



March 18, 2015

Rev. Kevin P. Quinn, S.J.  
President  
University of Scranton  
800 Linden Street  
Scranton, PA 18510-4694

UPS Tracking Number  
1ZA879640291444824

RE: **Final Program Review Determination**  
OPE ID: 00338400  
PRCN: 20140328519

Dear Rev. Quinn:

The U.S. Department of Education's (Department's) School Participation Team - Philadelphia issued a program review report on April 4, 2014, covering the University of Scranton's (Scranton's) 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 2013-2014 award year. Scranton's final response was received on June 13, 2014. A copy of the program review report (and related attachments) and Scranton's response are attached. Any supporting documentation submitted with the response is being retained by the Department and is available for inspection by Scranton 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: (1) identify liabilities resulting from the findings of this program review report, (2) provide instructions for payment of liabilities to the Department, (3) notify the institution of its right to appeal, (4) close the review and (5) notify Scranton of a possible adverse action. Due to the serious nature of one or more of the enclosed findings, this FPRD is being referred to the Department's Administrative Actions and Appeals Service Group (AAASG) for its consideration of possible adverse action. Such action may include a fine, or the limitation, suspension or termination of the eligibility of the institution. Such action may also include the revocation of the institution's program participation agreement (if provisional), or, if the institution has an application pending for renewal of its certification, denial of that

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application. If AAASG initiates any action, a separate notification will be provided which will include information on institutional appeal rights and procedures to file an appeal.

This FPRD contains a finding regarding Scranton's failure to comply with the Drug-Free Schools and Communities Act (DFSCA) and Part 86 of the Department's General Administrative Regulations. Because this DFSCA finding will not result in the assessment of financial liabilities, such a finding may not be appealed. If an adverse administrative action is initiated, additional information about Scranton's appeal rights will be provided under separate cover.

This FPRD contains one or more findings regarding Scranton's failure to comply with the requirements of the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the 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 and 668.46. Since a Clery Act finding does not result in a financial liability, such a finding may not be appealed.

**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 (FSA). The student numbers were assigned in Appendix A of the Program Review Report.

**Appeal Procedures:**

This constitutes the Department's FPRD with respect to the liabilities identified from the program review report dated for June 13, 2014. If Scranton wishes to appeal to the Secretary for a review of financial liabilities established by the FPRD, the institution must file a written request for an administrative hearing. Please note that institutions may appeal financial liabilities only. The Department must receive the request no later than 45 days from the date Scranton receives this FPRD. An original and four copies of the information Scranton submits must be attached to the request. The request for an appeal must be sent to:

Director  
Administrative Actions and Appeals Service Group  
U.S. Department of Education  
Federal Student Aid/PC  
830 First Street, NE - UCP3, Room 84F2  
Washington, DC 20002-8019

Scranton's appeal request must:

- (1) indicate the findings, issues and facts being disputed;
- (2) state the institution's position, together with pertinent facts and reasons supporting its position;
- (3) include all documentation it believes the Department should consider in support of the appeal. An institution may provide detailed liability information from a complete file review to appeal a projected liability amount. Any documents relative to the appeal that include PII data must be redacted except the student's name and last four digits of his / her social security number (please see the attached document, "Protection of Personally Identifiable Information," for instructions on how to mail "hard copy" records containing PII); and
- (4) include a copy of the FPRD. The program review control number (PRCN) must also accompany the request for review.

If the appeal request is complete and timely, the Department will schedule an administrative hearing in accordance with § 487(b)(2) of the HEA, 20 U.S.C. § 1094(b)(2). The procedures followed with respect to Scranton's appeal will be those provided in 34 C.F.R. Part 668, Subpart H. Interest on the appealed liabilities shall continue to accrue at the applicable value of funds rate, as established by the United States Department of Treasury, or if the liabilities are for refunds, at the interest rate set forth in the loan promissory note(s).

**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. If the institution has any questions regarding this letter, please contact Ms. Deborah Marsh at (215) 656-8640. Questions relating to any appeal of the FPRD should be directed to the address noted in the Appeal Procedures section of this letter.

Sincerely,

(b)(6)



Nancy Paula Gifford  
Division Director

Enclosure: Final Program Review Determination Report  
Program Review Report  
School's Written Response

University of Scranton  
OPE ID: 00338400  
PRCN: 20140328519  
Page 4 of 4

cc: William Burke, Financial Aid Administrator  
Middle States Commission on Higher Education  
Pennsylvania Department of Education

**Prepared for  
University of Scranton**

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**OPE-ID: 00338400  
PRCN: 20140328519**

**Prepared by  
U.S. Department of Education  
Federal Student Aid  
School Participation Division - Philadelphia**

**Final Program Review Determination  
March 18, 2015**

**U.S. Department of Education  
100 Penn Square East, Suite 511  
Philadelphia, PA 19107  
[www.StudentAid.gov](http://www.StudentAid.gov)**

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**A. Institutional Information**

University of Scranton  
800 Linden  
Scranton, PA 18510-4622

Type: Private, Non-Profit

Highest Level of Offering: Master's Degree or Doctoral Degree

Accrediting Agency: Middle States Commission on Higher Education

Current Student Enrollment: 6,198 (2013-2014 award year)

% of Students Receiving Title IV: 59%

Title IV Participation:

Title IV Program	2012-2013 Award Year		
Federal Pell Grant	\$	3,253,538.00	
Federal Direct Loan	\$	51,559,972.00	
Teacher Educational Assistance for College and Higher Education (TEACH) Grant	\$	24,000.00	
Federal Direct Loan	\$	566,500.00	
Federal Supplemental Educational Opportunity Grant (FSEOG)	\$	417,000.00	
Federal Work-Study	\$	685,277.00	

	FY 2011	FY 2010	FY 2009
Default Rate FFEL/Direct Loan (DL)	3.60%	2.70%	1.90%
	2012	2011	2010
Default Rate Federal Perkins	8.2 %	10.6 %	7.1 %

## **B. Scope of Review**

The U.S. Department of Education (the Department) conducted a program review at the University of Scranton (Scranton) from February 24, 2014, to February 27, 2014. The review was conducted by Ms. Carmen Austin and Ms. Deborah Marsh.

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

A sample of 16 files was identified for review from the 2013-2014 (year-to-date) award year. The files were selected randomly from a statistical sample of the total population receiving Title IV, HEA program funds for each award year. A program review report was issued on April 4, 2014.

### **Disclaimer:**

Although the review was thorough, it cannot be assumed to be all-inclusive. The absence of statements in the report concerning Scranton'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 Scranton 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**

Findings #1 and 2

Scranton has taken the corrective actions necessary to resolve findings # 1 and 2 of the program review report. Therefore, these findings may be considered closed. Scranton's written response for these findings is included in Appendix B.

Findings requiring further action by Scranton are discussed below.

### **Findings with Final Determinations**

The program review report finding(s) requiring further action are summarized below. At the conclusion of each finding is a summary of Scranton's response to the finding, and the Department's final determination for that finding. A copy of the program review report issued on April 4, 2014, is attached as Appendix A.

**Finding #3: Fire Awareness Requirements Not Met – Reporting Discrepancy in Fire Statistics Published in the Annual Security and Fire Safety Report and those Reported to the Department’s Campus Crime Statistics Database**

**Citation Summary:** As of October 1, 2010, The Jeanne Clery Act 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 and maintain an on-campus student housing facility must, prepare, publish and distribute to its current students and employees through appropriate publications and mailings, an Annual Fire Safety Report (AFSR) 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 institutions 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 damaged caused by such fires. 34 C.F.R. §668.49(c).

In addition, the ASFR must include several fire safety 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 fire; 4) fire safety education and training programs; 5) the institutional official (s) and departments to whom student and employees should report the occurrence of fires so that those incidents can be included in the institutions annual fire statistics; and, 6) any plans for the future improvements to the institutions fire safety program. 34 C.F.R. §668.49(b).

The ASR and ASFR must each be published and distributed as materially- complete documents. If both reports are combined into a single publication, then the title of both reports must conspicuously appear on the cover page. Acceptable means of delivery include regular 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 advertisement 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 ASR and ASFR availability, the content of each report, and the exact electronic address of each report, if posted to internet or intranet site. This notice must also advise interested parties how to obtain a paper copy of the ASR and/or ASFR. Finally, an institution is required to submit its campus crime

statistics and fire statistics to the Secretary on an annual basis. 34 C.F.R. §668.41(e)(1)-(6).

**Noncompliance Summary:** The University of Scranton (Scranton) failed to report and publish an accurate fire statistic for one on-campus student residence in its Annual Security and Fire Safety Report (ASFSR). Specifically, the number of fires reported to the Department was inconsistent with the number published in the institution's ASFSR. The review team compared the fire statistics in Scranton's ASFSR to those that were submitted to the Campus Safety and Security Data Analysis Cutting Tool (CSSDACT) and identified the following discrepancy:

**Fire Statistics – Summary of Fires**

Year	Name of Campus Facility	Number of Fires Reported on ASR	Number of Fires Reported to CSSDACT
2010	Condron Hall	0	1

Failure to publish accurate fire statistics and to actively distribute them to current students and employees in accordance with federal regulations deprives the campus community of important fire safety information. 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:** As a result of this violation, the Department required Scranton to develop and implement substantive policies and procedures to ensure that all future ASFSRs are prepared and published in accordance with the Clery Act and the Department's regulations. The new policy must articulate how prospective students and employees will be notified of the report's availability. Using its new policies as a guide, Scranton was required to modify its ASFSR so that it will include all of the statistical disclosures and policy, procedure and programmatic information required by 34 C.F.R. §§668.46(b) and 668.49(b) and (c). Scranton was required to submit with the response of the program review report a copy of its revised policies and a copy of its revised ASFSR, which included the correct fire statistics that was reported to the CSSDACT. Once the new ASR/AFSR is evaluated by the review team for accuracy and completeness, Scranton will be required to distribute it to all current students and employees.

Scranton will be given an opportunity to make the necessary modifications to its ASR and AFSR. However, Scranton 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 additional corrective or administrative actions.

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. Based on an

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

**Scranton's Response:** In its official response dated June 13, 2014, Scranton concurred with the finding and stated that remedial action was taken as directed in the program review report. The response included the following statement – "The University of Scranton acknowledges that the institution failed to accurately report a fire occurrence in the 2010 reporting year. Specifically, the fire occurrence accurately reported to the Campus Safety and Security Data Analysis Cutting Tool (CSSDACT) was not contained in Scranton's AFSR. The institution determined that the reporting inaccuracy cited in the program review report was the result of a transcription error made from the CSSDACT to the ASR." The University submitted its revised 2013 AFSR and outlined adjustments to its internal policies and procedures that are intended to prevent recurrence.

**Final Determination:** Finding #3 of the program review report cited Scranton for a reporting discrepancy between the fire statistics published in the 2013 AFSR and those that were reported to the Secretary for inclusion in the Department's CSSDACT. Specifically, the University failed to disclose one fire that was reported in calendar year 2010 in its 2013 AFSR. This fire incident was reported to the Department. As a result of this violation, Scranton was required to review and revise its internal fire safety policies and procedures and to then revise and enhance its 2013 AFSR. In its response, the University concurred with the finding, stated that remedial action was taken, and submitted documents in support of its claims.

The Department carefully reviewed all available documentation including Scranton's response and supporting documents. The review team's examination showed that the identified violations were, for the most part, satisfactorily addressed by the University's revised 2013 AFSR, the 2014 AFSR that is posted to the University's website, and its revised fire safety policies and procedures. Based on that review and Scranton's admission of noncompliance, the violations identified in the finding are sustained. The Department also determined that Scranton's remedial action plan met minimum requirements. For these reasons, the Department has accepted Scranton's response and considers this finding to be closed for the purposes of this program review. Nevertheless, Scranton 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 Scranton'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, Scranton 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*. Scranton was required to initiate remedial measures and as a result of its efforts, has begun to address the conditions that led to these violations. Scranton has stated that it has brought its overall campus fire safety program into compliance with the *Clery Act* as required by its Program Participation Agreement (PPA). Nevertheless, Scranton is advised that its remedial actions 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.

In light of the serious consequences associated with compliance failures of this type, the Department strongly recommends that Scranton re-examine its campus security 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 regulations. As part of these periodic reviews, Scranton officials are encouraged to consult the Department's "Handbook for Campus Safety and Security Reporting" (2011) as a reference guide for *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. Scranton 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, Scranton 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. VAWA also requires institutions to include new policy, procedural, and programmatic disclosures regarding sexual assault prevention and response 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. The Department issued Final Rules on the VAWA amendments on October 20, 2014 and therefore, these regulations will go into effect on July 1, 2015, per the Department's Master Calendar. Scranton officials may access the text of the Final Rule at: <http://ifap.ed.gov/registers/attachments/FR102014FinalRuleViolenceAgainstWomenAct.pdf>.

**Finding #4: Drug & Alcohol Abuse Prevention Program Not Met - Failure to Publish and Distribute to Student and Staff**

**Citation Summary:** 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. 34 C.F.R. §86.3.

On an annual basis, the institution of higher education (IHE) must distribute written information about its drug and alcohol abuse prevention program (DAAPP) to all students, faculty, and staff. 34 C.F.R. §86.100(a). The distribution plan must make provisions for delivering the material to students who enroll on a date after the initial distribution, and for employees hired at different times throughout the year. The information must include:

- 1) 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, 34 C.F.R. §86.100(a)(1);
- 2) A written description of legal sanctions imposed under Federal, state and local laws for unlawful possession or distribution of illicit drugs and alcohol, 34.C.F.R. §86.100(a)(2);
- 3) A description of the health risks associated with the use of illicit drugs and the abuse of alcohol, 34 C.F.R. §86.100(a)(3);
- 4) A description of any drug or alcohol programs, counseling, treatment, or rehabilitation or re-entry programs that are available to students and employees, 34 C.F.R. §86.100(a)(4); and,
- 5) 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 34 C.F.R. §86.100(a)(5).

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:** Scranton failed to publish and distribute all required components of its Drug and Alcohol Prevention Program (DAAPP) to its student and employees.

Several of the components and requirements of the DAAPP could not be found in the Scranton's Student Handbook. Specifically, the student handbook did not include a description citing the federal laws for unlawful alcohol and other illicit drugs (AOD), a written description of the health risk associated with the use of AOD, and a written description of any AOD course, counseling, or rehabilitation programs offered to its students. Additionally, Scranton's Faculty Handbook did not include any components or requirements of the DAAPP.

As a result of the incomplete components of the DAAPP that were not included or published in Scranton's Student and Faculty Handbooks, Scranton failed to develop and implement a comprehensive DAAPP and violated DFSAC's annual distribution requirements by failing to deliver a materially-complete DAAPP disclosure to all students and employees.

Failure to comply with the DAAPP requirements deprives the institution to notify its students and employees of important information about the effectiveness of its drug and alcohol programs and deprives students and employees of important information regarding the educational, disciplinary, health, and legal consequences of illegal drug use and alcohol abuse. 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:** The Department required Scranton to take all necessary corrective actions to resolve these violations and to ensure that they do not recur. At a minimum, Scranton was required to perform the following:

- Review and revise its existing drug and alcohol program materials and develop new program content as needed to ensure that a comprehensive DAAPP that includes all of the required elements found in the DFSCA is in place;
- Publish a materially-complete annual DAAPP disclosure that summarizes the program;
- Develop detailed policies and procedures that will ensure that the DAAPP disclosure is distributed annually to every student who enrolls for any academic credit and to all employees. This policy must provide for active delivery to every member of the campus community regardless of time of enrollment or hire, and irrespective of the duration of each. A copy of Scranton's new DAAPP and new distribution policy must accompany with its response to this program review report.
- Distribute the new DAAPP disclosure and provide documentation evidencing the distribution as well as a statement of certification attesting to the fact of the materials distribution, in accordance with the DFSCA. This certification must affirm that the institution understands all of its DFSCA obligations and that it has taken all necessary corrective actions to ensure that these violations do not recur;

The exceptions identified in this finding constitute serious violations of the DFSCA by their nature and cannot be cured. There is no way to truly "correct" a violation of a consumer protection/information law once it occurs. Scranton was given an opportunity to conduct a meaningful review of its DAAPP and to bring its drug and alcohol programs into full compliance with the DFSCA as required by its PPA. Additionally, Scranton was 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 as a result.

**Scranton's Response:** In its official response dated June 13, 2014, Scranton concurred with the finding and stated that remedial action was taken as directed in the program review report. Specifically, University officials asserted that the DAAPP was reviewed and enhanced to include information regarding federal drug laws, health risks, and available counseling and treatment resources. Per the response, Scranton management claimed that an accurate and complete DAAPP disclosure was then produced and distributed to students and employees. In addition, University officials stated that a distribution procedure was implemented that will ensure that the disclosure is provided to all required recipients on an annual basis. Finally, Scranton asserted that it understands its obligations and will comply going forward and also submitted documents in support of its claims.

**Final Determination:** Finding # 4 of the program review report cited Scranton for its violations of the *DFSCA* and the Part 86 Regulations. Specifically, the University failed to publish an accurate and complete DAAPP disclosure and as a result, also failed to distribute program materials to all employees and to each student enrolled for academic credit. As a result of these violations, Scranton was required to review and enhance its DAAPP and then produce an annual disclosure that summarizes the program. In addition, the University was required to actively distribute the DAAPP disclosure to all required recipients and to document its distribution efforts. In its response, Scranton concurred with the finding, stated that remedial action was taken, and submitted documents in support of its claims.

The Department carefully examined Scranton'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 University's revised DAAPP program materials, new DAAPP disclosure, evidence of distribution, and new and revised internal policies and procedures. Based on that review and Scranton's admission of noncompliance, the violations identified in the finding are sustained. The Department also has determined that Scranton'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 Scranton are put on notice that they must take all other action 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 response to the Department's report and/or as may otherwise be needed to ensure that these violations do not recur.

Although this finding is now closed, Scranton is reminded that the exceptions identified above constitute a serious violation of the *DFSCA* that by its nature cannot be cured. There is no way to truly "correct" violations of this type once they occur. Scranton asserted that it has taken adequate remedial actions and by doing so, has taken steps to

comply with the *DFSCA* as required by its PPA. Notwithstanding these actions, Scranton officials must understand that compliance with the *DFSCA* is essential to maintaining a safe and healthy learning environment. This DAAPP violation documented above deprived students and employees of important information regarding the health consequences of alcohol abuse and illicit drug use. For these reasons, Scranton is advised that its 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 additional remedial measures as a result.

In light of the serious consequences associated with compliance failures of this type, the Department strongly recommends that Scranton 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 University's new policies and procedures.

#### **D. Payment Instructions**

Since the total liability amount owed to the Department is minimal (less than \$1,000), a receivable is not being established with the Department's Accounts Receivable Group. In addition, Scranton must ensure that it has corrected its procedures so that deficient findings, as indicated in the Program Review Report, do not recur or is not repeated.

## **E. Appendices**

Appendix A, the institution's Program Review Report, includes the Student Sample, which contains personally identifiable information, and will be emailed to Scranton as an encrypted WinZip file using Advanced Encryption Standard, 256-bit. The password needed to open the encrypted WinZip file(s) will be sent in a separate email. Appendix A will not include the Student Sample in the hardcopy of this report that will be sent by mailed to the institution.

Appendix B, Scranton's written response to the Program Review Report, contains multiple appendices of the institution's response and is dated for June 13, 2014.



April 4, 2014

Kevin P. Quinn  
President  
University of Scranton  
800 Linden Street  
Scranton, PA 18510-4694

UPS Tracking Number  
1ZA879640296466328

RE: Program Review Report  
OPE ID: 00338400  
PRCN: 20140328519

Dear President Quinn:

A review of the University of Scranton's (Scranton's) administration of the programs authorized pursuant to Title IV of the Higher Education Act of 1965, as amended, 20 U.S.C. §§ 1070 et seq. (Title IV, HEA programs) was conducted from February 24, 2014 through February 27, 2014 by reviewers, Ms. Deborah Marsh and Ms. Carmen Austin. 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 Scranton. The response should include a brief, written narrative for each finding that clearly states Scranton's position regarding the finding and the corrective action taken to resolve the finding. Separate from the written narrative, Scranton 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
  - c. A copy of the institution's response.

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<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**

AN OFFICE OF THE U.S. DEPARTMENT OF EDUCATION

School Participation Division -- Philadelphia  
100 Penn Square East, Suite 511,  
Philadelphia, PA 19107  
[www.StudentAid.gov](http://www.StudentAid.gov)

Page 2

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 Scranton 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 Ms. Deborah Marsh of this office within 30 calendar days of receipt of this letter.

Personally Identifiable Information (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 were assigned in Appendix A, Student Sample. The appendices were encrypted and sent separately to the institution via e-mail. Please see the enclosure Protection of Personally Identifiable Information for instructions regarding submission to the Department of required data / documents containing PII.

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 Ms. Deborah Marsh at (215) 656-8640.

Sincerely,

(b)(6)

John S. Loreng  
Compliance Manager

cc: William Burke, Financial Aid Administrator

Enclosure: Program Review Report

Prepared for  
University of Scranton

**Federal Student**  
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**OPE ID: 00338400**  
**PRCN: 20140328519**

**Prepared by**  
**U.S. Department of Education**  
**Federal Student Aid**  
**School Participation Division - Philadelphia**

## Program Review Report

April 4, 2014

U.S. Department of Education  
Federal Student Aid  
The Wanamaker Building  
100 Penn Square East, Suite 511  
Philadelphia, PA 19107  
[www.StudentAid.gov](http://www.StudentAid.gov)

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**A. Institutional Information**

University of Scranton  
 800 Linden  
 Scranton, PA 18510-4622

Type: Private, Non-Profit

Highest Level of Offering: Master's Degree or Doctoral Degree

Accrediting Agency:

Current Student Enrollment: 6,198 (2013-2014 award year)

% of Students Receiving Title IV: 59%

Title IV Participation:

Title IV Program	2012-2013 Award Year	
Federal Pell Grant	\$	3,253,538.00
Federal Direct Loan	\$	51,559,972.00
Teacher Educational Assistance for College and Higher Education (TEACH) Grant	\$	24,000.00
Federal Direct Loan	\$	566,500.00
Federal Supplemental Educational Opportunity Grant (FSEOG)	\$	417,000.00
Federal Work-Study	\$	685,277.00

	FY 2011	FY 2010	FY 2009
Default Rate FFEL/Direct Loan (DL)	3.60%	2.70%	1.90%
	2012	2011	2010
Default Rate Federal Perkins	8.2 %	10.6 %	7.1 %

## **B. Scope of Review**

The U.S. Department of Education (the Department) conducted a program review at the University of Scranton (Scranton) from February 24, 2014 to February 27, 2014. The review was conducted by Ms. Deborah Marsh and Ms. Carmen Austin.

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

A sample of 16 files was identified for review from the 2013-2014 (year to date) award year. The student files were selected randomly from the list of students who 1) withdrew or ceased attendance for any reason other than graduation; 2) were selected for verification; and 3) received all non-passing grades ("0" GPA) for any term within the award year being reviewed. Appendix A identifies 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 Scranton'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 Scranton 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 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 Scranton to bring operations of the financial aid programs into compliance with the statutes and regulations.

### **Finding # 1: Return of Title IV (R2T4) Calculation Errors**

**Citation:** When a title IV recipient withdraws from an institution, the institution must determine the amount of title IV assistance earned by the student as of the student's withdrawal date. 34 C.F.R. § 668.22(a)(1). The withdrawal date for a student, who withdraws from a school that is not required to take attendance, is either the last date of attendance at an academically-related

activity, or the midpoint (50 percent) of the period of enrollment when the student does not provide official notification to the school of his/her withdrawal. 34 C.F.R. 668.22(c)(1)(iii).

Dear Colleague Letter (DCL) Gen-04-03 (Revised) requires that an institution have a procedure for determining whether a Title IV aid recipient who began attendance completed the period or should be treated as a withdrawal. The DCL provides guidance for an institution to make this determination. For example, if a student earns a passing grade in one or more classes, an institution is permitted to make the presumption that the student completed the course and thus completed the period. If a student who began attendance fails to earn a passing grade in at least one course offered over an entire period, the institution must assume, for Title IV purposes that the student unofficially withdrew, unless the institution can document that the student completed the program. An institution may use its policy for awarding or reporting final grades to determine whether a student who failed to earn a passing grade in any class completed the period.

**Noncompliance:** Scranton performed two Return of Title IV (R2T4) calculations for one student who was enrolled in two module courses during the Fall 2013 term.

Specifically, student #1 was enrolled for the Fall 2013 that included Part A and Part B module courses. The first module course (Part A) began on August 26, 2013 and ended on October 20, 2013. On the student's academic transcript, the first module course shows that the student received an "F" grade.

Although the student received an 'F' grade for the first module course, the institution was not required to complete a R2T4 calculation because the student had enrolled in the second module course at the time the 'F' grade was posted to the student's transcript for the first module course.

As a result of the student receiving an "F" grade for the first module course, the institution mailed the student a letter requiring the student to provide an academic plan and an explanation of why the student should remain in the program by November 11, 2013.

The second module course (Part B) began on October 21, 2013 and ended on December 15, 2013. Because the student did not provide the institution with an academic plan and explanation in a timely manner, the student was administratively withdrawn from the program on November 15, 2013.

The second module course does not appear on the student's academic transcript; however, there was documentation in the student's file that showed the student registered for the course, started attendance in the course, and was administratively withdrawn from the course effective November 15, 2013. Subsequently, the institution completed a R2T4 calculation for the student on November 21, 2013 using November 15, 2013 as the date of withdrawal. As a result, the institution determined that the student earned 100% of the Title IV funds disbursed.

Additionally, at the end of second module course, the institution ran a no passing grade report, and the student appeared on this report because of the "F" grade she received in the first module course. The institution performed a second R2T4 calculation for this student on January 8, 2014 and used October 20, 2013 (which is the midpoint) as the date of withdrawal for the student. As a result of the second R2T4 calculation, the institution determined that the student earned 50% of the Title IV funds disbursed. The institution returned \$1,425.00 in Unsubsidized DL funds for the student, thus leaving the student with an institutional balance on her account in the amount of \$1,425.00.

During the program review, the institution provided documentation to the review team establishing November 15, 2013, as the last date of educational (classroom) activity for the student. Therefore, the second R2T4 calculation should not have been completed.

An institution's failure to determine the amount of Title IV funds earned by a student who withdraws may result in the institution returning funds to which the student is entitled.

**Required Action:** On March 12, 2014, the Department received a subsequent response from Scranton summarizing the R2T4 calculation issue. In its response, the institution acknowledges that the first R2T4 calculation where the student earned 100% of the Title IV funds is correct, and that the second R2T4 calculation should not have been performed. Therefore, the \$1,425.00 in Unsubsidized DL funds should not have been refunded to the Department. The institution has since written off the outstanding balance on the student's account so that the student is not impacted by the return.

Scranton may provide any additional information regarding student #1, it may wish the Department to consider prior to the issuance of the Final Program Determination letter. Scranton must review its policies and procedures to ensure that they are sufficient to prevent a recurrence of this finding. The institution must provide any revisions to its policies and procedures with its response to this report.

## **Finding # 2: Verification Violation**

**Citation:** For each award year, the Secretary publishes in the Federal Register the notice of FAFSA information that an institution and an applicant may be required to submit to verify ISIR data. For each applicant whose FAFSA information is selected for verification, the Secretary specifies the information or data that the application must verify. 34 C.F.R. § 668.56.

If an applicant is selected to verify other information specified annually in the Federal Register notice, the applicant must provide the documentation specified for that information. 34 C.F.R. § 668.57(d).

If an applicant's FAFSA information changes as a result of verification, the applicant or the institution must submit to the Secretary any changes to a non-dollar item or a single dollar item of \$25 or more. Additionally, for Federal Pell Grant, an institution must recalculate the

applicant's Federal Pell Grant eligibility based on the EFC on the corrected valid SAR or ISIR, disburse the addition funds, and adjust the application's financial aid package on the basis of the EFC on the correct valid SAR or ISIR. 34 C.F.R. § 668.59.

FAFSA information is to be verified by the applicant and, if appropriate, his or her parent(s) or spouse for the ISIR or SAR that is selected for verification by the Secretary using a customized verification tracking groups. The FAFSA information required to be verified for the Verification Tracking Flag of "V1" or "the Standard Verification Group" is as follows: Adjusted Gross Income; U.S. Income Tax Paid; Untaxed Portions of IRA distributions and pensions; IRA deductions and payments; tax exempt interest income; Education Credits; the number of household member; the number of family members in college; Supplemental Nutrition Assistance Program, which is commonly referred to as SNAP Food Stamps; and the amount of child support paid. *Dear Colleague GEN 12-11; Federal Register, Vol. 77, No. 134, pages 41173-41176.*

**Noncompliance:** Scranton completed verification but failed to submit ISIR corrections to the Central Processing System (CPS) for student # 14.

The student's IRS tax transcript for student #14 indicated that the Educational Credit was \$2,550. The student's ISIR (TR# 03) indicated that the student's Education Credit was \$0. The Education credit amount on the student's ISIR was not the same as the amount on the student's tax transcript.

An institution's failure to develop and follow accurate verification policy and procedures may result in students receiving incorrect Title IV funds. Students may be deprived from receiving the correct Title IV funds. In addition, an institution's failure to complete student verification properly may result in additional costs to the Department.

**Required Action:** During the onsite visit, the institution submitted the ISIR corrections to CPS for student #14. The corrected ISIR (TR# 04) was received and indicates the student's expected family contribution (EFC) decreased from 2988 to 2596. Subsequently, the student's Federal Pell Grant eligibility changed. The student withdrew during the 2013-2014 award year. Scranton must recalculate the student's R2T4 calculation using the revised Federal Pell Grant eligibility based on the updated EFC from ISIR TR# 04 to determine the correct amount of 2013-2014 Federal Pell Grant funds that the student earned.

Scranton must review and comment on the student's updated award status and provide a copy of the student's revised return calculation worksheet, award letter, and student's ledger to the response to this program review report.

Further, Scranton must review its verification policies and procedures to ensure the verification process is documented, in compliance, and followed properly by the institution. Any updates to policies and procedures must accompany its response to the program review report.

**Finding #3: Fire Awareness Requirements Not Met – Reporting Discrepancy in Fire Statistics Published in the Annual Security and Fire Safety Report and those Reported to the Department’s Campus Crime Statistics Database**

**Citation Summary:** As of October 1, 2010, The Jeanne Clery Act 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 and maintain an on-campus student housing facility must, prepare, publish and distribute to its current students and employees through appropriate publications and mailings, an Annual Fire Safety Report (AFSR) 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 institutions 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 damaged caused by such fires. 34 C.F.R. §668.49 (c).

In addition, the ASFR must include several fire safety 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 fire; 4) fire safety education and training programs; 5) the institutional official (s) and departments to whom student and employees should report the occurrence of fires so that those incidents can be included in the institutions annual fire statistics; and, 6) any plans for the future improvements to the institutions fire safety program. 34 C.F.R. §668.49(b).

The ASR and ASFR must each be published and distributed as materially- complete documents. If both reports are combined into a single publication, then the title of both reports must conspicuously appear on the cover page. Acceptable means of delivery include regular 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 advertisement 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 ASR and ASFR availability, the content of each report, and the exact electronic address of each report, if posted to internet or intranet site. This notice must also advise interested parties how to obtain a paper copy of the ASR and/or ASFR. Finally, an institution is required to submit its campus crime statistics and fire statistics to the Secretary on an annual basis. 34 C.F.R. § 668.41(e)(1)-(6).

**Noncompliance Summary:** The University of Scranton (Scranton) failed to report and publish accurate fire statistics in the institution's *Annual Security and Fire Safety Report* (AFSR) and/or submitted inaccurate data to the Department's online campus crime statistics database, also known as the *Campus Safety and Security Data Analysis Cutting Tool* (CSSDACT). Specifically, the number of fires reported to the Department was inconsistent with the number published in the institution's AFSR. The review team compared the fire statistics in the Scranton's AFSR to those that were submitted to the CSSDACT and identified the following discrepancy:

**Fire Statistics – Summary of Fires**

Year	Name of Campus Facility	Number of Fires Reported on ASR	Number of Fires Reported to CSSDACT
2010	Condron Hall	1	0

Failure to publish accurate fire statistics and to actively distribute them to current students and employees in accordance with Federal regulations deprives the campus community of important fire safety information. 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:** As a result of this violation, Scranton must develop and implement substantive policies and procedures to ensure that all future ASRs are prepared and published in accordance with the *Clery Act* and the Department's regulations. Using the policies as a guide, Scranton must prepare and publish an accurate and complete AFSR that includes all of the statistical disclosures, update its policies and procedures to ensure that all fire statistics are included in its AFSR, and review programmatic information required under 34 C.F.R. § 668.49(h). A copy of the Scranton's revised policies and procedures and its draft 2013 AFSR must accompany its response to this program review report. Once the AFSR is evaluated by the review team for accuracy and completeness, Scranton will be required to actively distribute its Annual Security and Fire Safety Report, which must include accurate reported fire statistics, to all current students and employees in accordance with 34 C.F.R. § 668.41(e).

Finally, Scranton must provide documentation to the Department evidencing the distribution of its AFSR to students and staff, as well as providing a certification statement attesting that 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. Based on an evaluation of all available information including Scranton's response, the Department will determine if additional actions will be required and will advise Scranton accordingly in its FPRD.

**Finding #4: Drug and Alcohol Abuse Prevention Program Requirements Not Met –  
Failure to Publish and Distribute to Students and Staff**

**Citation Summary:** 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. 34 C.F.R. § 86.3 .

On an annual basis, the institution of higher education (IHE) must distribute written information about its drug and alcohol abuse prevention program (DAAPP) to all students, faculty, and staff. 34 C.F.R. § 86.100(a). The distribution plan must make provisions for delivering the material to students who enroll on a date after the initial distribution, and for employees hired at different times throughout the year. The information must include:

- 1) 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, 34 C.F.R. § 86.100(a)(1);
- 2) A written description of legal sanctions imposed under Federal, state and local laws for unlawful possession or distribution of illicit drugs and alcohol, 34.C.F.R. § 86.100(a)(2) ;
- 3) A description of the health risks associated with the use of illicit drugs and the abuse of alcohol, 34 C.F.R. § 86.100(a)(3);
- 4) A description of any drug or alcohol programs, counseling, treatment, or rehabilitation or re-entry programs that are available to students and employees, 34 C.F.R. § 86.100(a)(4); and,
- 5) 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 34 C.F.R. § 86.100(a)(5).

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:** Scranton violated multiple provisions of the DFSCA and the Department's Part 86 regulation. Specifically, Scranton failed to publish and distribute all required components of its Drug and Alcohol Prevention Program to its student and employees.

The Department requested a copy of Scranton's DAAPP, which was provided to its students and staff. An institutional official indicated that Scranton's DAAPP was incorporated its student and faculty handbooks. A copy of Scranton's student and faculty handbooks were provided to the

review team. Further, the institution provided confirmation and documentation evidencing the distribution of Scranton's student and faculty handbooks to both its students and employees.

Upon review of the Scranton's student handbook, several of the components and requirements of the DAAPP could not be found in the student's handbook. Specifically, the student handbook did not include a description citing the federal laws for unlawful alcohol and other illicit drugs (AOD); however, the student handbook did include a written description for state and laws concerning alcohol. Additionally, the student handbook did not include a written description of the health risk associated with the use of AOD, and the student handbook did not include a written description of any AOD course, counseling, or rehabilitation programs offered to its students.

Upon review of the Scranton's faculty handbook, there were no components or requirements of the DAAPP that were published in Scranton's faculty handbook.

As a result of the incomplete components of the DAAPP that were not included or published in Scranton's student and faculty handbooks, Scranton failed to develop and implement a comprehensive DAAPP and violated DFSAC's annual distribution requirements by failing to deliver a materially-complete DAAPP disclosure to all students and employees.

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

**Required Actions:** Scranton is required to take all necessary corrective actions to resolve these violations and to ensure that they do not recur. At a minimum, Scranton must perform the following:

- Review and revise its existing drug and alcohol program materials and develop new program content as needed to ensure that a comprehensive DAAPP that includes all of the required elements found in the *DFSCA* is in place;
- Publish a materially-complete annual DAAPP disclosure that summarizes the program;
- Develop detailed policies and procedures that will ensure that the DAAPP disclosure is distributed annually to every student who enrolls for any academic credit and to all employees. This policy must provide for active delivery to every member of the campus community regardless of time of enrollment or hire, and irrespective of the duration of each. A copy of Scranton's new DAAPP and new distribution policy must accompany with its response to this program review report.

- Distribute the new DAAPP disclosure and provide documentation evidencing the distribution as well as a statement of certification attesting to the fact of the materials distribution, in accordance with the *DFSCA*. This certification must affirm that the institution understands all of its *DFSCA* obligations and that it has taken all necessary corrective actions to ensure that these violations do not recur;

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 a consumer protection/information law once it occurs. Scranton will be given an opportunity to conduct a meaningful review of its DAAPP and to bring its drug and alcohol programs into full compliance with the *DFSCA* as required by its PPA. However, Scranton 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 as a result.

Based on an evaluation of all available information including Scranton’s response, the Department will determine if additional actions will be required and will advise the Scranton accordingly in the Final Program Review Determination (FPRD) letter.

#### **D. Appendices**

Appendix A (Student Sample) contains personally identifiable information and will be emailed to Scranton as an encrypted WinZip file using Advanced Encryption Standard, 256-bit. The password needed to open the encrypted WinZip file(s) will be sent in a separate email.

Appendix B provides comments that pertain to personally identifiable information (PII).

## **Appendix B: Protection of Personally Identifiable Information**

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

PII 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 at delivery
- double packaged in packaging approved by the shipping agent (FedEx, UPS, USPS)
- labeled with both the "To" and "From" addresses on both 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.