



February 20, 2015

Dr. Marlene Sprouse, President  
Indian Hills Community College  
525 Grandview Drive  
Ottumwa, IA 52501-1398

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RE: **Final Program Review Determination**  
**OPE ID: 00840300**  
**PRCN: 201340728409**

Dear Dr. Sprouse:

The U.S. Department of Education's (Department) School Participation Division – Kansas City issued a program review report on January 16, 2014 covering Indian Hills Community College's (IHCC), administration of programs authorized by Title IV of the Higher Education Act of 1965, as amended, 20 U.S.C. §§ 1070 et seq. (Title IV, HEA programs), for the 2012-2013 and 2013-2014 award years. IHCC's final response was received on April 30, 2014. A copy of the program review report (and related attachments) and IHCC's response are attached. Any supporting documentation submitted with the response is being retained by the Department and is available for inspection by IHCC upon request. Additionally, this Final Program Review Determination (FPRD), related attachments, and any supporting documentation may be subject to release under the Freedom of Information Act (FOIA) and can be provided to other oversight entities after this FPRD is issued.

**Purpose:**

Final determinations have been made concerning all of the outstanding findings of the program review report. The purpose of this letter is to notify IHCC of the Department's final determinations and to notify IHCC of a possible adverse action. Due to the serious nature of Findings 1, 2 and 3, this FPRD is being referred to the Department's Administrative Actions and Appeals Service Group (AAASG) for its consideration of possible adverse administrative action pursuant to 34 C.F.R. § 668, Subpart G. Such action may include a fine, or the limitation, suspension or termination of the eligibility of the institution.

This FPRD contains one or more findings regarding IHCC's failure to comply with the requirements of the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (*Clery Act*) in *Section 485(f) of the HEA, 20 U.S.C. § 1092(f)*, and the Department's regulations in *34 C.F.R. §§ 668.41, 668.46, and 668.49*. Because *Clery Act* findings do not result in financial liabilities, such findings may not be appealed. If an adverse

## Federal Student Aid

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School Participation Division – Kansas City

1010 Walnut Street, Suite 336, Kansas City, MO 64106-2147

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administrative action is initiated, additional information about IHCC's appeal rights will be provided under separate cover.

**Protection of Personally Identifiable Information (PII):**

PII is any information about an individual which can be used to distinguish or trace an individual's identity (some examples are name, social security number, date and place of birth). The loss of PII can result in substantial harm, embarrassment, and inconvenience to individuals and may lead to identity theft or other fraudulent use of the information. To protect PII, the findings in the attached program review report do not contain any student PII. Instead, each finding references students only by a student number created by Federal Student Aid. The student numbers were assigned in the report's Appendices.

**Record Retention:**

Program records relating to the period covered by the program review must be retained until the later of: resolution of the loans, claims or expenditures questioned in the program review; or the end of the retention period otherwise applicable to the record under *34 C.F.R. §§ 668.24(e)(1), (e)(2), and (e)(3)*.

The Department expresses its appreciation for the courtesy and cooperation extended during the review. IHCC has provided assurances that the appropriate corrective actions have been taken to resolve and prevent future occurrences of all findings. Therefore, IHCC may consider the program review closed with no further action required.

If the institution has any questions regarding this letter, please contact Mr. Rick Moore at 816-268-0421 or via email at [richard.moore@ed.gov](mailto:richard.moore@ed.gov).

Sincerely,

(b)(6)



Ralph A. LoBosco  
Division Director



Enclosure: Protection of Personally Identifiable Information  
Final Program Review Determination  
Program Review Report  
IHCC's Response

cc: Chris Bowser, Dean of Student Services  
Kim Thornbrugh, Financial Aid Director  
Iowa Department of Education  
North Central Association of Colleges and Schools

## **PROTECTION OF PERSONALLY IDENTIFIABLE INFORMATION**

Personally Identifiable Information (PII) being submitted to the Department must be protected. PII is any information about an individual which can be used to distinguish or trace an individual's identity (some examples are name, social security number, date and place of birth).

PII being submitted electronically or on media (e.g., CD-ROM, flash drive, DVD) must be encrypted. The data must be submitted in a .zip file encrypted with Advanced Encryption Standard (AES) encryption (256-bit is preferred). The Department uses WinZip. However, files created with other encryption software are also acceptable, provided that they are compatible with WinZip (Version 9.0) and are encrypted with AES encryption. Zipped files using WinZip must be saved as Legacy compression (Zip 2.0 compatible).

The Department must receive an access password to view the encrypted information. The password must be e-mailed separately from the encrypted data. The password must be 12 characters in length and use three of the following: upper case letter, lower case letter, number, special character. A manifest must be included with the e-mail that lists the types of files being sent (a copy of the manifest must be retained by the sender).

Hard copy files and media containing PII must be:

- sent via a shipping method that can be tracked with signature required upon delivery
- double packaged in packaging that is approved by the shipping agent (FedEx, DHL, UPS, USPS)
- labeled with both the "To" and "From" addresses on both the inner and outer packages
- identified by a manifest included in the inner package that lists the types of files in the shipment (a copy of the manifest must be retained by the sender).

PII data cannot be sent via fax.

Prepared for

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**Indian Hills Community  
College**

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OPE ID: 00840300  
PRCN 201340728409

Prepared by:  
U.S. Department of Education  
Federal Student Aid  
School Participation Division – Kansas City

**Final Program Review Determination**  
February 20, 2015

U.S. Department of Education, Federal Student Aid, School Participation Division – Kansas City  
1010 Walnut, Suite 336, Kansas City, MO 64106  
[www.StudentAid.gov](http://www.StudentAid.gov)

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**A. Institutional Information**

Indian Hills Community College  
525 Grandview  
Ottumwa, IA 52501-1398

Type: Public

Highest Level of Offering: Associate's Degree, Two Year

Accrediting Agency: North Central Association for Colleges and Schools

Current Student Enrollment: 7,440 for 2011-2012

% of Students Receiving Title IV: 68%

Title IV Participation (Source: G5, COD)

	<u>2011-2012</u>
Federal Pell Grant	\$10,326,446.00
William D. Ford Federal Direct Loan	\$19,465,664.00
Federal Supplemental Educational Opportunity Grant (FSEOG)	\$110,024.00
Federal Work Study	\$150,845.00

Default Rate FFEL/DL:	2011	21.9%
	2010	15.5%
	2009	13.7%

## **B. Scope of Review**

The U.S. Department of Education (the Department) conducted a program review at Indian Hills Community College (IHCC) from September 16, 2013 to September 19, 2013. The review was conducted by Rick Moore, Jenny Hendrickson and John Nading.

The focus of the review was to determine IHCC's compliance with the statutes and federal regulations as they pertain to the institution's administration of Title IV, HEA programs. The review consisted of, but was not limited to, an examination of IHCC's policies and procedures regarding institutional and student eligibility, individual student financial aid and academic files, attendance records, student account ledgers, and fiscal records.

A sample of 30 files was identified for review from the 2012-2013 and 2013-2014 (year to date) award years. The files were selected randomly from a statistical sample of the total population receiving Title IV, HEA program funds for each award year. The Program Review report appendix lists the names and partial social security numbers of the students whose files were examined during the program review.

### **Disclaimer:**

Although the review was thorough, it cannot be assumed to be all-inclusive. The absence of statements in the report concerning IHCC's specific practices and procedures must not be construed as acceptance, approval, or endorsement of those specific practices and procedures. Furthermore, it does not relieve IHCC of its obligation to comply with all of the statutory or regulatory provisions governing the Title IV, HEA programs.

## C. Findings and Final Determinations

### Resolved Findings

IHCC has taken the corrective actions necessary to resolve findings 4, 5, 6, 7 and 8 of the program review report. Therefore, these findings may be considered closed.

### Resolved Finding with Comments

The following program review findings have been resolved by the institution and may be considered closed. These findings are included here solely for the purpose of discussing resolution of the finding.

#### **Finding 1: Crime Awareness Requirements Not Met – Failure to Publish and Distribute a Complete Annual Security Report**

**Citation Summary:** *The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act) and the Department's regulations require that all institutions that receive Title IV, HEA funds must, by October 1 of each year, publish and distribute to its current students and employees, a comprehensive Annual Security Report (ASR) that contains, at a minimum, all of the statistical and policy elements enumerated in 34 C.F.R. § 668.46(b). With the exception of certain drug and alcohol program information, cross referencing to other publications is not sufficient to meet the publication and distribution requirements. § 485(f) of the HEA; 34 C.F.R. § 668.46(b)*

*The ASR must be published and actively distributed as a single document. Acceptable means of delivery include U.S. Mail, hand delivery, or campus mail distribution to the individual or posting on the institution's website. If an institution chooses to distribute its report by posting to an internet or intranet site, the institution must, by October 1 of each year, distribute a notice to all students and employees that includes a statement of the report's availability and its exact electronic address, a description of its contents, as well as an advisement that a paper copy will be provided upon request. 34 C.F.R. § 668.41(e)(1).*

*These regulations also require institutions to provide a notice containing this information to all prospective students and employees. This notice must also advise interested parties of their right to request a paper copy of the ASR and to have it furnished upon request. 34 C.F.R. § 668.41(e)(4).*

*An institution's ASR must include statistics for incidents of crimes reported during the three most recent calendar years. The covered categories include criminal homicide*

*(murder and non-negligent manslaughter), forcible and non-forcible sex offenses, robbery, aggravated assaults, burglary, motor vehicle theft, and arson. Statistics for certain hates crimes as well as arrest and disciplinary referral statistics for violations of certain laws pertaining to illegal drugs; illegal usage of controlled substances, liquor, and weapons also must be disclosed in the ASR. These crime statistics must be published for the following geographical categories: 1) on campus; 2) on-campus student residential facilities; 3) certain non-campus buildings and property; and, 4) certain adjacent and accessible public property. 34 C.F.R. § 668.46(c)(1). When applicable, an institution must also compile, and publish separate crime statistic disclosures for each of its campuses. 34 C.F.R. § 668.46(d).*

*Also, institutions with a police or campus security department must maintain a written, easily understood daily crime log listing all crimes that occurred in the above geographical areas as well as those that occur within the campus police or security department's patrol area that it either becomes aware of or are reported to it. This reporting requirement applies to all crimes, not merely those crimes listed in 34 C.F.R. § 668.46(c)(1) and (3). The log must include the nature, date, time, general location, and disposition of each offense. The crime log must be kept up to date and be freely accessible to any requestor. 34 C.F.R. § 668.46(f). The ASR must also include several policy statements. These disclosures are intended to inform the campus community about the institution's security policies, procedures, and the availability of programs and resources as well as channels for victims of crime to seek recourse. In general, these policies include topics such as the law enforcement authority and practices of campus police and security forces, incident reporting procedures for students and employees, and policies that govern the preparation of the ASR itself. Institutions are also required to disclose alcohol and drug policies and educational programs. Policies pertaining to sexual assault education, prevention, and adjudication must also be disclosed. Institutions must provide detailed policies of the issuance of timely warnings, emergency notifications, and evacuation procedures. As noted above, all required statistics and policies must be included in a single comprehensive document. 34 C.F.R. § 668.46(b)(2).*

*Finally, each institution must also submit campus crime statistics for inclusion in the Department's "Campus Safety and Security Data Analysis Cutting Tool." 34 C.F.R. § 668.41(e)(5).*

**Noncompliance Summary:** *IHCC failed to be in full compliance with Clery Act regulations. Specifically, IHCC failed to ensure all required policy statements were included in the 2012 ASR. Specifically, the following policy statements were missing from the 2012 ASR:*

- 1. A description of any drug or alcohol-abuse education programs, as required under section 120(a) through (d) of the HEA. For the purpose of meeting this*

*requirement, an institution may cross-reference the materials the institution uses to comply with Part 86 requirements.*

- 2. A description of educational programs to promote the awareness of rape, acquaintance rape, and other forcible and non-forcible sex offenses*

*Failure to publish an accurate and complete ASR and actively distribute it in accordance with federal regulations deprives the campus community of important security information that can empower its members to be informed and play an active role in their own safety and security.*

**Required Action Summary:** *IHCC was required to prepare and publish an accurate and complete ASR that includes all of the statistical disclosures and policy, procedure and programmatic information required under 34 C.F.R. § 668.46(b). A copy of IHCC's new and revised policies and procedures and its 2013 ASR must accompany its response to this program review report. Once the ASR is evaluated by the review team for accuracy and completeness, IHCC will be required to actively distribute it to all current students and employees in accordance with 34 C.F.R. § 668.41(e).*

*Finally, IHCC will be required to provide documentation to the Department evidencing the ASR distribution as well as a certification statement attesting to the fact that the materials were distributed in accordance with the Clery Act. This certification must also affirm that IHCC understands all of its Clery Act obligations and that it has taken all necessary corrective actions to ensure that these violations do not recur.*

*As noted above, the exceptions identified in this finding constitute serious violations of the Clery Act that by their nature cannot be cured. There is no way to truly "correct" a violation of this type once it occurs. IHCC will be given an opportunity to develop and distribute an accurate and complete ASR, and in so doing, bring its overall campus security program into compliance with the Clery Act as required by its Program Participation Agreement (PPA). IHCC is advised that these remedial measures cannot and do not diminish the seriousness of these violations, nor do they eliminate the possibility that the Department will impose an adverse administrative action and/or require additional corrective measures.*

*IHCC officials may wish to review the Department's "Handbook for Campus Safety and Security Reporting" (2011) during the preparation of its response. The handbook is available online at: <http://www2.ed.gov/admins/lead/safety/handbook.pdf>. The regulations governing the Clery Act can be found at 34 C.F.R. §§ 668.14, 668.41, 668.46, and 668.49.*

*Based on an evaluation of all available information including the institution's response, the Department will determine if additional actions will be required and will advise IHCC accordingly in its FPRD.*

**IHCC's Response:** In its response, IHCC concurred with the finding and stated that the College was in no way attempting to be noncompliant with Federal law. College officials also stated that the ASR was produced based on their understanding of what was required to be included in the report. Management also asserted that the required information was included in other documents intended for students, including the Student Handbook and Dormitory Handbook as well as through programming provided by Student Services staff.

Pursuant to the Department's report, management asserted that the previously-omitted content was developed and included in the 2013 ASR to ensure students and staff received comprehensive security and safety information. Per the response, IHCC also revised its drug and alcohol education policy information. In addition, the College claimed that its sexual assault awareness and prevention programs were enhanced and distributed to the campus community. As part of its response, IHCC also submitted a copy of its 2013 Annual Security Report with documentation showing that the report was distributed as required by October 1, 2013. Specifically, the College provided a copy of an e-mail message that was sent to students, faculty, and staff on September 30, 2013.

**Final Determination:** Finding 1 of the program review report cited IHCC for omitting two major policy statements from the 2012 ASR resulting in the distribution of an incomplete report to students and employees. Specifically, the 2012 ASR omitted a description of any drug or alcohol-abuse education programs; and a description of educational programs to promote the awareness of rape, acquaintance rape, and other forcible and non-forcible sex offenses. As a result of those violations, IHCC was required to review and revise its *Clery Act* policies and procedures and produce an accurate and complete 2013 ASR and distribute it to all enrolled students and current employees. In its response, IHCC concurred with the finding but claimed that some of the omitted policy disclosures were included in other publications. The College also stated that it took adequate remedial action by including the previously-omitted material in its 2013 ASR/AFSR and submitted supporting documentation.

The Department carefully examined IHCC's narrative response and supporting documentation. The review team's examination showed that the identified violations were, for the most part, satisfactorily addressed by the College's 2013 ASR/AFSR and supporting documents. Based on that review and the College's admission of noncompliance, the Department has determined that the finding is sustained. In reaching this determination, the Department took notice of IHCC's representation that some of the omitted campus safety and crime prevention disclosures were included in other publications; however, the College is reminded that the *Clery Act* requires that all mandatory disclosures be incorporated into a single comprehensive document. The Department also determined that IHCC's remedial action plan meets minimum requirements. For these reasons, the Department has accepted IHCC's response and

considers this finding to be closed for the purposes of this program review; however, the officers and directors of IHCC are put on notice that the College must take all additional actions that may be necessary to address the deficiencies and weaknesses identified by the Department as well as those that were detected during the preparation of the College's response and as may otherwise be needed to ensure that these violations do not recur.

Although the finding is now closed, IHCC is reminded that the exceptions identified above constitute serious violations of the *Clery Act* that by their nature cannot be cured. There is no way to truly "correct" violations of this type once they occur. The requirement to develop and implement a comprehensive public safety and crime prevention program and to publish and distribute an ASR that contains accurate and complete campus crime statistics and all required campus safety policies and procedures are fundamental goals of the *Clery Act*. IHCC was required to initiate remedial measures and as a result of its efforts, has begun to address the conditions that led to these violations. IHCC has stated that it has brought its overall campus security program into compliance with the *Clery Act* as required by its Program Participation Agreement (PPA). Nevertheless, IHCC is advised that its remedial actions, whether already completed or planned for the future, cannot and do not diminish the seriousness of these violations nor do they eliminate the possibility that the Department will impose an adverse administrative action and/or require additional corrective actions as a result.

Because of the serious consequences of such violations, the Department strongly recommends that IHCC officials re-examine its campus security, drug and alcohol, and general Title IV policies and procedures on an annual basis to ensure that they continue to reflect current institutional practices and are compliant with Federal requirements. To that end, IHCC officials are encouraged to consult the Department's "Handbook for Campus Safety and Security Reporting" (2013) as a reference guide on *Clery Act* compliance. The Handbook is online at: [www2.ed.gov/admins/lead/safety/handbook.pdf](http://www2.ed.gov/admins/lead/safety/handbook.pdf). The Department also provides a number of other *Clery Act* training resources. The College can access these materials at: [www2.ed.gov/admins/lead/safety/campus.html](http://www2.ed.gov/admins/lead/safety/campus.html). The regulations governing the *Clery Act* can be found at 34 C.F.R. §§ 668.14, 668.41, 668.46, and 668.49.

Finally, IHCC management is also reminded that Section 304 of the Violence Against Women Reauthorization Act of 2013 (VAWA) amended the *Clery Act* to require institutions to compile and disclose statistics for incidents of domestic violence, dating violence, sexual assault, and stalking and to include certain policies, procedures, and programs regarding the prevention of sex crimes in their ASRs. All institutions are currently obligated to make a documented good-faith effort to comply with the statutory requirements of VAWA and were required to include all new required content in the 2014 ASR. Please be further advised that Final Rules on the VAWA amendments to the *Clery Act* were issued on October 20, 2014 and that as a result, these regulations will go into effect on July 1, 2015, per the Department's Master Calendar. IHCC officials may

access the text of the Fine Rule at:

<http://ifap.ed.gov/fregisters/attachments/FR102014FinalRuleViolenceAgainstWomenAct.pdf>.

**Finding 2: Fire Awareness Requirements Not Met – Failure to Publish and Distribute an Annual Fire Safety Report**

***Citation Summary:** As of October 1, 2010, the Clery Act and the Department's regulations require that all institutions that receive Title IV, HEA program funds and maintain an on-campus student housing facility must, by October 1 of each year, prepare, publish and distribute to its current students and employees through appropriate publications and mailings, an Annual Fire Safety Report that contains, at a minimum, all of the statistical and policy elements described in 34 C.F.R. § 668.49(b). These institutions must disclose fire statistics for each on-campus student residential facility for the three most recent calendar years. An institution's statistics must accurately and completely identify the number of on-campus fires and the cause of each fire, the number of persons who sustained fire-related injuries that resulted in treatment at a medical facility (including on-campus health centers), the number of fire-related deaths, and the dollar value of property damage caused by such fires. 34 C.F.R. § 668.49(c)*

*In addition, the AFSR must include several fire safety information disclosures covering topics such as the type(s) of fire safety systems that are used in each student housing facility, the number of fire drills that were conducted during the previous calendar year, any institutional policies, procedures, and programs regarding: 1) the use and/or possession of portable electrical appliances; 2) smoking and the use/presence of open flames in student housing facilities; 3) evacuation procedures to be followed in the case of a fire; 4) fire safety education and training programs; 5) the institutional official(s) and departments to whom students and employees should report the occurrence of fires so that those incidents can be included in the institution's annual fire statistics; and, 6) any plans for future improvements to the institution's fire safety program. 34 C.F.R. § 668.49(b)*

*The AFSR must each be published and distributed as a materially-complete, comprehensive publication. If an institution chooses to combine the ASR and AFSR and publish them as a single document, then the title of both reports must conspicuously appear of the cover page. Acceptable means of delivery include U.S. Mail, hand delivery, or campus mail distribution to the individual or posting on the institution's website. If an institution chooses to distribute its report by posting to an internet or intranet site, the institution must, by October 1 of each year, distribute a notice to all current students and employees that includes a direct link to each report (exact electronic address), a description of its contents, as well as an advisement that a paper copy will be provided upon request. The Department's regulations also require participating*

*institutions to provide a notice to all prospective students and employees that includes a statement about the AFSR's availability, the content of each report, and the exact electronic address of each report, if posted to an internet or intranet site. This notice must also advise interested parties how to obtain a paper copy of the AFSR.*

*Finally, an institution is required to submit its campus crime and fire statistics to the Secretary on an annual basis. 34 C.F.R. § 668.41(e)(1)-(6).*

**Noncompliance Summary:** *IHCC violated multiple provisions of the Clery Act fire safety requirements. Specifically, the following policy statements were missing from the 2012 AFSR:*

- 1. The institution's policies or rules on portable electrical appliances, smoking, and open flames in a student housing facility;*
- 2. Procedures for student housing evacuation;*
- 3. Policies for fire safety education and training programs for students, faculty, and staff; and*
- 4. A list of the titles of each person or organization to which individuals should report that a fire has occurred.*

*Additionally, IHCC reported the number of fires as required, but did not report the cause of each fire as broken down by required categories: Unintentional Fire, Intentional Fire, and Undetermined Fire.*

*Failure to publish an accurate and complete AFSR and to actively distribute it to students and employees deprives interested persons of important fire safety information to which they are entitled. Access to this information permits campus community members, especially those who live in campus housing, to make well-informed decisions about where to work and study and empowers them to play a more active role in their own safety and security.*

**Required Action Summary:** *IHCC was required to prepare and publish an accurate and complete AFSR that includes all of the statistical disclosures and policy, procedure and programmatic information required under 34 C.F.R. § 668.49(b). A copy of the institution's new and revised policies and procedures and its 2013 AFSR must accompany its response to this program review report. Once the AFSR is evaluated by the review team for accuracy and completeness, the institution will be required to actively distribute it to all current students and employees in accordance with 34 C.F.R. § 668.41(e).*

*IHCC is permitted to combine the ASR and the AFSR into one document, as long as both report names are clearly identified on the title page (e.g. Annual Safety and Fire Safety Report).*

*Finally, IHCC will be required to provide documentation to the Department evidencing the distribution as well as a certification statement attesting to the fact that the materials were distributed in accordance with the Clery Act. This certification must also affirm that the institution understands all of its Clery Act obligations and that it has taken all necessary corrective actions to ensure that these violations do not recur.*

*As noted above, the exceptions identified in this finding constitute serious violations of the Clery Act's fire safety requirements that by their nature cannot be cured. IHCC will be given an opportunity to publish and distribute an accurate and complete AFSR and in so doing, begin to bring its overall fire safety program into compliance with the Clery Act as required by its PPA. While enhanced safety is the Department's primary focus, we note that such improvements will likely result in a better risk management environment for the institution as well. Nevertheless, the institution is advised that these remedial measures cannot and do not diminish the seriousness of these violations nor do they eliminate the possibility that the Department will impose an adverse administrative action and/or require additional corrective measures.*

**IHCC's Response:** In its official response, IHCC concurred with the finding and stated that some omitted policy disclosures, such as the College's rules regarding portable electrical appliances, smoking in residence halls, and evacuation procedures, were included in the Dormitory Handbook. In addition, IHCC indicated that evacuation routes were mounted next to exit doors in the residence halls. Pursuant to the Department's report, management asserted that the previously-omitted content was included in the 2013 ASR/AFSR.

**Final Determination:** Finding 2 of the program review report cited IHCC for omitting several policy statements from the 2012 AFSR. Specifically, the 2012 AFSR omitted the institution's policies or rules on portable electrical appliances, smoking, and open flames in a student housing facility; procedures for student housing evacuation; policies for fire safety education and training programs for students, faculty, and staff; and a list of the titles of each person or organization to which individuals should report that a fire has occurred. As a result of these violations, IHCC was required to review and revise its policies and procedures, produce an accurate and complete 2013 AFSR, distribute the report to required recipients, and submit evidence of distribution. In its response, IHCC concurred with the finding but claimed that some of the omitted policy disclosures were included in other publications. The College also stated that it took adequate remedial action by including the previously-omitted material in the 2013 ASR/AFSR and submitted documents in support of its claims.

The Department carefully reviewed all available documentation including IHCC's response and supporting documents. The review team's examination showed that the identified violations were, for the most part, satisfactorily addressed by the College's new

fire safety program. Based on that review and IHCC's admission of noncompliance, the violations identified in the finding are sustained. In reaching this determination, the Department took notice of IHCC's representation that some of the omitted fire safety policy disclosures were included in other publications; however, the College is reminded that the *Clery Act* requires that all mandatory disclosures be incorporated into a single comprehensive document. The Department also determined that IHCC's remedial action plan met minimum requirements. For these reasons, the Department has accepted IHCC's response and considers this finding to be closed for the purposes of this program review. Nevertheless, IHCC is advised that it must continue to develop its fire safety program and must also take any additional action that may be needed to fully address the deficiencies and weaknesses identified by the Department as well as any deficiencies that were detected during the preparation of the IHCC's response to the Department's report and as may otherwise be needed to ensure that these violations do not recur.

Although the finding is now closed, IHCC is reminded that the exceptions identified above constitute serious violations of the *Clery Act* that by their nature cannot be cured. There is no way to truly "correct" violations of this type once they occur. The requirement to develop and implement a comprehensive fire safety program and to publish and distribute an AFSR containing accurate and complete fire statistics, policies and procedures are fundamental goals of the *Clery Act*. IHCC was required to initiate remedial measures and as a result of its efforts, has begun to address the conditions that led to these violations. IHCC has stated that it has brought its overall campus fire safety program into compliance with the *Clery Act* as required by its PPA. Nevertheless, IHCC is advised that its remedial actions, whether already completed or planned for the future, cannot and do not diminish the seriousness of these violations nor do they eliminate the possibility that the Department will impose an adverse administrative action and/or require additional corrective actions as a result.

**Finding 3: Required Drug and Alcohol Abuse Prevention Program Requirements Not Met – Multiple Violations**

*Citation: The Drug-Free Schools and Communities Act (DFSCA) and Part 86 of the Department's General Administrative Regulations requires each participating institution of higher education (IHE) to certify that it has developed and implemented a drug and alcohol abuse education and prevention program. The program must be designed to prevent the unlawful possession, use, and distribution of drugs and alcohol on campus and at recognized events and activities.*

*On an annual basis, the IHE must distribute written information about its drug and alcohol abuse prevention program (DAAPP) to all students, faculty, and staff. The distribution plan must make provisions for providing the material to students who enroll*

*at a date after the initial distribution, and for employees who are hired at different times throughout the year. The information must include:*

- *A written statement about its standards of conduct that prohibits the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees;*
- *A written description of legal sanctions imposed under federal, state and local laws for unlawful possession or distribution of illicit drugs and alcohol;*
- *A description of the health risks associated with the use of illicit drugs and the abuse of alcohol;*
- *A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to students and employees; and,*
- *A statement that the IHE will impose disciplinary sanctions on students and employees for violations of the institution's codes of conduct and a description of such sanctions.*

*In addition, each IHE must conduct a biennial review in order to measure the effectiveness of its drug prevention program, and to ensure consistent treatment in its enforcement of its disciplinary sanctions. The IHE must prepare a report of findings and maintain its biennial review report and supporting materials and make them available to the Department and interested parties upon request. 34 C.F.R. §§ 86.3 and 86.100*

***Noncompliance Summary:*** *IHCC violated provisions of the DFSCA and the Department's Part 86 regulations. Specifically, IHCC's DAAPP did not:*

1. *Include a written description of legal sanctions imposed under local, state, or federal law for unlawful possession or distribution of illicit drug and alcohol; nor*
2. *Include a description of health risks associated with the use of illicit drugs and the abuse of alcohol.*

*Additionally, IHCC failed to conduct a biennial review of the effectiveness of its DAAPP and of the consistency of sanctions imposed for violations of its disciplinary standards and codes of conduct and by logical extension therefore, also failed to produce a biennial review report of findings.*

*Failure to comply with the DFSCA's DAAPP requirements deprives students and employees of important information regarding the educational, disciplinary, health, and legal consequences of illegal drug use and alcohol abuse. Failure to comply with the biennial review requirements also deprives the institution of important information about the effectiveness of its own drug and alcohol programs. Such failures may contribute to increased drug and alcohol abuse as well as an increase in drug and alcohol-related violent crime.*

**Required Action Summary:** *IHCC was required to take all necessary corrective actions to resolve these violations. At a minimum, the institution must perform the following:*

- *Develop and implement a comprehensive DAAPP that includes all of the required elements found in the DFSCA and the Department's Part 86 regulations;*
- *Conduct a biennial review to assess the effectiveness of its DAAPP. IHCC must describe the research methods and data analysis tools that will be used to determine the effectiveness of the program and identify the responsible official(s) and office(s) that conducted the biennial review. Finally, the biennial review report must be approved by the institution's chief executive and/or its board. The biennial review must be completed and submitted to the Department along with the institution's response to this program review; and,*
- *IHCC must establish policies and procedures to ensure that all subsequent biennial reviews are conducted in a timely manner and are fully documented. The institution also must take all other necessary action to ensure that these violations do not recur.*

*As noted above, the exceptions identified in this finding constitute serious violations of the DFSCA that by their nature cannot be cured. There is no way to truly "correct" a violation of this type once it occurs. IHCC will be given an opportunity to develop and distribute an accurate and complete DAAPP disclosure and to begin to bring its drug and alcohol programs into compliance with the DFSCA as required by its PPA. However, the institution is advised that these remedial measures cannot and do not diminish the seriousness of these violations nor do they eliminate the possibility that the Department will impose an adverse administrative action and/or require additional corrective measures.*

*Based on an evaluation of all available information including the institution's response, the Department will determine if additional actions will be required and will advise the institution accordingly in its FPRD.*

**IHCC's Response:** In its official response, IHCC concurred with the finding and stated that additional program content was developed and incorporated into the DAAPP regarding the health risks associated with the use of illegal drugs and alcohol abuse as well as information regarding the Federal and state sanctions for use, distribution, manufacture, and/or possession of drugs and alcohol. The College also claimed that the DAAPP information was included in the 2013 ASR/AFSR. Finally, IHCC stated that it conducted a biennial review and submitted a copy of its first biennial review report as part of its response.

**Final Determination:** Finding #3 of the program review report identified multiple violations of the *DFSCA* and Part 86 of the Department's General Administrative Regulations. Specifically, IHCC's DAAPP did not include a written description of legal sanctions imposed under local, state, or federal law for unlawful possession or distribution of illicit drug and alcohol; and a description of health risks associated with the use of illicit drugs and the abuse of alcohol. The review team also found that program materials had not been distributed to students and employees, as required. In addition, IHCC persistently failed to conduct a biennial review to assess the effectiveness of the College's DAAPP and as a result, also failed to produce reports of findings and needed improvements. As a result of these violations, the College was required to take all necessary remedial action to address each component of the finding. In its response, IHCC concurred with the finding, stated that remedial action was taken, and submitted documents in support of its claims.

The Department carefully examined IHCC's narrative response and supporting documentation. The review team's examination showed that the identified violations were, for the most part, satisfactorily addressed by the College's response and its inaugural biennial review report and new policies and procedures. Based on that review and IHCC's admission of noncompliance, the violations identified in the finding are sustained. The Department also determined that IHCC's remedial action plan meets minimum requirements. For these reasons, the Department has accepted the response and considers this finding to be closed for purposes of this program review. Nevertheless, the officials and directors of IHCC are put on notice that the College must take all necessary action to address the deficiencies and weaknesses identified by the Department as well as those that were detected during the preparation of the response to the Department's report and as may otherwise be needed to ensure that these violations do not recur. In this regard, IHCC is reminded that the College must continue to develop its DAAPP and update its annual disclosure to ensure that it continues to accurately summarize the program. IHCC also must actively distribute the disclosure annually to current employees and all students enrolled for any academic credit. Moreover, the College must conduct biennial reviews and produce reports on the required cycle and is specifically advised that its next biennial review report must contain substantially more information about the actual conduct of the review including research methods and that all findings and recommendations must be supported by valid evidentiary data.

Although this finding is now closed, IHCC officials are reminded that they must initiate any additional remedial actions that may be necessary to ensure that the identified deficiencies do not recur. Moreover, IHCC is specifically reminded that the exceptions identified above constitute very serious and persistent violations of the *DFSCA* that by their nature cannot be cured. There is no way to truly "correct" violations of this type once they occur. IHCC asserted that it has taken adequate remedial actions and by doing so, has taken steps to finally comply with the *DFSCA* as required by its PPA. Notwithstanding these remedial efforts, IHCC officials must understand that compliance

with the *DFSCA* is essential to maintaining a safe and healthy learning environment. Data compiled by the Department shows that the use of illicit drugs and alcohol abuse is highly correlated to increased incidents of violent crime on campus. The DAAPP violations deprived students and employees of important information regarding the educational, financial, health, and legal consequences of alcohol abuse and illicit drug use. The biennial review violations also deprived the institution of important information about the effectiveness of any drug and alcohol programs that were in place during the review period. For these reasons, IHCC is advised that any remedial measures, whether already completed or planned for the future, cannot and do not diminish the seriousness of these violations nor do they eliminate the possibility that the Department will impose an adverse administrative action and/or additional remedial measures as a result.

In light of the serious consequences associated with compliance failures of this type, the Department strongly recommends that IHCC re-examine its drug and alcohol policies, procedures, and programs on at least an annual basis and revise them as needed to ensure that they continue to reflect current institutional policy and are in full compliance with the *DFSCA*. Please be advised that the Department may request information on a periodic basis to test the effectiveness of the institution's new policies and procedures.

**D. Appendices**

**Appendix A: Program Review Report**



January 16, 2014

Dr. Marlene Sprouse, President  
Indian Hills Community College  
525 Grandview Drive  
Ottumwa, IA 52501-1398

Shipment via United Parcel Service  
Tracking No. 1Z A54 67Y 24 9561 5949

RE: **Program Review Report**  
**OPE ID: 00840300**  
**PRCN: 201340728409**

Dear Dr. Sprouse:

From September 16<sup>th</sup>, 2013, through September 19<sup>th</sup>, 2013, Ms. Jenny Hendrickson, Mr. John Nading and Mr. Rick Moore, as representatives of the U.S. Department of Education, conducted a review of Indian Hills Community College's (IHCC) administration of the programs authorized pursuant to Title IV of the Higher Education Act (HEA) of 1965, as amended, 20 U.S.C. §§ 1070 et seq. (Title IV, HEA programs). The findings of that review are presented in the enclosed report.

Findings of noncompliance are referenced to the applicable statutes and regulations and specify the action required to comply with the statute and regulations. Please review the report and respond to each finding, indicating the corrective actions taken by IHCC. The response should include a brief, written narrative for each finding that clearly states IHCC's position regarding the finding and the corrective action taken to resolve the finding. Separate from the written narrative, IHCC must provide supporting documentation as required in each finding.

Please note that pursuant to HEA section 498A(b), the Department is required to:

- (1) provide to the institution an adequate opportunity to review and respond to any preliminary program review report<sup>1</sup> and relevant materials related to the report before any final program review report is issued;
- (2) review and take into consideration an institution's response in any final program review report or audit determination, and include in the report or determination –
  - a. A written statement addressing the institution's response;
  - b. A written statement of the basis for such report or determination; and

<sup>1</sup> A "preliminary" program review report is the program review report. The Department's final program review report is the Final Program Review Determination (FPRD).

**Federal Student Aid**  
An Office of the U.S. Department of Education

Federal Student Aid, School Participation Team -- Kansas City  
1010 Walnut, Suite 336, Kansas City, MO 64106  
[www.StudentAid.ed.gov](http://www.StudentAid.ed.gov)

c. A copy of the institution's response.

The Department considers the institution's response to be the written narrative (to include e-mail communication). Any supporting documentation submitted with the institution's written response will not be attached to the FPRD. However, it will be retained and available for inspection by IHCC upon request. Copies of the program review report, the institution's response, and any supporting documentation may be subject to release under the Freedom of Information Act (FOIA) and can be provided to other oversight entities after the FPRD is issued.

The institution's response should be sent directly to Mr. Moore of this office within 45 calendar days of receipt of this letter.

Protection of Personally Identifiable Information (PII):

PII is any information about an individual which can be used to distinguish or trace an individual's identity (some examples are name, social security number, date and place of birth). The loss of PII can result in substantial harm, embarrassment, and inconvenience to individuals and may lead to identity theft or other fraudulent use of the information. To protect PII, the findings in the attached report do not contain any student PII. Instead, each finding references students only by a student number created by Federal Student Aid. The student numbers have been assigned in Appendix A, Student Samples. Appendix A contains PII. The appendices are enclosed with this land shipment. Please see the Enclosure, Protection of Personally Identifiable Information, for instructions regarding submission to the Department of required data or documents containing PII.

Record Retention:

Program records relating to the period covered by the program review must be retained until the later of: resolution of the loans, claims or expenditures questioned in the program review; or the end of the retention period otherwise applicable to the record under 34 C.F.R. § 668.24(e).

We would like to express our appreciation for the courtesy and cooperation extended during the review. Please refer to the above Program Review Control Number (PRCN) in all correspondence relating to this report. If you have any questions concerning this report, please contact Mr. Rick Moore at 816-268-0421 or via email at [richard.moore@ed.gov](mailto:richard.moore@ed.gov).

Sincerely,

(b)(6)

Dvak/Corwin  
Team Leader

cc: Chris Bowser, Dean of Student Services  
Kim Thornbrugh, Financial Aid Administrator

Enclosure: Protection of Personally Identifiable Information

## **PROTECTION OF PERSONALLY IDENTIFIABLE INFORMATION**

Personally Identifiable Information (PII) being submitted to the Department must be protected. PII is any information about an individual which can be used to distinguish or trace an individual's identity (some examples are name, social security number, date and place of birth).

PII being submitted electronically or on media (e.g., CD-ROM, floppy disk, DVD) must be encrypted. The data must be submitted in a .zip file encrypted with Advanced Encryption Standard (AES) encryption (256-bit is preferred). The Department uses WinZip. However, files created with other encryption software are also acceptable, provided that they are compatible with WinZip (Version 9.0) and are encrypted with AES encryption. Zipped files using WinZip must be saved as Legacy compression (Zip 2.0 compatible).

The Department must receive an access password to view the encrypted information. The password must be e-mailed separately from the encrypted data. The password must be 12 characters in length and use three of the following: upper case letter, lower case letter, number, special character. A manifest must be included with the e-mail that lists the types of files being sent (a copy of the manifest must be retained by the sender).

Hard copy files and media containing PII must be:

- sent via a shipping method that can be tracked with signature required upon delivery
- double packaged in packaging that is approved by the shipping agent (FedEx, DHL, UPS, USPS)
- labeled with both the "To" and "From" addresses on both the inner and outer packages
- identified by a manifest included in the inner package that lists the types of files in the shipment (a copy of the manifest must be retained by the sender).

PII data cannot be sent via fax.

Prepared for

**Indian Hills Community College**

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**OPE ID: 00840300**  
**PRCN: 201340728409**

Prepared by  
**U.S. Department of Education**  
**Federal Student Aid**  
**School Participation Division – Kansas City**

**Program Review Report**  
January 16, 2014

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Indian Hills Community College  
OPE ID: 00840300  
PRCN: 201340728409  
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**A. Institutional Information**

Indian Hills Community College  
525 Grandview  
Ottumwa, IA 52501-1398

Type: Public

Highest Level of Offering: Associate's Degree, Two Year

Accrediting Agency: North Central Association for Colleges and Schools

Current Student Enrollment: 7,440 for 2011-2012

% of Students Receiving Title IV: 68%

Title IV Participation (Source: G5, COD)

	<u>2011-2012</u>
Federal Pell Grant	\$10,326,446.00
William D. Ford Federal Direct Loan	\$19,465,664.00
Federal Supplemental Educational Opportunity Grant (FSEOG)	\$110,024.00
Federal Work Study	\$150,845.00

Default Rate FFEL/DL:	2011	21.9%
	2010	15.5%
	2009	13.7%

## **B. Scope of Review**

The U.S. Department of Education (the Department) conducted a program review at Indian Hills Community College (IHCC) from September 16, 2013 to September 19, 2013. The review was conducted by Rick Moore, Jenny Hendrickson and John Nading.

The focus of the review was to determine IHCC's compliance with the statutes and federal regulations as they pertain to the institution's administration of Title IV, HEA programs. The review consisted of, but was not limited to, an examination of IHCC's policies and procedures regarding institutional and student eligibility, individual student financial aid and academic files, attendance records, student account ledgers, and fiscal records.

A sample of 30 files was identified for review from the 2012-2013 and 2013-2014 (year to date) award years. The files were selected randomly from a statistical sample of the total population receiving Title IV, HEA program funds for each award year. The Appendix lists the names and partial social security numbers of the students whose files were examined during the program review.

### **Disclaimer:**

Although the review was thorough, it cannot be assumed to be all-inclusive. The absence of statements in the report concerning IHCC's specific practices and procedures must not be construed as acceptance, approval, or endorsement of those specific practices and procedures. Furthermore, it does not relieve IHCC of its obligation to comply with all of the statutory or regulatory provisions governing the Title IV, HEA programs.

This report reflects initial findings. These findings are not final. The Department will issue its final findings in a subsequent Final Program Review Determination (FPRD) letter.

### C. Findings

During the review, several areas of noncompliance were noted. Findings of noncompliance are referenced to the applicable statutes and regulations and specify the actions to be taken by IHCC to bring operations of the financial aid programs into compliance with the statutes and regulations.

#### **Finding 1: Crime Awareness Requirements Not Met – Failure to Publish and Distribute a Complete Annual Security Report**

**Citation:** The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (*Clery Act*) and the Department's regulations require that all institutions that receive Title IV, HEA funds must, by October 1 of each year, publish and distribute to its current students and employees, a comprehensive Annual Security Report (ASR) that contains, at a minimum, all of the statistical and policy elements enumerated in *34 C.F.R. § 668.46(b)*. With the exception of certain drug and alcohol program information, cross referencing to other publications is not sufficient to meet the publication and distribution requirements. *§ 485(f) of the HEA; 34 C.F.R. § 668.46(b)*

The ASR must be published and actively distributed as a single document. Acceptable means of delivery include U.S. Mail, hand delivery, or campus mail distribution to the individual or posting on the institution's website. If an institution chooses to distribute its report by posting to an internet or intranet site, the institution must, by October 1 of each year, distribute a notice to all students and employees that includes a statement of the report's availability and its exact electronic address, a description of its contents, as well as an advisement that a paper copy will be provided upon request. *34 C.F.R. § 668.41(e)(1)*

These regulations also require institutions to provide a notice containing this information to all prospective students and employees. This notice must also advise interested parties of their right to request a paper copy of the ASR and to have it furnished upon request. *34 C.F.R. § 668.41(e)(4)*

An institution's ASR must include statistics for incidents of crimes reported during the three most recent calendar years. The covered categories include criminal homicide (murder and non-negligent manslaughter), forcible and non-forcible sex offenses, robbery, aggravated assaults, burglary, motor vehicle theft, and arson. Statistics for certain hate crimes as well as arrest and disciplinary referral statistics for violations of certain laws pertaining to illegal drugs; illegal usage of controlled substances, liquor, and weapons also must be disclosed in the ASR. These crime statistics must be published for the following geographical categories: 1) on campus; 2) on-campus student residential facilities; 3) certain non-campus buildings and property; and, 4) certain adjacent and accessible public property. *34 C.F.R. § 668.46(c)(1)*. When applicable, an institution

must also compile, and publish separate crime statistic disclosures for each of its campuses. *34 C.F.R. § 668.46(d)*

Also, institutions with a police or campus security department must maintain a written, easily understood daily crime log listing all crimes that occurred in the above geographical areas as well as those that occur within the campus police or security department's patrol area that it either becomes aware of or are reported to it. This reporting requirement applies to all crimes, not merely those crimes listed in *34 C.F.R. § 668.46(c)(1) and (3)*. The log must include the nature, date, time, general location, and disposition of each offense. The crime log must be kept up to date and be freely accessible to any requestor. *34 C.F.R. § 668.46(f)*

The ASR must also include several policy statements. These disclosures are intended to inform the campus community about the institution's security policies, procedures, and the availability of programs and resources as well as channels for victims of crime to seek recourse. In general, these policies include topics such as the law enforcement authority and practices of campus police and security forces, incident reporting procedures for students and employees, and policies that govern the preparation of the ASR itself. Institutions are also required to disclose alcohol and drug policies and educational programs. Policies pertaining to sexual assault education, prevention, and adjudication must also be disclosed. Institutions must provide detailed policies of the issuance of timely warnings, emergency notifications, and evacuation procedures. As noted above, all required statistics and policies must be included in a single comprehensive document. *34 C.F.R. § 668.46(b)(2)*

Finally, each institution must also submit campus crime statistics for inclusion in the Department's "Campus Safety and Security Data Analysis Cutting Tool." *34 C.F.R. § 668.41(e)(5)*

**Noncompliance:** IHCC violated multiple provisions of the *Clery Act*. Specifically, the following policy statements were missing from the 2012 ASR:

1. A description of any drug or alcohol-abuse education programs, as required under section 120(a) through (d) of the HEA. For the purpose of meeting this requirement, an institution may cross-reference the materials the institution uses to comply with Part 86 requirements.
2. A description of educational programs to promote the awareness of rape, acquaintance rape, and other forcible and non-forcible sex offenses

Failure to publish an accurate and complete ASR and actively distribute it in accordance with federal regulations deprives the campus community of important security information that can empower its members to be informed and play an active role in their own safety and security.

**Required Action:** IHCC must prepare and publish an accurate and complete ASR that includes all of the statistical disclosures and policy, procedure and programmatic information required under *34 C.F.R. § 668.46(b)*. A copy of IHCC's new and revised policies and procedures and its 2013 ASR must accompany its response to this program review report. Once the ASR is evaluated by the review team for accuracy and completeness, IHCC will be required to actively distribute it to all current students and employees in accordance with *34 C.F.R. § 668.41(e)*.

Finally, IHCC will be required to provide documentation to the Department evidencing the ASR distribution as well as a certification statement attesting to the fact that the materials were distributed in accordance with the *Clery Act*. This certification must also affirm that IHCC understands all of its *Clery Act* obligations and that it has taken all necessary corrective actions to ensure that these violations do not recur.

As noted above, the exceptions identified in this finding constitute serious violations of the *Clery Act* that by their nature cannot be cured. There is no way to truly "correct" a violation of this type once it occurs. IHCC will be given an opportunity to develop and distribute an accurate and complete ASR, and in so doing, bring its overall campus security program into compliance with the *Clery Act* as required by its Program Participation Agreement (PPA). IHCC is advised that these remedial measures cannot and do not diminish the seriousness of these violations, nor do they eliminate the possibility that the Department will impose an adverse administrative action and/or require additional corrective measures.

IHCC officials may wish to review the Department's "Handbook for Campus Safety and Security Reporting" (2011) during the preparation of its response. The handbook is available online at: <http://www2.ed.gov/admins/lead/safety/handbook.pdf>. The regulations governing the *Clery Act* can be found at *34 C.F.R. §§ 668.14, 668.41, 668.46, and 668.49*.

Based on an evaluation of all available information including the institution's response, the Department will determine if additional actions will be required and will advise IHCC accordingly in its FPRD.

**Finding 2: Fire Awareness Requirements Not Met – Failure to Publish and Distribute an Annual Fire Safety Report**

**Citation:** As of October 1, 2010, the *Clery Act* and the Department's regulations require that all institutions that receive Title IV, HEA program funds and maintain an on-campus student housing facility must, by October 1 of each year, prepare, publish and distribute to its current students and employees through appropriate publications and mailings, an Annual Fire Safety Report that contains, at a minimum, all of the statistical and policy elements described in *34 C.F.R. § 668.49(b)*. These institutions must disclose fire

statistics for each on-campus student residential facility for the three most recent calendar years. An institution's statistics must accurately and completely identify the number of on-campus fires and the cause of each fire, the number of persons who sustained fire-related injuries that resulted in treatment at a medical facility (including on-campus health centers), the number of fire-related deaths, and the dollar value of property damage caused by such fires. *34 C.F.R. § 668.49(c)*

In addition, the AFSR must include several fire safety information disclosures covering topics such as the type(s) of fire safety systems that are used in each student housing facility, the number of fire drills that were conducted during the previous calendar year, any institutional policies, procedures, and programs regarding: 1) the use and/or possession of portable electrical appliances; 2) smoking and the use/presence of open flames in student housing facilities; 3) evacuation procedures to be followed in the case of a fire; 4) fire safety education and training programs; 5) the institutional official(s) and departments to whom students and employees should report the occurrence of fires so that those incidents can be included in the institution's annual fire statistics; and, 6) any plans for future improvements to the institution's fire safety program. *34 C.F.R. § 668.49(b)*

The AFSR must each be published and distributed as a materially-complete, comprehensive publication. If an institution chooses to combine the ASR and AFSR and publish them as a single document, then the title of both reports must conspicuously appear of the cover page. Acceptable means of delivery include U.S. Mail, hand delivery, or campus mail distribution to the individual or posting on the institution's website. If an institution chooses to distribute its report by posting to an internet or intranet site, the institution must, by October 1 of each year, distribute a notice to all current students and employees that includes a direct link to each report (exact electronic address), a description of its contents, as well as an advisement that a paper copy will be provided upon request. The Department's regulations also require participating institutions to provide a notice to all prospective students and employees that includes a statement about the AFSR's availability, the content of each report, and the exact electronic address of each report, if posted to an internet or intranet site. This notice must also advise interested parties how to obtain a paper copy of the AFSR.

Finally, an institution is required to submit its campus crime and fire statistics to the Secretary on an annual basis. *34 C.F.R. § 668.41(e)(1)-(6)*.

**Noncompliance:** IHCC violated multiple provisions of the *Clery Act* fire safety requirements. Specifically, the following policy statements were missing from the 2012 AFSR:

1. The institution's policies or rules on portable electrical appliances, smoking, and open flames in a student housing facility;
2. Procedures for student housing evacuation;

3. Policies for fire safety education and training programs for students, faculty, and staff; and
4. A list of the titles of each person or organization to which individuals should report that a fire has occurred.

Additionally, IHCC reported the number of fires as required, but did not report the cause of each fire as broken down by required categories: Unintentional Fire, Intentional Fire, and Undetermined Fire.

Failure to publish an accurate and complete AFSR and to actively distribute it to students and employees deprives interested persons of important fire safety information to which they are entitled. Access to this information permits campus community members, especially those who live in campus housing, to make well-informed decisions about where to work and study and empowers them to play a more active role in their own safety and security.

**Required Action:** IHCC must prepare and publish an accurate and complete AFSR that includes all of the statistical disclosures and policy, procedure and programmatic information required under *34 C.F.R. § 668.49(b)*. A copy of the institution's new and revised policies and procedures and its 2013 AFSR must accompany its response to this program review report. Once the AFSR is evaluated by the review team for accuracy and completeness, the institution will be required to actively distribute it to all current students and employees in accordance with *34 C.F.R. § 668.41(e)*.

IHCC is permitted to combine the ASR and the AFSR into one document, as long as both report names are clearly identified on the title page (e.g. Annual Safety and Fire Safety Report).

Finally, IHCC will be required to provide documentation to the Department evidencing the distribution as well as a certification statement attesting to the fact that the materials were distributed in accordance with the *Clery Act*. This certification must also affirm that the institution understands all of its *Clery Act* obligations and that it has taken all necessary corrective actions to ensure that these violations do not recur.

As noted above, the exceptions identified in this finding constitute serious violations of the *Clery Act's* fire safety requirements that by their nature cannot be cured. IHCC will be given an opportunity to publish and distribute an accurate and complete AFSR and in so doing, begin to bring its overall fire safety program into compliance with the *Clery Act* as required by its PPA. While enhanced safety is the Department's primary focus, we note that such improvements will likely result in a better risk management environment for the institution as well. Nevertheless, the institution is advised that these remedial measures cannot and do not diminish the seriousness of these violations nor do they eliminate the possibility that the Department will impose an adverse administrative action and/or require additional corrective measures.

Based on an evaluation of all available information including the institution's response, the Department will determine if additional actions will be required and will advise the institution accordingly in its FPRD.

**Finding 3: Required Drug and Alcohol Abuse Prevention Program Requirements Not Met – Multiple Violations**

**Citation:** The Drug-Free Schools and Communities Act (*DFSCA*) and Part 86 of the Department's General Administrative Regulations requires each participating institution of higher education (IHE) to certify that it has developed and implemented a drug and alcohol abuse education and prevention program. The program must be designed to prevent the unlawful possession, use, and distribution of drugs and alcohol on campus and at recognized events and activities.

On an annual basis, the IHE must distribute written information about its drug and alcohol abuse prevention program (DAAPP) to all students, faculty, and staff. The distribution plan must make provisions for providing the material to students who enroll at a date after the initial distribution, and for employees who are hired at different times throughout the year. The information must include:

- A written statement about its standards of conduct that prohibits the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees;
- A written description of legal sanctions imposed under federal, state and local laws for unlawful possession or distribution of illicit drugs and alcohol;
- A description of the health risks associated with the use of illicit drugs and the abuse of alcohol;
- A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to students and employees; and,
- A statement that the IHE will impose disciplinary sanctions on students and employees for violations of the institution's codes of conduct and a description of such sanctions.

In addition, each IHE must conduct a biennial review in order to measure the effectiveness of its drug prevention program, and to ensure consistent treatment in its enforcement of its disciplinary sanctions. The IHE must prepare a report of findings and maintain its biennial review report and supporting materials and make them available to the Department and interested parties upon request. *34 C.F.R. §§ 86.3 and 86.100*

**Noncompliance:** IHCC violated provisions of the *DFSCA* and the Department's Part 86 regulations. Specifically, IHCC's DAAPP did not:

1. Include a written description of legal sanctions imposed under local, state, or federal law for unlawful possession or distribution of illicit drug and alcohol; nor
2. Include a description of health risks associated with the use of illicit drugs and the abuse of alcohol.

Additionally, IHCC failed to conduct a biennial review of the effectiveness of its DAAPP and of the consistency of sanctions imposed for violations of its disciplinary standards and codes of conduct and by logical extension therefore, also failed to produce a biennial review report of findings.

Failure to comply with the *DFSCA*'s DAAPP requirements deprives students and employees of important information regarding the educational, disciplinary, health, and legal consequences of illegal drug use and alcohol abuse. Failure to comply with the biennial review requirements also deprives the institution of important information about the effectiveness of its own drug and alcohol programs. Such failures may contribute to increased drug and alcohol abuse as well as an increase in drug and alcohol-related violent crime.

**Required Action:** IHCC is required to take all necessary corrective actions to resolve these violations. At a minimum, the institution must perform the following:

- Develop and implement a comprehensive DAAPP that includes all of the required elements found in the *DFSCA* and the Department's Part 86 regulations;
- Conduct a biennial review to assess the effectiveness of its DAAPP. IHCC must describe the research methods and data analysis tools that will be used to determine the effectiveness of the program and identify the responsible official(s) and office(s) that conducted the biennial review. Finally, the biennial review report must be approved by the institution's chief executive and/or its board. The biennial review must be completed and submitted to the Department along with the institution's response to this program review; and,
- IHCC must establish policies and procedures to ensure that all subsequent biennial reviews are conducted in a timely manner and are fully documented. The institution also must take all other necessary action to ensure that these violations do not recur.

As noted above, the exceptions identified in this finding constitute serious violations of the *DFSCA* that by their nature cannot be cured. There is no way to truly "correct" a violation of this type once it occurs. IHCC will be given an opportunity to develop and distribute an accurate and complete DAAPP disclosure and to begin to bring its drug and alcohol programs into compliance with the *DFSCA* as required by its PPA. However, the institution is advised that these remedial measures cannot and do not diminish the seriousness of these violations nor do they eliminate the possibility that the Department

will impose an adverse administrative action and/or require additional corrective measures.

Based on an evaluation of all available information including the institution's response, the Department will determine if additional actions will be required and will advise the institution accordingly in its FPRD.

#### **Finding 4: Institution Failed to Report Change/Update Application**

**Citation:** An eligible institution must report, within 10 days after the change occurs, the establishment of an additional location that will offer 50 percent or more of an educational program for which it wants to disburse Title IV, HEA program aid. *34 C.F.R. § 600.21(a)(3)*. In order to disburse Title IV, HEA funds to the students attending the additional location, that location must meet accreditor and state approval requirements. An institution's eligibility to participate in the Title IV, HEA programs does not extend to any location that an institution establishes after it receives its eligibility designation if the institution provides at least 50 percent of an educational program at that location, unless the Department approved that location under *34 C.F.R. § 600.20(e)(4)*, or the location is licensed and accredited and the institution has reported that location to the Department under *34 C.F.R. § 600.21*. *34 C.F.R. § 600.10(b)(3)*

**Noncompliance:** During the review it was indicated that IHCC currently offers degree programs at eight various locations throughout the state of Iowa where students could complete more than 50% of an educational program. Even though the instruction is delivered remotely from the main campus, all the students are in a classroom setting and must come to one of these locations to receive the instruction. At the time of the program review, IHCC did not have these locations listed as additional locations on its ECAR although they had been previously approved by the institutional accrediting agency. IHCC obtained accreditor and state approval for these sites prior to disbursing Title IV, HEA funds to students attending these sites.

**Required Action:** IHCC must add any additional location that offers more than 50% of an educational program to its ECAR. The notification must be submitted using the Department's electronic application located on the [Application for Approval to Participate in the Federal Student Financial Aid Programs](#) website at [www.eligcert.ed.gov](http://www.eligcert.ed.gov). An acknowledgement that the notification has been submitted should accompany IHCC's response to this report.

#### **Finding 5. Borrower Not Notified of Disbursement or Right to Cancel**

**Citation:** Before an institution disburses Title IV, HEA program funds for any award year, the institution must notify a student of the amount of funds that the student or his or

her parent can expect to receive under each Title IV, HEA program, and how and when those funds will be disbursed. If those funds include Federal Direct Loan funds, the notice must indicate which funds are from subsidized loans and which are from unsubsidized loans.

If an institution credits a student's account at the institution with Federal Direct Loan, Federal Perkins Loan, or TEACH Grant Program funds, the institution must notify the student or parent of—

- the anticipated date and amount of the disbursement;
- the student's right or parent's right to cancel all or a portion of that loan or loan disbursement and have the loan proceeds returned to the holder of that loan; and
- the procedures and time by which the student or parent must notify the institution that he or she wishes to cancel the loan or loan disbursement.

The institution must provide the disbursement notice no earlier than 30 days before, and no later than 30 days after, crediting the student's account at the institution, if the institution obtains written confirmation of the types and amounts of Title IV loans that a student requests for an award year before the institution credits the student's account with those funds. If written confirmation is not collected, the institution must then provide the disbursement notice no earlier than 30 days before, and no later than seven days after, crediting the student account at the institution. *34 C.F.R. 668.165(a)(1) and (3)*

**Noncompliance:** On a systemic basis, IHCC failed to provide adequate written notices of disbursements and right to cancel all or part of the loan or disbursement, to all students during the award years reviewed before disbursing Title IV, HEA program funds to their accounts.

No notices have been sent at any time, though a copy of the student's ledger is handed out to students when disbursements arrive.

**Required Action:** IHCC must compose a notice that will be sent to all students receiving Title IV, HEA program funds in accordance with the regulations cited above. IHCC must then develop and implement policies and procedures to ensure that each student is notified of the anticipated date and amount of the disbursement, the student's or parent's right to cancel all or part of the loan or disbursement, and the procedures and the deadline by which the student or parent must notify the school that he or she wishes to cancel the loan or disbursement. A copy of the new policies and procedures, along with an example of the disbursement notice, must accompany IHCC's response to this report.

**Finding 6: Incorrect Federal Direct Loan Amount**

**Citation:** Federal regulations state that to qualify for a subsidized loan, a student must have financial need. A borrower unable to qualify based on need for a subsidized loan may apply for an unsubsidized loan, which is not based on need. Also, a student able to qualify for only a part of the subsidized loan limit may apply for an unsubsidized loan to cover the Estimated Financial Contribution (EFC) and any unmet financial need (up to the annual loan limit).

For all Title IV, HEA loans, institutions must document the student's cost of attendance, EFC, and estimated financial assistance in the student's file. Additionally, the institution must use the correct loan amounts requested by the student which are within their annual or aggregate loan limits. *34 C.F.R. § 685.200*

**Noncompliance:** In one instance, IHCC awarded an incorrect Federal Direct Subsidized Loan amount based on the student's eligibility.

**Student #9:** The second year student was awarded \$3,500 in Federal Direct Subsidized loan funds, and \$6,000 in Federal Direct Unsubsidized loan funds for the 2012-13 award year. However, because this was a second year student, he was entitled to the higher subsidized loan amount of \$4,500.

Reviewers notified the financial aid director of the error while on site. IHCC concurred with the finding and corrected the Federal Direct Subsidized loan amount. The financial aid director made the correction to the loan amount while reviewers were on site.

**Required Action:** IHCC concurred with this finding and corrected the error while reviewers were on site so no further action is required for this student. However, IHCC should strengthen its procedures to ensure that in the future, all loan amounts correctly match those amounts requested by the student or parent and that aid is awarded appropriately based on grade level. A copy of the updated procedures must accompany IHCC's response to this report.

**Finding 7: Inconsistent Reporting of Disbursements on Student Ledger Cards and the Common Origination and Disbursement (COD) System**

**Citation:** An institution makes a disbursement of Title IV, HEA program funds on the date that the institution credits a student's account at the institution or pays a student or parent directly with:

- funds received from the Secretary; or

- institutional funds used in advance of receiving Title IV, HEA program funds. <sup>34</sup> *C.F.R § 668.164(a)*

A school participating in the Federal Pell Grant and/or Federal Direct Loan Programs shall ensure that any information it provides to the Secretary in connection with Title IV, HEA program disbursements is complete and accurate. A school shall provide to the Department borrower information that includes but is not limited to:

- the borrower's eligibility for a loan;
- the student's loan amount; and
- the anticipated and actual disbursement date or dates and disbursement amounts of the loan proceeds. <sup>34</sup> *C.F.R § 685.301(a)*

<sup>34</sup> *C.F.R. § 690.83* requires institutions to submit a student's payment data (including disbursement dates) to the Secretary by the reporting deadlines published in the Federal Register. Institutions are required to submit Federal Pell Grant and/or Federal Direct Loan disbursement records to the COD system no later than 15<sup>1</sup> days after making a disbursement or becoming aware of the need to adjust a student's previously reported disbursement information. The disbursement date to be reported to COD is the date that the institution credits funds to a student's account or pays funds to a student or parent directly. The amounts reported in the COD system must also be consistent with the amounts shown to students on their student account statements or student ledger cards. *COD Technical Reference, 2012-2013, Volume II.*

**Noncompliance:** IHCC did not provide consistent disbursement information to COD in all cases. An example is provided below:

Student #13: Federal Pell Grant disbursements of \$1,850 each were posted to the student's ledger card on 9/28/12, 12/06/12 and 3/12/13. However, the disbursement date as reported in COD shows a disbursement date of 4/23/13 for all three of these disbursements.

**Required Action:** During the on-site portion of the program review, IHCC was advised to correct its COD reporting procedures to ensure that the institution accurately reports all disbursements to both COD and to students via their student ledger cards. A copy of the updated procedures must accompany IHCC's response to this report.

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<sup>1</sup> *Federal Register Volume 78, Number 40, February 28, 2013* changed the number of days to submit records from 30 to 15 for the 2012-2013 award year. Federal Student Aid notified the community via an Electronic Announcement on the Information for Financial Aid Professionals website on March 15, 2013.

**Finding 8: Federal Work Study Program Job Descriptions Inadequate**

**Citation:** A student may be employed under the Federal Work Study (FWS) program by the institution in which the student is enrolled. The student's work must be governed by employment conditions, including pay, that are appropriate and reasonable in terms of

- type of work;
- geographical region;
- employee proficiency; and
- any applicable federal, state, or local law. *34 CFR § 675.20(c)*

In addition, each FWS position should have a job description that includes the following:

- the name of the position;
- classification of the position (e.g. reading tutor 1, reading tutor 2)
- the name and address of the student's employer (the school, public agency, nonprofit organization);
- department or office in which the student will be employed;
- location where the student will perform his/her duties;
- name of the student's supervisor;
- purpose/role of the position within the organization;
- duties and responsibilities associated with the position and how they relate to the purpose/role;
- rates of pay for the position (cross-referenced to the wage rates appearing in the school's policies and procedures manual);
- general qualifications for the position and the specific qualifications for the various levels/rates of pay associated with the position;
- the length of the student's employment (beginning and ending dates);
- procedures for determining a student's rate of pay when a position has multiple rates; and
- evaluation procedures and schedules.

**Noncompliance:** IHCC's existing job descriptions are inadequate. The job descriptions are divided into two documents, one for the Ottumwa campus and a separate document for the Centerville campus, which is arranged slightly differently.

The job titled "America Reads/Community Service Positions" does not specifically state the name of the position, the name and address of the student's employer, the purpose or role of the position within the organization, qualifications for the position, length of student's employment, or evaluation procedures and schedules. Instead, under the heading are several locations where work may be performed, with the corresponding supervisor and job duties.

The remaining 27 Ottumwa and 10 Centerville jobs are on-campus positions, and the job descriptions do not specifically state the purpose/role of the position within the organization, general qualifications for the position, length of employment, or evaluation procedures and schedules.

**Required Action:** IHCC must create job descriptions for each FWS job that contains the information necessary to explain the position to a student and that establishes a written record for both the student and the employer of the job's duties and responsibilities. IHCC must submit the revised job descriptions for each position with the response to this report.