MEMORANDUM

To: Janet Gordon
   System Ethics and Compliance Officer

From: Michael Young
       President, Texas A&M University

Subject: Texas A&M University 2016 Compliance Plans

Texas A&M University has completed its Compliance Plan for calendar year 2016. The Texas A&M University 2016 Compliance Plan contains significant compliance risks identified by the University’s Compliance Committee through the enterprise risk management process. The Compliance Committee set goals to address the risks and established strategies/action steps and metrics to evaluate progress and effectiveness in mitigating the risks.

Also as requested, is the Texas A&M University at Qatar Compliance Plan that was developed and reflects Texas A&M University’s commitment to a culture of ethical conduct and compliance.

I have approved Texas A&M University’s attached Compliance Plans and am forwarding them for your approval in accordance with System Regulation 16.01.01, System Ethics and Compliance.

Attachment

cc: Peggy Zapalac, Compliance Officer

Approved: Janet Gordon
          System Ethics & Compliance Officer
Ethics and Compliance Plan
Texas A&M University

2016
Table of Contents

OVERVIEW .............................................................................................................................................. 1
  Introduction ....................................................................................................................................... 1
  Texas A&M University Compliance Infrastructure ........................................................................ 1
  Texas A&M University 2016 Compliance Plan ............................................................................. 2

2016 COMPLIANCE RISKS ...................................................................................................................... 3
  1. Research ....................................................................................................................................... 3
  2. Laboratory Safety ........................................................................................................................ 3
  3. Title IX .......................................................................................................................................... 4
  4. Clery Act ....................................................................................................................................... 4
  5. Information Technology ............................................................................................................. 5
  6. Camps and Programs for Minors ................................................................................................ 5
  7. Student Financial Aid - Verification of Student Files ................................................................ 6
  8. Student Financial Aid - Laws, Rules, and Regulations ............................................................... 7

SUMMARY ........................................................................................................................................ 7

EXHIBITS ........................................................................................................................................ 8
  TAMU Compliance Committee Members ...................................................................................... 8
  Compliance Committees Across TAMU (Examples) ...................................................................... 9
  TAMU Compliance Committee Risk Footprint for the 2016 Compliance Plan ....................... 10

APPENDICES ...................................................................................................................................... 11
OVERVIEW

Introduction

Texas A&M University (TAMU), the flagship institution of The Texas A&M University System, is recognized for excellence, affordability, and development of leaders. TAMU is among the nation’s five largest universities with an enrollment of 64,600 students in fall 2015. TAMU is designated a land grant, sea grant, and space grant university and is a member of the Association of American Universities (AAU). TAMU ranks in the top tier of universities at the state, nation, and worldwide levels. High rankings reflect academic excellence, faculty researchers that generate more than $850 million in research expenditures that have worldwide impacts, and designation as a best value school among public universities in Texas and the nation.

TAMU’s regulatory environment continues to grow. Federal interests, new regulatory requirements, and proposed legislation expand and evolve increasing funding needs to manage new and emerging compliance risks. TAMU continues to fulfill growing regulatory obligations while balancing effective and efficient use of resources.

Dynamic academic, research, service, and operational growth coupled with increasing regulatory obligations requires a strong ethics and compliance infrastructure. TAMU’s compliance infrastructure is based on integrity and experience that incorporates a systematic risk-based process to identify compliance risks. That process is used to develop the annual TAMU Ethics and Compliance Plan (Compliance Plan).

Texas A&M University Compliance Infrastructure

The TAMU compliance infrastructure is comprised of several organizational components:

1) A designated university-wide Compliance Officer.
2) A Compliance Committee with representation from the President’s Office, Vice Presidents, the Associate Vice President for Research and Research Compliance Officer, the Director of Athletics Compliance, and other senior management with significant compliance responsibilities and expertise. See Exhibit A.
3) Several stakeholder committees, chaired by the Compliance Officer, that enhance communication and coordination of high risk areas spanning divisional lines (e.g., Title IX, Clery, etc.)
4) Many individuals and committees that are dedicated to compliance activities across TAMU in areas such as Athletics, Research, Safety and Security, Human Resources, Student Affairs, etc. See Exhibit B.
5) A designated unit (University Risk and Compliance) that supports TAMU’s programs and activities through Enterprise Risk Management (ERM), compliance reviews, University Rules, the Title IX Coordinator, the ADA Coordinator, and audit liaison services.

This broad infrastructure provides a strong platform to address compliance risks and support achievement of TAMU’s strategic goals.
Texas A&M University 2016 Compliance Plan

System Regulation 16.01.01, System Ethics and Compliance, requires a compliance plan that systematically addresses risks. TAMU’s systematic approach includes a mature Enterprise Risk Management program, initiated in 2004, to identify and prioritize high risk areas. The high risk compliance areas, assessed annually, are included in an annual Compliance Plan with goals, strategies, and metrics to address the risks.

The Compliance Plan incorporates and is evaluated using elements of the Federal Sentencing Guidelines (FSG):

- Policies and Procedures
- Communication
- Corrective Action Plans
- Oversight
- Training
- Risk Assessments
- Constituent Engagement
- Internal Monitoring

In December 2015, the TAMU Compliance Committee developed a Compliance Risk Footprint through the ERM process. See Exhibit C. The risks assessed were based on the 2015 Compliance Plan and other sources, e.g., new and emerging regulations, audits, professional organizations, etc. Based on the ERM risk-based approach, the 2016 Compliance Plan includes risk areas considered as “red” or those significant compliance risks assessed as high impact and high probability or high impact and medium probability. A comparison of the 2015 and 2016 Compliance Plan risks is summarized below:

<table>
<thead>
<tr>
<th>2015 Compliance Plan Risks</th>
<th>2016 Compliance Plan Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Research: cost transfers, contract review, export control</td>
<td>• Research (e.g., export controls, contract/financial compliance, etc.)</td>
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<tr>
<td></td>
<td>The research high risk areas will be reported in the 2016 Research Compliance Plan submitted to the System Chief Research Compliance Officer</td>
</tr>
<tr>
<td>• Campus Safety: fire and life safety, laboratory safety, and environmental management</td>
<td>• Laboratory Safety</td>
</tr>
<tr>
<td>• Federal Regulations: Title IX, Title VII, Clery Act, and Drug Free Schools and Communities Act</td>
<td>• Title IX</td>
</tr>
<tr>
<td></td>
<td>• Clery Act</td>
</tr>
<tr>
<td>• Information Technology: State Regulations</td>
<td>• Information Technology (compliance with federal and state laws related to access, use, security, and privacy)</td>
</tr>
<tr>
<td>• Minor Youth on Campus: new Standard Administrative Procedure (SAP)</td>
<td>• Camps and Programs for Minors (compliance with SAPs, state laws, and national best practices)</td>
</tr>
<tr>
<td>• Student Financial Aid: verification of student files, federal and state laws and institutional rules and regulations, and consumer information</td>
<td>• Student Financial Aid – Verification of Student Files</td>
</tr>
<tr>
<td></td>
<td>• Student Financial Aid – Laws, Rules and Regulations</td>
</tr>
</tbody>
</table>
Other high risk areas were identified specifically to other TAMU campuses and locations (i.e., branch campuses at Galveston and Qatar, and the TAMU Health Science Center). Those risks are mitigated, monitored, and reported in separate compliance plans as requested by the System Ethics and Compliance Officer due to their unique missions and operations.

Also, new for 2016, the System Ethics and Compliance Officer developed graphs (micro and macro levels) to show progress and trends based on the Federal Sentencing Guidelines. Those graphs and the 2015 compliance mitigation reports are attached as appendices.

2016 COMPLIANCE RISKS

The order of compliance risks as listed in the 2016 Compliance Plan does not designate priority and the scope is for the annual one year plan.

1. Research

Research activities contain high risk areas for TAMU. The level of risk is compounded as TAMU’s Division of Research provides research administration services via Sponsored Research Services and compliance with biosafety services and oversight for activities at TAMU’s various locations and for other system members. Regulatory violations can result in financial loss, reputational damage, disadvantage in obtaining highly competitive research awards, and delays in performance of existing awards.

To provide a comprehensive view of risk areas and risk mitigation activities and reduce duplicative effort, the high risk research activities (i.e., export controls, contract/financial compliance, etc.) will be consolidated in the annual TAMU Research Compliance Plan that is based on an ERM risk assessment, approved by the Vice President of Research, and provided to TAMU’s Compliance Officer, the Provost, and to the System Chief Research Compliance Officer. The 2016 Research Compliance Plan is under development and will be completed in spring 2016.

2. Laboratory Safety

With the strategic emphasis on campus research, laboratory safety compliance is critical to preventing accidents, injuries, and reputational harm. Absence of consistent and regular inspections of campus research and teaching laboratories results in noncompliance with regulatory compliance and may result in injury or death, property or environmental damage, significant penalties and fines, litigation, and reputational harm. Likewise, inadequate laboratory training may also have dire consequences. Relevant information related to proper laboratory safety must be conveyed to all staff within laboratories to ensure concepts are communicated and reinforced.

Goal

The goal for 2016 is to update the current laboratory safety training program.

Strategies

- Consideration will be given to incorporating a slide or two of materials from the Office of Biosafety (OBS); Environmental Health and Safety (EHS) will likewise ask the OBS to include materials related to chemical and physical hazards within laboratories.
TEXAS A&M UNIVERSITY 2016 COMPLIANCE PLAN

- EHS will revise the laboratory safety training program, updating outdated information and providing an opportunity for training feedback. Consideration will be given to developing an initial on-line laboratory safety module, followed by an in-class segment that is scenario-based.
- Additional training materials will be developed over the course of the year to supplement laboratory safety; e.g., how to properly operate a fume hood.

**Metric**
- By March 30, 2016 EHS and OBS will have shared information for their respective training programs.
- By June 20, 2016 EHS will have instituted the updated laboratory safety training.
- By September 30, 2016 EHS will have developed additional training modules to supplement laboratory safety.

3. Title IX

Texas A&M University strives to maintain a work and educational environment free from discrimination, sexual harassment and related retaliation in accordance with applicable federal and state laws. TAMU has taken steps to increase awareness, prevention, and address complaints promptly and equitably (e.g., Step In. Stand Up. campaign, AAU Campus Climate Survey, etc.) To support those efforts, funding was identified for a full-time Title IX Coordinator who is responsible for providing oversight, leadership, and coordination regarding the University's compliance efforts with Title IX, related guidance and intersecting laws, e.g., the Clery Act.

**Goal**
Hire a full-time Title IX Coordinator to enhance the University's efforts in providing strategic guidance and coordination for Title IX compliance.

**Strategies**
- Complete the hiring process for a full-time Title IX Coordinator.
- The Title IX Coordinator, in collaboration with the Title IX Compliance Committee and other stakeholders, will identify key areas to direct efforts.

**Metric**
- The Title IX Coordinator will identify priorities and develop an action plan with key Title IX initiatives to enhance compliance and coordination of efforts. The plan will be developed by December 31, 2016.

4. Clery Act

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act) was enacted in 1990 and recently amended by the Violence Against Women Act. The Clery Act requirements include an Annual Security Report (ASR) that provides campus crime statistics and related policy information. Information and statistics also are required for an Annual Fire Safety Report for campuses with on-campus student housing facilities. The Clery ASR and Annual Fire Safety Report provide information regarding campus safety.
Goal
Report accurate and complete statistics and policy statements as required for the ASR and the Annual Fire Safety Report due by October 1, 2016.

Strategies
• Hold Clery Stakeholder Compliance Committee meetings (late January through September 2016) to discuss timelines for completing the report, related responsibilities, and new guidance provided by the Department of Education, if available.
• Coordinate with various personnel to clarify and/or confirm requirements, e.g., geography (mapping, international locations, etc.) and other issues as they arise.
• Coordinate with stakeholders at the various TAMU locations regarding report preparation.

Metric
• By October 1 2016, University Risk and Compliance, in collaboration with the Clery Compliance Committee, will publish the required Annual Security Report and Annual Fire Safety Report.

5. Information Technology
Information Technology (IT) provides storage, protection, and processing of information necessary to comply with multiple federal and state laws and regulations. The risk is that an IT system (service) fails to operate as intended or designed. Thus the mitigation is assessing whether an IT system (service) is open (vulnerable) to failure or misuse; that it is compliant with guidelines for operation.

Goal
Assess IT systems (services) annually for compliance with identified guidelines.

Strategies
• Long term 100% of IT resources should be assessed. Change to use Archer GRC to inventory and assess IT systems (services) at the university, using a combination of manual entry, automated tools and links to other IT management systems. The assessments will be required annually, reviewed by the CIO, and used as foundation for the Risk Management Plan.

Metric
• 90% of high priority systems, as identified and published by the CISO, are assessed. Future years may change to include all systems.

6. Camps and Programs for Minors
TAMU sponsors Campus Programs for Minors (CPM) on the campus and at other locations, including third party sponsors using TAMU property. In addition to state law, campus programs for minors are governed by institutional procedures. A CPM is defined as any programs for minors sponsored and/or operated by a University department, college, recognized student organization, and/or third party where care, custody, and/or control of the minor(s) is the University’s or third party’s responsibility. These programs may include, but are not limited to, programs which are
day-only, overnight, on campus, and/or off campus. These programs may or may not collect fees from participants. A CPM does not include kindergarten through 12th grade groups visiting campus for the purpose of conducting campus tours or solely as patrons of entertainment events.

**Goal**
Rewrite current TAMU SAP 24.01.06.M0.01, *Campus Programs for Minors* to align and reflect changes in the new System Regulation 24.01.06, *Programs for Minors* revised on May 4, 2015.

**Strategies**
- Repopulate and reconvene the CPM Committee that reviewed and rewrote the TAMU SAP with similar charge for incorporating System Reg. 24.01.06, *Programs for Minors*.

**Metric**
- Revised SAP with new system regulations will be submitted for review in summer 2016 and approved through the TAMU University Rules process.

**Goal**
Distribute new TAMU SAP for *Campus Programs for Minors* (CPM) to all stakeholders.

**Strategies**
- Website and MaroonLink will be updated to reflect changes in the CPM SAP.
- A Frequently Ask Questions (FAQ) page will be created to address changes and new requirements in the SAP.
- Emails will be sent to all stakeholders informing them of changes to the CPM SAP.
- Opportunities for additional training on the new SAP will be offered.

**Metric**
- 100% of CPM sponsors will be sent emails to provide awareness of changes and new requirements to the CPM SAP, and 65% will participate in additional training.

7. **Student Financial Aid - Verification of Student Files**

Our Associate and Assistant Directors of the processing function oversee the verification processing completed by our third party vendor. Verification of files is a requirement of the Department of Education, and approximately 25% of students get selected for verification by the Department. These students, and in most cases parents, have their financial information verified to ensure it is accurately representing their current financial state and ability to pay for educational expenses. The accuracy of this information is crucial to the process of financial aid and involves many complicated questions, especially related to tax issues. The timely and accurate verification of the student’s files is one of the most time consuming areas in financial aid. It is also a very manual process and is thus subject to human error which increases the opportunities for mistakes.

**Goal**
Maintain a high level of accuracy of verified files to mitigate audit findings for verification.
Strategies

- Third party vendor will improve training for their employees working on TAMU files and TAMU will also train staff to better understand the verification process.
- Third party will increase the amount of files it reviews as part of a second check process.
- TAMU will review a percentage of files weekly as another level of review. With this additional training and review, files should be processed at a higher quality.

Metric

- Maintain quality rate of 95% or higher.

8. Student Financial Aid - Laws, Rules, and Regulations

The Department of Education, US Congress, Executive Orders by the US President, US Health and Human Services, Texas Congress, Texas Higher Education Coordinating Board, TAMU, TAMU System, and many other offices, foundations, and individuals (donors) create laws, rules, and regulations related to the use of funds for scholarships and financial aid. The Scholarships and Financial Aid Office is expected to comply with all of these to allow for the use of funds for students. If the Scholarships and Financial Aid Office does not comply with these regulations then the funds associated with them can be taken away and not made available for TAMU students.

Goal

Quality control reviews, performed by the Scholarships and Financial Aid Assistant Director of Compliance, in high risk areas are used to identify any noncompliance and opportunities for improvement of efficiency and effectiveness.

Strategies

- A risk assessment model was created to identify high risk funds and processes. The model will be rerun with current information to determine the high risk areas based on current information.
- The reviews will be conducted and the information presented to the Scholarships and Financial Aid Office experts in the associate areas.
- All results will include recommendations used to improve compliance, efficiency and effectiveness of the Scholarships and Financial Aid Office.

Metric

- Perform quality control checks on 16 processes related to federal, state, and institutional laws, rules, and regulations relating to scholarships and financial aid.

SUMMARY

TAMU's compliance environment is one of growth with priorities for student successes, scholarly leadership, meaningful research, and a safe learning and work environment. TAMU has a strong institutional commitment and a culture that promotes ethical conduct and compliance with legal and other obligations. TAMU's 2016 Compliance Plan reflects a systematic and risk based approach that is responsive to changing regulatory requirements and other risk factors. TAMU's 2016 Compliance Plan provides information that is useful for decision-making, resource allocation, and achievement of strategic goals.
## EXHIBITS

### TAMU Compliance Committee Members

<table>
<thead>
<tr>
<th>Member</th>
<th>Texas A&amp;M University Division/Office/Campus</th>
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<tbody>
<tr>
<td>Ms. Margaret Zapalac (Chair)</td>
<td>University Risk and Compliance; TAMU Compliance Officer*</td>
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<tr>
<td>Ms. Briana Cammack</td>
<td>President’s Office</td>
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<tr>
<td>Dr. Christine Stanley</td>
<td>Diversity</td>
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<tr>
<td>Dr. Jerry Strawser</td>
<td>Finance</td>
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<tr>
<td>Ms. Janelle Ramirez</td>
<td>President – Human Resources</td>
</tr>
<tr>
<td>Mr. Michael O’Quinn</td>
<td>Government Relations</td>
</tr>
<tr>
<td>Ms. Deena McConnell, J.D.</td>
<td>Provost</td>
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<tr>
<td>Mr. Joe Pettibon</td>
<td>Provost’s Office</td>
</tr>
<tr>
<td>Dr. Blanca Lupiani</td>
<td>Dean of Faculties</td>
</tr>
<tr>
<td>Mr. Mario Rojo del Busto, LL. M.</td>
<td>Dean of Faculties</td>
</tr>
<tr>
<td>Ms. Katherine Rojo del Busto, J.D.</td>
<td>Research</td>
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<tr>
<td>Dr. David Parrott</td>
<td>Student Affairs</td>
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<tr>
<td>Dr. Cynthia Hernandez</td>
<td>Student Affairs</td>
</tr>
<tr>
<td>Ms. Delisa Falks</td>
<td>Scholarships and Financial Aid</td>
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<tr>
<td>Ms. Samantha Huge</td>
<td>Athletics</td>
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<tr>
<td>Mr. David Batson</td>
<td>Athletics Compliance</td>
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<tr>
<td>Mr. Scott Honea</td>
<td>Information Technology</td>
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<tr>
<td>Mr. Willis Marti</td>
<td>Information Technology</td>
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<tr>
<td>Ms. Sherylon Carroll</td>
<td>Marketing and Communications</td>
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<tr>
<td>Mr. Chris Meyer</td>
<td>Safety and Security</td>
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<tr>
<td>Ms. Annette Wallis</td>
<td>University Risk and Compliance</td>
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<tr>
<td>Ms. Susan Lee</td>
<td>Texas A&amp;M University at Galveston Compliance Officer*</td>
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<tr>
<td>Ms. Rosalie Nickles</td>
<td>Texas A&amp;M University at Qatar Compliance Officer*</td>
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<tr>
<td>Ms. Rayellen Milburn</td>
<td>Texas A&amp;M Health Science Center Compliance Officer*</td>
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*The designated Compliance Officer prepares a separate Compliance Plan*
## Compliance Committees Across TAMU (Examples)

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Office of Oversight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADA Compliance Committee</td>
<td>Associate VP for University Risk and Compliance</td>
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<tr>
<td>Clery Stakeholder Committee</td>
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<tr>
<td>Drug Free Schools and Communities Act Committee</td>
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<tr>
<td>Enterprise Risk Management Committee</td>
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<td>Compliance Committee</td>
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<tr>
<td>Title IX Stakeholder Compliance Committee</td>
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<tr>
<td>Institutional Review Board</td>
<td>VP for Research</td>
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<td>Export Control Working Group</td>
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<td>Institutional Biosafety Committee</td>
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<td>Institutional Animal Care and Use Committee</td>
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<td>Institutional Review Entity</td>
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<tr>
<td>TAMU Leadership Council</td>
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<td>TAMU Research and Compliance Committee</td>
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<tr>
<td>Task Force on Campus Emergencies</td>
<td>The Office of Safety and Security</td>
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<tr>
<td>Sustainability and Environmental Management System Committee</td>
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<tr>
<td>Radiological Safety Committee</td>
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<td>Scientific Diving Control Committee</td>
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<tr>
<td>Design Review Sub-Council (Council of Built Environment)</td>
<td>Provost</td>
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<tr>
<td>Transportation Services Advisory Council</td>
<td>VP Finance and Administration</td>
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<tr>
<td>Council of Senior Business Administrators</td>
<td>Transportation Services</td>
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<tr>
<td>Academic Business Operations Committee</td>
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<tr>
<td>Accounts Payable Process Improvement Committee</td>
<td>Associate VP for Finance and Controller</td>
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<tr>
<td>Senior Safety Oversight Committee – Fire and Life Safety</td>
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<tr>
<td>Senior Safety Oversight Committee – Hazardous Material Transportation/Shipping/Receipt</td>
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<tr>
<td>Senior Safety Oversight Committee – Occupational Safety, Shop Safety/Industrial Safety</td>
<td>Executive VP and Provost</td>
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<tr>
<td>Senior Safety Oversight Committee – Occupational Health/Industrial Hygiene</td>
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<tr>
<td>Information Technology Advisory Committee</td>
<td></td>
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<tr>
<td>Audio Video Surveillance Technology Committee</td>
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<tr>
<td>Laboratory Safety Committee</td>
<td>Senior Safety Oversight Committee</td>
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<tr>
<td>Texas Commission on Law Enforcement Training Advisory Board</td>
<td>Chief of Police</td>
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<tr>
<td>Department Training Committee</td>
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<tr>
<td>Athletics Council</td>
<td>President</td>
</tr>
</tbody>
</table>
# Risk Areas | Title IX Compliance | Camps and Programs for Minors | Clery Act Compliance | IT Compliance | Laboratory Safety | Student Financial Aid | TAMU's Research Compliance Plan* | Other Compliance Plans*
--- | --- | --- | --- | --- | --- | --- | --- | ---
### Significant Compliance Risks Included in the 2016 Compliance Plan

<table>
<thead>
<tr>
<th>HH</th>
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<th>MM</th>
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<th>MM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title IX - noncompliance with laws, regulations, and guidance</td>
<td>Camps and Programs for Minors - noncompliance with procedures, state laws, and national best practices</td>
<td>Clery Act (as amended by Women's Act) - noncompliance with the requirements of the Federal law (TAC 202.004)</td>
<td>IT - noncompliance with lab safety requirements</td>
<td>Laboratory Safety - noncompliance with state and federal laws, rules, and regulations</td>
<td>Student Financial Aid - noncompliance with federal, state and institutional laws, rules, and regulations</td>
<td>Student Financial Aid - noncompliance with federal, state and institutional laws, rules, and regulations</td>
<td>Significant compliance risks reported in the University's 2015 Research Compliance Plan (Human Subjects, Animal Use, Biosafety, Export Controls, and Financial Conflicts of Interest). These risks are mitigated, monitored, and reported in the research compliance plan approved by the Vice President for Research.</td>
<td>Significant compliance risks reported in the Compliance Plans for HSC, TAMUG, and TAMU. These risks are mitigated, monitored, and reported in the individual plans approved by the chief operating officer.</td>
</tr>
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</table>

### Other Compliance Risks Considered in the Annual Risk Assessment (not included in the 2016 Compliance Plan)

<table>
<thead>
<tr>
<th>HL</th>
<th>ML</th>
<th>MH</th>
<th>ML</th>
<th>MM</th>
<th>ML</th>
<th>ML</th>
<th>ML</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire and Life Safety - inability to inspect buildings for fire and life safety compliance according to plan and address noted deficiencies</td>
<td>Cost transfers in research - noncompliance with federal regulations, other contractual obligations, and Uniform Guidance and cost recovery for federal projects</td>
<td>Student Financial Aid - noncompliance with Title IV requirements for consumer information</td>
<td>Contract review in research - lack of thorough review of contracts to identify and mitigate related risks in an expedient manner</td>
<td>Environmental Management - difficulty to implement environmental management system software to comply with System environmental regulatory requirements</td>
<td>Drug Free Schools and Communities Act - noncompliance with federal regulatory requirements</td>
<td>Title VII (non-discrimination based on sex, race, color, national origin or religion) - noncompliance with law</td>
<td>Other risks listed in the 2015 compliance risk footprint and other compliance plans.</td>
</tr>
</tbody>
</table>

**Legend:**
- **HH, HM** = (Red Risk) Extensive risk management (execution, supervisory, and oversight controls w/external review/audit)
- **HL, MH** = (Yellow Risk) Manage and monitor (execution, supervisory, and oversight controls but no external review/audit)
- **MM, ML, LH** = (Green Risk) Monitor (execution and supervisory controls)
- **LM, LL** = (Gray Risk) Accept (accept the risk and have little or no controls)

*These red risks are included in separate compliance plans and not duplicated in the University's 2016 compliance plan. The research compliance plan is reviewed and approved by the Vice President for Research and submitted to the System's Chief Research Compliance Officer. The other compliance plans are prepared and approved by the respective Chief Operating Officers and the System Ethics and Compliance Officers.*
APPENDICES

The Appendices include supplementary information that is required by the System Ethics and Compliance Office and is useful in tracking progress related to the 2015 Compliance Plan. The information will also be used to evaluate the changing compliance environment and includes projected information regarding the 2016 Compliance Plan.

Appendix I


- Measuring an Effective Compliance Program (MECP) Chart: Chart based on the Federal Sentencing Guidelines and used to evaluate and rank the maturity of TAMU’s compliance activities as a whole (Macro Graph) and for specific risk areas (Micro Graphs).

Appendix II

- January 2016 Compliance Plan Mitigation Reports: Reports completed, by the person with a leadership role and expertise in the risk area, that provide the status of goal achievement for risks in the 2015 Compliance Plan.

- Micro Graphs: Graphs developed for each 2015 Compliance Plan risk area to evaluate the maturity of compliance risk mitigations over time. The graphs include projections for 2016 for risk areas included in the 2016 Compliance Plan. If a risk area has more than one distinct risk category, the categories are combined in the Micro Graph.

Appendix III

- September 2015 Compliance Mitigation Reports: Reports of the mitigating activities at the mid-point in the 2015 Compliance Plan. The reports are referenced as “attachments” in the January 2016 Compliance Plan Mitigation Reports to provide more complete information for the reader.
Appendix I


Measuring an Effective Compliance Program (MECP) Chart: Chart based on the Federal Sentencing Guidelines and used to evaluate and rank the maturity of TAMU’s compliance activities as a whole (Macro Graph) and for specific risk areas (Micro Graphs).
TAMU 2016 Compliance Risks - Macro Graph

- Laboratory Safety
- Title IX
- Clery Act
- Information Technology
- Camps and Programs for Minors
- Student Financial Aid - Verification of Student Files
- Student Financial Aid - Laws, Rules, and Regulations

Legend:
- 2016 (Goal)
- 2015
- 2014
<table>
<thead>
<tr>
<th>1 (INERT)</th>
<th>2 (EMERGING)</th>
<th>3 (GROWING)</th>
<th>4 (MATURE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Few or no policies and procedures</td>
<td>Underdeveloped or unenforced policies and procedures</td>
<td>Policies and procedures developed to cover substantive operations</td>
<td>Policies and procedures promulgated, implemented and periodically reviewed and updated</td>
</tr>
<tr>
<td>Constituents including high-level personnel not consciously interested in compliance</td>
<td>Constituents ambivalent or partly resentful about compliance requirements but growing in awareness of its importance</td>
<td>Constituents understand the importance of compliance and their responsibilities for compliance and ethics</td>
<td>Constituents invested in compliance; high level personnel oversee it</td>
</tr>
<tr>
<td>No compliance structure, officers or committees</td>
<td>Constituents begrudgingly cooperate with regulators and newly established compliance officers and committees</td>
<td>Constituents open with regulators and compliance officers and committees</td>
<td>Constituents proactively engage with regulators and compliance officers</td>
</tr>
<tr>
<td>Ad hoc, sporadic, or non-existent training in ethics and compliance</td>
<td>Training activities in development and early stages of application</td>
<td>Training activities developed and administered at appropriate levels</td>
<td>Training activities periodically updated, efficiently administered and recorded</td>
</tr>
<tr>
<td>Lacking or broken and mistrustful communication over ethics and compliance</td>
<td>Constituents realize the need to communicate about ethics and compliance</td>
<td>Improving lines of internal communication; developing mechanisms for reporting</td>
<td>Clear, efficient, and open internal communication mechanisms and attitudes</td>
</tr>
<tr>
<td>No systematic approach to compliance</td>
<td>Compliance programs developed or evaluated as problems arise</td>
<td>Establishment of compliance programs</td>
<td>Ongoing operation and monitoring of established compliance programs</td>
</tr>
<tr>
<td>Ad hoc, inconsistent, inadequate or lacking reactions to violations</td>
<td>Reactive “put out fires” mentality; realizing need to respond appropriately to violations</td>
<td>Developing mechanisms and procedures for discovering and responding to violations</td>
<td>Appropriate responses and corrective actions implemented when violations are discovered</td>
</tr>
<tr>
<td>Little awareness of risk</td>
<td>Compliance and risk receive attention when a violation occurs</td>
<td>Establishment of enterprise risk assessment framework</td>
<td>Risks identified, anticipated, avoided, and/or mitigated on a continuous basis</td>
</tr>
</tbody>
</table>
Appendix II

January 2016 Compliance Plan Mitigation Reports: Reports completed, by the person with a leadership role and expertise in the risk area, that provide the status of goal achievement for risks in the 2015 Compliance Plan. For references to “attachments” see Appendix III.

Micro Graph: Graphs developed for each 2015 Compliance Plan risk area to evaluate the maturity of compliance risk mitigations over time. The graphs include projections for 2016 for risk areas included in the 2016 Compliance Plan. If a risk area has more than one distinct risk category, the categories are combined in the Micro Graph.

The following is a list of Compliance Plan Mitigation Reports and Micro Graphs included in the Appendix II:

- Compliance Plan Mitigation Reports
  - Research - Cost Transfers
  - Research - Contract Review
  - TAMU Export Controls
- Micro Graph - Research
- Compliance Plan Mitigation Reports
  - Campus Safety - Fire and Life Safety
  - Campus Safety - Laboratory Safety
  - Campus Safety - Environmental Management
- Micro Graph – Campus Safety
- Compliance Plan Mitigation Reports
  - Title IX
  - Title VII
  - Clery Act
  - Drug Free Schools and Communities Act
- Micro Graph - Federal Regulations
- Compliance Plan Mitigation Report - Information Technology - State Regulations
- Micro Graph – Information Technology
- Compliance Plan Mitigation Report - Minor Youth on Campus
- Micro Graph - Minor Youth on Campus
- Compliance Plan Mitigation Reports
  - SFA (Student Financial Aid) - Verification of Student Files
  - SFA - Compliance with Federal, State, and Institutional Laws, Rules, and Regulations
  - SFA - Consumer Information
- Micro Graph - SFA
Compliance Risk: TAMU - Research – Cost Transfers

Goal:

Reduce the number of "over 90 day cost transfers" on federal funds to an acceptable level of risk for compliance with federal regulations and Uniform Guidance on cost recovery for federal projects.

Metric:

- Reduction in the current numbers of "over 90 day" cost transfers (payroll and non-payroll) as evidenced by periodic reviews.
- Identification of the number of "over 90 day" cost transfers due to delayed project establishment at Sponsored Research Services as evidenced by periodic reviews.
- Identification of the loss of dollars due to late billings of project charges as evidenced by periodic reviews.
- Identification of the concentration of cost transfers to a specific area through periodic analysis of cost transfers by department and college.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.
- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached

- Additional mitigating activities taken to achieve the goal include:

**Training**
- VPRA Workshop Series: Apply Best Practices To Your Day To Day Activities for the TAMU Departmental Research Administrator
- Distributed Faculty Effort Planning Worksheet to Department Administrators
- A Vice President for Research (VPR) staff member represented TAMU at the Federal Demonstration Partnership meeting to hear updates on cost transfers and effort reporting

**Initiatives to enhance compliance**
- TAMUS is replacing its legacy mainframe payroll and human resource systems with Workday. Payroll corrections are currently being processed in the BPP legacy system but will be moved to the FAMIS financial system with the implementation of Workday. The Transition and Services Operations Committee (TSOC) for Sponsored Research Services developed a process to better communicate with the PI and departments to begin planning and hiring on the appropriate projects to avoid later corrections and transfers of costs resulting from delays in project setup
- TSOC began an initiative to streamline the Expedited Interim Funding process to enhance and expedite project set up for eligible projects to avoid payroll corrections and risks to collections that come from charging and billing a sponsor too late for reimbursement
- TSOC has begun discussions to change the current Employee Payroll Action (EPA) processes in sponsored grants to minimize payroll corrections and cost transfers due to the slow routing of EPA approval documents

**Stakeholder, workgroups, task force meetings related to compliance topic**
- The TSOC meets bi-week to address major compliance concerns such as the cost transfers
- HCM Payroll Correction Working Group

**Progress on rules and procedures**
- Implemented Award-In-House notifications that alert the PI and departments to begin planning and hiring on the appropriate projects to avoid later corrections and transfers of costs
- Implemented an Expedited Interim Funding process to established “automatically” a project number for eligible projects to avoid payroll corrections and risks to collections that come from charging and billing a sponsor too late for reimbursement

**Internal/external reviews related to specific compliance areas**
- The TSOC meets bi-weekly to review/address major compliance concerns such as cost transfers.
- State Auditors’ performed A-133 Audit of FY2015 on federal funds during Fall 2015 and their testing areas included Cost Transfers. Audit report issued in January 2016 had no findings related to Cost Transfers.

Based on the mitigating activities above, the goal has been achieved.

Submitter’s Name

Katherine Rojo del Busta

Submitter’s Signature

[Signature]

Date

January 29, 2016
COMPLIANCE PLAN MITIGATION REPORT

Compliance Risk: TAMU - Research – Contract Review

Goal: Ensure that contracts have been thoroughly reviewed and risks identified and mitigated in an expeditious manner to reduce the risk of noncompliance, and the loss of research opportunities.

Metric:
- Add resources to ensure appropriate contract review, risk identification and mitigation.
- Reduce the turn-around time for contract review, approval routing, and execution.
- Update high-risk check list for new employees and for the Sponsored Research Services contract negotiators to assure that experienced and knowledgeable research administrators have reviewed contracts for high-risk terms (reputational, strategic, financial, compliance, etc.), and that they have been brought to the attention of the Vice President for Research and signees for a risk assessment and business decision.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached
- Additional mitigating activities taken to achieve the goal include:
  Training
  - A VPR staff member attended the Society of Research Administrators professional meeting to hear updates on definitions of deliverables as classified in sponsored research
  Initiatives to enhance compliance
  - Working towards clarifying the classification of restricted funds as sponsored agreements versus gifts through meetings with the Texas A&M Research Administration Committee (TRAC) and Financial Management Operations (FMO)
  Stakeholder, workgroups, task force meetings related to compliance topic
  - Monthly TRAC meetings
  - Monthly meetings with FMO
  - Departmental Administrator Workshops July 2015 and January 2016 – 8 hrs. each

Based on the mitigating activities above, the goal has been achieved.

Submitter's Name
Katherine Rojo del Busto

Submitter's Signature

Date
January 29, 2016
Compliance Risk: TAMU – Export Controls

Goal: Reduce the risk of violations with United States export control laws and regulations by increasing the resources dedicated to export control compliance.

Metric: Add resources and/or redistribute export control compliance responsibilities to reduce the risk of noncompliance to acceptable levels.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached
- Additional mitigating activities taken to achieve the goal include:
  Training
  - Export Control Training conducted at TAMU for faculty and researchers at the 2015 Research Compliance Spring Symposium on March 9, 2015
  - Export Control Training conducted at TAMU for attendees of the 2015 TAMU Immigration Symposium on April 6, 2015
  - Export Control Training conducted for TAMU contract administration and purchasing staff on July 15, 2015
  - Export Control Training (presentation and Red Flag training) conducted for SRS staff on August 13, 2015
  - Export Control Training conducted TAMU-New Academic Leaders Orientation on August 28, 2015
  - Export Control Training conducted at TAMUQ on September 30, 2015
  - Export Control Training conducted at TAMUG on November 4, 2015
  - Export Control Training conducted for TAMU Accounts Payable Process Improvement (APPI) group on December 8, 2015 and January 26, 2016
  - Export Control Red Flag Training conducted at TAMU’s Departmental Administrators Workshop II on January 14, 2016
Initiatives to enhance compliance
  o Launched Research Integrity and Compliance Newsletter which included update on proposed export control regulatory changes
  o Developed and implemented tools via Concur to enhance export control compliance in connection with international travel
  o Conducting risk assessment of export control compliance program via the Export Control Working Group
  o In September and November 2015, conducted Technology Control Plan (TCP) reviews of TAMU and TAMUG TCPs
  o In September 2015, conducted TCP reviews of selected TAMUQ TCPs
  o System Internal Audit is currently conducting a review of TAMU’s export control compliance program

Stakeholder, workgroups, task force meetings related to compliance topic
  o Quarterly TAMU Research Compliance Committee Meeting conducted: March 5, 2015; June 19, 2015; September 11, 2015, and December 11, 2015
  o Export Control Working Group meetings conducted: August 19, 2015; November 18, 2015

While risks have been reduced based on the mitigation activities above, the goal has not yet been achieved.

The Division of Research continues to leverage existing resources to mitigate risks, and has requested additional resources from TAMU leadership to add staff to the export control compliance program.

Submitter’s Name
Katherine Rojo del Busto

Submitter’s Signature

Date
January 29, 2016

- Polices and Procedures
- Oversight
- Constituent engagement
- Training
- Communication
- Internal Monitoring
- Corrective Action Plans
- Risk assessments

2016 (Goal) vs. 2015
Compliance Plan Mitigation Report

Compliance Risk: TAMU – Campus Safety – Fire and Life safety

Goal: By September 2015, jointly, Environmental Health and Safety (EHS) and the State Fire Marshal (SFM) inspect campus buildings for fire and life safety compliance. Correct identified deficiencies (depending on the nature of the deficiency, the item will be corrected by the occupant or by Southeast Service Corporation).

Metric: Jointly (EHS and SFM) inspect 20% of all campus buildings within one year.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached
- Additional mitigating activities taken to achieve the goal include:
  1. During 2015, the State Fire Marshal made two visits to the university; during these two visits, an EHS representative accompanied the SFM to make notes of all issues identified.
  2. After each visit, the SFM issued a report to the university to document the issues identified.
  3. EHS coordinated corrective actions with building occupants or SSC, depending on the issue noted.
  4. After each visit, the SFM returned to verify corrective actions taken.
  5. Jointly (EHS and SFM) inspected 20% of all campus buildings within one year.

Based on the mitigating activities above, the goal has been achieved.

Submitter’s Name

Christina Robertson

Submitter’s Signature

Date

January 20, 2016
COMPLIANCE PLAN MITIGATION REPORT

Compliance Risk: TAMU – Campus Safety –Laboratory Safety

Goal: By September 2015 include an assessment of hazard communication training to ensure compliance with Texas Hazard Communication rules.
Metric: Review 90% of laboratory staff members’ hazard communications training records.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached
- Additional mitigating activities taken to achieve the goal include:
  1. EHS incorporated a new laboratory inspection criteria to verify training records that document compliance with Texas Hazard Communication rules.
  2. Within each laboratory inspection, inspectors verified training records are complete for all staff working in the laboratory.
  3. If any laboratory staff had not received necessary training, the inspection report documented the deficiency and required prompt corrective action.
  4. Inspectors reviewed 90% of laboratory staff members’ hazard communications training records.

Based on the mitigating activities above, the goal has been achieved.

Submitter’s Name
Christina Robertson

Submitter’s Signature
[Signature]

Date
January 20, 2016
Compliance Plan Mitigation Report

Compliance Risk: TAMU – Campus Safety – Environmental Management

Goal: By September 2015, EHS will implement environmental management system software to ensure compliance with the A&M System’s requirements for environmental management.

Metric: Populate 50% of the compliance module.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached
- Additional mitigating activities taken to achieve the goal include:
  1. Over the last year we purchased a compliance tracking software.
  2. Reviewed applicable state and federal regulations.
  3. We have populated 90% of the compliance tasks in the compliance module.

Based on the mitigating activities above, the goal has been achieved.

Submitter’s Name

Christina Robertson

Submitter’s Signature

[Signature]

Date

January 20, 2016
Campus Safety Risk Area Micro Graph: Fire and Life Safety (2015); Environmental Management (2015); and Laboratory Safety (2015 and 2016)

- Polices and Procedures
- Oversight
- Constituent engagement
- Training
- Communication
- Internal Monitoring
- Corrective Action Plans
- Risk assessments

Legend:
- 2016 (Goal)
- 2015
COMPLIANCE PLAN MITIGATION REPORT

Compliance Risk: Title IX

Goal: Provide Title IX training to the TAMU campus.
Metric: By August 31, 2015 the Title IX Stakeholder Committee training group will develop a training plan from which a comprehensive and systematic approach to Title IX training can be launched.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- The September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) is attached and includes a key mitigation activity as follows:
  - The Title IX Coordinator appointed a training sub-committee within the Title IX Stakeholder Committee to create a university-wide training plan. The training sub-committee prioritized training needs with the first priority to assist in updating the System mandatory EEO training for employees. A July 2015 draft included Violence Against Women Act requirements effective 7-1-15, and later drafts addressed revisions of the System Regulation 08.01.01, Civil Rights Compliance, effective 9-18-15. The updated EEO training is being formatted in TrainTraq for TAMU campuses and system members.

- Examples of other Title IX training and communication activities include:
  - A university-wide Step In. Stand Up. campaign and website aimed at promoting sexual violence awareness and prevention.
  - Updates of TAMU Rules, Standard Administrative Procedures, and Student Rules that supplement System Regulation 08.01.01 are being updated to communicate TAMU’s procedures for reporting complaints and handling grievances. This information is also communicated through various trainings.
  - Information on the University Risk and Compliance (URC) Title IX website was updated/expanded.
  - Student Affairs established the Office of Consensual Language, Education, Awareness, and Relationships (CLEAR). This office assists in providing a comprehensive, coordinated response to the training and preventive education for students on the College Station campus.
  - TAMU participated in the “Title IX & Sexual Violence in Higher Education” and “Know Your IX” panel and workshop hosted by the TAMU College of Liberal Arts - Glasscock Center for Humanities Research. Speakers included Dr. Barbara Will from Dartmouth College, Dana Bolger, co-founder of Know Your IX, and Dr. Cynthia Hernandez from TAMU Student Affairs.
  - Two Human Resources investigators and personnel from URC attended a webinar, Writing Investigative Reports, presented by the National Association of College and University Attorneys. URC shared the training files with the Title IX Deputy Coordinators who oversee/ handle investigations.
  - On January 6, 2016, the Green Dot Coordinator informed TAMU students, faculty, and staff of several sessions of Bystander Intervention training being offered in the spring semester.

Based on the mitigating activities above, the goal has been achieved.

Submitter’s Name
Margaret Zapalac

Submitter’s Signature

Date
2/2/2016
System Ethics and Compliance Office
THE TEXAS A&M UNIVERSITY SYSTEM

COMPLIANCE PLAN MITIGATION REPORT

Compliance Risk: TAMU – Title VII

Goal: Increase participation in human resources training workshops that cover Title VII compliance and associated workplace issues.
Metric: Increase completion of training workshops that cover Title VII issues by 20% for the period of March through December 2015, as compared to the same time period in 2014.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached
- Additional mitigating activities taken to achieve the goal include:
  o Training that covered Title VII issues increased by 50% for the period of March through December 2015 as compared to the same time period in 2014.
    - Human Resources Department provided additional training to all HR personnel regarding Title VII, Title IX and Violence Against Women Act compliance
  o The University completed an update to the current System-wide EEO on-line training and forwarded to the System Director of Equal Opportunity and Diversity for review and approval

Based on the mitigating activities above, the goal has been achieved.

Submitter's Name
Janelle Ramirez

Submitter's Signature
Janelle Ramirez

Date
1-20-16
COMPLIANCE PLAN MITIGATION REPORT

Compliance Risk: Clery Act

Goal: Report accurate, complete statistics and policy statements as required by the Clery Act for the Annual Security Report (ASR) and the Annual Fire safety report due by 10-1-2015.

Metric: By October 1, 2015, University Risk and Compliance, in collaboration with the Clery Stakeholder group, will publish the required ASR and Annual Fire Safety Report and address the new federal requirements.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

• Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached and key activities are summarized below.
  o The Clery Compliance Committee chaired by the Compliance Officer set a timeline in January 2015, and University Risk and Compliance (URC) personnel monitored progress in preparing reports.
  o URC personnel coordinated with Clery Compliance Committee members regarding new requirements of the Violence Against Women’s Act (VAWA) effective 7-1-2015.
  o Jurisdictional crime definitions were researched and included in the 2015 ASR.
  o The report preparation process included review that statistics in the ASRs matched statistics entered in the Department of Education Survey.
  o Draft reports were sent for review to the TAMU Compliance Officer and other senior management who had Clery expertise.
  o Current Clery Training was available to those with responsibilities in report preparation and review.
  o Mandatory training for Campus Security Authorities was updated for VAWA to enhance reporting of new requirements for dating violence, domestic violence, and stalking.

• Additional mitigating activities taken September 2015 – January 2016 include:
  o Notices of publication were sent to students, faculty, and staff at the College Station Campus and coordinated with other TAMU locations by 10-1-2015.
  o The Clery Compliance Committee held meetings on 11-4-2015 and 1-26-2016 to review the prior year reporting process and plan for the next year.

Based on the mitigating activities above, the goal has been achieved.

Submitter’s Name
Margaret Zapalac

Submitter’s Signature

Date
2/2/2016
Compliance Risk: Drug Free Schools and Communities Act

Goal: The Drug Free Schools and Communities Act (DFSCA) Committee will establish a plan to address the 2014 DFSCA Biennial Review Report goals with emphasis on the correlation between alcohol and drug use and sexual assault.
Metric: Make new information available as completed and evaluate progress in November 2015, the midpoint for performing the 2016 DFSCA biennial review.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached.
- Additional mitigating activities taken to achieve the goal include:
  - A meeting was held November 16, 2015 in which the DFSCA Stakeholder Committee discussed progress, the current status of DFSCA activities, and the goals set in the DFSCA 2014 Biennial Review. This meeting was a mid-point meeting to assess direction and initiatives prior to the next Biennial Review Report due in 2016.
  - Alcohol and Other Drug (AOD) training has increased. Some AOD trainings include interface with sexual assault.
  - Data for 2015 provides indicators that can be useful in directing training. Information discussed indicates:
    - Increased use of alcohol and continued use of certain drugs;
    - More focus on prevention training to make students more knowledgeable;
    - No alcohol/drug related deaths reported;
    - Percent wise, alcohol use is highest in new students;
    - Students in residence halls are more likely to tell than in past.
- Efforts are ongoing to provide training that is effective in preventing and reducing alcohol and drug abuse. Although interfacing AOD training and sexual assault is not a primary focus, some AOD trainings do include information about the impact on sexual assault.

The goal to establish a plan that addresses the 2014 DFSCA Biennial Report goals has been discussed but not formalized. The 2014 DFSC Biennial Review Report goals may be impacted by events, new initiatives, and related data through August 31, 2016. The plan to address goals will be formalized in upcoming DFSCA Committee meetings as part of the on-going process to prepare the Biennial Review Report due December 31, 2016.

Submitter’s Name
Margaret Zapalac

Submitter’s Signature

Date
2/2/2016
Federal Regulations Risk Area Micro Graph: Title IX (2015 and 2016); Title VII (2015); Clery Act (2015 and 2016); and Drug Free Schools and Communities Act (2015)
COMPLIANCE PLAN MITIGATION REPORT

Compliance Risk: TAMU – Information Technology – State Regulations

Goal A: By September 2015, identify an IT GRC solution to replace the legacy ISAAC information security risk assessment tool.
Metric A: Software is identified by target date.

Goal B: By December 2015, develop an implementation plan for the identified IT GRC solution
Metric B: Plan is developed by the target date.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached.
- Additional mitigating activities taken to achieve the goal include:
  o Goal A status: completed
  o Metric A achieved. Subsequent to the creation of this goal (A), the State announced they were going to acquire an IT GRC system (Archer RSA) that would provide an information security risk assessment tool to all state of Texas entities at no cost to those entities. This provision by the State effectively completed the goal of replacing the legacy ISAAC information security risk assessment tool. This provision by the State also eliminated what would have been a significant expenditure by Texas A&M IT in acquiring its own GRC system to replace the ISAAC legacy tool.

Based on the mitigating activities above, the goal (A) has been achieved.

- Status of Goal B: in progress
  o Metric B schedule revised.

  The relatively recent provision of an information security risk assessment tool by the State has resulted in an adjustment of the timeline for developing an implementation plan for TAMU. The completion of an implementation plan is now expected to be April 2016.

Submitter’s Name

Jeff McCabe

Submitter’s Signature

Date

01/21/16
Information Technology Risk Area Micro Graph: Federal and State Regulations (2015 and 2016)

- Polices and Procedures
- Oversight
- Constituent engagement
- Training
- Communication
- Internal Monitoring
- Corrective Action Plans
- Risk assessments

![Graph showing compliance levels for different areas in 2015 and 2016.]

Legend:
- 2016 (Goal)
- 2015
COMPLIANCE PLAN MITIGATION REPORT

Compliance Risk: TAMU – Minor Youth on Campus

Goal: Revise the current TAMU SAP 24.01.06.M0.01 – Camps and Programs for Minors to reflect changes in evidence based practices and national best practices (the American Camps Association (ACA) resources and accreditation standards; the ACA Child Abuse Prevention resources; monthly phone conferences with other institutions of higher education; benchmarking against the policies and practices of other institutions).

Metric: Revised SAP is submitted for review in Summer 2015, and then approved through the TAMU University Rules process.

Goal: Upon adoption, distribute the new SAP to faculty and staff.

Metric: 75% of repeat Camp and Program for Minors sponsors indicate they are familiar with the new SAP.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached
- Additional mitigating activities taken to achieve the goal include:

The Campus Programs for Minors (CPM) Committee began reviewing and revising TAMU SAP 24.01.06.M0.01. Updates and changes were made to the SAP to reflect evidenced based practice and national best practices. On May 4, 2015, TAMU System revised the System Regulation 24.01.06 – Programs for Minors to reflect changes in the law and required new system-wide standards. To gain a better understanding of the new system regulation, the CPM Committee met with System Compliance staff and a representative of the Office of General Counsel to discuss implications for the TAMU SAP. It was mutually agreed upon to alter the current work of CPM Committee and to begin incorporating changes and requirements of the system regulation into the TAMU SAP.

Based on the mitigating circumstances listed above, this goal was not met. Due to required changes in the system regulation, the TAMU SAP required further review and modification to comply with state law and the system rule. The CPM Committee will continue in 2016 to finalize the TAMU SAP.

Submitter's Name

C.J. Woods

Submitter's Signature

Date

1/25/16
Minor Youth on Campus Risk Area Micro Graph: Camps and Programs for Minors (2015 and 2016)
COMPLIANCE PLAN MITIGATION REPORT

Compliance Risk: TAMU – SFA – Verification of Student Files
Goal: Maintain a high level of accuracy of verified files to mitigate audit findings for verification.
Metric: Maintain a quality rate of 92% or higher.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached
- Additional mitigating activities taken to achieve the goal include: SFAID office had their party servicer perform a quality check on their files and perform corrections on ones that were incorrect. The incorrect files were issues relating to an individual who had been processing a large number of Texas A&M files. The individual was removed for processing Texas A&M files and the corrections where made on those files the individual had processed.

Annual A133 audit conducted and found 2 issues in 62 files tested.

Based on the mitigating activities above, the goal has been achieved.
The goal was met but only after additional activities to correct issues were introduced.

Submitter’s Name
Delisa Falks

Submitter’s Signature

Date
1/27/2016
COMPLIANCE PLAN MITIGATION REPORT

Compliance Risk: TAMU – SFA – Compliance with Federal, State, and institutional Laws, Rules, and Regulations

Goal: Quality control review performed by SFA Assistant Director of Compliance in high risk areas to identify any noncompliance and opportunities for improvement of efficiency and effectiveness.

Metric: Perform quality control checks on 15 processes in SFA and registrar (enrollment reporting and Gainful Employment Reporting).

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached
- Additional mitigating activities taken to achieve the goal include:
  In preparation for the audit a number of quality checks/reviews were performed on federal funds. Additional data analysis was performed on several areas including Gainful Employment programs, Professional Judgment performed by advisors, and Appeals of students who did not meet Satisfactory Academic Progress.
  Consumer Information compliance has been greatly improved.

Based on the mitigating activities above, the goal has been achieved.
The goal of performing quality control reviews on specific areas was meet. In addition the SFAID office made several improvements as a result of the quality control checks.

Submitter’s Name
Delisa Falks

Submitter’s Signature
[Signature]

Date
1/27/2016
System Ethics and Compliance Office
THE TEXAS A&M UNIVERSITY SYSTEM

COMPLIANCE PLAN MITIGATION REPORT

Compliance Risk: TAMU – SFA – Consumer Information
Goal: Complete review of consumer information as required by Title IV regulations in conjunction with university Risk and Compliance to ensure we meet or exceed the required regulations.
Metric: 85% compliance on all current consumer information requirements by December 3, 2015.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

- Mitigating activities reported in the September 2015 Compliance Plan Mitigation Report (February 2015 – August 2015) are attached
- Additional mitigating activities taken to achieve the goal include:
  For several areas a group was formed to determine how to become compliant. These groups were able to determine what steps needed to be made and then ensured they were completed.
  Several updates on progress for other locations (Galveston, Qatar, HSC) were made and these campuses were able to increase compliance in several areas.
  Many areas in non-compliance on main campus (College Station) were completed.

Based on the mitigating activities above, the goal has been achieved.
The goal was achieved as the compliance of the University has had significant progress made. The main campus is 90% complete and the other locations are all also improving. Many of the requirements are only related to the University as a whole so as main campus becomes compliant so do all other locations.

Submitter’s Name
Delisa Falks

Submitter’s Signature

Date 1/27/2016
Student Financial Aid Risk Area Micro Graph: Verification of Student Files (2015 and 2016); Laws, Rules, and Regulations (2015 and 2016); and Consumer Information (2015)
Appendix III

September 2015 Compliance Mitigation Reports: Reports of the mitigating activities at the mid-point in the 2015 Compliance Plan. The reports are referenced as “attachments” in the January 2016 Compliance Plan Mitigation Reports to provide more complete information for the reader.

The following is a list of the September 2015 Compliance Plan Mitigation Reports:

- Compliance Plan Mitigation Reports
  - Research – Cost Transfers
  - Research – Contract Review
  - Research – Export Controls
- Compliance Plan Mitigation Reports
  - Campus Safety – Fire and Life Safety
  - Campus Safety – Laboratory Safety
  - Campus Safety – Environmental Compliance
- Compliance Plan Mitigation Reports
  - Title IX
  - Title VII
  - Clery Act
  - Drug Free Schools and Communities Act
- Compliance Plan Mitigation Report - Information Technology - State Regulations
- Compliance Plan Mitigation Report - Minor Youth on Campus
- Compliance Plan Mitigation Reports
  - SFA (Student Financial Aid) - Verification of Student Files
  - SFA - Compliance with Federal, State, and Institutional Laws, Rules, and Regulations
  - Consumer Information
Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

**COMPLIANCE RISK**

1A RESEARCH - COST TRANSFERS

---

**1. AWARENESS**

For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

Procedures for processing cost transfers (non-payroll) are addressed in TAMU SAP 25.99.99.M0.01, *Expenditure Transfers Between University Accounts (Non Payroll)* at [http://rules.tamu.edu/PDFs/25.99.99.M0.01.pdf](http://rules.tamu.edu/PDFs/25.99.99.M0.01.pdf). In addition, the Division of Finance has established procedures on how to process transfers through the University accounting system (FAMIS) as documented at [http://fmo.tamu.edu/general-accounting/corrections/docs/dcr-module/](http://fmo.tamu.edu/general-accounting/corrections/docs/dcr-module/).

Effective April 2015, procedures for cost transfers greater than 90 days old to sponsored project accounts were implemented by the University, Division of Research, Sponsored Research Services and documented at [https://srs.tamus.edu/wp-content/uploads//2015/04/Cost-Transfer-involving-Sponsored-Projects-Procedure.pdf](https://srs.tamus.edu/wp-content/uploads//2015/04/Cost-Transfer-involving-Sponsored-Projects-Procedure.pdf).
2. **Knowledge**

For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Oversight and review of “high risk” cost transfers (exceeding 90 days old from date of original expense) is provided by SRS (Sponsored Research Services) Voucher Compliance and Accounts Payable, SRS Payroll, SRS Project Administrator, and the Senior Associate Vice President for Research Administration. The Vice President for Research – Office of Research Administration provided a day long training session to college and departmental business administrators on research administration topics on July 29, 2015. Approximately 80 participants attended.

3. **Action**

For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

The VPR Office of Research Administration interfaces with Sponsored Research Services regarding issues related to cost transfers greater than 90 days. There is a required Cost Transfer Justification form to be completed for transfers greater than 90 days for payroll and non-payroll transfers. This form is available for cost transfers at [https://srs.tamu.edu/wp-content/uploads/2015/04/Cost-Transfer-Request-Justification-Form.pdf](https://srs.tamu.edu/wp-content/uploads/2015/04/Cost-Transfer-Request-Justification-Form.pdf).

Texas A&M University Research Administrative Committee (TRAC) meets bi-monthly as a forum for all Texas A&M colleges to discuss research administration compliance issues and to seek solutions for management in implementing required compliance. TRAC interfaces with SRS and the OVPR for coordination of Texas A&M sponsored research activities.

4. **Risk Assessments**

For example: Testing all three components of awareness, knowledge, and action.

Cost transfers are reviewed and approved by Director of Research Effort and Compensation Compliance (payroll) and Director of Research Reporting (non-payroll). Cost transfers that have the potential for greatest audit risk are discussed with the Senior Associate Vice President for Research Administration.
DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU MAY NEED.

OVPR – Research Administration continues to request that SRS establish project accounts as quickly as possible and that “interim funding” be provided to principal investigators on federal and state sponsored projects. The prompt establishment of project accounts reduces the number of cost transfers that must be processed.

Submitter’s Name

Katherine Rojo del Busto

Submitter’s Signature

Date 8

September 2, 2015
Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

COMPLIANCE RISK

1B RESEARCH - CONTRACT REVIEW

1. Awareness

For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

TAMU rules, SAPS and processes delineate roles and responsibilities. TAMU maintains a contract delegation matrix (currently being updated for research agreements) that clearly shows approval requirements and signature authority. There are established procedures regarding contracts that require legal, technology, etc. reviews and approvals. Appropriate compliance offices are contacted for any compliance issue identified in the contract.
2. **Knowledge**

For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Educational and experience requirements are set forth in position descriptions. All research administration directors and executive level management participate annually in various training programs such as NCURA, PRIM&R, SCAW, NABR, CITI, ABSA, SRA, COGR, NACUBO, SACUBO, FDP, webinars from the federal agencies as well as in-house training offered through TrainTraq. Oversight is provided by the senior associate vice president for research administration and the vice president for research.

3. **Action**

For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Several communication mechanisms are in place to report compliance issues and procedures are established to enforce standards. Specialized research compliance directors (such as Director of Conflict of Interest) work closely with Texas A&M researchers, department heads and deans to communicate requirements and to ensure disclosure, approvals and monitoring. Texas A&M University Research Administrative Committee (TRAC) meets bi-monthly as a forum for all Texas A&M colleges to discuss research administration compliance issues and to seek solutions for management in implementing required compliance.

The response and time frame for implementing a corrective action plan depends on the nature of the noncompliance event and the potential risks involved.

4. **Risk Assessments**

For example: Testing all three components of awareness, knowledge, and action.

Contract Review areas are focused on identifying, assessing and mitigating risks in the areas of contract terms and compliance. TRAC is used to increase awareness, knowledge, and action since many responsibilities rest with the researchers and their departments. Processes are in place that will notify the senior associate vice president for research administration and the vice president for research of high risk areas subject to review.
DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU MAY NEED.

Submitter’s Name
Katherine Rojo del Busto

Submitter’s Signature

Date
September 2, 2015
COMPLIANCE PLAN MITIGATION REPORT

Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

COMPLIANCE RISK

1C RESEARCH- EXPORT CONTROLS

1. AWARENESS

For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

Training requirements are established via University Rule 15.02.99.M1 Export Controls, related standard administrative procedures, and per the Export Control Compliance Program Manual. Training requirements are communicated via Train Traq reminders and assignments and posted on the Division of Research website (see, http://vpr.tamu.edu/resources/export-controls/training). Training is monitored by several offices across the University and by the university’s export control office.

Awareness is also generated via in-person presentations geared to specific audiences. For example, in August, export control presentations were made to Sponsored Research Services and to New Academic Leaders.
2. **Knowledge**

For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

The Export Control Office leads an Export Control Working Group consisting of individuals representing offices both within the University and from local system members responsible for some aspect of export control compliance. The group meets on a periodic basis to discuss export control issues of concern, ensure coordination of compliance efforts, assist each other on developing enhancements to existing processes, procedures, and to share training resources and best practices.

3. **Action**

For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Activities may be suspended or terminated in accordance with various rules/procedures such as University Rule 15.02.99.01, *Export Controls*.

Compliance issues are communicated up the communication chain from the export control office to the associate vice president to the empowered official/VPR and to the leadership of affected unit(s).

4. **Risk Assessments**

For example: Testing all three components of awareness, knowledge, and action.

Periodic assessments are conducted as set forth in the *Export Control Compliance Program Manual*. Additionally, at the end of FY 2015, the Export Control Working Group initiated an activity and risk assessment for the university’s export control compliance program to identify gaps, opportunities to mitigate risks, and resources needed to mitigate risks.
Discuss any impediments you may have that will prevent or slow the process to reach your goal, and identify any additional resources you may need.

This export control office consists of one FTE. This is insufficient to run an export control compliance program at institution the size of the University. The Export Control Working Group is in the process of reviewing activities/risks to identify the resources needed to reduce risks to acceptable levels.

Submitter's Name
Katherine Rojo del Busto

Submitter's Signature
[Signature]

Date
September 2, 2015
System Ethics and Compliance Office
THE TEXAS A&M UNIVERSITY SYSTEM

COMPLIANCE PLAN MITIGATION REPORT

Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

COMPLIANCE RISK

2A. – Campus Safety – Fire and Life Safety

1. AWARENESS

For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

Established standards and procedures:
24.01.01 Supplemental Risk Management Standards, Fire and Life Safety
24.01.01.M7 Fire and Life Safety Compliance
24.01.01.M7.01 Use of Pyrotechnics or Flame Effects
24.01.01.M7.02 Restrictions on Candles
24.01.01.M7.03 Safe Use of Outdoor Fires
Residence Hall Handbook
Environmental Health and Safety, Safety Manual, Section 8, Fire and Life Safety
Facilities Planning & Construction, Design Guidelines (Red Book)
(http://www.tamus.edu/assets/files/fpc/pdf/Facility%20Design%20Guidelines.pdf)

Oversight and interest by high-level institutional personnel:
James B. Rainer, Assistant Director, EHS
Christina Robertsr, Director, EHS
Christopher Meyer, Assistant Vice President, Safety and Security
Jerry Strawser, Vice President for Finance and Administration
2. Knowledge
For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Adequate education and training:
Educational requirements for the person with operational oversight for this activity are as follows: Assistant Director - Master's Degree with six (6) years in increasingly responsible management experience in a safety organization, to include at least 5 years of supervisory duties. Certified by a nationally recognized safety organization in areas such as radiation safety, fire safety, industrial hygiene, occupational safety, or waste management.

Professional development training is offered through professional organization meetings, to include best practices in fire safety, training, and regulatory updates. EHS has direct contact with the State Fire Marshal to ensure compliance with related fire codes.

Administrators associated with this risk mitigation activity receive regular updates to ensure continued alignment with the risk and associated mitigation activities.

3. Action
For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Effective lines of communication to report compliance issues:
For a list of persons in the chain of communications who are aware of and have a significant role in addressing this risk, see Item 1 (above). In addition,
Shelley Janac, Senior Financial Analyst, Office of Budgeting and Analytical Services
Deborah Wright, Associate Vice President for Finance and Administration
Jane Schneider, Associate Vice President for Facilities and Operations
Russ Wallace, Director, System Facilities Planning & Construction

Internal monitoring of compliance programs:
Accomplished through the following means:
- Regular inspections by the Office of the State Fire Marshal to determine the status of the university's progress.
- Monthly fire and life safety inspections of residence halls (during occupied months)
- Annual facility inspections

4. Risk Assessments
For example: Testing all three components of awareness, knowledge, and action.
Risk assessment is dependent upon seriousness of the identified deficiency, its priority relative to other known deficiencies and the availability of resources for correcting the deficiency. The State Fire Marshal’s Office has input on the seriousness of and priority of potentially significant deficiencies.

Bi-annual reexamination of fire and life safety risks is part of EHS Enterprise Risk Management analysis that is scheduled and overseen by TAMU University Risk and Compliance staff.

DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU MAY NEED.

N/A

Submitter’s Name
Christina Robertson

Submitter’s Signature
Christina Robertson

Date
September 7, 2015
COMPLIANCE PLAN MITIGATION REPORT

Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

COMPLIANCE RISK

2B. – Campus Safety – Laboratory Safety

I. AWARENESS

For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

Established standards and procedures:
24.01 Risk Management
24.01.01 Supplemental Risk Management Standards, Laboratory Safety and Health Management
24.01.01.M4 Environmental Health and Safety Programs
Laboratory Safety Manual

Oversight and interest by high-level institutional personnel:
Brad Urbanczyk, Assistant Director, EHS
Christina Robertson, Director, EHS
Christopher Meyer, Assistant Vice President, Safety and Security
Jerry Strawser, Vice President for Finance and Administration
2. KNOWLEDGE

For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Adequate education and training:
Educational requirements for the person with operational oversight for this activity are as follows: Assistant Director - Master’s Degree or an equivalent combination of training and experience. Six (6) years in increasingly responsible management experience in a safety organization, to include at least 5 years of supervisory duties. Certified by a nationally recognized safety organization in areas such as radiation safety, fire safety, industrial hygiene, occupational safety, or waste management (or ability to obtain certification within one year of hire).

Professional development training is offered through professional organization meetings, to include best practices in laboratory safety, chemical segregation, training, and regulatory updates.

Administrators associated with this risk mitigation activity receive regular updates to ensure continued alignment with the risk and associated mitigation activities.

3. ACTION

For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Effective lines of communication to report compliance issues:
For a list of persons in the chain of communications who are aware of and have a significant role in addressing this risk, see Item 1 (above). In addition,
Shelley Janec, Senior Financial Analyst, Office of Budgeting and Analytical Services
Deborah Wright, Associate Vice President for Finance and Administration
Jane Schneider, Associate Vice President for Facilities and Operations
Russ Wallace, Director, System Facilities Planning & Construction

Consistently enforce standards through discipline:
If deficiencies are not corrected and the Dean is unable to elicit change, EHS informs the Vice President for Finance and Administration who then engages the Provost and Executive Vice President for Academic Affairs. Once the Provost becomes involved and identifies the consequences of non-compliance (generally, lab facilities shut down until corrective action is taken), the deficiencies are resolved. This has been effectively tested (late 2011/early 2012) and significant improvements made.

Internal monitoring of compliance programs:
Laboratory inspections are performed annually in each laboratory on campus. Reports are issued to the PI for the laboratory under his/her control and a summary report is sent to the Department Head.

4. RISK ASSESSMENTS

For example: Testing all three components of awareness, knowledge, and action.
EHS has a formal process for performing annual laboratory inspections. The process includes a standardized checklist and database software to track identified deficiencies. In addition, there is follow up if the deficiencies warrant, to ensure corrective actions have been instituted.

DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU MAY NEED.

N/A

Submitter’s Name

Christina Robertson

Submitter’s Signature

[Signature]

Date

September 7, 2015
COMPLIANCE PLAN MITIGATION REPORT

Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

COMPLIANCE RISK

2C. – Campus Safety – Environmental Compliance

1. AWARENESS

For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

Established standards and procedures:
24.01 Risk Management
24.01.01.M4 Environmental Health and Safety Programs
Safety Manual
Environmental Management System Plan

Oversight and interest by high-level institutional personnel:
Jeff Truss, Manager, EHS
James Rainer, Assistant Director, EHS
Christina Robertson, Director, EHS
Christopher Meyer, Assistant Vice President, Safety and Security
Jerry Strawser, Vice President for Finance and Administration
Karan L. Watson, Provost and Executive Vice President for Academic Affairs
2. Knowledge

For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

**Adequate education and training:**
Educational requirements for the person with operational oversight for this activity are as follows:
Manager – Bachelor’s degree or any equivalent combination of training and experience. Eight years of progressive experience in occupational safety and health.

Assistant Director - Master’s Degree or an equivalent combination of training and experience. Six (6) years in increasingly responsible management experience in a safety organization, to include at least 5 years of supervisory duties. Certified by a nationally recognized safety organization in areas such as radiation safety, fire safety, industrial hygiene, occupational safety, or waste management (or ability to obtain certification within one year of hire).

Professional development training is offered through professional organization meetings, to include best practices in environmental management, stormwater, training, and regulatory updates.

Administrators associated with this risk mitigation activity receive regular updates to ensure continued alignment with the risk and associated mitigation activities.

**Effective lines of communication to report compliance issues:**
For a list of persons in the chain of communications who are aware of and have a significant role in addressing this risk, see Item 1 (above). In addition,
Nathan Jones, Manager for Utilities, Water, and Environmental Services
Jim Riley, Executive Director, Utilities and Energy Services

3. Action

For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

**Consistently enforce standards through discipline:**
Depending on severity of the issue identified and/or the regulatory impact, EHS has the authority to shut down a job until corrective actions are taken. For the BWMF incinerator, air contaminants are monitored by the Continuous Improvement Monitoring System (CIMS); if a problem is detected, the incinerator does not burn until the problem is identified and resolved. For stormwater issues, a silt fence will not cause the job site to be shut down (initially); however, if the storm drain is used to dispose of water from cleaning painting equipment or concrete trucks, the job site may be shut down until corrective measures are implemented.

**Internal monitoring of compliance programs:**
Stormwater outfall inspections (biannual), stormwater construction site inspections (every 14 days as needed), hazardous waste facility and container inspections (weekly), and animal feeding operation determination inspections (biannual), stack emission reviews (biannual). Also, EHS maintains a compliance calendar for time-sensitive compliance issues (permit renewals, program and plan reviews, reports, compliance statements).

4. Risk Assessments

For example: Testing all three components of awareness, knowledge, and action.
EHS conducts inspections, reviews required Relatively Accuracy Test Audit (RATA Test) for air, building plan reviews, and conducts annual health checks to monitor potential contaminants associated with working with hazardous waste.

DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU MAY NEED.

N/A

Submitter’s Name
Christina Robertson

Submitter’s Signature

Date
September 7, 2015
COMPLIANCE PLAN MITIGATION REPORT

Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

COMPLIANCE RISK

3A. Title IX

1. AWARENESS
   For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

   The Title IX Coordinator established a Title IX Compliance Committee that meets regularly. A new training sub-committee was formed to review training options that promote awareness and knowledge of Title IX requirements and related rights, responsibilities, and options for assistance. The training sub-committee will identify specific training for targeted groups and related resources for developing and providing the training. The training sub-committee consists of the Title IX Coordinator, TAMU Deputy Coordinators, Campus Coordinators at other locations, an AgriLife representative, and other support personnel to facilitate effective lines of communication across the University.

2. KNOWLEDGE
   For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

   The TAMU Title IX Coordinator, Deputy Coordinators, Campus Coordinators, and other support personnel attended the System sponsored ATIXA Title IX Administrator and Level II Investigator training (July 21-24, 2015) and also the Title IX Affinity Group meeting (July 20, 2015). The information gained is used in developing new and updated training materials.
3. ACTION

For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Sub-committee actions to assess, expand, and enhance Title IX training and related outreach are as follows:

- On March 26, 2015, the training committee discussed training for the following:
  - Executive and senior leadership;
  - Title IX Coordinator, Deputy Coordinators, Campus Coordinators, and support personnel involved in the report intake, assistance, and investigations/hearings;
  - Students, faculty, and staff regarding basic Title IX training;
  - Others to include academic advisors and ombudspersons.

Training options include on-line, one-on-one, just in time, website, folders, videos, and vendor materials.

- On April 16, 2015, the committee assigned high priority to assisting in the update of the System mandatory EEO training for employees. Human Resources took the lead, contacted System, and provided the first discussion draft in July 2015. The draft is in progress pending edits needed for new requirements in the updated civil rights System Policy 08.01 and System Regulation 08.01.01, when finalized.

- In June 2015, University Risk and Compliance expanded the Title IX website information to promote awareness and education. Title IX contacts for reporting complaints are more visible. Also, user navigation options are designed for students, faculty, and staff.

- Texas A&M University is currently developing a campus-wide Step In. Stand Up. campaign scheduled to roll out in September 2015. The campaign is a call to action for Aggies to help prevent sexual violence. The campaign will include a video and a new web portal that points to other websites for information on reporting complaints, resources for support and assistance, prevention and awareness training, risk mitigation strategies, confidentiality, etc. The Step In. Stand Up. campaign encourages Aggies to join together in changing the culture to prevent sexual violence and sexual assault.

4. RISK ASSESSMENTS

For example: Testing all three components of awareness, knowledge, and action.

In assessing training needs, gaps, and priorities, the Title IX training subcommittee reviewed requirements in the Department of Education’s 2011 DCL and 2014 Questions and Answers, and also the Violence Against Women Act (final regulation effective 7-1-2015).

Results of the review provided direction for editing training content and developing presentation methods to enhance awareness and knowledge of regulatory requirements and the related impact on institutional processes and procedures.

DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU MAY NEED.

A full-time Title IX Coordinator is planned and the position description is being developed.
Submitter's Name
Peggy Zapalac

Submitter's Signature

Date
9/10/15
Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

**COMPLIANCE RISK**

3B. Title VII

1. AWARENESS

For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

Revised investigation processes and procedures in consultation with the Office of General Counsel related to Title VII complaints. Reviewed new System Regulation and Policy changes related to Title VII complaints and will implement necessary rule changes once TAMU Board of Regents approve the policy/regulation change.
2. Knowledge
For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Trained appropriate Human Resources staff about new changes to investigation strategies and processes. Reviewed communication strategies to report possible Title VII violations filed with Human Resources. Have continued on-going conversations with Office of General Counsel related to appropriate discipline and dismissal strategies following a Title VII investigation.

3. Action
For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Established revised investigation processes related to Title VII complaints with Human Resources. Continued monitoring of processes in consultation with Office of General Counsel. Have revised educational training programs delivered by Human Resources to reflect changes in Title IX of the Higher Education processes that impact Title VII (Civil Rights) investigation.

4. Risk Assessments
For example: Testing all three components of awareness, knowledge, and action.

New investigative processes have been implemented and continue to be refined based on feedback from the Vice Presidents and Office of General Counsel. Modifications of documents occurs when necessary changes are identified.
DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU MAY NEED.

A reduction in investigative staff has slowed turn-around time for investigations as well as impacted the ability to provide on-going training for University personnel. Due to budget requirements, Human Resources was forced to cut 2 positions that worked to mitigate risks and investigate Title VII issues.

Submitter's Name

Submitter's Signature

Date
COMPLIANCE PLAN MITIGATION REPORT

Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

COMPLIANCE RISK

3C. The Clery Act

1. AWARENESS

For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

The Associate Vice President of University Risk and Compliance (URC) chairs a Clery Compliance Committee. On January 30, 2015, a Clery Compliance Committee meeting was held regarding the preparation of the 2015 Annual Security Report (ASR) and annual Fire Safety Report. Key discussion topics included:

- Items in the 2014 report that need to be expanded
- Requirements of the Violence Against Women Act (VAWA) final regulation effective 7-1-2015 that amend the Clery Act.
  - New items or changes in the VAWA regulation.
  - Definitions for VAWA crimes by jurisdiction.
  - Needed changes in disciplinary procedures to be included in policy statements.
- A timeline for drafts, reviews/comments, and finalizing the ASR and Annual Fire Safety Report.
**Knowledge**

For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Those responsible for preparing the Clery ASR and the Annual Fire Safety Report from various TAMU campuses attended one or more of the trainings below:

- Advanced Clery Training (included VAWA) - Delores Stafford, January 2015;
- Clery Act Overview (included VAWA) sponsored by System - Delores Stafford, May 2015;
- National Association of Clery Compliance Officers and Professionals (NACCOP) Clery training (included VAWA) - Delores Stafford, July 2015; and
- ATIXA Title IX Administrator and Level II Investigator training (included VAWA) July 21-24, 2015.

Updates to the Campus Security Authorities (CSAs) mandatory training has been submitted to System to and is being updated by Employee and Organizational Development to be formatted in TrainTraq. The training updates include VAWA regulation requirements and enhances the knowledge of CSAs in performing their responsibilities.

URC developed training for security personnel and provided it to the Texas A&M University School of Law and the Mays City Centre to assist in accurate reporting of Clery crimes.

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**3. Action**

For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

URC took the following steps regarding the TAMU 2015 Clery ASR and Annual Fire Safety Report:

- In March 2015, open actions in each campus ASR related to the final VAWA regulation were documented and sent to the campus. Each campus was reminded of the requirement to have VAWA procedures and programs in place by the VAWA regulation effective dated (7-1-15) and related written policy statements included in the draft 2015 ASR.
- In March 2015, drafts of the main campus ASR and Annual Fire Safety Report were distributed to department contacts for review and revision. Each campus was asked to perform a similar review for their location according to the established timeline.
- Beginning March 2015 through the current date, progress is monitored as draft reports are reviewed, comments are exchanged, and status is tracked to verify work is on target for timely completion and publication of the 2015 Clery ASR and the Fire Safety Report.
- Coordination was provided regarding additional information for the 2015 Clery reports as identified in the System Internal Audit review of the 2014 Clery Act Reports.
4. **Risk Assessments**
   For example: Testing all three components of awareness, knowledge, and action.

   In addition to on-going coordination and monitoring activities, University Risk and Compliance used the results of the System Internal Audit desk review of the 2014 Clery Annual Security Reports and Fire Safety Reports to identify gaps and take corrective action within the 2015 reports.

**Discuss any impediments you may have that will prevent or slow the process to reach your goal, and identify any additional resources you may need.**

N/A

Submitter's Name

Peggy Zapolac

Submitter's Signature

[Signature]

Date

9/10/15
Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

COMPLIANCE RISK

3D. Drug Free Schools and Communities Act (DFSCA)

1. AWARENESS
   For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

The DFSCA Compliance Committee, chaired by the Associate Vice President of University Risk and Compliance (URC), includes various offices that are involved in the Drug Free Schools and Communities Biennial Report that assesses alcohol and drug programs. The information below includes activities of Health Promotion, Student Counseling Services (SCS), Student Health Services (SHS), University Police Department (UPD), Employee Assistance Program (EAP), and URC.

Health Promotion:
- Staff attended the Behavioral Health Institute to receive additional training through collaboration with Community Alcohol & Substance Awareness Partnership (CASAP) and Brazos Valley Council on Alcohol and Substance Abuse (BVCASA).

SCS:
- Trained Doctoral Interns concerning Alcohol and Other Drug Abuse issues and on campus and off-campus incidents.
- Trained staff concerning alcohol and other drug abuse and how these impact violence against women and other members of the University community.
2. Knowledge

For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Health Promotion:
- Began providing alcohol risk management training for large sponsored level student organizations as part of their staff in-service protocol.
- Presented alcohol risk management and social norming topics at the All Greek Leadership Conference.

3. Action

For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Based on monitoring and review of alcohol and drug programs, the following actions have been taken.

SCS
- Redirect additional or existing staff to alcohol and drug program related areas. Two staff members of SCS are trained specifically to address alcohol and other drug issues among students served through the SCS. These staff also consult with other SCS staff as appropriate regarding clients they may be seeing.
- Provide new direction for Back-On-TRAC (Treatment-Accountability-Responsibility-on Campus) program to address counseling needs of students in this program. This could include alcohol and/or drug issues as well as personal and career issues.

Health Promotion
- Began collaborations with alcohol programs and Title IX and VAWA programs with the new Consensual Language, Education, Awareness and Respectful Relationships (CLEAR) office within the Offices of the Dean of Student Life.

SHS and Health Promotion
- Review and update of educational materials used in the clinic to reflect the most recent evidence-based information on every topic, including those related to alcohol and drugs.

SHS
- Provide ongoing update of templates and inclusion of alcohol on all templates used by physicians and nurse practitioners to document level of use by individual students.
- Require alcohol use education when the reported use raises a concern with the clinician.
- Track Emergency Medical Services ambulance transports to identify those that have alcohol or other drug use as a significant contributor for the call.

UPD
- Provide ongoing alcohol awareness presentations to students (7 since January 2015).

Employee Assistance Program
- Provide alcohol/drug assessment screening for all clients attending counseling.
- Provide additional special request workshops to departments who request supervisory training on alcohol/drug issues in the work place – two departments requested training 2 times per year on an annual basis.
4. RISK ASSESSMENTS

For example: Testing all three components of awareness, knowledge, and action.

Health Promotion
- Began shifting focus of assessment from knowledge based quantitative evaluation to qualitative behavior based questions per analysis from Alcohol Education Workshops.
- Utilize current assessment techniques with other branch campuses (E-Checkup To Go being considering for use at TAMU Galveston to match main campus assessment techniques).
- Shift focus away from current alcohol and drug workshop formats, and utilizing literature review and assessment to determine a new route; developing a support group protocol as an alternative to the drug education workshop.

URC
- A DFSCA Committee meeting is planned for fall 2015 to analyze August 31, 2015 year end data for trends and indicators and potential modifications to programs.

DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU MAY NEED.

N/A

Submitter's Name
Peggy Zapalac

Submitter's Signature

Date
9/10/15
COMPLIANCE PLAN MITIGATION REPORT

COMPLIANCE RISK

4. Information Technology - State Regulations
The ISAAC information security risk assessment tool cannot be modified to follow the State’s new information security standards framework (Texas Administrative Code (TAC) 202). Thus compliance with the required standards can no longer be monitored. Failure to comply with TAC 202 may affect the confidentiality, integrity, and availability of University data and information systems.

1. AWARENESS

It is necessary to remain in, and continually improve, compliance with TAC and other state and federal information technology (IT) regulations by modernizing TAMU’s IT risk assessment process and incorporating the process into an Information Technology Governance, Risk, and Compliance (IT GRC) program. Communication with applicable stakeholders will be continual during the implementation process, allowing for parallel training and support to be provided by the Texas Department of Information Resources. An implementation plan and communication campaign strategy will be developed to promote successful transition and adoption.

2. KNOWLEDGE

The Texas A&M IT Risk Management and Policy team is currently developing a plan to present to stakeholders that will address; user training, supporting the transition to the new state Risk Assessment tool, and continual compliance monitoring. A knowledgebase exists through the newly implemented ServiceNow IT Service Management application. This will be utilized as a central, searchable repository for information on use of the Risk Assessment tool in addition to facilitating support and service requests related to the tool.

3. ACTION

As of September 2015, the Chief Information Security Officer has identified an IT GRC solution to replace the legacy ISAAC information security risk assessment tool. TAMU IT is currently developing an implementation plan for the identified IT GRC solution which will be published by December 2015.
4. RISK ASSESSMENTS

The IT GRC based risk assessment tool has been identified and is undergoing testing by a select group of beta-testers as part of the initial implementation preparation. The results of this beta testing should ensure: the business requirements for use of the tool are being met; an understanding of the unique training and knowledge needs for the stakeholders; and accurate expectations for the transition.

DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU MAY NEED.

The Risk Management and Policy team will utilize the current period through December, 2015, to become fully familiar with the State’s newly available Risk Assessment tool and develop user support logistics/training to adequately prepare the campus IT community for successful transition. Additional resources or risks will be identified during the upcoming period.

Submitter’s Name

David Sustaita

Submitter’s Signature

Date

9/3/2015
Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

**COMPLIANCE RISK**

5. Minor Youth on Campus

1. **AWARENESS**
   
   For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

The Department of Student Activities has a dedicated webpage that outlines the CPM (Campus Programs for Minors) process. The website (cpm.tamu.edu) is made available to groups during the CPM application process. A listserv is also available for questions and sharing of information related to the CPM process. Additionally, the Department of Student Activities' staff host Program Sponsor Meetings to faculty, staff, and students each semester and by request.
2. KNOWLEDGE

For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

- Training received through TAMU and A&M System as well benchmarking peer institutions, conference participation and presenting, and member of national roundtable group dedicated to compliance.
- Created the first national conference for Minors On Campus
- A&M System Regulations and TAMU SAP outline the correct lines of communication
- Dept. of Student Activities facilitates compliance via an online application which also allows for monitoring documentation, compliance with rules & regulations, as well as effective use of national best standards for programs with minors.

3. ACTION

For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

The steps of communication are outlined below. This is the line of approval for CPM Applications:

*Compliance issues are reported to Sponsoring Deans and routed via memo from the Dept. of Student Activities as outlined in the SAP.

4. RISK ASSESSMENTS

For example: Testing all three components of awareness, knowledge, and action.

- Risk review is conducted by each level of review stated in #3
- Verification of compliance/noncompliance with laws from the Texas Education Code and System regulation/TAMU SAP, etc., are confirmed by the Department of Student Activities and communicated to appropriate individuals
DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU MAY NEED.

- One area of exposure would be the number of programs we are unaware of that happen on campus.
- Each year the regulations for CPM evolve, change, update, etc.
- Regular outreach and education on the procedures and regulations is needed.
- Noncompliance occurs and is repeated due to lack of knowledge of the CPM Rules & Regulations
- When noncompliance occurs, a memo is issued notifying the unit of noncompliance, programs that occur after notification of noncompliance are documented.
- If more resources became available, there would be the opportunity to conduct more education outreach, improve client serving resources (ex: educational website, internal application site, additional program sponsor meetings), and create efficiencies when/where needed.

Submitter’s Name

C.J. Woods

Submitter’s Signature

C. J. Woods

Date

8/27/15
Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

COMPLIANCE RISK

6A. Verification of Student Files

1. AWARENESS

For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

Our Associate and Assistant Director of processing functions oversees the verification processing completed by our third party vendor. The Executive Director and Director have been involved in reviewing performance of the third party servicer to ensure accuracy of completion of verified files. Reviews conducted earlier this year showed an approximate error rate of 35%. The Executive Director requested the third party servicer to complete second reviews on the 2014-2015 verification files to mitigate audit findings in the area of verification. We have been working with our third party vendor on their performance and have currently only renewed their contract for six months. We are continuing to monitor and assessing our continued contract with them. The third party servicer has removed their most inexperienced processor, dedicated additional staff to our files, in addition we are continuing to have phone calls with them to review data as it pertains to accuracy of their processing.
2. **Knowledge**

For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Training at the third party servicer’s level is imperative and has continued to be a topic of conversations as we have periodic conference calls on the status of our processing and on accuracy of our student files. We have been monitoring the third party more closely in the past six months as we learned of an increase of errors via our weekly quality check of the files they were processing.

We developed an action plan with them, which consist of quality check of all of our 2014-2015 files and to ensure one of their processors was removed permanently from processing our files.

3. **Action**

For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

The Executive Director has weekly meetings with her management staff (2 times a week). In those meetings various points of discussion are brought forward. Verification is one of those discussion points. The Executive Director continues to inquire with staff on the processing accuracy by the third party servicer due to errors in the past.

4. **Risk Assessments**

For example: Testing all three components of awareness, knowledge, and action.

The third party servicing of our verification files is a continued topic of conversation and discussion as it is critical to our business for processing aid applicants who are selected for verification. Continued review of how the third party servicer is performing is also crucial in mitigating audit findings and taking action where needed to ensure timely and accurate processing of files is key in this partnership.
DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU MAY NEED.

We are unable to fully control their staffing and training, we will continue to monitor and to place stipulations and requirements on the third party servicer to ensure they increase their accuracy rate, we will monitor additional files to further check accuracy. In addition we will have continued conversations in regards to their continued contract with our office for their servicers.

Submitter's Name
Delisa Falks, Executive Director

Submitter's Signature

Date
09-11-2015
COMPLIANCE PLAN MITIGATION REPORT

Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

COMPLIANCE RISK

6B. Compliance with Federal, State and Institutional Laws, Rules and Regulations

1. AWARENESS

For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

The established regulations that govern Student Financial Aid include the Federal regulations, State regulations, Institutional rules, and Donor Agreements. The Scholarships and Financial Aid office is audited every year as part of the Federal Single Audit (also known as OMB A133). Student Financial Aid is a high risk area on the Texas A&M University risk assessment and the Compliance Committee risk assessment.
2. **Knowledge**

For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

Our Assistant Director of Compliance created a Quality Control risk assessment and review plan. The assessment allows for factors including audit coverage and concern, how manual the process is, and the complexity of the process to be evaluated and determine which processes are the most valuable to review. The reviews include both data analysis for efficiency of the process, effectiveness of the process, and trends related to the process and physical review of files for accuracy.

A quality control schedule was developed.

3. **Action**

For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

The Assistant Director of Compliance has conducted quality control reviews over high risk areas, funds and processes.

The Assistant Director of Compliance meets weekly with the Executive Director to discuss proposed quality control review plan, status of current quality control reviews, and results of quality control reviews with recommendations.

In addition, we conduct weekly training for all staff on various financial aid topics, including new regulations and policy changes to ensure all staff are up to date on current policies and procedures.

4. **Risk Assessments**

For example: Testing all three components of awareness, knowledge, and action.

Quality Control reviews are conducted by the Assistant Director of Compliance to help ensure the Scholarship and Financial Aid office is compliant, efficient, and effective. The quality control reviews provide data and identify issues that the office was not previously aware of.
DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU MAY NEED.

The goal of conducting 15 reviews will be met.

Submitter’s Name

Delisa Falks, Executive Director

Submitter’s Signature

Date

09-16-2015
COMPLIANCE PLAN MITIGATION REPORT

Description: Describe your implementation of the Federal Sentencing Guidelines to fulfill the metrics established for each compliance risk identified. Please use one form per compliance risk.

COMPLIANCE RISK

6C. Consumer Information

1. AWARENESS

For example: Established standards and procedures, oversight and interest by high level institutional personnel, adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, and appropriate response and corrective action plans.

Established Federal regulations govern Student Financial Aid. The Scholarships and Financial Aid Office is audited every year as part of the Federal Single audit (also known as OMB A133). Consumer information is an area of high audit interest in Student Financial Aid. Audit results are communicated to executive leadership and corrective actions are taken as necessary.

Student Financial Aid is a high risk area on the Texas A&M University risk assessment and the Compliance Committee risk assessment. A review of consumer information is being conducted by the Scholarships and Financial Aid Office with assistance from University Risk and Compliance (URC).
2. Knowledge
For example: Adequate education and training of those who are responsible, effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

The Scholarship and Financial Aid Assistant Director of Compliance created a Consumer Information regulation matrix. The matrix allows for all current regulations to be accounted for in one location and the Scholarship and Financial Aid Office and URC to document important information about the requirements. This information includes responsible department contacts and communication regarding processes and the status of compliance. For regulations with requirements that need to be met at all campuses separately, the information can be tracked by location, e.g., Galveston and Qatar.

3. Action
For example: Effective lines of communication to report compliance issues, consistently enforce standards through discipline, internal monitoring of compliance programs, and appropriate response and corrective action plans.

The Galveston campus and Qatar campus provide regular updates for progress of their campuses to the Scholarship and Financial Aid Assistant Director of Compliance.

The Assistant Director of Compliance meets weekly with the Executive Director to discuss the status of the Consumer Information review. The Assistant Director of Compliance also meets with URC personnel to review the status of the review including priorities and focus of on-going efforts.

4. Risk Assessments
For example: Testing all three components of awareness, knowledge, and action.

Each regulatory requirement is reviewed by the Scholarship and Financial Aid Assistant Director of Compliance and URC personnel, and a determination is made on requirements. Responsible departmental personnel are identified, contacted, and asked how the requirement is being met. Results are documented in the Consumer Information matrix. Corrective action plans are developed for areas not in compliance, and progress is reviewed regularly.
DISCUSS ANY IMPEDIMENTS YOU MAY HAVE THAT WILL PREVENT OR SLOW THE
PROCESS TO REACH YOUR GOAL, AND IDENTIFY ANY ADDITIONAL RESOURCES YOU
MAY NEED.

There are numerous regulations that involve departments that are not overseen by the
Scholarship and Financial Aid Office. This requires the progress be documented on the
schedules of many separate groups. We are still progressing on many of the requirements.

Submitter’s Name
Delisa Falks, Executive Director

Submitter’s Signature

Date
09-16-2015