the compliance hotline because it was just launched in the last Spring. However, the CCO is familiar with where to get data and what offices to reach out to, especially coming from the General Counsel's office and using her attorney resources. CCO believes she has all the data she needs for now, but in the near future is hoping to conduct additional assessments to obtain additional data with regards to compliance areas FAU needs to focus on and improve the maturity of the Program. There are not many policies that spell out or point to where to obtain certain data or information, but CCO is working on improving that. For example, she established the Standards of Conduct for employees, and in that document, tried to provide links and resources for individuals to find information applicable to that policy.
		12	Does the Chief Compliance Officer conduct and report on compliance and ethics activities and inquiries free of actual or perceived impairment to the independence of the Chief Compliance Officer?	Yes		During interviews of 11 stakeholders at FAU, we asked questions regarding the independence and objectivity of the CCO. No concerns were noted, and the CCO and her direct report, the Vice President of Administrative Affairs, both agreed that the CCO had independence to reach out to any parties and initiate compliance activities. The CCO did not express any concerns with regards to her independence.
		13	Does the Chief Compliance Officer coordinate or request compliance activity information or assistance as may be necessary from any university, federal, state, or local government entity?	Yes		As gathered from interviews, the CCO has a good comfort level with dealing with external entities. For example, she has reached out to the Florida Commission on Ethics with any ethics questions, and has collaborated with them on informal letters about potential ethical violations. The CCO also reaches out to the BOG on an informal basis to get their thoughts on compliance matters, and other agencies as needed (E.g., Civil rights office in Atlanta with regards to potential HIPPA breach).
		14	Does the Chief Compliance Officer routinely communicate to the President, the Board of Trustees, and the Audit and Compliance Committee regarding Program activities?	Yes		BOT meeting minutes 2/16, 12/19, 12/20

**EFFECTIVENESS QUESTIONS -  
SUPPORTING DOCUMENTS, SUPPORTING STATEMENTS, AND OTHER EVIDENCE**

List of Suggested Supporting Documents	SUB SECTION	#	Questions	Y/N	Supporting Documentation	Interview Findings
resume o) Compliance Office - 5-Year Review Materials p) Compliance Officer - University Committee Listing q) Compliance Office - Hotline Engagement Documentation r) "Compliance Partners" meeting agendas, minutes, notes; Committee members listing s) Code of Conduct/Statement of Ethical Conduct t) Code of Conduct, Ethical Conduct Training u) Fraud and Other Wrongful Acts Policy w) Compliance Program Plan x) Supporting statements	C	15	Does the Chief Compliance Officer have adequate resources and appropriate authority?	Yes, partially		The CCO has appropriate authority to carry out the activities of the Compliance Program. The CCO believes she currently has the resources necessary to carry out current activities, but will need more resources to grow and mature the program. CCO thinks that when she asks for resources, she will be granted them from leadership. Currently, policy development takes a lot of CCO's time. She essentially runs a one-person office since the other individual reporting to her handles only administrative tasks. CCO agrees that she will need additional staff to handle new legislation and regulations as they arise, as well as to do more conflict of interest work. One interviewee highlighted that in terms of dollar amounts spent on the Compliance Program, FAU could be doing more. Another interviewee said that "one person does not make a Compliance Program."
		16	Do the Program's functions conflict with the responsibility of the general counsel to provide legal advice on ethics laws?	No	Compliance Office Budget FY2021	As gathered from interviews, there is shared communication and collaboration between General Counsel's Office (OGC) and Compliance office, but none of it conflicting with OGC's operations. The CCO still has some responsibilities left over from her time in the OGC.
	Senior Leadership Compliance Partners	17	Does the Program include compliance officers ("Compliance Partners") for various program areas throughout the university?	Yes	Compliance and Ethics Organizational Chart, 2021	The Program's Organizational Chart includes Compliance Partners throughout various areas of the University. Compliance Partners are composed of individuals in departments across the University who have any compliance functions in their respective roles. For example, the AVP of Research Integrity oversees IRB Compliance and other regulatory compliance matters, and so she is considered a Compliance Partner who sits on the Compliance and Ethics Committee to facilitate communication between the different functions doing similar work. Currently, the Compliance Partners on the Committee report on the work they are doing separately, and there is overlap in work because of the siloed nature of compliance at FAU. The CCO is interested in establishing clear roles for the Compliance Partner and the Committee in order to improve efficiency and mature the Program.
		Compliance Program and Effectiveness	18	Is the Program a point for coordination of and responsibility for activities that promote ethical conduct and maximize compliance with applicable laws, regulations, rules, policies, and procedures?	Yes	
	19		Is the program reasonably designed to optimize its effectiveness in preventing or detecting non-compliance, unethical behavior, and criminal conduct, as appropriate to the institution's mission, size, activities, and unique risk profile?	Yes	FAU Compliance and Ethics Program; August 2, 2018; Policy 1.9 on Fraud	The CCO has created various policies, including the Standards of Conduct and Fraud policy, to prevent and detect misconduct, and is working on identifying areas to audit. From the Public Safety Department, a Compliance Partner, there are various mechanisms to prevent and detect criminal conduct, including a silent witness reporting line, a safety app partnered with emergency services, and communication initiatives like department liaisons and "Tea with the LT." FAU also has an internal audit function and fraud and compliance risk is a key consideration in any internal audit that is executed.
	20		Does the Chief Compliance Officer report at least annual on the effectiveness of the Program to the Board of Trustees?	Yes	BOT Meeting Minutes 12/2019, presentation on 2018-19 annual report. BOT Meeting Minutes 11/2020, approval of 2019-20 annual report.	There are 4-5 meetings between the CCO and the BOT a year, as evidenced by BOT meeting minutes reviewed. One of them is the presentation and approval of the Compliance Program's annual report, and another is the work plan. In between those meetings it depends from a compliance perspective what is going on with the program or if there needs to be any revisions to charters. The CCO is in constant communication with the Chair of the Audit and Compliance Committee.
	21		Are the President and Board of Trustees provided for review and approval at least once every five (5) years with an external review of the Program's design and effectiveness and any recommendation for improvement? (A copy of the review must be provided to the Board of Governors.)	Yes		FAU's Compliance Program is new and was established in 2019. This is the first required review since BOG 4.003 was enacted in 2016.

**EFFECTIVENESS QUESTIONS -  
SUPPORTING DOCUMENTS, SUPPORTING STATEMENTS, AND OTHER EVIDENCE**

List of Suggested Supporting Documents	SUB SECTION	#	Questions	Y/N	Supporting Documentation	Interview Findings
<b>POLICIES AND STANDARDS OF CONDUCT</b>						
a) BOT Meeting Agendas/minutes b) New BOT Orientation Materials c) BOT – Other Workshop Materials d) BOG BOT Orientation Materials e) BOT/Compliance Committee training or other educational material f) Audit and Compliance Committee Charter g) Compliance Committee Agenda and Minutes h) Compliance Office Annual Reports i) University Organizational Chart j) Compliance Office Organizational Chart k) Compliance Officer Position Description l) Compliance Office Charter m) Compliance Office Budget n) Compliance Officer Resume	Codes of Conduct (Employees and Students)	22	Is the Program developed consistent with the Code of Ethics for Public Officers and Employees contained in Part III, Chapter 122, Florida Statutes; and the Federal Sentencing Guidelines Manual, Chapter 8, Part B, Section 2.1 (b)?	Yes	FAU Compliance and Ethics Program, Page 3; August 2, 2018	Page 3 of FAU's Compliance and Ethics Program outlines how the Program was developed and is consistent with the Code of Ethics for Public Officers and Employees and the Federal Sentencing Guidelines Manual.
		o) Compliance Office - 5-Year Review Materials p) Compliance Officer - University Committee Listing q) Compliance Office - Hotline Engagement Documentation r) "Compliance Partners" meeting agendas, minutes, notes; Committee members listing s) Code of Conduct/Statement of Ethical Conduct t) Code of Conduct, Ethical Conduct Training u) Fraud and Other Wrongful Acts Policy w) Compliance Program Plan x) Supporting statements	Policies, Regulations, Laws	23	Has the University established standards and procedures to prevent and detect misconduct, including criminal conduct?	Yes
24	Do the compliance activities performed by the Program promote ethical conduct and maximize compliance with applicable laws, regulations, rules, policies, and procedures?			Yes	Compliance Office Charter updated and approved by BOT on 2/16/21; FAU Employee Training Portal and Compliance and Ethics Training	See interview findings on questions 25 and 28.
<b>OPEN COMMUNICATION AND REPORTING</b>						
	Open Lines of Communication	25	Does the organization take reasonable steps to communicate periodically and in a practical manner its standards and procedures, and other aspects of the compliance and ethics program, to members of the BOT, leadership, employees, and university agents as appropriate to such individuals' respective roles and responsibilities?	Yes	FAU Employee Training Portal, BOT Orientation Compliance PowerPoint	Compliance information and policy updates are sent to FAU community via email, and the Compliance Program makes an effort to send updates out to the FAU community periodically. Given the large volume of emails and information emailed by the University, information may not reach its audience. Additionally, the dense and complex language of policies might be inaccessible to the broader community. Most FAU compliance stakeholders interviewed believe they need to do more to engage the larger community in terms of compliance, and that there needs to be better conversations with people at all levels since all positions have responsibilities related to compliance.
		26	Does the Program require the university, in a manner, which promotes visibility, to publicize a mechanism/hotline for individuals to report potential or actual misconduct and violations of university policy, regulations, or law, and to ensure that no individual faces retaliation for reporting a potential or actual violation when such report is made in good faith?	Yes	Anonymous Reporting Hotline Contract with Lighthouse	There is an internal hotline on the IG's website, which is currently a catch all complaints hotline. The Compliance office just launched an anonymous hotline, serviced by Lighthouse, in the Spring and are limiting to certain ethics and compliance topics rather than complaints. The CCO is working on messaging to ensure that the FAU Community is aware that the hotline exists.
<b>TRAINING AND EDUCATION</b>						
	Board of Trustees Training	27	Do Board of Trustees member receive training regarding their responsibility and accountability for ethical conduct and compliance with applicable laws, regulations, rules, policies and procedures?	Yes	Administrative Affairs PowerPoint for BOT Orientation	BOT members receive training on the Compliance Program when they first join the Board, as evidenced by the Administrative PowerPoint for BOT Orientation that includes various modules on the Compliance Program. Members are very engaged, but overall Board compliance knowledge and education is a cyclical process as members fluctuate on and off the Board. <b>There is room to include ongoing training for the Board to enhance engagement.</b>

**EFFECTIVENESS QUESTIONS -  
SUPPORTING DOCUMENTS, SUPPORTING STATEMENTS, AND OTHER EVIDENCE**

List of Suggested Supporting Documents	SUB SECTION	#	Questions	Y/N	Supporting Documentation	Interview Findings	
	Compliance Training/New Employee Orientation	28	Do university employees receive training regarding their responsibility and accountability for ethical conduct and compliance with applicable laws, regulations, rules, policies, and procedures?	Yes	Compliance and Ethics Employee Training, Conflict of Interest PowerPoint, FAU employee training portal	There are a lot of trainings employees are required to complete, including compliance and ethics training and content developed by the Compliance Office. Training content should be updated consistently to ensure it is up to date and relevant and employees are aware of any changes in their compliance responsibilities. Additionally, training and information on compliance and ethics needs to be communicated and pushed out the University consistently and in accessible language.	
		29	Does the Program specify when and how often this training shall occur?	Yes	Compliance and Ethics Program, August 2, 2018 , Pages 7-8	All employees receive training within 30 days of onboarding. Training is not ongoing for employees who have been at the University for multiple years.	
	<b>AUDITING AND MONITORING</b>						
		Audits	30	Has the University taken reasonable steps to ensure that its compliance and ethics program is followed, including monitoring and auditing to detect criminal conduct?	Yes, partially		While the Inspector General's office can conduct audits of various departments across FAU to ensure compliance and detect misconduct, the Compliance Program may conduct smaller-scale audits for issues internal to the office. However, the CCO does not currently have the "manpower" to do a full audit on the Compliance Office and areas of interest to the Compliance Program. Additionally, since investigations happen outside of the Compliance Office and involvement of the CCO is usually at a high level, there is an information barrier preventing the CCO from having the necessary data to prevent and detect criminal conduct in the future. See interview findings on question 23 on efforts to detect criminal conduct specifically.
			31	Does the compliance and ethics program exercise due diligence to prevent and detect criminal conduct?	Yes, partially		See interview findings on question 30

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SUPPORTING DOCUMENTS, SUPPORTING STATEMENTS, AND OTHER EVIDENCE**

List of Suggested Supporting Documents	SUB SECTION	#	Questions	Y/N	Supporting Documentation	Interview Findings
<b>ADDRESSING KNOWN OR POTENTIAL ISSUES</b>						
a) BOT Meeting Agendas/minutes b) New BOT Orientation Materials c) BOT – Other Workshop Materials d) BOG BOT Orientation Materials e) BOT/Compliance Committee training or other educational material	Issue Investigation	32	Does the Chief Compliance Officer initiate, conduct, supervise, coordinate, or refer to other appropriate offices (such as human resources, audit, Title IX, or general counsel) such inquiries, investigations, or reviews as deemed appropriate and in accordance with university regulations and policies?	Yes	Compliance and Ethics Committee Agenda and Minutes, 8/21	Compliance and Ethics Committee agenda and meetings demonstrate collaboration with other offices across FAU. The CCO collaborates with other offices as she conducts inquiries and investigations. For the CCO, investigation ideas come from relationships with Departments and discussions on what other key players need to be engaged. CCO also uses the Compliance and Ethics Committee, comprised from individuals across from University departments to initiate any inquiries, investigations, or reviews or engage in discussions about compliance matters that need attention.
		Remediation Corrective Action	33	When noncompliance, unethical behavior, or criminal conduct has been detected, does the University take reasonable steps to prevent further similar behavior, including making any necessary modification to the Programs?	Yes	FAU Regulation 5.012, Employee Standards and Disciplinary Procedures
<b>ENFORCING STANDARDS</b>						
i) University Organizational Chart j) Compliance Office Organizational Chart k) Compliance Officer Position Description l) Compliance Office Charter m) Compliance Office Budget n) Compliance Officer Resume o) Compliance Office - 5-Year Review Materials p) Compliance Officer - University Committee Listing q) Compliance Office - Hotline Engagement Documentation r) "Compliance Partners" meeting agendas, minutes, notes; Committee members listing	Enforcement	34	Does the Program articulate the steps for reporting and escalating matters of alleged misconduct, including criminal conduct, when there are reasonable grounds to believe such conduct has occurred?	Yes	Compliance and Ethics Program, August 2, 2018 , Page 7	Section D of the Compliance and Ethics Program outlines mechanisms for reporting and escalating matters of misconduct, including facilitating face-to-face interactions, using the Compliance and IG's websites, and using the Maxient electronic reporting system managed by the Dean of Students.
		35	After criminal conduct has been detected, does the University take reasonable steps to respond appropriately to the criminal conduct and to prevent further similar criminal conduct, including making any necessary modifications to the University's Programs?	Yes	University Regulation 5.012 on Employee Standards and Disciplinary Procedures ; University policy 1.9 on Fraud	See interview findings on question 33
		36	Does the University periodically assess the risk of criminal conduct and take appropriate steps to design, implement, or modify the Program to reduce of criminal conduct identified through this process?	Yes, partially		As gathered from interviews, the Compliance Office engages in some risk management activities. There is no formal structure for assessing compliance risk, however the CCO may identify and respond to limited risks based the perception of issues that leave the university most exposed. For example, the CCO identified conflicts of interest as a high-risk area, and has devoted resources to expanding compliance coverage. There is a risk manager that sits within the Environmental Health and Safety Department; he handles mostly insurance and safety risk and is not well integrated with the Compliance Program. There is no function handling risks for the entire University.
s) Code of Conduct/Statement of Ethical Conduct t) Code of Conduct, Ethical Conduct Training u) Fraud and Other Wrongful Acts Policy w) Compliance Program Plan x) Supporting statements	Incentives and Disciplinary Measures	37	Does the Chief Compliance Officer promote and enforce the Program, in consultation with the President and Board of Trustees, consistently through appropriate incentives and disciplinary measures to encourages a cultures of compliance and ethics?	Yes		Although the CCO herself does not handle disciplinary actions given that investigations happen outside of the central Compliance Office, offices reporting up to the central function play a large role in enforcing the Program through remediation and trainings. As gathered from interviews, there is strong focus on promoting compliance at the leadership level, but more could be done to train at the management level and strengthen the culture of compliance. There is also room for improvement regarding communication of the compliance program.
		38	Are failure in compliance or ethics addressed through appropriate measures, including education or disciplinary action?	Yes	University Regulation 5.012 on Employee Standards and Disciplinary Procedures ; University policy 1.9 on Fraud	See findings on question 33

**EFFECTIVENESS QUESTIONS -  
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List of Suggested Supporting Documents	SUB SECTION	#	Questions	Y/N	Supporting Documentation	Interview Findings
	Background Checks/Exclusion Screening	39	Does the university use reasonable efforts to exclude individuals from the university and its affiliates organizations whom it knows or reasonable should have known (through the exercise of due diligence), engaged in conduct no consistent with an effective Program?	Yes		There is a "Not Eligible for Hire" tag used to keep bad actors out of the University. From an HR perspective, potential university hires go through extensive reference checks and criminal history and background checks. Internally, there are performance evaluations to evaluate employees. In addition, should an employee not complete their compliance or other mandatory trainings, this can get elevated to supervisors and followed up with disciplinary actions.