**High-level Compliance Program Gap Assessment**

*Note:* Risks related to gaps in each section are briefly described in Appendix A.

Indicate status by putting one of the following letters next to each statement:

*D = Designed:* The bullet item in this assessment has been designed and documented.

*I = Implemented*: The bullet item in this assessment has been implemented.

*B = Both*: The bullet item in this assessment has been designed and implemented.

***Section 1: Leadership and Ethical Culture***

* We have a monthly/quarterly report/discussion with our executive. This improves compliance buy-in and support from leadership.
* The bullet items in sections 4 and 5 below communicate the importance of compliance and ethics and help enhance the compliance culture.
* As necessary, additional changes are made in sections 2-9 below to improve leadership and culture in this compliance area.

***Section 2: Identify Requirements/Assess Risk***

* *Identify*: The compliance leader has identified an initial list of laws and regulations that impact the university in this area and has documented this list in a table, spreadsheet, or database.
* Identify: Once a year, the compliance leader attends a professional conference that includes a track on changes to existing regulations and a briefing on new regulations that impact his/her area.
* Identify: The compliance leader receives regular emails from a professional organization that will update him/her on changes to existing regulation and briefings on new regulations.
* Identify: The compliance leader uses the above information to establish and maintain a list or spreadsheet of, at minimum, a summary of all laws and regulations that impact his/her area.
* *Assess Risk*: At least once a year the compliance leader meets with staff and other advisors to review compliance requirements and determine which requirements might bring added risk to their operations.  If issues are identified, the department will use the activities outlined in sections 1 above and 3-9 below to design plans to address these compliance risks.
* *Assess Risk*: When the compliance leader learns of regulation updates, an initial risk assessment is done to assess the risks these changes bring to the university.

***Section 3: Establish Compliance Organization***

* *Establish*: Compliance responsibilities have been assigned and documented.  The compliance leader has designed an org chart and created a list of roles, job descriptions, and/or committees who are responsible and accountable for subject-specific compliance responsibilities.
* *Review/Modify*: The organization outlined in “Establish” is reviewed at least annually, including roles and responsibilities, job descriptions, committees, etc. and changes are made as necessary.

***Section 4: Standards, Policies, and Procedures***

* When compliance requirements are identified (see Section 1 above), the compliance leader works with staff, the general counsel, compliance, and others to design standards, policies, and procedures that address these requirements.
* As changes in compliance requirements are identified (see Section 1 above), the compliance leader works with staff, the general counsel, compliance, and others to update/modify standards, policies, and procedures that address these changes.
* “Cheat sheets” are written and given to employees with particularly sensitive/risky compliance assignments to ensure they follow proper protocols.

*Note*: This section often includes designing or re-designing one or more of the nine sections of this compliance plan.

***Section 5: Communicate, Promote, and Train***

* *Communicate*: Posters that communicate information and expectations are displayed in well-trafficked areas around the office and campus.
* Communicate: At “all hands” meetings, when necessary, the compliance leader provides guidance on compliance issues and follows this up with a “summary” email to all staff.
* *Promote*:  During at least 2-3 “all hands” meetings each year, the compliance leader will promote “ethics and compliance” and its importance to department and university operations.
* Train: When a new employee is hired, they are required to take compliance training modules before they can begin their job.
* Train: Refresher training is required regularly (for example, every one to two years).

***Section 6: Monitor, Audit, and Report***

* *Monitor/Report*:  For sensitive issues, the compliance leader receives daily/weekly/monthly reports, reviews them, and makes changes in department processes, as required.
* Audit/Report: The department is subject to an internal/external audit every \_\_\_\_ years.  The department will be cooperative during these audits. After the reports are received, management implements all reasonable recommended changes.
* Reporting to Senior Management:  Quarterly the compliance leader will provide a compliance status report to the vice president over our area.
* Compliance Program Self-Assessment:  The Director of Compliance will coach us through a compliance program self-assessment every three years.

***Section 7: Investigate and Report***

* When violations of any of the above standards, policies, or procedures are reported or suspected, an investigation is conducted per university policies and procedures.
* Results of investigations are reported to appropriate leadership.

***Section 8: Enforce and Remediate***

* When violations of any of the above standards, policies, or procedures are identified after an investigation, appropriate action is taken per university policies and procedures for investigation and adjudication. If discipline is required, it is handled per university policy. If remediation is required, it is handled per university policy.

***Section 9: Continuous Improvement***

* As problems are identified in sections 1 and 3-8 above, the compliance leader makes changes to this program and relevant policies, procedures, communication, training.  This will create a “continuous improvement” compliance culture in the department.

**Appendix A: Risks Associated with the Absence of Each Element of an Effective Program**

|  |  |  |
| --- | --- | --- |
| **Risks Associated with the Absence of Each Element/Activity** | | |
| **Operational Controls That Help PREVENT** | | |
| **1.1.1** | | **Leadership and Culture**   * Lack of leadership engagement and support can lead to a culture that tolerates compliance failures and results in loss of assets, reputation, fines, personal safety, etc. * A culture of noncompliance could lead to heavier fines, etc. |
| **1.1.2** | | **Identify Requirements/Assess Risk**   * Ignorance of compliance requirements can lead to compliance failures resulting in loss of assets, reputation, fines, personal safety, etc. * Failure to assess risks related to requirements can result in utilizing valuable resources on low-risk areas rather than high risk areas. |
| **1.1.3** | | **Establish Structure, Organization, and Responsibilities**   * Lack of appropriate governance oversight, leadership, and personnel not being assigned compliance responsibilities, both subject-matter expertise and operational support, can lead to compliance failures resulting in loss of assets, reputation, fines, personal safety, etc. * Not evaluating compliance and program requirements, including personnel roles, with an eye towards leveraging existing institutional resources can lead to duplication of effort and other inefficiencies |
| **1.1.4** | **Establish Standards, Policies, and Procedures**   * Lack of appropriate policies and especially procedures can lead to compliance failures resulting in loss of assets, reputation, fines, personal safety, etc. | |
| **1.1.5** | **Communicate, Promote, and Train**   1. Lack of adequate training and communication related to compliance expectations/responsibilities can lead to compliance failures resulting in loss of assets, reputation, fines, personal safety, etc. | |
| **Operational Controls That Help FIND** | | |
| **1.1.6** | **Monitor, Audit, and Report**   * Monitoring and auditing both help uncover compliance failures and help ensure the compliance program is operating as intended. Failing to uncover problems quickly can lead to additional compliance failures resulting in loss of assets, reputation, fines, personal safety, etc. * Failure to self-report: In addition, self-auditing and self-monitoring enables appropriate self-reporting, as required, which can reduce fines and oversight from relevant authorities. | |
| **1.1.7** | **Investigate and Report**   * Lack of appropriate investigations can lead to a culture of noncompliance and additional compliance failures, resulting in loss of assets, reputation, fines, personal safety, etc. * Failure to self-report: In addition, a full investigation enables appropriate self-reporting, as required, which can reduce fines and oversight from relevant authorities. | |
| **Operational Controls That Help FIX** | | |
| **1.1.8** | **Enforce and Remediate**   * Lack of appropriate enforcement can lead to additional compliance failures resulting in loss of assets, reputation, fines, personal safety, etc. * What is not enforced is tolerated and will likely continue, which could lead to heavier fines and penalties and a culture of noncompliance. | |
| **1.1.9** | **Continuous Improvement**   1. Lack of improvement in any of the above compliance activities could lead to additional compliance failures resulting in additional losses of assets, reputation, heavier fines, personal safety, etc. | |

