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**ELEMENT 8: ASSESSMENT OF EFFECTIVENESS** ...................................................................... 19
The USF Compliance & Ethics Program was created in 2007 as a component of University Audit & Compliance (UAC), with the appointment of a Chief Compliance Officer (CCO) charged by the USF President and the USF Board of Trustees (BOT) to create and maintain an effective compliance and ethics program based on best practices; to prevent, monitor, detect, and respond to non-compliance; and recommend corrective actions to fully meet regulatory requirements. In 2017, UAC separated into two entities: USF System Audit and the USF System Compliance & Ethics Program (the “Program”). This separation was in accordance with Board of Governors (BOG) Regulation 4.003, a regulation based on Chapter 8, Part B, Section 2(b) of the Federal Sentencing Guidelines, the Florida Code of Ethics for Public Officers and Employees, and industry best practices.

This annual report summarizes the activities of our Program from January 1, 2019, to December 31, 2019. This report is organized by the “essential elements” for an effective compliance and ethics program as prescribed by the Federal Sentencing Guidelines and fulfills our annual reporting requirements in accordance with BOG Regulation 4.003 and the USF System Compliance & Ethics Program Plan.

Element I: Governance & High-Level Oversight

The USF System addresses this element through the BOT Audit & Compliance Committee, the USF System Compliance & Ethics Program, and the (High-Risk) Compliance Officers Workgroup.

A. Board of Trustees Audit & Compliance Committee

In accordance with BOG Regulation 4.003, the BOT Audit & Compliance Committee (the “Committee”) has audit and compliance oversight responsibilities. These responsibilities are outlined in the BOT Audit & Compliance Committee Charter.

B. USF System Compliance & Ethics Program

In accordance with BOG Regulation 4.003, the USF System Compliance & Ethics Program (the “Program”) reports directly to the BOT Audit & Compliance Committee and administratively to the USF System President. The purpose, authority, and responsibilities of our Program are governed by the following in accordance with BOG Regulation 4.003:

- USF System Policy 0-026: USF System Compliance & Ethics Program provides our Program with the authority to coordinate and manage all USF System compliance and ethics activities.
• **USF System Compliance & Ethics Program Charter** ("Program Charter") identifies the purpose, authority, and responsibilities of our Program.

• **USF System Compliance & Ethics Program Plan** ("Program Plan") summarizes the current status of our Program.

### C. (High Risk) Compliance Officers Workgroup

The Compliance Officers Workgroup assists the CCO in maintaining an effective and broad-based program designed to prevent, monitor, and detect areas of non-compliance and, when necessary, to fully meet compliance requirements and recommend corrective actions. This workgroup is comprised of senior compliance officers in the following “high-risk” compliance units within the USF System, all of whom have an “accountable reporting” relationships to the CCO:

- Athletics Compliance
- Environmental Health & Safety
- Research Integrity & Compliance
- Diversity Inclusion & Equal Opportunity
- Professional Integrity Program, USF Health
- Information Security

In early 2019, the above accountable reporting relationships to the CCO were formalized via Presidential memorandum, with the exception of Athletics Compliance, which has had a memo in place since 2017.

Brief descriptions of several of the above-listed “high-risk” compliance units and highlights from this reporting period are provided below.

**Athletics Compliance**

The USF Athletics Compliance Office (Athletics Compliance) ensures compliance with National Collegiate Athletic Association (NCAA) and American Athletic Conference rules and associated USF System regulations and policies through its education, monitoring, and enforcement efforts. During the 2018-2019 academic year, Athletics Compliance provided 303 in-person educational sessions. These sessions provided athletics compliance education to 750+ athletic employees, student-athletes, on-campus constituents, and external constituents. In 2018-19 the Athletics Compliance Office drafted and submitted 17 waivers (NCAA and AAC waivers combined). Of the submitted waivers 13 were officially approved by the NCAA or AAC, two were approved with conditions, one was withdrawn and one was denied; an 86.6% approval rate.
Environmental Health & Safety

USF Environmental Health & Safety (EH&S), a department within the Division of Facilities Management, ensures potential safety and environmental hazards are properly mitigated or remediated in accordance with applicable federal, state, and local requirements; USF System policies, procedures, guidelines; and industry best practices. EH&S serves as the liaison between the USF System and external agencies and provides environmental health and safety awareness and compliance training. EH&S administers multiple programs to achieve this end. Some highlights from FY 2018-2019 include:

- Provided safety and compliance training to approximately 10,493 faculty, staff, students, and affiliates via classroom-based and online training courses.
- Conducted approximately 167 emergency evacuation drills and 47,160 fire extinguisher inspections; provided Fire Safety Education and Training sessions for approximately 339 individuals; and, issued 76 hot work permits.
- Performed 1,191 laboratory safety inspections in research and teaching laboratories, studios, and shops.
- Coordinated the compliant management, treatment, and/or disposal of approximately 227,486 pounds of regulated waste for the USF System.
- Facilitated the following external regulatory agency inspections:
  - 18 inspections by the Florida Department of Health (biomedical waste and drinking water compliance);
  - 7 inspections by the Environmental Protection Commission (regulated storage tanks);
  - 1 Florida Department of Environmental Protection Large Quantity Generator Hazardous Waste inspection;
  - 1 City of St. Petersburg Industrial Wastewater Discharge Permit Inspection; and
  - 258 fire and safety code inspections by the Office of the State Fire Marshall.
- Evaluated/mitigated approximately 279 Industrial Hygiene/Occupational Safety issues and/or complaints (i.e., asbestos, mold, noise, odor, etc.).
- Provided permitting and code/safety related inspection support for approximately $264 million construction-related value for the USF System.
- Processed/coordinated approximately 414 workers’ compensation claims to ensure injured/ill workers receive proper medical treatment, disability leave and supplemental wages, as necessary.

Research Integrity & Compliance

Research Integrity and Compliance, a division within USF Research & Innovation, ensures research performed within the USF System is safe, ethical, and complies with all applicable regulations, laws, and institutional policies. Some highlights from FY 2018-2019 include:
- Provided live and online human subject research-related training to 1,600 individuals engaged in human subject research.
- Audited 38 human subject research sites of which 12 (32%) were audited for cause.
- Reviewed 161 project-specific disclosures reporting research-related financial conflicts of interest with 42 (26%) requiring a management plan.
- Performed 68 inspections of laboratories using biohazardous agents.
- Provided biosafety trainings to 1,450 individuals.
- Responded to 6 biosafety incident reports.
- Coordinated a successful, unannounced CDC site visit for our Select Agent program.
- Performed 229 IACUC (Institutional Animal Care and Use Committee) laboratory inspections.
- Coordinated a renewal of IACUC facility and program accreditation for laboratory animal care by AAALAC; accreditation renewed for another 3 years.
- Certified 229 new IACUC laboratory animal users.
- Offered Scientific Diving Techniques/First Aid/CPR/AED/Oxygen/Nitrox training for a total of 65 classes; and received 49 new Scientific Divers into the Diving Safety Program.
- Provided 30 boating safety classes resulting in 31 trained operators.

**Diversity, Inclusion & Equal Opportunity**

The Office of Diversity, Inclusion & Equal Opportunity (DIEO) ensures the USF System workplace and academic environments are free from discrimination, harassment, and retaliation based on protected categories of race, color, sex (including sexual harassment), national origin, sexual orientation, religion, age, disability, marital status, gender identity and expression, and veteran’s status, as provided by law. DIEO highlights from 2019 include:

- The Equal Opportunity (EO) Section received 108 reports of which 33 were investigated. Of those investigated, one (3%) was substantiated based on the preponderance of evidence standard.
- The EO Section provided 9 live harassment prevention trainings. Sexual harassment prevention training is now being provided online to USF employees and it is mandatory training for all new employees as part of new employee orientation.
- The EO Section created an online mandatory training for Equal Opportunity Liaisons (EOLs) with a test that all must complete to become a certified EOL. During this reporting period, 135 EOLs took the training and passed the test.
- The Office of Title IX (Title IX) received 378 reports of which 357 were determined to fall under the provisions of Title IX. Of these, four were substantiated based on the preponderance of evidence standard with 16 currently in the investigative process.  
- Title IX provided 70 live training sessions resulting in 4,866 USF System employees trained.

**Professional Integrity Office, USF Health**

The USF Health Professional Integrity Office encompasses two programs: the Billing Integrity Program and the HIPAA/Privacy Program. The Billing Integrity Program focuses on compliance with federal, state and insurance-provider regulations and policies governing the provision of and billing for healthcare services provided by USF Health practitioners. The HIPAA/Privacy Program focuses on compliance with the Health Insurance Portability and Accountability Act (HIPAA), federal and state privacy laws, regulations, and internal policies.

Billing Integrity Program highlights from 2019 include:

- Provided 141 in-person, customized trainings to 223 providers, staff and trainees. Trainings included an in-depth review of the documentation/coding/supervision standards applicable to the respective specialty/practice;  
- Responded to 339 requests for assistance with supervision, documentation, coding guidelines;  
- Audited 348 claims and provided respective education as identified to 68 providers/staff;  
- Investigated five internal reports of inaccurate billing and facilitated implementation of corrective actions, including refunds as applicable;  
- Responded timely to eight audits conducted by external parties;  
- Developed compliance policies, education and monitoring for participation in an accountable care organization (ACO) and now participating on ACO steering committee;  
- Participated as key stakeholder in the transition to three new electronic systems including our learning management system, physician billing system and compliance audit software; and  
- Collaborated with the chief medical information officer on electronic health record process improvements to ensure compliance with state controlled substance prescribing/documentation requirements.
HIPAA/Privacy Program highlights from 2019 include:

- Monitored unauthorized access within the electronic health record (“EHR”) and conducted randomized access audits;
- Received and investigated more than 1,000 access alerts generated by the FairWarning program;
- Monitored and analyzed over 300 communications deleted within Epic by Providers to assure no privacy incident resulted prior to deletion;
- Received, monitored and investigated over 100 privacy incidents reported via PrivacyPro Solutions software by our workforce members;
- Monitored compliance with mandatory HIPAA privacy training for all workforce members within 90 days of hire and annually thereafter;
- Audited access to the EHR by researchers to ensure access to protected health information was authorized and within the research parameters pursuant to Institutional Review Board approval;
- Performed root-cause analysis of misdirected faxes generated from within the EHR to determine if a reportable breach occurred and corrected facsimile numbers or referring provider names as appropriate;
- Drafted guidance to front desk staff regarding applicable guidelines in granting proxy access to patients and family members seeking MyChart access;
- Worked jointly with Tampa General Hospital Compliance regarding drafting of updated Joint Notice of Privacy Practices and Organized Health Care Arrangement;
- Jointly launched Care Everywhere with Tampa General Hospital so our patients’ medical record is available to their other providers who participate in the Care Everywhere network unless they opt out;
- Conducted, trained and provided feedback to our HIPAA Liaisons within the clinics to conduct and report their quarterly HIPAA privacy walkthroughs to decrease HIPAA violations;
- Notified our workforce members of overlays they created in the EHR and monitored completion of Epic overlay retraining within 30 days of our email to the workforce member with the goal of a reduction in overlays.
- Investigated reports of HIPAA privacy potential breaches and facilitated corrective actions as identified, including reporting to Health & Human Services (HHS) as required;
- Drafted and negotiated Business Associate Agreements, including obtaining annual re-certifications as mandated under HIPAA;
- Performed annual revisions to all standards and procedures including the preparation of a new procedure for non-USF Health Observers in clinical settings; and
- Investigated, responded, and resolved HIPAA complaints from patients, workforce members, and external entities (HHS/Office of Civil Rights).
Information Security

Information Security ensures the security of USF information systems. Highlights from this reporting period include:

- Worked with USF Health Privacy and Integrity Office to review and update the medical record monitoring process for HIPAA.
- External consultants were brought in to perform an assessment of the HIPAA environment at USFPG and NIST 800-171 research compliance on campus.
- Multiple Security Awareness presentations were given throughout USF, including Bring Your Child to Work Day, Baker Act Reporting Center, and others.
- Security Awareness campaign drive in front of the library in October.
- Participated in multiple incident investigations on behalf of Human Resources, University Audit, General Counsel, and the Professional Integrity Office, determining the severity of the incident and potential need for breach notification to appropriate state and federal entities.
- A tabletop for Disaster Recovery was executed with representation from all IT departments. The scenario involved technical and procedural response in case of a severe Denial of Service attack by a disgruntled employee.
- Reviewed and updated several USF IT processes, policies, and standards, including change control, asset disposal, and others.
- Secured Box (cloud storage) folders for HIPAA and other high sensitivity data to be stored, controlled, and/or monitored.
- Reviewed more than 150 research contracts and Data Use Agreements. Worked with colleges and departments to identify and implement security control requirements in accordance with applicable Federal and State laws and regulations.
- Provided training to Sponsored Research Administrators to read/understand technical language inserted into contracts.
- Reviewed Export-Controlled projects for the College of Engineering, multiple contracts, and sponsors.
- Completed Data Use Agreements (and implemented security measures) for USF Researchers obtaining sensitive/restricted data from various outside organizations.
- Prepared cloud environment for the move of the Disaster Recovery systems from Clemson University to our Azure Cloud tenant.
- USF Healthcare administrative servers were moved to the Azure cloud.
- Participated in the University Operational Risk Assessment, led by the State Auditor General office.
• Participated in the following internal audits:
  o Change Management
  o Performance Based Funding
  o Banner Access Controls
  o Banner and DegreeWorks Provisioning

D. State University System of Florida Compliance & Ethics Consortium

In addition to being the first Compliance & Ethics Program at a State University System (SUS) institution and the first SUS institution to fully implement BOG Regulation 4.003, our Program continued its leadership role in the State University System of Florida Compliance & Ethics Consortium. This consortium was established on June 27, 2013, to provide an avenue for member universities to discuss the development and improvement of SUS compliance and ethics programs, new federal and state regulations, best practices, and issues they may be facing. In addition, the purpose of the consortium is to ensure effective communication and collaboration in the development of compliance and ethics programs across the SUS. The consortium is comprised of Compliance and Ethics Officers and their representatives from the compliance and ethics programs of SUS institutions; and, as non-voting, ex officio members, the Inspector General and Director of Compliance and his/her representatives from the SUS of Florida Board of Governors.

During this reporting period, the USF System Chief Compliance Officer continued to serve as the consortium chair. Our Program hosted an annual, in-person SUSCEC meeting at USF which included, but was not limited to, the following compliance topics:

• Implementation of BOG Regulation 4.003
• The General Data Protection Regulation
• New Title IX Regulations

The Consortium also continued its work to develop an assessment tool for the required 5-year Program Review under BOG Regulation 4.003. This review must occur by November 3, 2021.

Element 2: Establish Standards of Conduct, Policies, & Procedures

Throughout this reporting period, the USF System Compliance & Ethics Program reviewed new USF System policies and revisions to existing USF System policies issued by the Office of the General Counsel for comment. The Program provided the Office of the General Counsel, whenever possible, with draft language aimed at harmonizing language with existing policies; reducing or eliminating redundant policy statements with existing policies; and clarifying language to facilitate understanding. Below are highlights from this reporting period:
A. Foreign Influence on Research

In response to guidance from the National Institutes of Health issued in 2019, our Program created and chaired a working group to review our policies, procedures, processes and disclosure systems regarding faculty disclosure of research support from, or outside activity with, foreign entities. This working group includes representatives from the General Counsel’s Office, the Office of the Provost, Research Compliance, Sponsored Research, Export Controls, USF Health, and USF World. This work included coordinating a response to a letter from U.S. Senator Rick Scott regarding our control processes for faculty affiliations with China. Our Program is also playing an important role in responses to inquiries from the Florida House of Representatives Committee investigating such affiliations.

Given the high-risk nature of this issue, the working group is recommending the creation of a Foreign Influence Program, housed in Research & Innovation and modeled after our successful Export Controls Program. As we do in Export Controls, the working group would become a permanent committee, and would continue education and training efforts and examination of our control processes on an ongoing basis.

B. Higher Education Act

The Higher Education Act of 1965 (HEA) governs the administration of federal funding for higher education programs. The USF System must comply with HEA in order to remain eligible for Title IV funding from the U.S. Department of Education (ED) and for funding from other federal agencies sponsoring USF System research projects.

*Foreign Gifts to or Contracts with USF*

Under Section 117 of HEA, institutions of higher education are required to disclose contracts with or gifts from a foreign source that, alone or combined, have a value of $250,000 or more for a calendar year. Institutions must disclose these gifts and contracts to the ED on the following January 31st or July 31st, whichever occurs first after the reporting threshold is crossed. Although these requirement have been in place for more than 30 years, the ED has never issued regulations. In early 2019, the ED initiated investigations into compliance with Section 117 at least four prominent, research universities. The ED also advised institutions of their intent to modernize their information collection portal. These portal changes will require the disclosure of significantly more information. Using the new portal is voluntary in January 2020 and mandatory thereafter.

During this reporting period, our program met with the following units to discuss implementing a coordinated approach for ensuring compliance: USF Foundation, Sponsored Research in USF Research & Innovation (Sponsored Research), Office of Clinical Research at USF Health, and Office of Financial Aid.

Units responsible for tracking and identifying foreign contracts and gifts data implemented internal procedures for ensuring accurate, timely provision of this information to our...
program, which is responsible for coordinating receipt and review of disclosures prior to submission to the ED. USF System Compliance & Ethics will continue to monitor the foreign gifts and contracts disclosure requirements and associated processes.

Higher Education Opportunity Act (HEOA)

The Higher Education Opportunity Act of 2008 (HEOA) amended HEA and includes compliance with the following federal laws:

- Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act (Clery);
- Violence Against Women Act (VAWA) amendments to the Clery Act;
- Equity in Athletics Disclosure Act (EADA);
- Student Right to Know Act; and
- The Drug Free Schools and Communities Act (DFSCA).

For the purposes of this report, the term "HEOA" refers collectively to the above-listed federal laws and their associated regulations. HEOA requirements are complicated and often involve cross-jurisdictional compliance risks, e.g., regulatory risks affecting more than one university leadership area and/or more than one campus.

During this reporting period, our Program continued to assist each institution within the USF System to meet their HEOA compliance responsibilities in accordance with USF System Policy 0-233: Higher Education Opportunity Act Initiative: USF System, Portal, and Security & Fire Safety Reporting Compliance (the “HEOA Initiative”) as follows:

- Coordinated with 36 authors across 22 separate units to produce Annual Security and Fire Safety Reports (ASRs) for each USF System campus (USF Tampa, USF Health South, USF St. Petersburg, and USF Sarasota-Manatee), including distribution of these reports to all current USF System students and employees and submission of required crime statistics to the U.S. Department of Education.
- Confirmed the USF HEOA portal complied with U.S. Department of Education HEOA disclosure requirements for this reporting period.

C. Recruitment & Hiring Process

Another major project for our Compliance & Ethics Program during 2019 was leading a very large working group (with several sub-groups) tasked with re-engineering the university’s recruitment and hiring process (RH). This effort included many tasks, including the drafting and implementation of a new RH Policy, several new HR procedures, and a new procedure regarding the role of DIEO in the RH process. New HR training modules for mandatory training were created, and the dated “waiver” of advertising process was revamped and replaced with a new “targeted recruitment” procedure.
Elements 3 & 4: Create a Fair and Ethical Culture & Open Lines of Communication

Under the provisions of USF System Regulation 5.001: Waste, Fraud, or Financial Mismanagement Prevention and Detection, all USF System managers and their employees are responsible for preventing, detecting, and reporting waste, fraud, financial mismanagement, or other violations of USF System policy or regulation.

EthicsPoint, our anonymous reporting hotline, serves as one of the primary tools assisting the USF System in the effort to create and maintain a “culture of compliance”. Recent upgrades to EthicsPoint included several improvements and included consolidation of our hotline with the USF Foundation EthicsPoint Hotline into one, central USF System EthicsPoint Hotline. For calendar year 2019, we received 147 unduplicated reports, which represents a 50% increase from 2018. However, the number of “substantiated” reports only increased marginally, from 22 in 2018 to 26 in 2019.

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Element 5: Education and Training

A. Compliance & Ethics Training for New Employees

Our Program provides compliance and ethics training or training content to new USF System employees as follows:

- Online compliance and ethics training required of new USF Tampa administration and staff employees attending new employee orientation, a program administered by the Division of Human Resources (DHR). 471 new employees completed this training in 2019.
- Live trainings provided periodically throughout the year, based on hiring volume, to new USF St. Petersburg (USFSP) faculty, administration, and staff employees attending orientation, a program administered by USFSP Human Resources.
- One-on-one orientation sessions with new USF Sarasota-Manatee (USFSM) faculty, administration, and employees provided by USFSM Human Resources using materials provided by our Program.

B. Compliance & Ethics Training for Current Employees

Certain USF System employees are required to complete an annual Florida Code of Ethics (FCOE) disclosure in eDisclose, our online disclosure and review system. This disclosure includes education on current FCOE, nepotism, and outside activity prohibitions and restrictions under the FCOE and USF System Policy 0-027. The following employee position types must annually complete this disclosure:

- All Faculty;
- All Administration employees;
- Staff employees issued a procurement card (PCard) or role in FAST (our financial accounting system); and
- Temporary employees issued a PCard or FAST role.

During 2019, 6,953 FCOE disclosures were submitted by current USF System faculty, administration, staff, and temporary employees in eDisclose. This translates to 6,422 individual USF System employees receiving FCOE, nepotism, and outside training during the 2019 calendar year.

Our program also provided additional live, department-level FCOE, nepotism, and outside activity training to several operating units, including USFSP Housing, USF Health’s Department of Surgery, and Department of Chemistry in the USF College of Arts & Sciences.
Element 6: Detection, Remediation, and Enforcement

The USF Compliance and Ethics Program continues to work with compliance units to detect compliance gaps. When such gaps are identified, our program convenes multidisciplinary teams to develop and implement cross-jurisdictional policies and procedures aimed at addressing compliance gaps, including enforcement.

A. Form One Financial Disclosure

In 2018, the USF System Compliance & Ethics Program assumed USF System-wide responsibility for ensuring compliance with Fla. Stats. 112.3145 Financial Disclosure. In furtherance of this responsibility, a new Procedure (SOP 5) was developed and implemented defining roles and responsibilities for Form One disclosure by “specified state employees” (VPs, Deans, etc.), “state officers” (board members), and “purchasing agents”. Effective processes to ensure institutional compliance with Form One disclosure requirements is particularly important for our employees, as failure to timely file such disclosures can result in fines of $25 per day. This is now a permanent program within compliance & ethics, and a new procedure was developed in conjunction with Purchasing, P-Card, USF St. Pete, USF Sarasota/Manatee, and the USF President’s Office.

B. Intercollegiate Athletics Document Review

Our Program was tasked with assessing the USF System’s readiness for a site visit by the National Collegiate Athletic Association (NCAA) or the National American Athletics Conference (“The American”). We co-developed with USF Athletics Compliance a Documentation Analysis tool. This tool identified key documents Intercollegiate Athletics would be expected to provide should the NCAA or The American request a site visit. A baseline analysis was completed in June 2017 by a cross-jurisdictional workgroup including, but not limited to, the following units: USF Athletics, Office of the Registrar, Financial Aid, Admissions, Human Resources, and Information Technology. During 2018, our Program continued assisting workgroup members in the bringing their documentation and associated processes into compliance with NCAA rules and best practices. During 2019, we worked closely with the Office of Admissions, Human Resources, the Athletics Business Office, and Athletics Compliance to complete the remaining outstanding, required NCAA documentation and associated procedures.
Element 7: Risk Assessment, Audit, and Monitoring

The USF System Compliance & Ethics Program is available to perform compliance reviews, risk assessments, and other consulting projects when compliance gaps are known or suspected. Compliance gaps can arise when the USF System has no known internal controls or the existing controls are not consistent with the law or industry best practices. Such reviews, assessments, and projects performed by the Program aim to bring the process or unit into compliance and, thereby, mitigate risk to the institution. Below is a discussion of compliance reviews, risk assessments, and other consulting projects performed by our Program this reporting period:

A. General Data Protection Regulation

Effective May 25, 2018, the General Data Protection Regulation (GDPR) provides data protection and privacy rights for personal data processing for all individuals located within the European Union (EU) and the European Economic Area (EEU); and all EU citizens regardless of their location when their personal data is processed.

Institutions failing to comply with the GDPR may be subjected to significant fines of up to €10M ($11.3M) or 2% annual global turnover, whichever is higher. For example, the EU recently fined Google $56.8M for violating two provisions of the GDPR: lack of transparency and not having the legal basis to process user data for certain personalized advertisements.

USF System functions affected by the GDPR include, but are not limited to, Admissions, Office of the Registrar, Study Abroad, Development, and Alumni Relations. The USF System Compliance & Ethics Program partnered with the Office of the General Counsel to implement a GDPR education and assessment strategy based on guidance from the National Association of College and University Attorneys (NACUA) and ISACA (a professional association focused on information technology governance). This strategy included the following steps:

1. Identification of applicable requirements;
2. Development of compliance assessment tools;
3. Training unit representatives;
4. Units’ self-assessment;
5. Compliance reviews; and
6. Policy and procedure updates.

Our Program continues to provide compliance guidance and assistance to university units with functions that are subject to the GDPR. During 2019, we co-drafted with the Office of General Counsel a Privacy Policy for all USF web sites, including a privacy disclosure for EU/EEU users of our web sites. This policy is currently undergoing final review by the Officer of the General Counsel. This project is ongoing.
B. Annual FCOE Disclosure Compliance Monitoring

Our Program continues to monitor USF System employee compliance with the annual Florida Code of Ethics (FCOE) disclosure requirements set forth in USF System Policy 0-027. On the second Tuesday of every month, our Program sends senior managers an FCOE Disclosure Compliance Report (FCOE Report) identifying all USF System employees under their purview who are required to complete an annual FCOE disclosure and whether or not they have done so within the past 12 months. Senior managers and their designees then follow up with noncompliant employees to ensure they complete their annual FCOE disclosure in eDisclose. During 2019, our monitoring and subsequent follow up by senior managers resulted in an overall FCOE disclosure compliance rate of 91% for the USF System. The percentage of USF System employees who met their annual FCOE disclosure requirement in the eDisclose system is provided below.

C. Annual Sponsored Research Exemption Reporting

The Florida Code of Ethics for Public Officers and Employees (FCOE) prohibits USF System employees from having employment or contractual relationships with business entities also doing business with the USF System, unless an exemption under §112.313(12)(h) applies. There are multiple exemptions afforded under the FCOE, one of which, the Sponsored Research Exemption (SRE), when approved by the President and Board of Trustees Chair, must be reported to the Florida Governor and Legislature by March 1 each year.

USF System employees to disclose such relationships as part of their Florida Code of Ethics (FCOE) disclosure in eDisclose, our online reporting system. The Compliance & Ethics Program is responsible reviewing FCOE disclosures and determining whether or not an SRE applies to the disclosed relationship. Our program, in collaborated with Patent and Licensing and the Office of the General Counsel, has implemented multi-jurisdictional procedure with to ensure transactions eligible for a SRE are identified, reviewed, approved, and reported pursuant to statutory requirements. During 2019, there were six transactions eligible for a sponsored research exemption involving 11 employees.
Element 8: Assessment of Effectiveness

Under BOG Regulation 4.003, the CCO is required to provide an Annual USF System Compliance & Ethics Program Report ("Annual Report") on the effectiveness of the Program to the BOT. Any Program Plan revisions, based on the CCO's Annual Report, must be approved by the BOT. Copies of this Annual Report and revised Program Plan are provided to the BOG. This Annual Report fulfills our annual reporting requirement on the effectiveness of the USF System Compliance & Ethics Program to the Board. No revisions to our Program Plan, based on this Annual Report, are recommended by the USF System Compliance & Ethics Program at this time.