

February 15, 2019

Meeting Minutes: Administrative Affairs Council

Minutes Submitted by: Ann Southall

This meeting of the Administrative Affairs Council was held at 10:45 am on Friday, February 15, 2019 in TEC Building, room 229 Conference Room.

Members Present: Philip Shackelford, Chair, Bill Fowler, Tim Kirk, James Virden, David Henry, Andrew Fielder, Heath Waldrop, Ann Southall, Charley Hankins, Carey Tucker and Mike Roberts. Excused: Ray Winiecki and Ken Bridges.

- Review of last meeting minutes (January 18, 2019) – Motion to accept by Heath Waldrop, seconded and approved
- Old Business –
 - Minutes from October 19, 2018 approved via email
 - Data Management Policy, revised, approved via email. Chair Shackelford noted the APM Procedure Approval Form has been signed off on by the Chair of the IT Committee as well as the Chairs of the Academic Affairs Council, Student Affairs Council and the Administrative Affairs Council and will be forwarded to Planning Council at their next meeting.
 - Reviewed AAC members and voting rights (report attached to minutes)
- New Business
 - Human Resources Committee – Mike Roberts
 - Proposed APM 2.49 Personal Identifying Information (PII) submitted to Council for review. Points were stressed to review in detail as it related to different people/departments in different ways but did affect everyone. This will have to go to academic and student affairs councils for review. Motion coming from HR Committee, no second required. Motion passed. (document attached to minutes) It was requested the HR Chair, or a Representative, was available at the other Councils to discuss this proposal.
 - Review of APM 2.25 Tuition Waiver was reviewed again. This was approved in January meeting to move forward. This was reviewed by both Student Affairs Council and Academic and the following items have been addressed and sent back to AAC for review.
 - From Academic Affairs – Concerned how 1D would affect dependents in relation to financial aid and covering classes and not books. Also noted that aid included grants and scholarships but not loans. Requested consideration to delete the proposed 1D.
 - AAC discussed this request and Motion to delete 1D was made by Bill Fowler, seconded and approved
 - From Student Affairs –
 - Proposed that item II regarding part time employees and adjuncts be changed to allow tuition waiver the same as

full time employees including SAU-T and SAU. An official description will be prepared to modify appropriate allowance for PT and Adjunct employees to receive tuition waivers.

- ACC discussed this request and Motion to rewrite II made by Bill Fowler, seconded and approved.
- Reviewed proposed 1B regarding Corporate or Community Education classes not be included in tuition waivers and asked that they still be allowed but only after the classes were full. This would eliminate losing outside customers to otherwise full classes, including Camp Lotsafun.
 - ACC discussed this request and felt it would be burdensome and confusing and did not change the proposal as it was presented.
- Facilities, Energy and Safety Committee – Chair Ray Winiecki was absent. In his absence, however, Andrew Fielder and James Virden presented several items for discussion.
 - Locking mechanisms for classrooms – Andrew Fielder
 - Discussion following recent visits with vendors and the architect for the Administration Building regarding the locking options and the consensus was to continue forward with Best locks and consolidating to one unit across the campus as planned.
 - Fire drills – James Virden
 - Drills are planned after the weather improves but in the very near future. General good response and activity from previous events.
 - Security camera update – Tim Kirk
 - Additional 40 new security cameras are on order and will be either placed in new locations or older equipment replaced with new cameras by June 30, 2019
- Institutional Technology Committee – Charley Hankins – no report
- Professional Development Committee – Ken Bridges – excused but said he had no report
- VPFA Sharing – Those affected by losses in the Administration Building should expect checks within the next week. Reminded everyone budget process in in full swing with initial deadlines met. Tim Kirk also said there were new Alertus updates and recommended everyone update their apps.
- HR Sharing – Bill Fowler – no report.

No other announcements

Motion to adjourn made by Bill Fowler.

Administrative Affairs Council

Membership and Voting Rights

Philip Shackelford, <i>Chair</i>	votes to break a tie
Charley Hankins, <i>Vice-Chair, Chair of Institutional Technology Committee</i>	voting
Ann Southall, <i>Secretary</i>	voting
Dr. Ken Bridges, <i>Chair of Professional Development Committee</i>	voting
Andrew Fielder	voting
Bill Fowler, <i>Advisory (HR)</i>	nonvoting
David Henry	voting
Dr. Tim Kirk, <i>Advisory (IT)</i>	nonvoting
Mike Roberts, <i>Chair of Human Resources Committee</i>	voting
Carey Tucker, <i>Advisory (VPFA)</i>	nonvoting
James Virden	voting
Heath Waldrop	voting
Ray Winiecki, <i>Chair of Facilities, Energy, and Safety Committee</i>	voting

A quorum = 5 voting members + chair.

Motions pass/fail by simple majority = 5 votes.

2.49 Personal Identifying Information (PII)

Chapter Two: Personnel

Procedure Title: Personal Identifying Information (PII)

Based On: Board Policy 3

Procedure Number: 2.49

Date Adopted/Revised: TBD

I. Philosophy and Scope

South Arkansas Community College (“SOUTHARK” or the “College”) is committed to protecting the personally identifiable information (PII) of all students, staff members, and any other individual whose PII is collected by the College in carrying out its mission.

The purpose of this Protection of PII Procedures is to provide a structure for and guidance about the protection of and access to sensitive data, information, and records in the possession of the College. The Human Resources Director, Vice President for Administration and Chief Information Officer and the Vice President for Finance are charged with overall PII management and enforcement.

II. Definitions for the Purpose of these Procedures

- A. **“Gramm Leach Bliley Act (GLBA)”** refers to a Federal law (primarily the Privacy Rule [16 CFR 313] and the Safeguards Rule [16 CFR 314]) requiring all financial institutions to develop, implement, and maintain safeguards to protect customer information. Because the College is in compliance with FERPA to protect the privacy of student records, SOUTHARK is deemed to be in compliance with GLBA.
- B. **“Individual”** refers to a person for whom the College retains PII.
- C. **“Need to Know”** refers to the need for information in a record for the purpose of performing the required task(s) and responsibilities during the course of an employee’s job.
- D. **“Periodic compliance checks”** refers to unscheduled inspections conducted by the appropriate Senior Leader to examine whether safeguards are adequately protecting PII.
- E. **“Personally Identifiable Information”** refers to data or information which includes, but is not limited to: an individual’s name; the name of the individual’s other family members; the address of the individual or individual’s family; a personal identifier, such as the individual’s social security number, identification number, or biometric record; financial data including student loans, banking information, credit card or credit information; other indirect identifiers, such as the individual’s date of birth, place of birth, and mother’s maiden name; other information that, alone or in combination is linked to a specific individual that would allow a person, who does not have personal knowledge or the relevant circumstance, to identify the individual with reasonable certainty; or information requested by a

person whom the College reasonably believes knows the identity of the individual to whom the record containing PII relates.

- F. **“Record”** refers to any educational information or data recorded in any medium.
- G. **“Red Flags Rule”** refers to a federal regulation issued by the Federal Trade Commission (FTC) as part of the implementation of the Fair and Accurate Credit Transaction (FACT) Act of 2003. The Red Flags Rule requires financial institutions and creditors to implement a written Identity Theft Prevention Program and to provide for the continued administration of this Identity Theft Prevention Program. The College is subject to this rule because it holds student accounts that do not require full payment at the time of enrollment, and because it administers student loans.
- H. **“Senior Leadership Team (SLT)”** refers to the President’s Senior Leadership Team, comprised of the President; Vice President for Academic Affairs (VPAA); Vice President for Student Services (VPSS); Vice President for Finance and Administration (VPFA) and others as designated by the President;
- I. **“Sole Possession Record”** refers to a record that is kept in the sole possession of the maker, is used only as a personal memory aid, and is not accessible or revealed to any other person except a temporary substitute for the maker of the record.

III. Required Strategies for the Protection of Personally Identifiable Information

A. Minimizing PII Use

Staff should minimize the use, collection, and retention of PII to what is strictly necessary to accomplish a specific business purpose and mission. The likelihood of harm caused by a breach involving PII is greatly reduced if the College minimizes the amount of PII it uses, collects, and stores. When creating a new form, PII should only be requested if the presence of that information is absolutely necessary and has been approved by the Chief Information Officer (CIO), VPFA, or Human Resources Director (HRD).

B. Categorizing PII

All PII is not created equal. Some types of PII have the potential to subject individuals and/or the College to harm if inappropriately accessed, used, or disclosed. When PII is requested, the CIO, VPFA, or the HRD will evaluate the context of use and determine if the purpose for which the PII is collected, stored, used, processed, disclosed, or disseminated is appropriate and aligns with this policy and other procedures linked within this document.

C. Access to and Location of PII

Prior approval is required from the CIO or HRD to collect and/or house data on any server or system not maintained, owned, or controlled by the College.

D. Evaluation of PII Use

When evaluating a request to use PII, the following factors must be considered:

1. The purpose of the data collection;
2. Whether there is another source of pre-existing data (deals with reduction of duplicative information);
3. Whether all information requested is required (minimizing collection to only what is required);

4. How the data are being stored, for how long, and in what state (deals with physical location, type of device, encryption, and retention);
5. How the data are being transmitted (if applicable) and in what state (deals with encryption);
6. Whether agreements bind the College with third parties (deals with software or web applications or forms); and
7. Whether the use of the PII has been vetted and approved by either the CIO or HRD.

E. Administrative Safeguards

Administrative safeguards include pertinent policies to safeguard PII, training to increase awareness of and compliance with procedures related to safeguarding PII, and communication of philosophy, policies, and procedures related to PII to both internal and external stakeholders.

Administrative safeguards are created to ensure the College complies with the protection of PII in general, FERPA, and by extension the GLBA, and the FTC Red Flags Rule.

F. Technical Safeguards

Technical safeguards include the development of information technology procedures, implementation of tools to monitor and control access to PII, and strategies to retain and back up critical PII.

Technical safeguards, wherever possible, are treated as confidential to limit exploits that might lead to unintended or malicious exposure of PII.

G. Physical Safeguards

Physical safeguards include the development of standard operating procedures to provide physical control and destruction of PII, including but not limited to access control, secure storage facilities, shred bins, and broad-spectrum surveillance in support of physical security for PII.

Physical safeguards, wherever possible, are treated as confidential to limit exploits that might lead to unintended or malicious exposure of PII.

H. Employee Training

Annual PII training is required of all employees. In addition, existing and new procedures will be reviewed to incorporate training elements specific to that policy.

IV. Associated College Procedures

A. Procedures Related to Academic Affairs, Continuing Education, and Workforce Development

The following College information is related to Student Services, Academic Affairs, Continuing Education, and Workforce Development records that contain PII:

1. Academic Assessment and Placement Procedures (deals with test scores and student disability status)
2. Academic Standards Procedures (deals with awarding of grades, credits, and degrees)

3. Code of Student Conduct Procedures (deals with academic integrity)
4. College Travel and Transportation Services Procedures (rosters, waivers, medical information)
5. Complaint Procedures for Students (policy linked with FERPA)

Since the procedures are associated with this overarching Protection of PII Procedures, they will be reviewed by the VPAA, VPSS, Associate Vice President for Continuing Education, and Workforce Development annually as part of the periodic scheduled review. The VPAA, CIO, and HRD will also conduct periodic compliance checks related to PII.

B. Procedures Related to Student Support

The following College procedures are related to Student Support records that contain PII:

1. Admissions Procedures (deals with student PII)
2. Alcohol, Tobacco, Opioid, and Other Drug Use and Awareness Policy and Procedures (deals with reporting for students for ATODA concerns)
3. Behavioral Evaluation and Response Team Procedures (deals with student health status or student conduct)
4. College Travel and Transportation Procedures (rosters, waivers, medical information)
5. Name for Student Records Procedures (covers collection and use of PII)
6. Non-Discrimination Procedures (deals with complaints and investigations for students)
7. Posthumous Awards for Students Procedures (deals with student academic progress records)
8. Privacy and Access to Education Records Procedures (FERPA)
9. Residency Procedures (requires capture and storage of PII)
10. Student Withdrawal Procedures (linked to BERT and FERPA-protected student PII)
11. Title IX Sexual Misconduct Procedures (deals with confidentiality and investigations of students)
12. Video Monitoring of College Premises Procedures (deals with controlled access to video monitoring and use of collected information)

Since the procedures are associated with this overarching Protection of PII Procedures, they will be reviewed by the VPSS annually as part of the periodic scheduled review. The VPSS will also conduct periodic compliance checks related to PII.

C. Procedures Related to Finance

The following College procedures are related to Finance records that contain PII:

1. Records Retention Procedures (deals with PII)
2. Travel and Expense Reimbursement Procedures (collects PII for reimbursement)
3. Tuition and Fees Procedures (linked to financial records and tied to Red

Flags Rule and GLBA)

Since the procedures are associated with this overarching Protection of PII Procedures, they will be reviewed by the VPFA annually as part of the periodic scheduled review. The VPFA will also conduct periodic compliance checks related to PII.

D. Procedures Related to Human Resources

The following College procedures are related to Human Resources records that contain PII:

1. Auxiliary Benefits Procedures (deals with employee health status and insurance)
2. Complaint Procedures for Employees (deals with Title IX issues as well as investigations)
3. Employee Code of Ethics (addresses control of confidential information)
4. Employee Misconduct Procedures (deals with HR actions)
5. Leave Benefits Procedures (deals with health and HR actions)
6. Non-Discrimination Procedures (deals with complaints and investigations for staff)
7. Separation from Employment Policy and Appeal Procedure for Involuntary Separation from Employment (in relation to appeal procedure)
8. Sick Leave Bank Procedures (captures and stores employee health PII)
9. Title IX Sexual Misconduct Procedures (deals with confidentiality and investigations of staff)

Since the procedures are associated with this overarching Protection of PII Procedures, they will be reviewed by the HRD annually as part of the periodic scheduled review. The HRD will also conduct periodic compliance checks related to PII.

E. Procedures Related to Information Technology: The following College procedures are related to Information Technology records that contain PII:

1. Data Management, Use and Protection (deals with electronic data and access data storage, access, and use)

Since the procedures are associated with this overarching Protection of PII Procedures, they will be reviewed by the CIO annually as part of the periodic scheduled review. The CIO will also conduct periodic compliance checks related to PII.

F. Procedures Related to Institutional Effectiveness: The following College procedures are related to Institutional Effectiveness records that contain PII:

1. Advertising by External Parties Procedures (obtains PII from external sources)
2. Institutional Review Board Procedures (deals with the PII of individuals involved in research projects at the College)

Since the procedures are associated with this overarching Protection of PII Procedures, they will be reviewed by the Associate Vice President for Institutional Effectiveness annually as part of the periodic scheduled review. The Associate Vice President for Institutional Effectiveness will also conduct periodic compliance checks related to PII.

V. Procedures for the Protection of Personally Identifiable Information

A. Periodic Scheduled Reviews

This Procedure in its entirety, including associated procedures, will be reviewed annually by the Senior Leadership Team. This annual effort will include a compliance review to improve training, communication, and performance related to safeguarding the PII of all individuals.

B. Periodic Compliance Checks

Senior Leaders will ensure that compliance checks related to this procedure and associated procedures are conducted at least twice per year. The results of the compliance checks will be used to continuously improve processes, procedures, training, communication, and infrastructure related to the protection of PII. The documentation from the compliance checks will be retained according to the IT and HR retention schedule and used to identify trends and PII compliance target training and in the annual scheduled policy review conducted by the Senior Leadership Team.

C. Incident Response

Specific steps on how the College responds to incidents concerning PII are found within the Data Management, Use and Protection procedure, a standard operating procedure document maintained by the CIO; various Federal, State, Local, and College specific rules and guidelines under the oversight of the HRD.

D. Consequence for Failure to Comply with this Policy

Any individual who becomes aware of non-compliance with this procedures has a responsibility to report it to the HRD and/or CIO. Employee or student violators of this Procedures are subject to College disciplinary, up to and including termination.. Students are subject to disciplinary action in accordance with procedures established under the Code of Student Conduct, up to and including expulsion. Violations of this Procedures may be subject to the initiation of legal action by the College.