The University of Texas Southwestern Medical Center

Internal Audit Report 14:16
Clery Act & Incident Reporting Audit

August 26, 2014

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AUDIT REPORT
August 26, 2014

Daniel K. Podolsky, M.D., President
The University of Texas Southwestern Medical Center
5323 Harry Hines Boulevard, MC 9002
Dallas, Texas 75390-9002

Dear Dr. Podolsky:

The University of Texas Southwestern Medical Center (Medical Center) Office of Internal Audit has completed its Clery Act & Incident Reporting Audit. This is a risk based audit and part of the fiscal year 2014 audit plan.

Executive Summary

Background
The federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act) requires all postsecondary educational institutions that participate in certain federal aid programs to perform the following:

- Collect and report crime data in an Annual Security Report and to the U.S. Department of Education
- Publish and distribute the Annual Security Report to all current students and employees, and inform prospective students and employees about the content and availability of the report
- Maintain a daily crime log that is open to public inspection
- Provide timely warnings of crimes that represent a threat to the safety of students or employees

According to the U.S. Department of Education, the goal of safety and security related laws such as the Clery Act is to provide students and their families with accurate, complete and timely information about safety on campus so that they can make informed decisions.

Objectives
The objective of this review was to evaluate the effectiveness of the Medical Center’s processes in place for ensuring the safety and security of campus constituents and to determine if:

- Policies related to incident reporting (including both crime and fire reporting) and emergency response procedures were in place and adequate.
- The most recent Annual Security Report met the requirements of the Clery Act, including:
  - Crime definitions.
  - Geographical range for reporting crime statistics, including all applicable campus locations.
  - Required statistics.
  - Publication for community awareness.

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• Incident reporting/crime logs were complete, accurate and accessible.
• Controls were in place to ensure the completeness and accuracy of the Annual Security Report.
• Fire reporting was performed in accordance with applicable regulations.

Scope
The audit scope included a review of the 2013 Annual Security Report and supporting documentation, as well as policies and processes related to incident reporting and emergency response procedures. Audit procedures included interviews with stakeholders, review of policies and procedures and other documentation, and substantive testing. Our examination was conducted according to guidelines set forth by the Institute of Internal Auditors’ International Standards for the Professional Practice of Internal Auditing.

Conclusion
Effective processes related to incident reporting, emergency response procedures, and the Annual Security Report assist in ensuring compliance with applicable regulations and ensuring the safety and security of campus constituents. There were no significant issues noted during the audit; however, the following observations were identified:

• Campus Security Authorities (CSAs) were not completely identified.
• A notice was not provided to prospective employees alerting them to the Annual Security Report’s availability.
• A formal process was not in place for the Police Department to obtain or be informed of new controlled property or space (i.e. purchased or leased) at the Medical Center for potential incident reporting purposes.

Addressing the identified observations will assist in ensuring compliance with applicable regulations and mitigate the risk of fines and reputational damage. We appreciate and thank the Police Department, Emergency Management Department, and Environmental Health and Safety management teams for their cooperation and assistance received during the audit. Specific findings and recommendations can be found in the Detailed Results section of the report.

Management Response: We agree with the findings and conclusion reached by Internal Audit.
Detailed Results

1. Identify Campus Security Authority (CSA) and Ensure Proper Training

While some CSAs were identified (i.e. seven individuals from the Student Affairs, Campus Housing, Equal Opportunity and Minority Affairs, and Student Health Services offices) and were routinely contacted for crime reporting purposes, not all CSAs have been identified based on the criteria outlined in the Clery Act. Identification of CSAs is critical for ensuring the Medical Center is following Clery Act requirements. The CSAs work in collaboration with the Campus police for reporting crimes, prevention plans, etc. Failure to identify all CSAs and ensure they are aware of their responsibilities could result in non-compliance with the Clery Act and may lead to fines and reputational damage. Additionally, formal training for identified CSAs to ensure they are aware of their responsibilities has not been conducted.

Recommendation

A. Consult with Medical Center management (including Senior Leadership and Management from the various academic centers) to identify the remaining CSAs in accordance with the criteria outlined in the Clery Act.
B. Once the remaining CSAs have been identified, establish and provide training for all CSAs so that they are aware of Clery Act requirements as well as their responsibilities and reporting requirements. As new individuals are designated as CSAs, establish a process to ensure that timely training is provided.

Management Response

A. We agree with recommendations. The Chief of Police will work with the Executive Vice President of Business Affairs, Senior Associate Dean of Academic Administration, and Chief Compliance Officer to identify individuals by job function that would be a CSA.
B. Once identified, training will be conducted for these individuals so they will know their job responsibilities.

Responsible Officials: Thomas Bickers, Chief of Police

Target Implementation: Identification of CSAs: January 31, 2015; Training of CSAs: April 30, 2015

2. Notice of Annual Security Report to Prospective Students and Employees

The Annual Security Report was posted to the Medical Center Police Department website and notice of the Report was provided to prospective students; however, notice was not provided to prospective employees alerting them to the Report's availability, a description of its contents, and the opportunity to request a copy. Prospective employees may be notified by posting the report on an Internet site; however, in order to comply with Clery Act requirements a notice still needs to be provided to each individual and include the exact URL where the report is posted, a brief description of the report and a statement that the institution will provide a paper copy of the report upon request.

Recommendation

A. Develop and implement a process for notifying prospective students and employees of the Annual Security Report as required by the Clery Act (e.g. provided with informational employment documentation, during employee interview process, etc.).
B. Consider modifying Human Resources website to include 1) a link to the most recent Annual Security Report, 2) a brief description of the report, and 3) a statement that the institution will
provide a paper copy of the report upon request for greater transparency and availability to prospective students and employees.

Management Response

A. We agree with recommendation and will update Medical Center employment documentation (e.g. packets provided at employment fairs, etc.) and the Human Resources website to contain a notice of the Annual Security Report (including a description of the report, the URL where the most recent report is located, and a statement that the institution will provide a paper copy upon request).

Responsible Officials: Mike James, Assistant Vice President of Human Resources

Target Implementation: October 31, 2014

3. Campus Locations for Incident Reporting

A formal process was not in place for the Police Department to obtain or be informed of new controlled property or space (i.e. purchased or leased) at the Medical Center. Without a process in place to ensure all Medical Center controlled property is captured, incidents that may occur at Medical Center controlled locations may not be captured and included in the required incident reporting. As a result, the Medical Center may not be in compliance with the Clery Act requirements (i.e. completeness of security reporting) which could lead to fines and reputational damage.

Recommendation

A. The Archibus facilities management system is scheduled to be implemented in late 2014 and should assist in capturing all Medical Center controlled space going forward. However, until the Archibus system is implemented, Police Department management should consult with the Planning and Institutional Studies office to obtain PeopleSoft reports noting new Medical Center controlled property for potential reporting purposes as needed. Further investigation may be required to determine whether the space qualifies for incident reporting in accordance with Clery Act requirements (i.e. whether students work at or rotate onto the property).

B. As part of the Archibus system implementation, determine if the system can capture all required information for reporting purposes or if additional processes or periodic communications with the Planning and Institutional Studies or Student Affairs offices are necessary.

Management Response

A. We agree with recommendation. We will setup communication with James Drake regarding newly obtained property. This will be conducted monthly.

Responsible Officials: Thomas Bickers, Chief of Police

Target Implementation: October 1, 2014

Sincerely,

Valla Wilson, Assistant Vice President of Internal Audit

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