# **Department of Education Clery Act Compliance Division – Settlement Agreement Compliance Scorecard**

Academic Year 2023-2024 As of: 8/21/2023

## Introduction

### Scope:

This compliance review was conducted to validate university compliance with requirements of the settlement agreement between the U.S. Department of Education Federal Student Aid Office - Clery Act Compliance Division (Department) and Michigan State University (the University). The objectives of this review were:

* To determine if the agreed upon obligations are substantially completed;
* To determine if the completed obligations comply with settlement agreement requirements;
* To determine if output of completed obligations are supported by appropriate documentation.

In order to accomplish our objectives, we:

* Categorized all obligations into actionable steps. The document contained a total of 53 actionable steps that were incorporated into our review.
* Identified individuals responsible for ensuring that obligations were being met.
* Interviewed responsible parties to determine the status of the obligation.
* Reviewed supporting documentation to validate completion of obligations in accordance with agreement requirements.

### Conclusions:

Based on our review of the settlement agreement and actions taken towards the obligations within we confirmed that the obligations for the period 7/19/2023 - 8/21/2023 were met and supported by comprehensive and appropriate supporting documentation. Our review did not identify any material inconsistencies with resolution agreement requirements. For this period we determined 44 items are implemented, 4 items are submitted, 5 items are in progress and 0 have not started. An updated progress measurement of the obligations by category is provided below:

### MSU Status Key\*\*:

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| **Status** | **Definition** |
| Implemented | Action completed. No additional reporting requirements unless designated as ongoing requirement in comments. For ongoing requirements, policy/procedure implemented to monitor future compliance. |
| Submitted | Initial required reporting obligation provided to government agency. |
| In Progress | Action initiated, development/improvement continues. |
| Not Started | Action not initiated but not yet due (or action is contingent). |

## Settlement Agreement Compliance Status

### Clery Act Compliance Professional

To reasonably ensure basic compliance with the Clery Act, the HEA fire safety requirements, and the Drug-Free Schools and Communities Act (DFSCA).

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **I.1** | The University will employ and empower a Clery Act compliance professional (CCP). The CCP must report to a Vice President (VP) or equivalent. The CCP must not be employed in or under the sole authority of the Office of the General Counsel (OGC).  | Implemented | *The Office of Audit, Risk and Compliance (OARC) hired a qualified candidate who began work in February 2020.*  |
| **I.2** | The CCP must have the requisite experience and knowledge of the applicable laws and the institutional authority, independence and access to officials, records, and other information to work across the University to effectuate changes to policies, procedures, and practices to reasonably ensure basic compliance with the Clery Act, the HEA fire safety requirements, and the Drug-Free Schools and Communities Act (DFSCA). | Implemented | *The University has determined the individual will be employed in OARC and report to Marilyn Tarrant, Associate VP and Chief Audit, Risk and Compliance Officer.*  |

### Clery Act Compliance Committee

To coordinate an effective response to Clery Act obligations and to ensure compliance is cohesive and coordinated.

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **II.1** | The University will form a new Clery Compliance Committee (CCC) that includes representation from all primary offices that are substantially involved in any aspect of the University's campus safety, crime prevention, emergency management, and/or environmental health and safety programs. The CCC must also include representation from offices that include more than five campus security authorities (CSA). | Implemented | *Revisions to the CCC were made. CCC includes representation from all primary offices required by the Department.*  |

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **II.2** | The University and the Department will jointly assess and determine the proper composition, functions, and core duties of the Crisis Intervention Team and the Behavioral Threat Assessment Team. | In Progress | *The University has reviewed the composition and function of behavior and threat assessment. A number of changes were implemented on August 1st to align the institution with best practices, as outlined by the National Association of Behavioral Intervention Teams Association (NABITA). Behavioral assessment will now report through the Office of Student Support and Accountability (OSSA). The care and intervention team will be trained on relevant regulations and will assess concerns with a standard risk rubric.*  |

### Campus Security Authorities

These officials with significant responsibility for student and campus activities, referred to as Campus Security Authorities (CSAs) gather and report campus crime statistics.

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **III.1** | The University will engage in an institution-wide process to identify and notify all CSAs of the University's obligations to report certain crimes under the Clery Act. | Implemented | *An institution-wide review of positions was performed. Units deemed to have a designated CSA were notified in August 2021. Individual CSAs are notified of their designation via email and trained annually through an assigned module.* |

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **III.2** | The University will deliver mandatory comprehensive CSA training to all CSAs as well as all campus executive officers. | Implemented | *MSU has recently updated its CSA training module and submitted it to the Department for review. The updated training module has gone live for those designated as CSAs and will renew annually.*  |
| **III.3** | The University will ensure all officials involved in the investigation and/or adjudication of any case involving an alleged act of sexual violence continue to receive updated, specialized training in such matters each year. | Implemented | *MSU officials involved in this work currently receive annual specialized training. MSU will ensure such officials continue to receive training, in line with Title IX regulation and OARC will evaluate compliance for each year of the resolution agreement.* |
| **III.4** | The University will design and implement an enhanced CSA Reporting Form designed to facilitate compilation of information necessary for MSU's compliance with the Clery Act. | Implemented | *An enhanced CSA Reporting Form was implemented and will be sent each semester to designated CSAs.*  |

### Human Resources Actions

To coordinate a response to Clery Act obligations across the University.

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **IV.1** | MSU's Offices of Human Resources (HR) and Academic Human Resources (AHR) will assist the CCC in the identification and the notification of CSAs at the main campus and all other campuses in the MSU system. | Implemented | *Following the university review (See III.1), campus units deemed to have a designated CSA were notified in August 2021.*  |
| **IV.2** | HR and AHR will revise position descriptions, as needed, to include Clery Act-related duties. | Implemented | *HR has flagged relevant positions designated as CSAs in the HR/Payroll System.*  |

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **IV.3** | HR and AHR will publicize the employee misconduct hotline regularly and prominently throughout the University on a variety of platforms. | Implemented | *A link to the Misconduct Hotline is available on 12 university websites. Additional locations are planned.*  |
| **IV.4** | HR and AHR will send a communication to all University faculty and staff at the beginning of each academic term that encourages the reporting of suspected criminal activity and misconduct. The communication should include a clear description of the options to report either directly or anonymously and an explanation of the University's whistleblower protection policies and its efforts to protect employees from retaliation or intimidation. | Implemented | *Ongoing requirement.* Spring 2020 - *Sent.* Summer 2020 - *Sent.*Fall 2020 - *Sent.*Spring 2021 - *Sent.*Summer 2021 - *Sent.*Fall 2021 - *Sent*.Spring 2022 - *Sent.*Summer 2022 - *Sent.*Fall 2022 - *Sent.* Spring 2023 - *Sent.*Summer 2023 - *Sent.*Fall 2023 -Spring 2024 -Summer 2024 - Fall 2024 -  |
| **IV.5** | HR and AHR will establish a clear line of communication with MSU Police Department that will ensure that serious allegations of criminal conduct by faculty and staff are documented and acted upon using the administrative remedies available to HR and AHR. | Implemented | *Protocol to coordinate communication between MSUPD, AHR, and the Office of Employee Relations (HR) regarding allegations of criminal conduct was implemented on 9/22/2020.* |
| **IV.6** | HR and AHR will ensure that agreements with third parties sponsoring or hosting non-MSU affiliated programs and/or events for minors on MSU properties contain terms requiring background checks for any adult participating in such program as an employee, contractor, or volunteer, prior to such adult's participation therein. | Implemented | *Background checks are required by MSU's current Youth Programs Policy.*  |
| **IV.7** | HR and AHR will also ensure that such third-party agreements will require adults to be provided and briefed on MSU's safety policies and procedures, conduct standards, and reporting protocols. | Implemented | *These requirements are included in the revised Youth Programs Policy, effective January 1, 2023.*  |

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **IV.8** | The University will notify the Department by email within three business days of MSU's termination, suspension, or other disciplinary action against an employee in connection with any report that such MSU employee has committed a Clery-reportable crime, any other act of sexual violence, or a violation of the University's Relationship Violence and Sexual Misconduct Policy that is alleged to include criminal sexual conduct. | Implemented | *Ongoing requirement. A process was implemented to maintain compliance. HR and AHR will notify the Clery Coordinator of any incidents that may require reporting. Clery Coordinator will then report incidents to the Department.*  |

### Campus Maps

To assist the University in verifying that such buildings or parcels have been classified properly for Clery Act compliance purposes.

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **V.1** | MSU's Land Management Office will engage in an institution-wide process to identify all buildings, properties, or other parcels of land that MSU owns or controls and uses for educational purposes. | Implemented | *Land Management, Information Technology, and Infrastructure Planning and Facilities created a public and interactive map to provide information on Clery designation to MSU’s buildings and properties.*  |
| **V.2** | The University will use this information to produce a set of maps that clearly identify all categories of Clery Geography, including buildings and properties that are owned or controlled by recognized student organizations. A map must be produced for each of the University's separate campuses and its properties that are on the campuses of other institutions of higher education. The maps will also show regular patrol zones of the MSU police. | Implemented | *Interactive maps noted above provide information on Clery Geography and MSU Police patrol zones.* |

### Patient Policy/Procedure Revisions

To reasonably ensure the safety and security of all persons who participate in the University’s intercollegiate and recreational athletic programs and/or any camp or other youth programs that are sponsored by the University or that are held on its Clery Geography. (Note: Some of the action items below are similar to requirements within the DHHS OCR voluntary resolution agreement. Reference to the applicable Action Item in the DHHS OCR Compliance Scorecard is provided below).

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **VI** | The University and the Department will review and enhance the University's current policies and procedures on the protection of student athletes and minor children. | Implemented | *MSU HealthTeam, Olin Health Center, and MSU Sports Medicine policies and procedures were reviewed and revised. Policies cover all patients including student-athletes and minors.*  |
| **VI.1** | At a minimum, the University must issue a clear written explanation to all patients who receive treatment at an MSU clinic by a provider employed in the College of Human Medicine or College of Osteopathic Medicine and all MSU Sports Medicine and Olin Health Center patients about any sensitive medical procedures and document their informed consent to authorize such procedures and their right to immediately terminate treatment at any time. (See DHHS OCR IV.D.9) | Implemented | *This requirement is addressed across two policies - the revised HealthTeam Chaperone Policy approved by HHS OCR on 9/17/2020 (implemented by MSU HealthTeam and adopted by Olin Health Center) and the Athletic Training Chaperone Policy (implemented by MSU Sports Medicine).*  |
| **VI.2** | The University must ensure patients are given the opportunity to consult with a qualified medical professional to resolve any questions or concerns that were not addressed in the written explanation prior to treatment. (See DHHS OCR IV.D.10 and IV.D.12) | Implemented | *This requirement is addressed across two policies - the revised HealthTeam Chaperone Policy approved by HHS OCR on 9/17/2020 (implemented by MSU HealthTeam and adopted by Olin Health Center) and the Athletic Training Chaperone Policy (implemented by MSU Sports Medicine).*  |

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **VI.3** | The University must provide all patients who receive treatment at an MSU clinic by a provider employed in the College of Human Medicine or College of Osteopathic Medicine and all MSU Sports Medicine and Olin Health Center patients the option to have a chaperone in the room during any appointments and/or examinations that require the patient to disrobe or that involve any contact with or manipulation of the patient's body. (See DHHS OCR IV.D.12 and IV.D.14) | Implemented | *This requirement is addressed across two policies - the revised HealthTeam Chaperone Policy approved by HHS OCR on 9/17/2020 (implemented by MSU HealthTeam and adopted by Olin Health Center) and the Athletic Training Chaperone Policy (implemented by MSU Sports Medicine).*  |
| **VI.4** | The University must ensure patients and/or their parents may request a chaperone at any time and that MSU will always honor the patient's request to have a chaperone present. (See DHHS OCR IV.D.14) | Implemented | *This requirement is addressed across two policies - the revised HealthTeam Chaperone Policy approved by HHS OCR on 9/17/2020 (implemented by MSU HealthTeam and adopted by Olin Health Center) and the Athletic Training Chaperone Policy (implemented by MSU Sports Medicine).*  |
| **VI.5** | The University must require a chaperone for all sensitive examinations and the use of a chaperone must be documented in each patient's medical record. (See DHHS OCR IV.D.15 and IV.D.16) | Implemented | *This requirement is addressed across two policies - the revised HealthTeam Chaperone Policy approved by HHS OCR on 9/17/2020 (implemented by MSU HealthTeam and adopted by Olin Health Center) and the Athletic Training Chaperone Policy (implemented by MSU Sports Medicine).*  |

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **VI.6** | If a patient declines/refuses a chaperone for an examination where one is required, the provider must document in the record that an offer was made and declined and the patient or guardian must sign a waiver. (See DHHS OCR IV.D.16) | Implemented | *This requirement is addressed across two policies - the revised HealthTeam Chaperone Policy approved by HHS OCR on 9/17/2020 (implemented by MSU HealthTeam and adopted by Olin Health Center) and the Athletic Training Chaperone Policy (implemented by MSU Sports Medicine).*  |
| **VI.7** | The University must provide information to patients and the parents of non-student minors about the University's patient protection programs, safety protocols, and detailed information on reporting options, and a statement that encourages the prompt reporting of any alleged misconduct or other serious concerns about safety to designated authorities. (See DHHS OCR IV.D2) | Implemented | *Various components included in the revised Chaperone Policy, Notice of Non-Discrimination, and RVSM policy required to be distributed to each new patient. HHS OCR's approval received 9/17/2020. Health Care Inc (HCI) and Student Health and Wellness both created a patient rights brochure containing this information that is distributed to all patients at their first visit and annually thereafter.*  |
| **VI.8** | The University must, in consultation with the Department, reevaluate, and if necessary, improve safety protocols and access controls for all buildings and facilities that are used for the administration of medical treatment. | In Progress | *The University has engaged in discussion with the Department to clarify the expectations of this reevaluation.* |

### Safety of Minors on Campus

To reasonably ensure the safety and security of minors on campus:

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **VII.1** | The University and the Department will conduct a joint review of all MSU policies, procedures, and program features related to safety of minors on campus. The review will include procedures on child protection and safety, campus operations, and coordination with external groups involved with programming for minors. | Submitted | *The University Youth Program policy was revised and submitted to the department. The revised policy addresses all the areas requested here.*  |
| **VII.2** | In the event the joint review indicates a need for improvement in such policies, procedures, or program features, the University and the Department agree to work cooperatively to implement such enhancements.  | Submitted | *The University Youth Program Policy was revised as a result of this review.*  |
| **VII.3** | At a minimum, such policies and procedures must provide for specific application procedures for persons or groups seeking permission to host a program at MSU and the specific procedures that MSU will use to evaluate and approve or deny such requests. | Implemented | *The Director of Youth Programs reviews various group registrations. Procedures MSU will use to evaluate and approve or deny requests are formally documented in the revised policy, effective 1/1/2023.*  |
| **VII.4** | Policies and procedures must require criminal background checks (including searches of state sex offender registries) for all employees, contractors, and volunteers prior to initial participation and renewal at least every two years thereafter. | Implemented | *Requirement included in MSU's current Youth Program Policy. Further improvements to the criminal background check process, are included in the revised policy, effective 1/1/2023.*  |
| **VII.5** | Policies and procedures must require briefings on safety programs and reporting options. | Implemented | *Requirement included in MSU's current Youth Program Policy. Further improvements to safety programs and reporting options are included in the revised policy, effective 1/1/2023.*  |

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **VII.6** | Policies and procedures must require safety checks to ensure adequate levels of supervision are present and that appropriate access controls to facilities are in place.  | Implemented | *Requirement included in MSU's current Youth Program Policy. Further improvements to required safety checks are included in the revised policy, effective 1/1/2023.*  |

### Campus Safety Procedures and Reporting

To reasonably ensure adequate campus safety procedures and Clery related reporting:

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **VIII.1** | The University will engage in a complete reassessment of its procedures and protocols regarding campus safety, crime prevention, fire safety, and substance abuse prevention to ensure compliance with all Federal regulations governing MSU's Title IV program participation. | Implemented | *The Clery Coordinator has reassessed the universities procedures and protocols in this space. As a result, a new policy effective 1/1/2023, University Clery Act Compliance, was approved.*  |
| **VIII.2** | The University must review and revise all statistical and informational disclosures that will be included in its 2020 Annual Security Report (ASR), 2020 Annual Fire Safety Report (AFSR) (or a combined ASR/AFSR publication), and its Drug and Alcohol Abuse Prevention program materials for 2020. | Implemented | *The Clery Coordinator completed her review and submitted revised statistical disclosures to the Department on 9/1/2020.*  |
| **VIII.3** | At a minimum, this reassessment must include a thorough review and revision of the University's timely warning and emergency notification procedures. | Implemented | *The Clery Coordinator and MSU PD have completed a review of the Timely Warning and Emergency Notification policies. The review resulted in minor changes to policy and revisions to some internal guidance documents.*  |
| **VIII.4** | The reassessment must also include a review of the University's practices related to maintenance of and access to the daily crime log for each campus. | In Progress | *The Clery Coordinator began a reassessment with MSUPD regarding the daily crime log.* |

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **VIII.5** | And lastly, the reassessment must include all aspects of the processes used to compile and disclose each campus's annual crime statistics. | In Progress | *The Clery Coordinator completed a reassessment of the statistics gathering processes. Internal audit is evaluating this as a part of their limited scope assessment.*  |
| **VIII.6** | A copy of all new or revised policies and procedures and a revised audit trail that substantiates the accuracy and completeness of the University's crime statistics for calendar years 2015-2019 must be submitted to the Department for review prior to publication.*Reporting Deadline: Prior to ASR/AFSR publication (ASFSR publication deadline: October 1, 2020)* | Implemented | *The Clery Coordinator completed her review and submitted a revised audit trail to the Department on 9/1/2020.*  |
| **VIII.7** | For each year of the monitoring program, the University must submit a draft of its ASR for review by the Department no later than 30 days prior to the required distribution date. *Reporting Deadline: September 1, 2022* | Implemented | *Ongoing requirement.*9/1/2020 - *Submitted.*9/1/2021 - *Submitted*.9/1/2022 - *Submitted.*9/1/2023 -9/1/2024 - |

### Disclosure Process

To maintain effective communication and disclosure with the Department:

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **IX.1** | The University will implement a proactive disclosure process to advise the Department within three business days of all major criminal offenses and other incidents that are classified as Clery-reportable crimes by MSU involving employees, student athletes, or members of student organizations if the incident is deemed to pose a significant or ongoing threat to the University's "Clery geography". | Implemented | *Ongoing requirement. A process was implemented to maintain compliance. OGC is forwarding a copy of all timely warnings and emergency notifications by email to the Department.*  |

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **IX.2** | The University will advise the Department within three business days of notification about any assessment, audit, investigation, or other review that is to be conducted by any agency of the Federal, State, or municipal government related to campus safety or crime prevention related to its Clery Act requirements.  | Implemented | *Ongoing requirement. A process was implemented to maintain compliance. OGC is forwarding a copy of any notification received.*  |
| **IX.3** | The University will advise the Department within three business days of notification of any inquiry related to campus safety that is initiated by any entity, including, but not limited to, its accreditation and licensing agencies related to its Clery Act requirements.  | Implemented | *Ongoing requirement. A process was implemented to maintain compliance. OGC is forwarding a copy of any notification received.*  |
| **IX.4** | The University agrees to provide copies of any letters or reports issued by such entities to the Department within three business days of the University's receipt. | Implemented | *Ongoing requirement. A process was implemented to maintain compliance. OGC is forwarding a copy of any notification received.*  |

### Quarterly Reporting

To maintain effective communication and disclosure with the Department:

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **X.1** | The University will provide quarterly reporting to the Department regarding the number and types of certain Clery related information (including: Clery-reportable crimes reported, crimes that required issuance of timely warning, dangerous conditions requiring emergency notification, other non-Clery crime alerts/bulletins, delivery of training, staffing changes of Clery compliance personnel, purchases and sales of real property, student and employee campus safety conduct violations, and anonymous reports of crimes of violence). Such reports will also provide quarterly updates on the number of claims filed and settlements made related to the Nassar matter.*Reporting Deadline: June 15, 2022* | Implemented | *Ongoing requirement:* 12/16/2019 *- Submitted.*3/16/2020 *- Submitted.*6/15/2020 *- Submitted.*9/15/2020 - *Submitted.*12/15/2020 - *Submitted.*3/15/2021 - *Submitted.*6/15/2021 - *Submitted.*9/15/2021 - *Submitted.*12/15/2021 - *Submitted.*3/15/2022 - *Submitted.*6/15/2022 - *Submitted.*9/15/2022 - *Submitted.*12/15/2022 - *Submitted*.3/15/2023 - *Submitted.*6/15/2023 - Submitted.9/15/2023 -12/15/2023 -3/15/2024 -6/15/2024 -9/15/2024 -12/15/*2024* - |
| **X.2** | The University will also review and revise, as needed, its calculation of the number of criminal offenses committed by Nassar that were reported to the University starting in 2016, and information on negotiated settlements entered into with crime victims.  | Implemented | *A revised audit trail including statistics as a result of Nassar was submitted to the Department on 9/1/2020.* |

### Internal Assessments

To maintain adequate compliance with the settlement agreement:

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **XI.1** | The University will conduct up to five limited scope assessments over the course of the Post-Review Monitoring process to identify potential Clery Act violations and to examine other areas of concern related to the review period. | Submitted | *OARC completed their first limited scope assessment, that covered the Annual Security and Fire Safety Report. The second assessment, covering crime statistics began in March.*  |
| **XI.2** | At the conclusion of each assessment, the University will provide information about its findings to the Department. | Submitted | *The first assessment was submitted in July 2022.*  |

### Clery Act Expert

To maintain adequate compliance with the settlement agreement:

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **XII.1** | The University will continue to engage its current external Clery Act expert to serve as a facilitator of the University's remedial actions required throughout the Post-Monitoring Period. | Implemented | *Ongoing requirement. The university has previously engaged an external Clery Act expert. This expert will continue to serve as facilitator.*  |
| **XII.2** | The facilitator must report any significant violations of the Clery Act, the HEA fire safety rules, or the DFSCA to the Department within three business days of discovery. | Implemented | *Ongoing requirement. Facilitator will report any violations identified.*  |
| **XII.3** | The facilitator will participate in periodic phone conferences to provide general updates to the Department.  | Implemented | *Ongoing requirement. Facilitator has periodic phone conferences with the Department.*  |

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **XII.4** | The facilitator will produce an annual report on the University's progress on reforms to its compliance program. The report will include new and ongoing compliance issues, challenges and obstacles to progress, a description of the resources committed to the remedial action program, and a summary of action items for the next phase of the program.Reporting Deadline: September 1, 2022 | Implemented | *Ongoing requirement. The reporting deadline was modified (with the Department's approval) to September 1.* 2020 - *Submitted.*2021 - *Submitted.*2022 - *Submitted.*2023 -2024 - |

### On-Site Compliance Assessment

To maintain adequate compliance with the settlement agreement:

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| **Action Item** | **Task** | **MSU Status** | **Comments** |
| **XIII.1** | The University will fully cooperate with the Department in its conduct of at least three, and no more than five, on-site compliance assessments to be conducted within five years of the effective date of the Agreement. | In Progress | *The University is cooperating with the department in their first on-site compliance assessment.* |

**\*\*Note**: Effective for the January 2021 update, the definitions for Implemented and Submitted status were expanded to provide additional clarity on action items that are classified as ongoing requirements. For all ongoing requirements, internal audit has either confirmed a policy/procedure was implemented or will continue to obtain evidence of required periodic submissions.