

BOARD OF REGENTS
for
KENTUCKY STATE UNIVERSITY



Quarterly Meeting of the Board of Regents

Friday, July 21, 2023

1:00 p.m. EDT

Julian M. Carroll Academic Services Building, 2nd Floor
400 East Main Street
Frankfort, Kentucky 40601

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
QUARTERLY MEETING**

***** Meeting Will be Conducted in Person and by Teleconference *****

Friday, July 21, 2023
1:00 p.m. EDT

Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
400 East Main Street
Frankfort, Kentucky 40601
(Primary Physical Location)

Zoom Link: <https://kysu.zoom.us/j/92857183579>

Webinar ID: 928 5718 3579

One Tap Mobile: US: +16469313860,,92857183579# or +13017158592,,92857183579#

AGENDA

- | | |
|--|---|
| 1. Call to Order | Regent Tammi Dukes
Board Chair |
| 2. Swearing-in of Student Regent | Mr. Zachary Atwell
Board Secretary
Acting General Counsel |
| 3. Roll Call | Attorney Atwell |
| 4. Approval of the Agenda | Chair Dukes |
| 5. Ratification of Dr. Akakpo's Contract | Chair Dukes |
| 6. Elections of Chair and Vice Chair | Chair Dukes |
| 7. Information Items | |
| A. Finance & Administration Update | Dr. Wendy Dixie
Acting VP, Finance & Business Affairs |
| B. Insurance Premiums Update | VP Dixie |
| C. Academic Affairs & Student Affairs Update | Dr. Scott A. Wicker
Interim Vice Provost for Academic Affairs |
| | Dr. Stephanie Mayberry
Interim Vice Provost for Student Affairs |
| D. Veterans Affairs Update | Vice Provost Wicker |
| E. IRB/HRPP Policies Discussion | Dr. Michael D. Dailey
Interim Provost |
| F. Management Improvement Plan Update | Mr. Travis Powell
Vice President & General Counsel,
The Council on Postsecondary Education |

G. Gold Book Discussion **Board Chair**

H. Committee Compositions **Board Chair**

8. Consent Agenda **Board Chair**

Approval of Minutes of Prior Board Meetings

- A. April 12, 2023, Quarterly Meeting
- B. April 26, 2023, Special Meeting
- C. May 3, 2023, Special Joint Meeting
- D. May 16, 2023, Special Meeting
- E. May 17, 2023, Special Meeting
- F. May 18, 2023, Special Meeting
- G. May 25, 2023, Special Meeting
- H. May 30, 2023, Special Meeting
- I. June 1, 2023, Special Meeting
- J. June 2, 2023, Special Meeting
- K. June 27, 2023, Special Meeting
- L. June 29, 2023, Special Meeting

Approval of Minutes of Prior Committee Meetings

- A. April 4, 2023, Special Meeting of the Fin. & Admin. Committee
- B. April 24, 2023, Special Meeting of the Executive Committee
- C. June 30, 2023, Special Meeting of the Executive Committee

9. Action Items

- A. Approval of Annual Maintenance and Support for KSU's Current Network Equipment **Acting VP Dixie**
- B. Approval to Purchase A/V Equipment and Furniture to Update Five (5) Classrooms to Hybrid Classrooms **Acting VP Dixie**
- C. Approval of Pending Personnel Actions **Ms. Candace Raglin**
Acting AVP, Finance & Business Affairs
- D. Approval to Reaffirm Hillcrest's Designation as the President's Residence **Board Chair**

10. Closed Session **Board Chair**

- A. Individual Personnel Matters (KRS 61.810(1)(f))

11. Possible Public Action(s) **Board Chair**

12. Closing Remarks **Board Chair**

13. Adjournment **Board Chair**

EMPLOYMENT AGREEMENT

This EMPLOYMENT AGREEMENT (“Agreement”), by and between Koffi Akakpo, PhD (“Dr. Akakpo” or “President”), and Kentucky State University (“University”), in its corporate capacity and in its capacity as an agency and instrumentality of the Commonwealth of Kentucky, is to take effect on July 1, 2023.

RECITALS

WHEREAS, the University is a public university in the Commonwealth of Kentucky and as such, is an agency and instrumentality of the Commonwealth of Kentucky; and

WHEREAS, the University wishes to employ Dr. Akakpo as President of the University and Dr. Akakpo wishes to be employed by the University and serve as its employee, subject to the terms and conditions of this Agreement; and

WHEREAS, the University and Dr. Akakpo wish to set forth the terms and conditions of Dr. Akakpo’s employment with the University in this Agreement;

NOW, THEREFORE, in consideration of the mutual promises, covenants, and conditions contained herein, and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby contract and agree as follows:

ARTICLE I: EMPLOYMENT POSITION

Section 1.1: The parties agree to the employment of Dr. Akakpo as President of the University during the term of this Agreement, as defined in Article II of this Agreement, and upon the terms and conditions set forth in the Agreement, unless Dr. Akakpo is terminated pursuant to Article VIII of this Agreement.

Section 1.2: Dr. Akakpo acknowledges and agrees that his employment by the University is an administrative appointment. Dr. Akakpo further acknowledges and agrees that upon expiration of this Agreement pursuant to Article II of this Agreement, or upon termination of his employment as President of the University pursuant to the terms and conditions of Article VIII of this Agreement, his rights and remedies are specifically limited to those set forth in Article IX of this Agreement.

ARTICLE II: TERM OF EMPLOYMENT

Section 2.1: The University agrees to employ Dr. Akakpo as President for a term of three (3) years beginning on July 1, 2023, and ending on June 30, 2026 (the “Term”). The Term shall also be subject to prior termination in accordance with the provision set forth in Article VIII of this Agreement.

Section 2.2: This Agreement shall expire at 11:59 p.m., Eastern Time, on June 30, 2026 (the “Expiration Date”), unless terminated earlier in accordance with the provision of Article VIII of this Agreement.

ARTICLE III: DUTIES AND RESPONSIBILITIES

Section 3.1: During the Term of this Agreement, Dr. Akakpo agrees to undertake and perform properly, efficiently, and consonantly with the standards of the University, all duties and responsibilities set forth in the Bylaws of the University's Board of Regents (the "Board"), and all other duties and responsibilities attendant to the position of President. These duties shall be carried out under the direction of, and pursuant to, the policies and directives adopted by the Board.

Section 3.2: During the Term of this Agreement, Dr. Akakpo shall devote his professional time, attention, and energy to the business and affairs of the University, but the University acknowledges and agrees that Dr. Akakpo may serve as a member of the board of directors of other organizations that do not compete with the University, and may participate in other professional, civic, religious, or governmental organizations and activities that do not materially affect his ability to carry out his duties as President of the University.

Section 3.3: In addition to other duties and responsibilities set forth in the Board's Bylaws, without limiting their generality, and subject to the provisions below and the duties and obligations expressly established thereunder, and any limitations, Dr. Akakpo shall have the following powers and duties:

- (a) To manage, supervise, and direct the academic and administrative activities of the University as its chief executive officer;
- (b) To maintain appropriate relationships with all students, faculty, staff, and alumni of the University;
- (c) To initiate (without derogating from the Board's power to initiate) and participate in the formulation of University policies and the consideration of all matters before the Board;
- (d) To follow and implement all directions and resolutions of the Board, and to report to and be accountable to the Board;
- (e) To ensure the appointment of outstanding individuals to the senior administration positions of the University, to remain consistent with the budget as approved by the Board, and to ensure that adequate review mechanisms and succession plans are established for said individuals;
- (f) To ensure the preparation of draft budgets and the implementation of the approved budgets;
- (g) To formulate sound long-range planning for the ongoing development of the University and to direct the implementation of those plans when approved by the Board;
- (h) To periodically review the organization and structure of the University, recommend improvements thereto, participate in all relevant Board discussions and thereafter implement Board-approved changes in a planned and orderly fashion;
- (i) To study and appraise results of operations to reinforce successful operations and to rectify any deficiencies or adverse situations;
- (j) To ensure the risks to the University identified in risk-assessment processes are appropriately managed and communicated;
- (k) To personally direct all phases of the daily business operation of the University, and when appropriate, to delegate to qualified individuals of proper authority and responsibility;
- (l) To ensure that the academic and other activities of the University are conducted in compliance with state laws, University policies, and accreditation standards;

- (m) To maintain satisfactory senior-level relationships with third parties, including professional advisors, charitable supporters, governments, agencies of governments, and neighboring communities;
- (n) To protect the reputation and image of the University;
- (o) To carry out all duties and responsibilities in a manner consistent with the University's core values of mutual respect and equity; and
- (p) To serve as the University's chief spokesperson.

Section 3.4: Dr. Akakpo understands and agrees that the duties and responsibilities, as reflected in Article III, are not exhaustive of his duties and responsibilities as President. Dr. Akakpo further understands and agrees that he shall be assigned other duties and responsibilities by the Board and that he shall be expected to carry out such assigned duties and responsibilities promptly and diligently.

ARTICLE IV: COMPENSATION, FRINGE BENEFITS, AND INCENTIVES

Section 4.1: **Base Salary:** In consideration for the terms and conditions of this Agreement, the University shall pay Dr. Akakpo an annual salary of Three Hundred Twenty-Five Thousand Dollars (\$325,000.00), which does not include those fringe benefits that Dr. Akakpo is required or entitled to take pursuant to state law and University policy. The salary shall be payable in monthly installments, in accordance with the University's payroll cycle. Dr. Akakpo shall be eligible for increases in salary during the Term of this Agreement at such times and in such amounts, if any, as determined by the Board through its sole and absolute discretion. During the Term of this Agreement, Dr. Akakpo's base salary may also be decreased if the University enters into financial exigency or requires budget cuts. Dr. Akakpo agrees that all compensation from the University is subject to normal deductions and withholdings for local, state, and federal taxes, and for retirement and other benefits to which Dr. Akakpo is entitled or to which he voluntarily elects, subject to the terms and conditions of Article IV of this Agreement.

Section 4.2: **Travel Reimbursement:** The University will reimburse Dr. Akakpo for all travel and out-of-pocket expenses reasonably incurred by him for the purpose of, or in connection with, the performance of his duties as President under this Agreement. Such reimbursements shall be made in accordance with University travel policies and the laws of the Commonwealth of Kentucky. In those circumstances where it is appropriate for Dr. Akakpo's spouse to travel with him for official University functions or other professional meetings, including, but not limited to, University sporting events, alumni meetings, speaking engagements, association meetings, and conferences, Dr. Akakpo's spouse's travel costs shall also be reimbursed, but only up to Five Thousand Dollars (\$5,000) per year.

Section 4.3: **Fringe Benefits:** Dr. Akakpo shall be entitled to the following fringe benefits ("Fringe Benefits"):

- (a) The standard fringe benefits available to University employees, as defined by the University's personnel policies, including medical insurance, dental insurance, term life insurance, long-term disability insurance, and standard contributions to a mandatory retirement plan;
- (b) Certain voluntary benefits available at Dr. Akakpo's own cost;
- (c) The University shall pay Dr. Akakpo's professional membership fees, up to a maximum of One Thousand Dollars (\$1,000) per calendar year;

- (d) If any fringe benefit, or the value thereof, is based, in whole or in part, upon the compensation paid to Dr. Akakpo, any outside income received by Dr. Akakpo in accordance with the provisions of Section 6.4 of this Agreement shall not be included in the compensation for purposes of calculating such benefit.

Notwithstanding the foregoing, nothing in this Agreement shall restrict the University's right to amend or terminate any benefits plan or program.

Section 4.4: **University Vehicle:** The University shall provide Dr. Akakpo with a monthly allowance of One Thousand Two Hundred Fifty Dollars (\$1,250.00) in lieu of obtaining and maintaining an automobile for Dr. Akakpo's work-related travel.

Section 4.5: **Vacation/Sick Leave:** Dr. Akakpo shall accumulate vacation leave at a rate of twenty (20) days per year. Dr. Akakpo shall accumulate sick leave in accordance with University personnel policies.

Section 4.6: **Official Residence at Hillcrest:**

- (a) The University will provide the campus building designated as Hillcrest for Dr. Akakpo to reside in during the Term of this Agreement. Dr. Akakpo is permitted to house members of his immediate family at Hillcrest.
- (b) However, due to Hillcrest's need for renovations at the time of this Agreement's execution, the University agrees to pay Dr. Akakpo a monthly stipend in the amount of Two Thousand Dollars (\$2,000). Said stipend shall be paid to Dr. Akakpo until reasonable renovations have been completed.
- (c) Upon completion of the renovations as described in Section 4.6.b, the terms and conditions of Section 4.6.d shall apply.
- (d) Dr. Akakpo is permitted to have occasional guests lodge at Hillcrest, provided that said lodging is not for an extended period longer than intermittent visitation. The University shall pay for all utilities, upkeep, and necessary University-related entertainment expenses incurred at the residence. The University shall pay for all maintenance and operating expenses, including groundskeeping, general maintenance, housekeeping, and all utilities, including local and long-distance telephone (other than for personal use), cable, internet, electricity, gas, and water. The University shall be responsible for any real estate tax liabilities. The University reserves the right to make any repairs or improvements it deems necessary. Dr. Akakpo shall seek prior approval from the Board before undertaking any capital improvements to Hillcrest or its grounds. The University shall maintain liability insurance for the residence. Any improvements shall be subject to, and shall be made in compliance with, all relevant laws, policies, and procedures. To the extent renovations to Hillcrest are ever required again, the University shall provide Dr. Akakpo with a temporary monthly stipend in the amount of Two Thousand Dollars (\$2,000.00) until such renovations are complete. The University will furnish Hillcrest, including the family areas therein, unless Dr. Akakpo elects to use his own furniture. Hillcrest shall be available, and shall be used for, University-related business and entertainment on a regular and continuing basis. Costs associated with such University events shall be paid by the University from state funds or private funds, as appropriate. The University shall be responsible for upkeep and cleaning services in accordance with University policies. In the event that Dr. Akakpo's employment with the University is terminated, whether

voluntarily or involuntarily, Dr. Akakpo shall vacate the residence no more than thirty (30) days after such date of termination. It is understood and agreed by the parties that this residence is located on the University's business premises and is furnished for the convenience of the University. The parties agree that it is permissible for Dr. Akakpo to use Hillcrest for the purposes of entertainment and University advancement. In the event that Dr. Akakpo elects not to reside at Hillcrest, he agrees to pay for all housing and other related expenses.

Section 4.7: **Technology Support:** The University shall provide Dr. Akakpo with reasonable and appropriate technology support, including any computers, smartphones, or tablets that are necessary for him to conduct University-related business. There may be tax consequences to this benefit.

Section 4.8: **Moving Expenses:** The University agrees to reimburse Dr. Akakpo up to Fifteen Thousand Dollars (\$15,000.00) for any reasonable moving-related expenses that he may incur as a consequence of his transition to the University. Any such reimbursement shall be made in accordance with University travel policies and the laws of the Commonwealth of Kentucky. To be eligible for reimbursement, Dr. Akakpo must submit original or certified copies of any receipts.

Section 4.9: **Merit Incentive:** On an annual basis, based upon the fiscal year of the University, the Board may award Dr. Akakpo performance incentive compensation based upon his attainment of written goals or objectives previously established by the Board in consultation with Dr. Akakpo. The Board shall make its best efforts to provide Dr. Akakpo with these goals and objectives at least thirty (30) days preceding each fiscal year of the University during the Term of this Agreement. Dr. Akakpo shall be eligible to receive an annual incentive payment based upon certain performance metrics (weighted equally), with each performance metric being separately considered.

- (a) The University will provide Dr. Akakpo with an opportunity to earn a merit incentive bonus each year, with a maximum earning opportunity each fiscal year of Twenty Percent (20%) of his base salary; the highest salary paid to him during any fiscal year will serve as the base salary for purposes of calculating the incentive.
- (b) Elements which the Board will consider in determining whether to award Dr. Akakpo a merit incentive bonus include a demonstration that Dr. Akakpo has achieved the terms set forth in his annual performance plan. Each year, the Board and Dr. Akakpo will establish an annual performance plan for Dr. Akakpo which shall reflect on the University's mission, strategic plan, and mutually agreed-upon objectives, goals, and metrics.
- (c) Annually, the Board will review the performance of Dr. Akakpo and establish priorities, goals, and activities for him. The process of review will be undertaken substantially in conformance with the following:
 1. No later than the first quarterly Board meeting of the calendar year, Dr. Akakpo will report, in writing, to the Executive Committee of the Board his performance, including the achievement of the priorities, goals, and activities which may have been identified by the Board as his performance for the previous year;
 2. No later than the first quarterly Board meeting of the calendar year, the Executive Committee and Dr. Akakpo will meet to discuss the performance of Dr. Akakpo and the priorities, goals, and activities for the year to come;

3. No later than the second quarterly Board meeting of the calendar year, the Executive Committee will review the performance of Dr. Akakpo with the full Board present and recommend in open session, and for Board approval, a list of priorities, goals, and activities for Dr. Akakpo for the year to come; and
 4. No later than the second quarterly meeting of the Board of the calendar year, the Chair of the Board may prepare a report summarizing Dr. Akakpo's goals, objectives, and performance as President and may, after reviewing the content of the report with Dr. Akakpo, make the report public.
- (d) The merit incentive bonus for any fiscal year of the University ending on June 30 shall be paid no later than August 31 of the same year.
- (e) Even though a merit bonus may be warranted in any given year based on Dr. Akakpo's successful achievement of the provisions in his annual performance plan, no merit bonus will be paid in any fiscal year in which the University is over budget or in a state of financial exigency. Further, no merit bonus will be paid in any fiscal year in which the University is incapable of providing a salary increase to all faculty and staff employees.

ARTICLE V: FACULTY RANK AND TENURE

Section 5.1: **Faculty Rank:** During his presidency, Dr. Akakpo will rank as a tenured professor of education at the University. The salary for Dr. Akakpo's faculty appointment shall be One Hundred Sixty-Two Thousand Five Hundred Dollars (\$162,500.00).

Section 5.2: **Tenure:** During his presidency, Dr. Akakpo's tenure status shall be subject to the same University rules and regulations as all other tenured faculty. If Dr. Akakpo's employment as President of the University is terminated for cause, he must resign his tenure, and he will cease to be a member of the faculty. Dr. Akakpo may remain a tenured faculty member of the University under this Agreement if his employment as President of the University ends for any other reason aside from for cause.

ARTICLE VI: PROFESSIONAL ENGAGEMENTS AND OUTSIDE ACTIVITIES

Section 6.1: **Professional Engagements:** During the Term of this Agreement, Dr. Akakpo shall devote his work efforts to the University-related responsibilities assigned to him. However, Dr. Akakpo may devote a reasonable amount of time to professional, civic, community, religious, or charitable activities. With consent from the Chair of the Board, which shall not be unreasonably delayed or withheld, Dr. Akakpo may serve as a director, consultant, or in any other non-employment capacity of not more than a total of five (5) for-profit or nonprofit corporations (other than those entities which the President of the University has traditionally served in some capacity by virtue of his or her position as President or those entities on which it is advantageous to the University for the President to serve in some capacity). Dr. Akakpo may perform other charitable activities not expressly mentioned in this Section.

Section 6.2: **Philanthropy and Civic Support:** During the Term of this Agreement, Dr. Akakpo may also invest his personal assets, as he deems appropriate, so long as such investments do not interfere with the performance of the duties and responsibilities assigned to him by the Board or otherwise violate the conflict-of-interest policy of the University. Any personal income earned by the President in association with his outside activities shall have no effect on his compensation under this Agreement.

Section 6.3: **Other Activities:** The University recognizes that it is both appropriate and beneficial for Dr. Akakpo to engage in outside activities, such as serving on boards of directors, consulting, delivering speeches, and writing. However, Dr. Akakpo may not engage in outside activities that conflict with his duties to, and responsibilities for, the University or that materially impair his ability to perform such duties.

Section 6.4: **Outside Employment:** While Dr. Akakpo is employed by the University as President, he may have the opportunity to earn outside income, but only upon the following terms and conditions:

- (a) Any outside employment shall not interfere with Dr. Akakpo's performance of his duties and obligations as President of the University;
- (b) In no event shall Dr. Akakpo accept or receive, directly or indirectly, any monies, benefits, or any other gratuity whatsoever from any person, corporation, or any University booster, booster club member, alumni, Alumni Association member, or any other benefactor, if such action would violate any laws, constitutions, bylaws, rules, regulations, or policies of the University or the Commonwealth of Kentucky, as now in existence or as hereinafter enacted or amended;
- (c) Such activities are independent of Dr. Akakpo's employment by the University, and the University shall have no responsibility or liability for any claims or causes of action of any type whatsoever which may arise therefrom; and
- (d) Except for the limitations on outside employment as established by this Agreement, or in the laws, constitutions, bylaws, rules, regulations, and policies of the University and the Commonwealth of Kentucky, Dr. Akakpo shall be entitled to retain all revenue generated from outside employment.

ARTICLE VII: REPORTING AUTHORITY

Section 7.1: Dr. Akakpo shall report to the University's Board.

Section 7.2: Dr. Akakpo's job duties and responsibilities may be reviewed, revised, and assigned from time to time, subject to thirty days' written notice by the University's Board.

ARTICLE VIII: SEPARATION OF EMPLOYMENT

Section 8.1: **Termination Without Cause:** The University may terminate Dr. Akakpo's employment prior to the end of the Term of this Agreement at any time with thirty (30) days' prior notice. If the University terminates Dr. Akakpo for any reason other than for cause (as hereinafter defined), Dr. Akakpo will be eligible for severance pay in accordance with Section 8.5. This is contingent upon Dr. Akakpo returning a signed general release, acceptable to the University, within twenty (20) days of its presentation to him by the University.

Section 8.2: **Termination For Cause:** The University may terminate Dr. Akakpo for cause at any time after providing written notice. For purposes of this Agreement, the term "For Cause" shall mean:

- (a) Indictment by federal or state authorities for any crime that involves—in the University’s good faith judgment—theft, dishonesty, or breach of trust in accordance with applicable law;
- (b) Conviction of a felony offense or commission of any act abhorrent to the community which the Board considers materially damaging to the reputation of the University, or which the Board deems as tending to discredit the reputation of the University;
- (c) A legal breach of any administrative or fiduciary obligation by Dr. Akakpo under this Agreement;
- (d) A violation or breach of the duties set forth in the University’s Bylaws;
- (e) Fraud or embezzlement of the University’s property or assets;
- (f) Misconduct, moral turpitude, negligence, or malfeasance (intentional or reckless wrongdoing, with or without malicious or tortious intent) that may, in the good faith judgment of the University, have a material adverse effect on the University; or
- (g) Gross neglect of, or willful failure to perform, the material duties of the President (except for such neglect that results from sickness, illness, or injury) after written notice and reasonable opportunity of not fewer than thirty (30) days to cure the deficient performance.

Dr. Akakpo specifically acknowledges and agrees that if he is terminated for cause at any time prior to the expiration date, all compensation and fringe benefits conferred upon him by this Agreement, and any right to receive the same, shall immediately terminate and cease. Notwithstanding the foregoing sentence, Dr. Akakpo shall be entitled to receive, pursuant to the University’s personnel policies, his earned wages, accrued and unused vacation pay, and unreimbursed business expenses through the date of termination.

Section 8.3: **Death or Disability:** In the event of the death of Dr. Akakpo or any disability of a duration longer than ninety (90) days, the employment of Dr. Akakpo shall immediately terminate, and the University shall only be obligated to pay to Dr. Akakpo or his estate the value of accrued but unpaid salary, vacation pay, and unreimbursed business expenses. In all other respects, the University shall be relieved of all other obligations imposed by this Agreement. “Salary” as used in this Section does not include fringe benefits or their cash values, other than the value of accrued but unpaid vacation. For purposes of this Agreement, a “disability” shall be subject to the definition and determination by the Board in its sole and absolute discretion.

Section 8.4: **Resignation:** In the event Dr. Akakpo resigns or abandons his position as President during the Term of this Agreement, the University shall only be obligated to pay Dr. Akakpo the value of accrued but unpaid salary, accrued but unpaid vacation, and unreimbursed business expenses. In all other respects, the University shall be relieved of all other obligations imposed by the Agreement, and Dr. Akakpo shall have waived and forfeited his rights under this Agreement. “Salary” as used in this Section does not include fringe benefits, or their cash values, other than the value of accrued but unpaid vacation. For the purposes of this Agreement, position “abandonment” shall be subject to the definition and determination by the Board in its sole and absolute discretion.

Section 8.5: **Additional Compensation Payable Following Termination Without Cause:** If Dr. Akakpo is terminated prior to the expiration date for any reason other than for cause, his death or disability, or in the event the University elects not to renew or extend this Agreement at the conclusion of the Term, the University shall be obligated to pay Dr. Akakpo severance pay equal to twelve (12) months of the monthly salary in effect at the time of termination, or the remainder of

what is owed under this Agreement, whichever is less. However, notwithstanding the foregoing, in no event shall the University be obligated to pay the severance pay in fewer than twelve (12) equal monthly installments. "Salary" as used in this Section does not include fringe benefits or their cash values.

Section 8.6: **Retirement Plan Contributions Following Termination of Employment:** Any provision of this Agreement to the contrary notwithstanding, if Dr. Akakpo's employment as President should terminate for any reason whatsoever, whether voluntarily or involuntarily, before his contributions to any retirement plan of the Commonwealth of Kentucky should vest, such portion of the unvested contributions paid personally by Dr. Akakpo shall be refunded to him or his estate, and the University shall pay to Dr. Akakpo or his estate the cash value of the unvested employer contributions to the retirement plan.

ARTICLE IX: MISCELLANEOUS PROVISIONS

Section 9.1: **Entire Agreement:** Dr. Akakpo acknowledges and agrees that this Agreement shall constitute the sole terms and conditions of his employment. The University and Dr. Akakpo acknowledge that this is a fully integrated Agreement and that they are not relying upon any oral representations or any representations of any type whatsoever that are not reflected in this Agreement. Dr. Akakpo specifically agrees that, as to his employment, the terms and conditions of this Agreement supersede any and all rights and/or privileges which Dr. Akakpo shall have had pursuant to the laws and statutes of the Commonwealth of Kentucky, and/or the provisions of the University's staff/faculty personnel policies and procedures of any type whatsoever, and Dr. Akakpo specifically waives any rights and/or privileges which he would otherwise have possessed pursuant to the laws and statutes of the Commonwealth of Kentucky, and/or any other provisions of the University's staff/faculty personnel policies and procedures of any type whatsoever.

Section 9.2: **Amendments:** The University and Dr. Akakpo agree that this Agreement shall not be amended orally, but instead only through a document approved by the Board and executed in writing by the parties hereto. No waiver, consent, modification, or change of terms of this Agreement shall bind the parties unless in writing approved by the Board and signed by all parties, and then such waiver, consent modification, or change shall be effective only in the specific instances and for the specific purposes given.

Section 9.3: **Electronic Personnel Action Form:** Dr. Akakpo understands that for administrative purposes only, he may be issued an Electronic Personnel Action Form ("EPAF") by the University periodically. Dr. Akakpo specifically acknowledges and agrees that an EPAF issued relative to his employment at the University does not constitute a contract and does not in any way supersede, modify, or amend the terms and conditions of this Agreement. This Agreement is the sole instrument governing the terms and conditions of Dr. Akakpo's employment with the University.

Section 9.4: **Separability:** The University and Dr. Akakpo acknowledge and agree that if any Article, Section, sentence, clause, or phrase of this Agreement is, for any reason, held unconstitutional or invalid by any court of competent jurisdiction, such term or provision shall immediately become null and void, leaving the remainder of this Agreement in full force and effect.

Section 9.5: **Governing Law:** This Agreement shall be governed by the laws of the Commonwealth of Kentucky and shall be interpreted pursuant to the laws of the Commonwealth of

Kentucky without giving effect to any conflicts or choice-of-law rule or provision that would result in the application of the domestic substantive laws of any other jurisdiction. Any dispute under this Agreement shall be brought in a state or federal court in the Commonwealth of Kentucky, subject to the provisions set forth in Section 9.6.

Section 9.6: **Mediation:** Should there arise any dispute pertaining to Dr. Akakpo's employment or termination, or should any dispute arise concerning the terms and conditions of this Agreement, the University and Dr. Akakpo agree to first attempt to resolve any such dispute by submitting the same to mediation. Within fifteen (15) days after delivery of a written notice of request for mediation from one party to the other, the dispute shall be submitted to a single mediator located in Frankfort, Kentucky, that is chosen by the parties. Dr. Akakpo and the University specifically agree that all disputes must be filed for mediation within ninety (90) days of the date that a dispute arises; otherwise, any such dispute will be forever barred. This provision shall survive the term of this Agreement and shall apply even in the event that Dr. Akakpo waives any of his rights under this Agreement. The University and Dr. Akakpo agree that they shall be responsible for their own attorneys' fees and further agree to evenly split the costs of any mediation. Should mediation not resolve the parties' dispute, the University and Dr. Akakpo may file suit in accordance with Section 9.5.

Section 9.7: **Rules of Construction:** Dr. Akakpo and the University acknowledge that they have each had an opportunity to consult with counsel of their choosing and to contribute to the preparation of the terms and conditions of this Agreement, and as a result, both parties agree that any rule of construction which provides that a contract or agreement shall be strictly construed against the drafter shall have no application in the construction or interpretation of this Agreement.

Section 9.8: **Headings:** The headings contained in the Agreement are included only for convenience and ease of reference, and they shall not be used in the construction or interpretation of the actual terms and conditions of this Agreement.

Section 9.9: **Board Ratification:** Dr. Akakpo specifically acknowledges and agrees that this Agreement must be ratified by the University's Board of Regents before its terms and conditions become enforceable against the University. Dr. Akakpo specifically acknowledges, consents, and agrees that the Chair of the Board shall be authorized to execute this Agreement, and any amendments or modifications to this Agreement, on behalf of the University.

Section 9.10: **Supersedes Prior Agreements:** Dr. Akakpo specifically acknowledges and agrees that this Agreement supersedes any and all prior discussions, oral representations, negotiations, or agreements he may have had with the University or any of its agents.

Section 9.11: **Acknowledgements:** Dr. Akakpo hereby acknowledges and represents that (1) he has carefully read all of the foregoing; (2) he has been afforded adequate opportunity by the University for the explanation and discussion of this Agreement; (3) he has been given, or at any time shall be entitled to receive, an exact copy hereof; (4) he has been provided the opportunity to consult with an attorney of his choice about all the terms of this Agreement and was encouraged to do so by the University; and (5) he agrees to all the terms of this Agreement voluntarily.

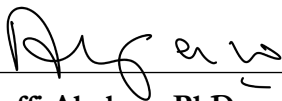
Section 9.12: **Fully Integrated Agreement:** Dr. Akakpo further acknowledges that this is the fully integrated and binding Agreement, and that he is not relying upon any oral representations by the University.

Section 9.13: **Counterparts:** This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed an original, but all of which shall constitute one of the same instrument. Electronic signatures or signatures delivered by facsimile or email shall be deemed original signatures for all purposes, including for purposes of the applicable Rules of Evidence.

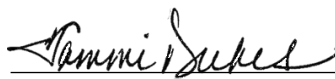
ARTICLE X: RATIFICATION AND EXECUTION

The terms of this Employment Agreement are subject to execution by Dr. Akakpo and the Chair of the Kentucky State University Board of Regents, as well as ratification by the full Board.

EXECUTED as an instrument under seal as of the 1st day of July in the year **2023**:



Koffi Akakpo, PhD
Employee



Regent Tammi Dukes
Chair
Board of Regents
Kentucky State University



KENTUCKY STATE UNIVERSITY BOARD OF REGENTS

INFORMATION ITEM 7B

INFORMATION ITEM

The insurance premium for Excess Side A D&O coverage has returned higher than the good faith estimate of \$24,750, which was the amount presented at the June 27, 2023, Board of Regents meeting.

FACTS

At the June 27, 2023, Board of Regents meeting, it was presented that, based on a good faith estimate, the Excess Side A D&O insurance premium (coverage for Directors' and Officers' personal assets) would not exceed \$24,500. Prior to the carrier finalizing the estimate, the Acting VP for Finance & Business Affairs was informed that the carrier had discovered the APA's special examination report during their assessment of KSU, and as a result, a higher-than-expected premium was finalized.

Assured Partners, KSU's insurance broker, conducted an exhaustive marketing campaign and reached out to twenty (20) carriers. Almost all the carriers declined; however, one (1) carrier did not respond and two (2) carriers provided quotes that were lower (\$37,229 and \$41,200), but with reduced coverage. The decision was made to stay with KSU's current carrier at the increased price to ensure the same coverage.

BUDGETARY IMPLICATION

The total cost of the renewal is \$60,000, which has been budgeted for in the E&G budget for FY24.

The total cost of the renewal for FY23 was \$22,500.

Office of Academic Affairs

Proposed Five-Year Strategic Plan

Faculty Steering Committee

Submitted by the Faculty Steering Committee
4-29-2022

Draft Recommendations

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Executive Summary:

The faculty strategic plan steering committee submit these recommendations for the Office of Academic Affairs consideration as the next Five-Year Strategic Plan titled “Vision 2027: Racing Toward an Impactful, Distinctive, Effective and Sustainable Academic Enterprise.” We would like to Thank committee members co-facilitation and contributions to the following sub-areas:

The Office of Academic Affairs:

- Mission Statement
- Vision Statement
- Value Statement
- Educational Philosophy Statement

Sub-area Strategic Goals:

- Academic Programs
- Enrollment Management
- Retention
- Diversity
- Community Engagement
- Graduate Studies

Committee Name:

Faculty Strategic Plan Steering Committee (FSPSC)

Committee Members:

- Michael Dailey, Ph.D. - Interim Provost and Vice-President for Academic Affairs
- Scott A. Wicker, Ph.D. - Interim Associate Provost
- Shannon Brogan, Ph.D. - Professor of Communication
- Phillip Clay, Ph.D. - Assoc. Professor of Education, Faculty Senate President, Director of CREED & Assessment/ Disability Resource Services
- Joy Coles, DNP – Assistant Professor and Doctor of Nursing Practice Track Coordinator
- Timothy Forde, Ph.D. - Chair, School of Education, Human Development, and Consumer Sciences/Chief Diversity Officer
- Bruce Griffis, M.S. – Assistant Professor of Biology
- Kristopher Grimes, Ph.D. - Associate Professor of Nutrition and Health/Lead Scientist
- Rozina L. Johnson, Ph.D. - Assistant Professor of English
- La’Quida R. Smith, M.A. – Instructor of Psychology
- Sheila Stuckey, MLS - Director, Paul G. Blazer Library
- Gavin Washington, Ph.D. - Associate Professor and Program Coordinator of Health and Physical Education
- Scott A. Wicker, Ph.D. - Associate Professor of Chemistry

Proposed Academic Affairs Five-Year Strategic Plan Title:

Vision 2027: Racing Toward a Distinctive, Effective, Sustainable, and Impactful (DESI) Academic Enterprise

[Note: Desi is defined as Indigenous, unadulterated or pure. Endnote]

University Mission Statement:

Kentucky State University is a public, comprehensive, historically Black land-grant university committed to advancing the Commonwealth of Kentucky, enhancing society, and impacting individuals by providing quality teaching with a foundation in liberal studies, scholarly research, and public service to enable productive lives within the diverse global economy.

Proposed Mission Statement for the Office of Academic Affairs:

Academic Affairs -- at the heart of our academic enterprise -- is an inclusive community ardently committed to the promotion of excellence. We promote a resilient intellectual and creative environment built on preserving culturally responsive assessment and evaluation of academic programs as well as the formation of knowledge. We support the University's Mission by advancing academic freedom, intellectual and creative discovery for students, faculty, and staff through transformative academic programs, curricular experiences, and professional development that broaden participation, disseminate knowledge, and positively impact communities within the Commonwealth and beyond including our lives as global citizens.

Proposed Academic Vision:

Our academic community will be a historically black college and university model of scholarship and advocacy by fostering high-quality educational programming that combines the best qualities of liberal studies and the arts, integrates discovery-based research and innovative practices, and prepares our graduates for lifelong learning, successful careers, leadership, and entrepreneurship.

Proposed Academic Values:

To achieve our mission, we pursue goals and activities within a framework of shared values that serve as a touchstone for our decision-making and form the foundation for culturally responsive evaluation, measurement, and assessment of our effectiveness in achieving our goals. We value:

- Academic Freedom and Tenure;
- Academic Excellence;
- Accountability for our actions and adherence to the highest ethical standards in all our professional obligations and personal responsibilities;
- Equitable Collaboration and Partnerships that adds Value to advance goal achievement and reinforce our mission;
- Faculty and Staff Development for continuous improvement;
- Evidence-based culturally responsive assessment and evaluation;
- Personal responsibility for assisted independent learning in an inclusive and safe learning environment;
- Recognition and reward for outstanding accomplishments;
- Effective use of technology to support integrated discovery-based research into the curriculum and to enhance the learning environment;
- Culturally Responsive strategies to ensure our stakeholders are accurately and visibly represented.

At the cornerstone of our academic enterprise is Transparency. We foster dialog and productive debate during data-informed decision-making within our office and the campus academic sector that is forthright, sets goals, builds trust, and embraces opportunities and challenges.

American Association of University Professors 1940 Statement of Principles on Academic Freedom and Tenure:

The purpose of this statement is to promote public understanding and support of academic freedom and tenure and agreement upon procedures to ensure them in colleges and universities. Institutions of higher education are conducted for the common good and not to further the interest of either the individual teacher or the institution as a whole. The common good depends upon the free search for truth and its free exposition.

Academic freedom is essential to these purposes and applies to both teaching and research. Freedom in research is fundamental to the advancement of truth. Academic freedom in its teaching aspect is fundamental for the protection of the rights of the teacher in teaching and of the student to freedom in learning. It carries with it duties correlative with rights.

Tenure is a means to certain ends; specifically: (1) freedom of teaching and research and of extramural activities, and (2) a sufficient degree of economic security to make the profession attractive to men and women of ability. Freedom and economic security, hence, tenure, are indispensable to the success of an institution in fulfilling its obligations to its students and to society.

Proposed Educational Philosophy Statement:

At Kentucky State University, we believe education...

- Allows us to better understand ourselves, our communities, and the world around us
- Starts with a liberal arts foundation that provides academic context, exposure to diverse ideas and perspectives, and participation in community service and social advocacy
- Prepares learners for employment and changes in career opportunities through lifelong learning
- Allows people to take on active roles in society
- Is key to the growth and development of our Commonwealth community and the broader underrepresented society;
- Evolves from a balanced approach that includes academic learning, advocacy and community service, emotional intelligence, and exposure to new diverse perspectives.

Educational goals are accomplished through...

- Programs and curricula that are current and relevant to the community, Commonwealth, and beyond
- Instructional methods that use a variety of strategies to maximize learning for a diverse student population
- The development of academic and relational skills that foster creative and critical thinking

Academic success begins when students...

- Read voraciously and practice written and oral communication, critical thinking, reasoning, and computational skills daily
- Actively participate in learning and demonstrate literacies that allow them to make contributions to the formation of new knowledge through research and creative processes
- Identify academic, professional, and personal goals and develop plans for achieving them
- Demonstrate intellectual curiosity while maintaining high standards for integrity, respect for others, and inclusion of viewpoints different from their own

Therefore, we *commit to*...

- Mentor students so that they can become self-directed learners, researchers, and creative and performing artists
- Be well prepared and current in our areas of research and instruction so that we can share our enthusiasm for learning and discovery with our students
- Continuously assess student learning to improve instruction and academic programs
- Maintain high expectations and accountability for ourselves and our students toward academic success

Strategic Priorities for the Vision 2027 DESI Plan:

The strategic priorities identified in this plan represent our primary issues and top concerns as we face head-on the demographic, economic and technological forces reshaping higher education at Kentucky State University.

- Academic Programs
- Diversity
- Graduate Studies
- Community Engagement
- Enrollment Management
- Retention

Strategic Priority 1: High-Quality, Relevant, and Inclusive Academic Programs

Kentucky State University strives to foster a culture that prioritizes student success. The success of our students hurls our commitment to teaching, collaboration, innovation, evidence-informed pedagogy, and the advancement of inclusive, equitable, and equal education. We will demonstrate our commitment to student success by reassessing pedagogical practices, growing scholarship, and increasing research infrastructure. We will also enhance transferrable career competencies, cultivate an intellectual climate, and streamline academic curriculum and course offerings. These enactments will help us to refocus our attention, develop and enhance our pathway strategies, so that we may attain our preferred outcomes. The pathway model recognizes the underlying problem is not noncollege-ready students, but barriers that undervalue these alternative routes taken by full-time first-time, first-generation, and marginalized individuals. In addition, our focus is on transformative programs to establish regional standards and best practices to support pathways to a brighter social and economic future.

Strategic Objectives for Priority 1:

- Objective 1.1: Ensure academic programmatic offerings are high-quality, relevant and inclusive to ensure essential employable competencies are achieved within a four-year time to degree; 1.1a) cultivate equitable collaborations and partnerships to enhance and support academic programming impact on student achievements, success, and employability;
- Objective 1.2: Improve instructional costs and productivity by 1.2a) streamlining academic curriculums 1.2b) use data-driven metrics to recommend course offerings and as a mechanism to remove potential barriers to “on-time” degree completion; 1.2c) Identify, co-develop, and provide professional development opportunities to reimagine, reinforce, or build high-quality, relevant and inclusive academic programs; and, 1.2d) refocus academic interventions to be inclusive, holistic and to promote the practice of mindfulness;
- Objective 1.3: Develop an academic enterprise ecosystem based on the pathway model focused on providing multiple routes toward the required training for “on-time” degree or credential completion and attainment; and,
- Objective 1.4: Implement the Kentucky Graduate Profile Academy’s recommendations that require all students graduating from Kentucky State University will have had multiple, intentional opportunities to develop their abilities through the institution's curriculum and co-curricular activities; and 1.4a)

Kentucky State University graduates will articulate and demonstrate essential skills to prospective employers, graduate or professional studies.

Key Performance Indicators for Priority 1:

- KPI 1: Increase the total “on-time” degrees and credentials awarded by KSU;
- KPI 2: Increase the percent of first-time, full-time credential-seeking students receiving a bachelor’s degree “on-time” or within 4- and 6-years at KSU;
- KPI 3: Increase graduate readiness to enter a career, graduate or professional studies. Publish an attainment plan annually to highlight the number of graduates utilizing their degree, assessment reports for all of the Kentucky Graduate Profile Academy’s ‘essential skills,’ and how results are used to enhance academic quality.

Strategic Priority 2: Strengthen Community Engagement

Educators are faced with many challenges in and out of the classroom. One of the top issues in the PK-12, as well as in academia, seems to stem from the problem of the disparities which exist among many students today. Unfair conditions of unequal and noticeable differences among ethnic groups, limited English proficient students, between the sexes, those involved in the juvenile justice system, access to healthcare, even geographic locales (urban or rural) contribute to this “gap”. All of these, in their own particular way, tend to make for an imbalanced level of learning in our educational system. These disparities translate to unambiguous achievement gaps in college and career readiness, student achievement, and access to resources and educational opportunities. The impact of these disparities is far reaching – negatively affecting communities locally, statewide, nationally and globally.

Strategic Objectives for Priority 2:

- Objective 2.1: Bring PK-12, postsecondary educators, field-based educational leaders, educational policy makers, and community members together to **assess, analyze, and remove educational barriers and disparities** in the Commonwealth of Kentucky and Globally.
- Objective 2.2: Develop and support a more vigorous and robust research agenda that addresses educational disparities in our schools and our universities.
- Objective 2.3: Host regional and statewide workshops, professional development activities for our communities, and share research in the academic and popular press.

Key Performance Indicators for Priority 2:

- KPI 1: Increase the number of workshops, conferences, symposiums, speaker series, and national meetings hosted by Kentucky State University
- KPI 2: Increase community supported extramural funding

Strategic Priority 3: Justice, Equity, Diversity, and Inclusive (JEDI) Focused Academic

Enterprise

Office of Academic Affairs is building an academic enterprise that simultaneously centers students, staff, and faculty in a truly belonging education environment by prioritizing justice, equity, diversity, and inclusion. As our country has responded to racial tension and social unrest, the Office of Academic Affairs is committed to the causes of justice, equity, diversity and inclusion (JEDI). We seek justice to identify and remove systemic barriers and disadvantages, opening access to resources and opportunities. We are committed to individual growth through equity to ensure an individual’s race, background, or individual characteristics are no longer a predictor for their life and career outcomes. We seek to reflect our community’s rich history and diversity of people, life experiences and perspectives. We are determined to amplify each student, faculty, and staff’s voice

and eliminate biases regardless of abilities, background or experiences. We further commit to maintaining a psychologically safe post-secondary environment for students, staff, and faculty to exchange creative ideas while moving #KSUForward through high-performance diverse collaborative teams.

Strategic Objectives for Priority 3:

- Objective 3.1. Commit to fostering an academic culture where student, faculty, and staff voices, needs and experiences of those who have been traditionally marginalized are centered in the academic enterprise ecosystem;
- Objective 3.2. Create, co-develop, and support opportunities for students, faculty, and staff to advocate Justice, Equity, Diversity, and Inclusive topics;
- Objective 3.3. Seek support and guidance from the governing board and executive leadership to evaluate if Kentucky State University has the infrastructure, capacities, and capabilities to implement and assess the effectiveness of JEDI initiatives; and,
- Objective 3.4. Expand opportunities for faculty professional development to learn more about **inclusive excellence, cultural competency, and culturally responsive pedagogy** by 10% annually.

Key Performance Indicators for Priority 3:

- KPI 1: Increase the number of workshops, conferences, symposiums, speaker series, and national meetings hosted by Kentucky State University;
- KPI 2: Increase community supported extramural funding;
- KPI 3: Establish or update principles, policies, protocols, or best practices that will strengthen community engagements;
- KPI 4: Increase the number of bachelor's degrees awarded to first-time, full-time low-income students by 3% annually; and,
- KPI 5: Increase the number of underrepresented tenure and tenure track faculty by 3% annually.

Strategic Priority 4: Strategic Enrollment Management Supports Institutional Transformation and Student Success

In an era where student demographics, behaviors, and even levels of participation in education are fluctuating, it's harder than ever before to find, engage, and enroll best-fit or college-ready students for our mission. Strategic enrollment management planning is Kentucky State University's aim to identify, recruit, enroll, retain, and graduate our student body in accordance with our mission, vision, and core values while also maintaining fiscal sustainability. These strategic goals are to: 1) cultivate and build a diverse yet mission-appropriate undergraduate and graduate student body; 2) build a culture and environment that supports the students from recruitment, admissions, financial aid, marketing, student life, and beyond; and 3) create data collection and systems that inform and empower our community, ultimately leading to student success through "on-time" degree completion.

Strategic Objectives for Priority 4:

- Objective 4.1: Establish a Division of Enrollment Management (DEM) unit to lead the enrollment management and retention strategic planning, implementation, and to evaluate the effectiveness;
- Objective 4.2: Strategically manage the overall university enrollment to support KSU's goal to strengthen communities' "on-time" degree completion and credential for a positive economic impact;
- Objective 4.3: Develop equitable and valuable partnerships such as dual enrollment and dual credit programs to increase student enrollment, especially minority males in all academic programs; and,

- Objective 4.4: Develop methods of recruitment within urban and rural cities that emphasize dual enrollment and dual credit opportunities through scholarship and in-state tuition waiver to include bordering states.

Key Performance Indicators for Priority 4:

- KPI 1: Increase the percent of first-time, full-time credential-seeking students receiving a bachelor's or master's degree within a 4- and 6-year cycle at KSU;
- KPI 2: Increase the number of Dual Enrollment and Dual Credit students who subsequently apply and enroll at Kentucky State University to pursue a bachelor's degree;
- KPI 3: Increase the percent of first-time, full-time college ready students, especially Kentuckians seeking degrees and credentials; and,
- KPI 4: Publish annual enrollment management plans highlighting effectiveness, impact, and theory of change for improvements

Strategic Priority 5: Growing and Achieving Excellence in Graduate Education

Develop a strategic enrollment management plan to achieve and maintain optimum recruitment, retention, and graduation rates of high-quality and relevant graduate students.

Strategic Objectives for Priority 5:

- Objective 5.1: Provide an enriching academic environment for the development of leaders with world-class expertise to contribute significantly towards solving increasingly complex issues of our diverse global society;
- Objective 5.2: Establish innovative programs that will promote employability skills and enhance graduate education competitiveness;
- Objective 5.3: Strengthen and enhance the Institutional Review Board (IRB) capacity, capabilities, and infrastructure to support institutional research efforts.

Key Performance Indicators for Priority 5:

- KPI 1: Increase the percent of full-time credential-seeking graduate students earning a graduate degree "on-time";
- KPI 2: Increase the number of Institutional Review Board certified faculty, students, and staff; and,
- KPI 3: Increase the percent of graduate student and graduate faculty publications and presentations at conferences.

Strategic Priority 6: Collaborative Retention Planning Promotes Holistic Approach to Persistent Student Success

Develop a strategic retention management plan to achieve and maintain optimum retention, persistence, and graduation rates of high-quality, relevant, and mindfulness practicing students. We must co-develop and implement effective communication strategies with students to ensure they receive important information in a timely and useful manner. Consult with students to determine the most effective ways to provide critical information regarding dates, resources, and opportunities, including traditional communication channels, and non-traditional channels such as social media. Use effective 21st-century methods for connecting mentors, sponsors, coaches, and advisors to our students.

Strategic Objectives for Priority 6:

- Objective 6.1: Prioritize student retention management planning, infrastructure, and resources to promote student persistence toward “on-time” degree completion;
- Objective 6.2: Integrate scholar-practitioner activities in the curriculum, grow research infrastructure and scholarship, and promote transferable career competencies;
- Objective 6.3: Co-design and implement infrastructure that leverages integrative predictive analytics and multi-dimensional communication to support retention, persistence, and “on-time” completion priorities.

Key Performance Indicators for Priority 6:

- KPI 1: Increase the percent of full-time, first-time credential-seeking students earning a degree “on-time”;
- KPI 2: Increase the percent of full-time, first-time credential-seeking students’ persistence within the semester, semester-to-semester, and year-to-year toward “on-time” completion; and,
- KPI 3: Publish annual retention management plans highlighting effectiveness, impact, and theory of change for improvements.
- KP 4: Track and increase overtime student leader engagement in the co-design process and additional intended and unintended career outcomes.

Reviewed by:

Academic Affairs: Michael Dailey []
Academic Affairs: Scott A. Wicker []

Drafted by: Faculty Steering Committee

Cleared by:

Shannon Brogan ()
Phillip Clay (OK)
Joy Coles ()

Bruce Griffis (OK)
Kristopher Grimes (OK)

La’Quida R. Smith (OK)
Sheila Stuckey (OK)

Scott A. Wicker (OK)

[Note: To clear this document, add “OK” by your name in the parentheses. A cleared document means committee members review, provide feedback, inputs and/or edits to one or more recommendations. A complete list of cleared documents can be found in the committee’s SharePoint Folder. Endnote]



July 11, 2023

Kentucky State University
Attn: Yolanda Benson, School Certifying Official
400 East Main Street, Suite 540 ASB,
Frankfort, KY 40601

NOTICE OF SUSPENSION (RESCINDED)

On July 11, 2023, the Kentucky State Approving Agency for Veterans Education received the requested documents listed in the previous notice of 30-day suspension. We have reviewed the contents of the documents submitted and determined that the conditions for continued approval, and removal of suspension, have been satisfied.

At this time, Kentucky State University has complied with our written request. Therefore, the Kentucky State Approving Agency, as an office of the Kentucky Community and Technical College System, with approval authority under provisions of Chapter 36, Title 38, U.S. Code, and the Kentucky Postsecondary Education Improvement Act of 1997 (38 CFR 21.4150 and 21.4151), is rescinding the suspension of Employment Solutions Inc/College for Technical Education programs to enroll veterans in the approved courses offered at your school.

Effective today, July 11, 2023, you may resume certifying enrollment for any eligible persons at your facility to receive VA educational benefits.

The Kentucky State Approving Agency, in partnership with the U.S. Department of Veterans Affairs reserves the right to conduct both supervisory and compliance reviews of any and all VA student files as this agency and the U.S. Department of Veterans Affairs see fit, (per 38 U.S.C. 21.4209, 21.7307, and 21.9770).

300 North Main Street, Versailles, KY 40383
859.256.3235 Fax: 859.256.3123
<https://veterans.kctcs.edu>

Kentucky Approving Agency for Veterans Education

Kentucky State University
July 11, 2023
Page 2

I would like to thank you for your cooperation and dedication to resolving the issues heretofore outlined in the previous suspension letter. We thank you for your service to the student veterans and military families in Kentucky.

Should you have any questions concerning this action, please feel free to contact me.

Sincerely,



Gwen E. Hacker
Director

cc: Latetsheia Beall, U. S. Department of Veterans Affairs
Gwen E. Hacker, SAA Director
Yolanda Benson, School Certifying Official
Michael Dailey, Vice President of Academic Affairs
Zack Atwell, Interim Deputy General Counsel

KCTCS: \ KYSAA-Veterans affairs\15-Kaleb\FY23RBS\Kentucky State
University\SuspensionRemoval



KENTUCKY STATE UNIVERSITY BOARD OF REGENTS

INFORMATION ITEM 7E

INFORMATION ITEM

Revocation of the Institutional Review Board (IRB) policies and the implementation of the Human Research Protection Program (HRPP) policies and procedures.

FACTS

The Office of Grants and Sponsored Programs wishes to replace the IRB policies with the newly drafted HRPP policies and procedures. The Office of Grants and Sponsored Programs will first seek approval of the HRPP policies and procedures on an interim basis, in accordance with the Policy on Policies. The policies and procedures will be reviewed by the Office of the General Counsel and then submitted to the President for approval. The approved policies and procedures will then be submitted to the Board of Regents for permanent approval at a later date.

More information can be found in Dr. Sharp's letter.

BUDGETARY IMPLICATION

Not applicable.



July 6, 2023

Dear Dr. Koffi Akakpo, Mr. Michael DeCourcy, and Mr. Zachary Atwell,

Dr. Scott Wicker and Dr. Ethan Sharp are requesting that the current Institutional Review Board (IRB) policies and procedures posted on KSU's website BE REVOKED and REPLACED with the attached Human Research Protection Program (HRPP) policies and procedures on an interim basis. Our goals are to reorganize and reconvene the IRB, and once the IRB is reconstituted and functioning, to make any additional revisions that may be needed to the attached HRPP policies and procedures and present them to the Board to be adopted on a permanent basis.

The reasons for this request are the following:

- 1) Federal regulations require that any institution that engages in research involving human subjects have an IRB, and it is important that KSU have a functioning and effective IRB. Although much of the research that takes place at KSU is exempt from IRB regulations, there are a few research projects every year that are not exempt and, therefore, require review and guidance from an IRB. Furthermore, the Department of Health and Human Services strongly encourages researchers who are engaged in exempt research to seek independent confirmation from an IRB or other individuals informed about relevant federal regulations that their research is exempt. In recent years, however, KSU has not had a functioning and effective IRB, and this is due in part to lack of clarity and guidance in the current IRB policies and procedures.
- 2) In the 2022-2023 academic year, Dr. Sharp reconvened the IRB drawing on a list of faculty names provided to him by the previous provost. It is our understanding that prior to this reconvening, there was a period of at least two years in which there was effectively no IRB (OSP has virtually no records related to the IRB from 2019 through 2022.) While nearly all of the faculty involved in the reconvening of the IRB had good intentions and were helpful, after three meetings, it became clear that the members had different understandings of the role of the IRB and basic concepts for an IRB, such as what qualifies as exempt research and what are the federal regulations regarding informed consent. This is due in part to the fact that the current IRB policies and procedures do not state clearly what the training requirements are for IRB members. Furthermore, none of the members agreed to serve as Chair, and Dr. Sharp was left in the role of Acting Chair. While it is standard practice for the OSP to be centrally involved in the orientation of IRB members and the administration of the IRB, an OSP staff member should not also serve as IRB Chair,

as the effectiveness of the IRB ultimately depends on shared responsibility between OSP and the broader university community. The current IRB policies and procedures do not provide clear guidance on what the role of the OSP should be in relation to the IRB, who the IRB Chair should be, and how the Chair is designated.

- 3) At the end of the 2022-2023 academic year, the IRB reached an impasse and did not meet again after it could not reach a broad consensus regarding a proposed change in the application that researchers complete for IRB review and approval. Because of this, a faculty member was not able to submit their application for review, and their research project is on hold. The current IRB policies and procedures do not provide guidance on how changes in applications should be made, nor do they establish an appeals process allowing researchers to file an appeal when they feel they are negatively affected by an IRB's actions or lack of action. More generally, the current IRB policies and procedures do not emphasize that the IRB should help create a collaborative environment where faculty, staff, and students are working together to increase involvement in and advance research at KSU, while ensuring the safety and wellbeing of human subjects.
- 4) The proposed new policies and procedures directly address the problems the IRB encountered over the past year, by establishing clearly what the role of the IRB is, how members and the Chair are appointed, and what the training requirements are for IRB members and OSP staff involved in supporting the IRB. They also clarify some key terms and establish clearly what exempt research is, what qualifies for expedited review, and what the role of OSP is in the IRB and, more generally, the protection of human subjects at KSU. In line with the policies of the University of Kentucky and other institutions, they allow for OSP staff members to be very involved in providing guidance to the IRB and serve as alternate IRB members. They require that one member of the OSP staff serve as KSU's HRPP specialist and IRB administrator, in addition to their other duties (Dr. Sharp will serve in this role for the next academic year.) The new policies and procedures explicitly state that an OSP staff member cannot serve as the Chair of the IRB.
- 5) The proposed new policies and procedures also give the OSP staff the responsibility for revising and updating applications and ensuring that they are in line with standard practices at other institutions. This change is important given that many institutions are now adopting online application and review systems for their IRBs; if this an option for KSU in the future, it will make the transition to an online system easier. The new polices and procedures establish an appeals process allowing faculty to present concerns about IRB procedures and decisions and requiring the IRB to address their concerns. Finally, and most importantly, they stress the importance of shared responsibility, collaboration, and continuous learning and adaptation.
- 6) The revocation of the current IRB policies and procedures and their replacement with the proposed new policies and procedures are needed for more than just addressing some immediate issues; they are also needed because the current IRB policies and procedures

have not been updated since there were substantive revisions of 45 CFR 46 (the main body of federal regulations governing IRBs) in 2018. Furthermore, over the past several years, many institutions have moved toward a Human Research Protection Program (HRPP) model away from a focus on the authority of the IRB. In this model, the IRB is seen as one part of a larger system protecting human subjects, and there is a greater focus on shared responsibility and ongoing education involving the IRB, administrative staff, and researchers. In view of this move toward HRPPs, the current IRB policies and procedures are out of date. Current policies and procedures also do not clearly reference the criteria to be employed in the IRB review process and options regarding informed consent, creating more opportunities for confusion. Current policies and procedures also do not state that the IRB should include at least one member unaffiliated with the institution, which is an explicit requirement provided in 45 CFR 46.107 (c). Finally, the organization of the current policies and procedures is not very good and makes them difficult to read, and because they are difficult to read, they raise additional challenges with educating IRB members and the broader university community about regulations and policies regarding human subjects.

- 7) The proposed new policies and procedures thoroughly incorporate text from and references to the revised 45 CFR 46. They also follow the HRPP model as much as possible and are presented as HRPP policies and procedures, rather than IRB policies and procedures. They establish clearly what the criteria for IRB review is, present the different options that the IRB can consider regarding informed consent procedures, and require that the IRB include at least one member unaffiliated with KSU. While the new policies and procedures incorporate a considerable amount of text from the current policies and procedures, the text has been carefully edited and reorganized, and the new policies and procedures have a more obvious and streamlined organization, making them easier to read and reference. The new policies and procedures also have functioning hyperlinks to relevant federal regulations and guidance. Finally, in areas where significant revisions were needed, the revisions were made to align with the University of Kentucky's policies and procedures for human subjects, as well as the revised 45 CFR 46.

In sum, we believe that the proposed replacement of the current IRB policies and procedures with the HRPP policies and procedures will put the IRB on a much stronger foundation, by giving the OSP a central but clearly defined role in the IRB, and ensuring that IRB are supported and can be effective in their roles. Furthermore, it will help to create an environment in which faculty and staff can work together to keep KSU in compliance with federal regulations regarding human subjects, which include the requirements that KSU have an IRB comprised of diverse members, that the IRB meets regularly, and that IRB records, including applications for IRB review and approval and meeting minutes, are retained.

Sincerely,

A handwritten signature in black ink that reads "Ethan Sharp". The signature is written in a cursive, flowing style.

Dr. Ethan Sharp
Director of Grants and Sponsored Programs

Dr. Scott Wicker
Interim Associate Provost

**Kentucky State University (KSU)
Human Research Protection Program (HRPP)
Policies and Procedures**

Revised 6.30.23

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PURPOSE

To provide a comprehensive outline of policies, procedures, and guidance for research by KSU faculty, staff, and students involving human subjects, including the composition and role of the Institutional Review Board (IRB) and the procedures the IRB will follow when reviewing and approving research, and to facilitate compliance with federal requirements regarding the protection of human subjects, including but not limited to 21 CFR § 56 and 45 CFR § 46. The policies and procedures outlined herein respond to and are aligned with the revisions made to 45 CFR § 46 in 2018.

I. OVERVIEW

1.1 The HRPP

The HRPP is a comprehensive and dynamic system of shared responsibility to ensure the protection of human subjects participating in research. The IRB is an important component of an HRPP, but it is only one part of an overall organizational effort to protect human subjects that involves administrators, faculty, staff, and students. The HRPP recognizes that individual researchers bear responsibility for following ethical principles, adhering to regulatory requirements, and avoiding conflicts of interest. The HRPP also recognizes that ongoing training, education, and communication regarding the protection of human subjects are vital to research integrity and compliance.

1.2 What is the IRB?

The IRB is an independent research review committee mandated by the U.S. Department of Health and Human Services (HHS). Federal regulations require each institution to implement human subject research regulations at its institution whenever its agents conduct research involving human subjects. The IRB and research activities by KSU faculty, staff, and students are subject to review by a variety of federal agencies; chief among them is the [Office for Human Research Protections \(OHRP\)](#).

1.3 The OSP's Role

OSP staff plays a crucial role in facilitating training, education, and communication regarding human subjects, and ensures that the HRPP responds to a changing research environment and remains relevant and effective. OSP staff is responsible for convening the IRB, reviewing and renewing the IRB's registration with OHRP and Federal Wide Assurance, and assisting the IRB with the review of research. One OSP staff member will serve as the designated HRPP specialist and IRB administrator, and up to two staff members will serve as alternate IRB members, as outlined in sections 3.6 and 4.2.

1.4 Federal Wide Assurance

KSU's IRB is registered with the OHRP and maintains a single Federal Wide Assurance (FWA) that commits the institution to complying with federal regulations related to human research protection, including maintaining written procedures for the review of research involving human subjects. This [assurance](#) is applicable to all funded and non-funded research conducted or led by KSU personnel. It stipulates that research by KSU personnel will be guided by ethical principles and the Federal Policy for the Protection of Human Subjects, known as the "[Common Rule](#)" (or 45 CFR § 46 Subpart A), as well as all other Subparts of 45 CFR § 46, which concern protections for pregnant women, fetuses, neonates, prisoners, and children in research.

1.5 Guiding Documents and Regulations

KSU's HRPP is rooted in and guided by the ethical principles outlined in two key historical documents, the *Nuremberg Code* and [Belmont Report](#). These documents became the foundation for the "Common Rule" and 45 CFR § 46. These documents and the federal regulations founded on them are essential references for the IRB, OSP staff, and all KSU personnel conducting research involving human subjects.

Definitions

The policies and procedures herein adhere closely to 45 CFR § 46 and adopt the definitions of terms in [45 CFR § 46.102](#). These include the following definitions:

Human subject is defined as a living individual about whom an investigator (whether

professional or student) conducting research: (i) Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or (ii) Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens.

Research means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

Research does not include the following activities:

- 1) Scholarly and journalistic activities (e.g., oral history, journalism, biography, literary criticism, legal research, and historical scholarship), including the collection and use of information, that focus directly on the specific individuals about whom the information is collected.
- 2) Public health surveillance activities, including the collection and testing of information or biospecimens, conducted, supported, requested, ordered, required, or authorized by a public health authority. Such activities are limited to those necessary to allow a public health authority to identify, monitor, assess, or investigate potential public health signals, onsets of disease outbreaks, or conditions of public health importance (including trends, signals, risk factors, patterns in diseases, or increases in injuries from using consumer products). Such activities include those associated with providing timely situational awareness and priority setting during the course of an event or crisis that threatens public health (including natural or man-made disasters).
- 3) Collection and analysis of information, biospecimens, or records by or for a criminal justice agency for activities authorized by law or court order solely for criminal justice or criminal investigative purposes.
- 4) Authorized operational activities (as determined by each agency) in support of intelligence, homeland security, defense, or other national security missions.

Required Written Procedures

The policies and procedures herein directly address the requirements of [45 CFR § 46.108](#), which require that institutions establish and follow written procedures for the IRB for each of the following:

- Procedures for the IRB to conduct an initial and continuing review of research and for reporting its findings and actions to the investigator and the institution.

- Procedures for determining which projects require review more often than annually and which projects need verification from sources other than the investigators that no material changes have occurred since previous IRB review.
- Procedures for ensuring prompt reporting to the IRB of proposed changes in a research activity, and for ensuring that investigators will conduct the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to eliminate apparent immediate hazards to the subject.
- Procedures for ensuring prompt reporting to the IRB; appropriate institutional officials; the department or agency head; and the OHRP, HHS, or any successor office, or the equivalent office within the appropriate Federal department or agency of (i) any unanticipated problems involving risks to subjects or others or any serious or continuing noncompliance with this policy or the requirements or determinations of the IRB; and (ii) any suspension or termination of IRB approval.

II. ROLE AND AUTHORITY OF THE IRB

The role of the IRB is to protect the rights and welfare of human subjects in research activities conducted by KSU faculty, staff, or students, as well as research conducted by non-KSU personnel on the campus of KSU. The IRB conducts initial reviews of proposed research and monitors continuing research in order to safeguard the rights and welfare of human subjects. The IRB's functions include:

- a. To determine and certify that all projects approved by the IRB conform to the ethical guidelines, regulations, and policies regarding the protection of human research participants; and
- b. To assist researchers in conducting ethical research that complies with federal regulations and is safe for the human subjects involved.

The IRB should not place undue burdens on researchers but should help to create a collaborative environment in which all faculty, staff, and students are following standard practices regarding research integrity and protection of human subjects.

The IRB has the authority to approve, require modifications in order to secure approval, or disapprove all research activities that fall within its jurisdiction in accordance with federal regulations and institutional policies. The IRB has the authority to observe or have a third party observe and monitor research activities in order to protect human subjects. In so doing, the IRB also has the authority to require periodic progress reports, oversee the conduct of studies, and to suspend or terminate approval of a study due to noncompliance. In cases where there is a dispute between researchers and the IRB specifically regarding the protocol review process, the researcher may pursue an appeal.

Research that has been reviewed and approved by the IRB may be subject to review and

disapproval by officials of the institution. However, those officials may not approve research if it has been disapproved by the IRB in accordance with federal regulations. Research that has been reviewed and approved by the IRB is subject to continuing IRB review and must be reevaluated at least annually or more frequently if needed.

III. COMPOSITION AND MANAGEMENT OF THE IRB

3.1 Appointment of Members

The IRB will be comprised of a minimum of five regular voting members qualified through experience and expertise to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects. Members will include faculty and staff of the University, as well as members from outside the University. The Provost or President will appoint members to the IRB and will appoint the Chair of the IRB in consultation with OSP staff. OSP staff will not serve as regular voting members of the IRB, but can serve as alternate members under circumstances where an alternate is needed. The Chair should not be an OSP staff member. Members are appointed for one or two-year renewable terms and for a maximum appointment of six consecutive years.

3.2 Affiliations of Members

The IRB must include at least one member with each of the following primary affiliations: nonscientific, scientific, and nonaffiliated with KSU. Members with scientific affiliations are generally those individuals with training, background, and occupations in STEM fields, behavioral sciences, and health-related disciplines, and/or who conduct scientific research on a regular basis. Members with nonscientific affiliations are individuals with training, background, and occupations in the humanities, interpretive social sciences, and arts and/or who do not regularly conduct scientific and quantitative research. It is possible for a member to fill two roles; for example, a member could be otherwise unaffiliated with the institution and have a primary concern in a non-scientific area. This individual would satisfy two of the membership requirements of the regulations.

The IRB will not consist entirely of members of one profession or discipline. The IRB shall be diverse in its composition and consideration will also be given to the race, gender, and cultural background of each member. In addition, the IRB composition will be sensitive to such issues as community attitudes, promoting respect for its advice and counsel.

3.3 Qualifications of Members

In addition to possessing the professional competence necessary to review specific research activities, the IRB shall be able to ascertain the acceptability of proposed research in terms of regulations, applicable law and standards of professional conduct and practice. The IRB will therefore include persons knowledgeable in these areas and who will continue to develop their knowledge of these areas through participation in trainings and open and collaborative dialogue with OSP staff, other IRB members, and researchers. If the IRB regularly reviews research that involves a vulnerable category of

subjects, such as children, prisoners, pregnant women, or persons with disabilities, then consideration will be given to the inclusion of one or more individuals who are knowledgeable about and experienced in working with these populations.

The IRB will also invite individuals with competence in special areas to assist in the review of issues which require expertise beyond or in addition to that available on the IRB. These consultants will not be members of the IRB and may not vote on protocols. As non-voting consultants, these individuals do not affect the determination of a quorum.

3.4 OSP Staff as Alternate Members

Up to two members of OSP staff can serve as alternate members of IRB. Alternate IRB members replace regular IRB members who are unable to attend meetings of the IRB or conduct a protocol review. Alternate members have qualifications comparable to the applicable regular members, including the completion of required training, and may be an alternate for more than one IRB member as needed. Alternates attending a meeting or conducting protocol review have all the authority of regular IRB members.

3.5 Meeting Attendance and Determination of Quorum

IRB members should be prepared to meet once monthly. If there are no protocols requiring review and discussion by the full Board in a given month, the Chair in consultation with OSP staff may postpone the meeting for that month.

A quorum will be constituted by more than half of the number of the regular voting active membership. When a quorum of regular members is not present, an OSP staff member, may serve as an alternate member. No IRB action may be taken without a properly constituted quorum. If a quorum is lost during a meeting, then the Board may not take further action or vote until the quorum is restored.

3.6 Placing IRB Members on Inactive Status

Periodically, IRB members need to take an extended leave of absence from IRB service. In these cases, the IRB member may be placed on inactive status. Inactive status means that the member is still a member of the IRB, but their absence will not affect quorum. They will be noted on meeting minutes as inactive status, rather than merely absent.

Current active regular voting members of the IRB can petition the IRB Chair to be placed on inactive status if they anticipate an upcoming period of time lasting at least four months but no more than 12 months during which they will not be able to attend IRB meetings or complete regular duties of an active voting member. Current active voting members who wish to be placed on inactive status should make this request in writing to the IRB Chair. The request should be made as soon as possible, preferably at least six weeks before the placement on inactive status will begin. The request should include the start and end date of the period that the member would like to be placed on inactive status. It should also include a brief description of the reason for the inactive status request.

The IRB Chair will decide whether or not to approve a request to place a member on inactive status in consultation with OSP staff and the immediate supervisor of the member making the request. The IRB Chair will inform the member of the decision in writing.

IV. TRAINING REQUIREMENTS

The foundation for the effective implementation of the HRPP and for efforts to promote compliance with HRPP requirements lies in a comprehensive, mandatory education program for all applicable personnel, including IRB members, OSP staff, and researchers seeking review and approval of research involving human subjects.

4.1 IRB Members

All IRB members are to be trained in the protection of human subjects. Members may meet this requirement by successful completion of Collaborative Institutional Training Initiative (CITI) online training. Members should provide OSP staff proof of the training received, such as certificates of completion of the CITI training, within the first three months of being appointed to the IRB. CITI certificates are valid for three years after the date of completion. In addition, OSP staff will provide an orientation to new IRB members every year or as needed. IRB members are expected to be familiar with the policies and procedures herein, as well as relevant federal regulations.

4.2 OSP Staff and the HRPP Specialist

In order to serve as alternate IRB members, OSP staff members must also complete CITI training and provide the IRB with certificates of CITI training completion.

A member of OSP staff will serve as KSU's designated HRPP specialist. The HRPP specialist will complete the functions of an IRB administrator, as well as serve as an alternate IRB member. In addition to completing CITI training, the designated HRPP specialist will periodically participate in other training outside of the CITI training modules, to include conferences, webinars, and other programs. It is recommended that the HRPP specialist develop a training plan in consultation with their supervisor to ensure that the HRPP specialist is informed of any changes in regulations and best practices for HRPPs and can adequately support the IRB. The HRPP specialist will share with the IRB useful articles and other sources of information regarding regulations and best practices via email and in meetings. The HRPP specialist will also assist by providing the IRB clarifications on policies and procedures.

4.3 Researchers

Researchers seeking full or expedited review of research involving human subjects must complete CITI training and submit certificates of completion along with the other materials being provided for IRB review. Researchers seeking a determination that their research is exempt are not required to complete CITI training; however, CITI training is strongly

recommended for all researchers conducting exempt research.

V. PREPARING FOR RESEARCH REVIEW

Researchers should contact OSP staff prior to beginning any new research project involving human subjects, even if the researcher believes that their research is exempt. The IRB must review all non-exempt research protocols involving human subjects at a meeting of the full IRB, except in cases when the research qualifies for the expedited review process. The OSP staff member serving as the HRPP specialist/IRB administrator in consultation with the IRB Chair will assist with determining if the research should undergo full IRB review, qualifies for expedited review, or is exempt.

5.1 OSP as Main Point of Contact

OSP staff will be the main points of contact for researchers seeking IRB approval of their research or a determination as to whether or not their research is exempt. OSP staff will help determine if a project should undergo full review, expedited review, or consideration for exemption. OSP will provide the appropriate application forms to complete for the project, as well as guidance regarding the additional materials to submit.

Once researchers have completed the appropriate form, prepared additional materials that may be needed, and are ready to submit them for review, the researchers will send the materials to OSP staff. If an application requires full or expedited review, OSP staff will in turn provide the application materials to the IRB Chair and other IRB members. Once the IRB reaches a decision on an application, the HRPP specialist/IRB administrator will communicate that decision to the researchers. If the IRB requests revisions to a protocol, the HRPP specialist will communicate the requested revisions to the researchers. In some cases, researchers may communicate directly with the IRB regarding an application, but in general, the HRPP specialist will serve as the liaison between the researchers and the IRB. OSP staff will maintain complete files for each application containing the application materials and communications about the application involving the IRB and the researchers.

5.2 KSU Requirements Regarding Exempt Research

OHRP guidance indicates that determinations of exempt status should be made by individuals independent of the research who are well-acquainted with interpretation of regulations governing the conduct of human subjects research. For this reason, KSU will require that researchers conducting exempt research complete an application to determine that the research is in fact exempt. In most circumstances, the OSP staff member serving as alternate IRB members can determine if a project is exempt. In cases where it is unclear if a project is exempt, the HRPP specialist will ask for guidance from the IRB Chair and reach a decision with the IRB Chair.

5.3 Applications for Exempt Determination and IRB Review

Application Forms

Researchers seeking a determination of exempt status, an expedited initial review, an initial full review, or continuing review must complete the appropriate human research application form. The application form is intended to facilitate the review process by providing a complete and accurate representation of the project to reviewers and allowing researchers to reflect on and address directly questions about the protection of human subjects.

OSP staff will be responsible for developing, revising, and updating application forms and determining how applications should be completed and delivered to the OSP. This may include adoption of an online application system. In the development of application forms and submission procedures, staff will take into account suggestions from KSU researchers and IRB members, while also working to align application processes employed at other institutions of higher education. Applications will require signatures or endorsements by all researchers involved in the project. For students submitting an application, a signature by a faculty sponsor or advisor is required.

When completing human research application forms, researchers should thoroughly address all the questions and items on the applications. These will include questions regarding protecting the anonymity and confidentiality of human subjects and the security and retention of data.

Other Required Documents

All applicable supporting documents must be included with the application, which depending on the type of project, could include recruitment materials, such as flyers, the informed consent form, request for waiver of elements of informed consent, request for waiver of written informed consent, parental permission, any test or survey instruments to be used, child assent scripts, letters from school principals or district superintendents, and certificates of confidentiality. If the project is funded by an external grant, researchers may also be asked to provide a copy of the grant proposal. Application forms will have further instructions as to the additional documents that will be required for review.

Researchers seeking full or expedited review should complete training regarding the protection of human subjects through CITI. Documentation of completion of the CITI training must be submitted with the application. In those instances where a group of students are being used as research assistants for which human subjects are involved, a list of the students and the completion dates of their training must be included on the IRB application. CITI training is valid for three years after being completed.

5.4 Screenings of Protocols

The HRPP specialist or another OSP staff member with appropriate expertise or qualification will conduct a preliminary screening of the human research applications and supporting documents submitted by researchers. OSP staff may make suggestions to

researchers for revisions on the application form before forwarding the application to the IRB. Furthermore, if any of the required documents are missing upon submission, the OSP staff will ask the researchers for the missing documents and will not submit the application for review until all the relevant documents have been provided.

The type of review that a study receives is commensurate with the level and type of risk to participants involved. These risks include the probability and severity of possible harm to the participants' physical, psychological, social, or economic welfare.

5.5 Protocol Review Timeline

Applications that meet exemption criteria will be processed quickly and normally reviewed within a week following receipt. Applications meeting one or more expedited review categories will be processed quickly and normally be reviewed within two weeks following receipt. Applications that require full review by the IRB must be received approximately 30 days in advance of a scheduled IRB meeting.

5.6 Distribution of Materials to the IRB

In cases where a full review is needed, all active voting IRB members will receive all documents submitted by the researchers one week prior to the meeting date. Documents will be distributed electronically by email and/or a file sharing platform.

Additional materials included in the meeting packets will include a copy of the previous meeting's minutes, a list of all determinations of exempt status and expedited actions taken since the previous meeting and a copy of the meeting agenda.

All IRB members will have access to and may review files containing all the applications reviewed in the past year or that are under review. These files will include applications for exemption and expedited review, as well as applications for full review.

VI. DETERMINATION OF EXEMPT STATUS

6.1 Exempt Categories

According to [45 CFR § 46.107](#), as of 2023, research activities are exempt from the human research protection regulations when the only involvement of human subjects falls within one of eight categories. The five most common exempt categories are as follows:

1. Research, conducted in established or commonly accepted educational settings, that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education instruction strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

2. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (iii) the information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7).
3. (i) Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met: (A) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (B) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (C) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7).
 - (ii) For the purpose of this provision, benign behavioral interventions are brief in duration, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the subjects, and the investigator has no reason to think the subjects will find the interventions offensive or embarrassing. Provided all such criteria are met, examples of such benign behavioral interventions would include having the subjects play an online game, having them solve puzzles under various noise conditions, or having them decide how to allocate a nominal amount of received cash between themselves and someone else.
 - (iii) If the research involves deceiving the subjects regarding the nature or purposes of the research, this exemption is not applicable unless the subject authorizes the deception through a prospective agreement to participate in research in circumstances in which the subject is informed that he or she will be unaware of or misled regarding the nature or purposes of the research.

Research involving minors is not eligible for this category of exemption.

4. Secondary research for which consent is not required: Secondary research uses of identifiable private information or identifiable biospecimens that have been or will be collected for a nonrelated primary or initial activity, if at least one of the following criteria is met: (i) The identifiable private information or identifiable biospecimens are publicly available; (ii) Information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects; (iii) The research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under 45 CFR parts 160 and 164, subparts A and E, for the purposes of "health care operations" or "research" as those terms are defined at 45 CFR 164.501 or for "public health activities and purposes" as described under 45 CFR 164.512(b); or (iv) The research is conducted by, or on behalf of, a Federal department or agency using government-generated or government-collected information obtained for non-research activities, if the research generates identifiable private information that is or will be maintained on information technology that is subject to and in compliance with section 208(b) of the E-Government Act of 2002, 44 U.S.C. 3501 note, if all of the identifiable private information collected, used, or generated as part of the activity will be maintained in systems of records subject to the Privacy Act of 1974, 5 U.S.C. 552a, and, if applicable, the information used in the research was collected subject to the Paperwork Reduction Act of 1995, 44 U.S.C. 3501 et seq.

6. Taste and food quality evaluation and consumer acceptance studies: (i) If wholesome foods without additives are consumed; or (ii) If a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the FDA or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

The full list of exempt categories can be found in [45 CFR § 46.107](#). Although research in exempt categories do not need to be approved by the full IRB, the *Belmont Report* principles of respect for persons, beneficence and justice still apply.

Research in categories 1-6 is not exempt if it involves prisoners. All research involving prisoners requires obtaining a certification from OHRP and must be reviewed by the convened IRB. Research that involves children and falls into categories 1 - 6 may be found to be exempt by the IRB. However, the exemption category 2, pertaining to survey or interview procedures or observations of public behavior, does not apply to research involving children, except for research involving public behavior when the researcher does not participate in the activities being observed.

6.2 Procedures for Reviewing Exempt Research

Researchers seeking a determination of exempt status will complete an application for exemption and submit to the OSP. The HRPP specialist or another OSP staff member designated as alternate IRB member are the primary reviewers tasked with making exemption determinations. OSP staff may assign submissions to the IRB Chair or another IRB member to assist with or conduct the exemption review as needed or if specific expertise is required. OSP staff members who have a conflict of interest related to a specific application should assign the application to another reviewer.

Following review, the IRB reviewer will make one of the following recommendations, and OSP will notify the researchers of the IRB reviewer's decision by email:

APPROVED. IRB approval indicates that the IRB reviewer(s) concluded the research protocols meet the federal criteria for approval. OSP staff process the determination and the researcher is provided with an approval letter and, if applicable and practicable, stamped informed consent/assent documents.

REVISIONS and/or ADDITIONAL INFORMATION REQUIRED. The IRB reviewer(s) withhold approval pending submission of revisions or additional information. OSP provides the request for revisions to the researcher, and the researcher responds and re-submits the application within 90 days of receiving the requested revisions.

EXPEDITED or FULL REVIEW REQUIRED. The IRB reviewer may determine the protocol requires expedited or full review by the IRB.

When the IRB has certified a project as exempt, the IRB does not require continuation or annual administrative reviews. The exemption approval can be in effect for up to three years. After three years, if the research is still ongoing, researchers are required to submit a new application for determination of exempt status.

The IRB or OSP staff will not consider any research exempt that involves prisoners, sensitive aspects of subject's behavior, sensitive surveys, or that takes place in settings where subjects have a reasonable expectation of privacy. The IRB or OSP staff will also not consider any research exempt that involves survey or interview procedures involving children or observations of public behavior of children, except for observations of public behavior when the principal investigator does not participate in the activities being observed. Furthermore, in most cases, the IRB or OSP staff will not consider any research exempt that involves a test article regulated by the FDA.

At the time the protocols are deemed to be exempt, researchers will be reminded of the responsibility to report all modifications to protocols and unanticipated problems involving risks to subjects or others in accordance with the policies and procedures herein regarding protocol modifications and unanticipated problems.

VII. IRB REVIEW CONSIDERATIONS

7.1 Criteria for IRB Approval

According to [45 CFR § 46.111](#), the IRB shall approve research after determining that all of the following requirements are satisfied:

1. Risks to subjects are minimized: (i) By using procedures that are consistent with sound research design and that do not unnecessarily expose subjects to risk, and (ii) Whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.
2. Risks to subjects are reasonable in relation to anticipated benefits, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, the IRB should consider only those risks and benefits that may result from the research (as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research). The IRB should not consider possible long-range effects of applying knowledge gained in the research (e.g., the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility.
3. Selection of subjects is equitable. In making this assessment the IRB should take into account the purposes of the research and the setting in which the research will be conducted. The IRB should be particularly cognizant of the special problems of research that involves a category of subjects who are vulnerable to coercion or undue influence, such as children, prisoners, individuals with impaired decision-making capacity, or economically or educationally disadvantaged persons.
4. Informed consent will be sought from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by, 45 CFR § 46.116.
5. Informed consent will be appropriately documented or appropriately waived in accordance with 45 CFR § 46.117.
6. When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.
7. When appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.
8. For purposes of conducting the limited IRB review required by 45 CFR § 46.104(d)(7)), the IRB need not make the determinations on 1. through 7. of this section, and shall make the following determinations: (i) Broad consent for storage, maintenance, and secondary research use of identifiable private information or identifiable biospecimens is obtained in accordance with the requirements of 45 CFR § 46.116(a)(1)–(4), (a)(6), and (d); (ii) Broad consent is appropriately documented or waiver of documentation is appropriate, in

accordance with 45 CFR § 46.117; and (iii) If there is a change made for research purposes in the way the identifiable private information or identifiable biospecimens are stored or maintained, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.

Furthermore, when some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as children, prisoners, individuals with impaired decision-making capacity, or economically or educationally disadvantaged persons, additional safeguards have been included in the study to protect the rights and welfare of these subjects.

7.2 Informed Consent

The IRB will carefully review informed consent processes—and if children are involved, assent processes—to include when, where and how consent or assent is obtained, and any provisions for the on-going consent or assent of subjects. Informed consent shall be obtained only under circumstances that provide the prospective subjects or the subject's legally authorized representative with sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion and undue influence. Generally, the IRB will not dictate the procedure to be used to obtain informed consent or assent, but reserves the right to do so if deemed necessary.

General Requirements

According to [45 CFR § 46.116](#), general requirements for informed consent include:

1. Before involving a human subject in research covered by this policy, an investigator shall obtain the legally effective informed consent of the subject or the subject's legally authorized representative.
2. An investigator shall seek informed consent only under circumstances that provide the prospective subject or the legally authorized representative sufficient opportunity to discuss and consider whether or not to participate and that minimize the possibility of coercion or undue influence.
3. The information that is given to the subject or the legally authorized representative shall be in language understandable to the subject or the legally authorized representative.
4. The prospective subject or the legally authorized representative must be provided with the information that a reasonable person would want to have in order to make an informed decision about whether to participate, and an opportunity to discuss that information.
5. Except for broad consent obtained in accordance with [paragraph \(d\)](#) of this section:
 - (i) Informed consent must begin with a concise and focused presentation of the key information that is most likely to assist a prospective subject or legally

authorized representative in understanding the reasons why one might or might not want to participate in the research. This part of the informed consent must be organized and presented in a way that facilitates comprehension. (ii) Informed consent as a whole must present information in sufficient detail relating to the research, and must be organized and presented in a way that does not merely provide lists of isolated facts, but rather facilitates the prospective subject's or legally authorized representative's understanding of the reasons why one might or might not want to participate.

6. No informed consent may include any exculpatory language through which the subject or the legally authorized representative is made to waive or appear to waive any of the subject's legal rights, or releases or appears to release the investigator, the sponsor, the institution, or its agents from liability for negligence.

Basic Elements

[45 CFR § 46.116](#) offers the following outline of the basic elements of informed consent:

Except as provided in [paragraph \(d\)](#), [\(e\)](#), or [\(f\)](#) of this section, in seeking informed consent the following information shall be provided to each subject or the legally authorized representative:

1. A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures that are experimental;
2. A description of any reasonably foreseeable risks or discomforts to the subject;
3. A description of any benefits to the subject or to others that may reasonably be expected from the research;
4. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject;
5. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;
6. For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained;
7. An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject;

8. A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled; and
9. One of the following statements about any research that involves the collection of identifiable private information or identifiable biospecimens: (i) A statement that identifiers might be removed from the identifiable private information or identifiable biospecimens and that, after such removal, the information or biospecimens could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the subject or the legally authorized representative, if this might be a possibility; or (ii) A statement that the subject's information or biospecimens collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies

[45 CFR § 46.116](#) provides further guidelines regarding broad consent, requests for waiver of informed consent, and clinical trial consent. The IRB should refer to the federal regulations when reviewing projects that involve these matters.

Documentation of Informed Consent

According to [45 CFR § 46.117](#), informed consent shall be documented by the use of a written informed consent form approved by the IRB and signed (including in an electronic format) by the subject or the subject's legally authorized representative. A written copy shall be given to the person signing the informed consent form.

However, the IRB may waive the requirement for a signed informed consent form for some or all subjects if it finds any of the following:

- (i) That the only record linking the subject and the research would be the informed consent form and the principal risk would be potential harm resulting from a breach of confidentiality. Each subject (or legally authorized representative) will be asked whether the subject wants documentation linking the subject with the research, and the subject's wishes will govern.
- (ii) That the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context; or
- (iii) If the subjects or legally authorized representatives are members of a distinct cultural group or community in which signing forms is not the norm, that the research presents no more than minimal risk of harm to subjects and provided there is an appropriate alternative mechanism for documenting that informed consent was obtained.

In cases in which the documentation requirement is waived, the IRB may require the investigator to provide subjects or legally authorized representatives with a written statement regarding the research.

[45 CFR § 46 Subpart D](#) addresses the process of obtaining assent for research involving children. IRB reviewers should refer to all relevant sections of the 45 CFR § 46 when making a determination regarding the adequacy and appropriateness of informed consent and assent processes.

7.3 Other Considerations

The following are other issues that the IRB may consider to meet its obligations under 45 CFR § 46.111 and University policies and procedures. This is not an exhaustive list, and the IRB may consider other issues not listed here.

Study Design

The IRB will examine the soundness of the study design insofar as it impacts the rights and welfare of the human subjects. The responsible conduct of research dictates that if a research study is so methodologically flawed that little or no reliable information will result, it is unethical to put subjects at risk or even inconvenience them through participation in such a study. The IRB may request an expert consultant review or defer to scientific review committees, in order to determine whether a study design places subjects at unnecessary risk. The IRB may approve a study design that involves deception or withholding of information, if the strategies are justified and the protocol provides for a post-study debriefing of the subjects.

Risks and Benefits

The IRB will assess whether the risks to subjects are reasonable in relation to the anticipated benefits, if any, to the subjects, and the importance of the knowledge reasonably expected to result from the research. The IRB will consider only those risks and benefits that may result from the research as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research. The federal regulations do not allow the IRB to evaluate the possible long-range effect of applying the knowledge gained through the research. The IRB is required to review any possible benefits a subject may derive from participation in research, or the benefits of new knowledge that may justify asking a person to undertake the risks of the study.

According to 45 CFR § 46, minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. For the prison population, minimal risk is defined as the probability and magnitude of physical or psychological harm that is normally encountered in the daily lives, or the routine medical, dental, or psychological examination of healthy persons.

Selection of Subjects

The selection of subjects should be equitable and free of any coercion, both explicit and implied. The IRB will consider the purpose of the research and the setting of the research. The IRB will closely examine research involving vulnerable subject populations, such as children, prisoners, subjects with cognitive disorders, or economically or educationally disadvantaged subjects. Researchers should detail any extra precautions taken to safeguard the rights and welfare of subject populations.

Confidentiality

The IRB is required to review the method for prospective identification and recruitment of subjects, to include the means of identifying and contacting potential subjects and the methods for ensuring the subjects' privacy and confidentiality. Researchers will include plans for ensuring the privacy and confidentiality of subjects in their applications for IRB approval.

Subject Safety

Whenever appropriate, the IRB will require a research plan to make adequate provisions for monitoring the data collected to ensure the safety of subjects. The IRB will review who has been identified in the protocol as having the primary responsibility for analyzing and responding to subject safety issues and will determine whether the study should be modified to minimize risk to current or future research subjects.

Frequency of Review

The IRB may determine that a project requires more than annual review and may require an appropriate monitoring procedure that could include monitoring of the consent process, observation of the research procedures, formulation of a data and safety monitoring plan, and review of research related records.

Reasons for requiring IRB review more frequently than annually may include but are not limited to: securing the confidentiality of sensitive information, monitoring the safety of subjects, and ensuring participants are free from undue influence or coercion.

Surveys and Other Instruments

Surveys, questionnaires, focus group and interview questions, and related materials should be reviewed to ensure that they adequately reflect the purpose and procedures in the study and handle sensitive issues appropriately. If the materials ask for information that, according to local law, would require reporting (e.g., elder, spouse, or child abuse), the consent form should explain this exception to the promise of subject confidentiality. There are, however, a variety of psychological and other measures which are considered "standard" and, while they cannot be modified, reviewers should still indicate if use of a

given measure is appropriate for a particular study.

In particular, reviewers should consider if survey answers, if known, would impact a subject's reputation, liability, and insurability, or in other ways pose a risk for the subject.

According to the [Protection for Pupil Rights Amendment](#), there are 8 categories of protected information for surveys involving K-12 students. These are: 1) political affiliations of student or student's parent; 2) mental or psychological problems of student or student's family; 3) sex behavior or attitudes; 4) illegal, anti-social, self-incriminating or demeaning behavior; 5) critical appraisals of others with whom students have close family relationships; 6) legally recognized privileged or analogous relationships, such as with lawyers, doctors or ministers, 7) religious practices, affiliations or beliefs of student or student's parent; and income. 8) income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program). Research involving any of the eight identified categories requires written parental informed consent prior to participation of a child.

Coercion and Undue Influence

Coercion occurs when an overt or implicit threat of harm is intentionally presented by one person to another in order to obtain compliance. For example, a researcher might tell a prospective subject that he or she will lose access to needed health services if he or she does not participate in the research.

Undue influence can occur through an offer of an excessive or inappropriate reward or other overture in order to obtain compliance. For example, a faculty researcher might promise psychology students extra credit if they participate in the research. If that is the only way a student can earn extra credit, then the researcher is unduly influencing potential subjects. If, however, she offers comparable non-research alternatives for earning extra credit, the possibility of undue influence is minimized.

In addition to undue influence that can arise with the offering of rewards, undue influence also can be subtle. For example, students might feel pressure to participate in research if everyone else in the class is doing so. Because influence is contextual, and undue influence is likely to depend on an individual's situation, it can be difficult for IRBs to distinguish undue influence. It is up to the IRB to use its discretion in determining which circumstances give rise to undue influence. For example, an IRB might consider whether the informed consent process will take place at an appropriate time and in an appropriate setting, and whether the prospective subject may feel pressured into acting quickly or be discouraged from seeking advice from others.

Because of their relative nature and lack of clear-cut standards on the boundaries of inappropriate and appropriate forms of influence, researchers and IRB members must be vigilant about minimizing the possibility for coercion and undue influence. Reasonable assessments can be made to minimize the likelihood of undue influence or coercion occurring. For example, the IRB may recommend restricting levels of financial or

nonfinancial incentives for participation and should carefully review the information to be disclosed to potential subjects to ensure that the incentives and how they will be provided are clearly described. Known benefits should be stated accurately, and potential or uncertain benefits should be stated as such, with clear language indicating how much is known about the uncertainty or likelihood of these potential benefits.

The IRB should be especially attentive to reviewing research protocols when some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons. In these instances, additional safeguards are to be included in the study to protect the rights and welfare of these subjects. Thus, inducements that would ordinarily be acceptable in some populations may become undue influences for these vulnerable subject groups.

Payments to Subjects

It is not uncommon for subjects to be paid for their participation in research. Payments to research subjects for participation must not be considered a benefit. Researchers seeking IRB approval for a project involving payments to research subjects will present the amount and schedule of payments to the IRB at the time of the initial review. The IRB will review both the amount of the payments and the proposed method and timing of disbursement to assure that neither are coercive nor present undue influence.

In no case should remuneration for participation in research be viewed as a way of offsetting risks; that is, it should not be considered a benefit to be weighed against study risks. The level of remuneration should not be so high as to cause a prospective subject to accept risks that they would not accept in the absence of the remuneration.

Deception in Research

As a rule, deception of subjects is not considered ethical in human subject research, especially in relation to the principle of informed consent. In certain circumstances, the IRB may approve the use of deception when it is deemed absolutely necessary for the the study and does not put the subjects at inappropriate risk. In such instances, researchers may be asked to debrief subjects upon completion of their participation, and this debriefing should disclose the deception used and why the use of deception was necessary.

Financial Conflicts of Interest

Financial conflict of interest in research is the existence of a significant financial interest on the part of researchers that an independent observer might reasonably determine could affect or compromise, or appears to affect or compromise, the design, conduct, reporting, or management of research. Financial conflicts of interest have the potential to skew or influence the collection, analysis, and interpretation of data, the hiring of staff, the procurement of materials, the sharing of results, the choice of protocol, the

involvement or consenting of human participants, or the use of statistical methods.

The IRB must be concerned about potential for biased judgment or other abuse when IRB members and researchers have a financial obligation or interest that may pose a conflict of interest which competes with the obligation to protect the rights and welfare of human subjects. In cases where there may be a potential financial conflict of interest, the IRB will refer to KSU's policies regarding conflicts of interest. The IRB may request additional information and revisions of protocols to address conflicts of interest.

VIII. INITIAL FULL BOARD REVIEW

The IRB will review research protocols requiring full Board review at convened meetings at which a majority of the members of the IRB are present, including at least one member whose primary concern is in a nonscientific area.

8.1 Procedures

Researchers seeking a full Board review of a project will submit an application package to the OSP at least one month before a scheduled meeting. In turn, OSP staff will conduct a preliminary screening of the application package, and once the screening has been completed and any issues with the screening have been addressed, OSP staff will provide the application package to the IRB at least one week before the meeting.

A primary/secondary reviewer system will be used for new applications reviewed by the convened IRB. However, all IRB members will review all information on the agenda in advance of the meeting (including those protocols for which the IRB member is not the primary reviewer) to be familiar with the protocol, to be prepared to discuss the protocol at the meeting, and to be prepared to determine whether the research meets the regulatory criteria for approval.

The full review of research must be substantive and meaningful with a recorded vote for, against, abstentions, and recusals from each study. The minutes of IRB meetings should document with sufficient detail the deliberations, actions, and votes for each protocol undergoing review by the convened IRB, in addition to a written summary of the discussion of issues related to each application and their resolution.

Review by the full Board at a convened meeting is warranted in circumstances such as the following: the research protocol involves more than minimal risk of harm to subjects, which can include physical, emotional, social, psychological, or financial risks; a certificate of confidentiality is requested; the research involves recruitment of vulnerable populations; and/or a conflict of interest or potential conflict of interest exists.

OSP staff will be responsible for determining if the review of a protocol requires coordination with other University committees or consideration of additional federal regulations and requirements other than those contained in 45 CFR § 46. For example, the agency funding a project may have additional requirements that will have an impact

on the review process. OSP staff will provide guidance to the IRB in cases where coordination is needed or where there are additional requirements.

8.2 Primary/Secondary Reviewers

The IRB Chair in consultation with the HRPP specialist assigns a primary and secondary reviewer for each protocol in advance of each full Board meeting. All members, including the IRB Chair, may serve as a primary or secondary reviewer. In selecting the primary reviewer, consideration is given to the individual's knowledge of the subject area embodied in the proposal. The primary and secondary reviewers conduct an in-depth review of all items required for IRB submission of a new application, including informed consent/assent documents and all supplemental materials.

The primary and secondary reviewers are encouraged to contact the IRB Chair and OSP staff in advance of the Board meeting to request any additional information or clarification. OSP staff may contact researchers to obtain any necessary additional information before the meeting. The primary reviewer will lead discussion of the project they were selected to review. The OSP staff member serving as the HRPP specialist will provide a checklist to primary and secondary reviewers to ensure that all criteria for approval of research have been fulfilled. The completed checklist will be returned to OSP staff so it can become part of the complete project file.

8.3 Assistance from Consultants

If none of the IRB member has adequate knowledge or experience to review a given protocol, a consultant with appropriate expertise and experience may be engaged to assist with conducting the review. Consultants may include ad hoc scientific consultants, with expertise in the relevant area of research, or cultural consultants, with specialized knowledge of the populations that are the focus of the study. All ad hoc or cultural consultants will have access to the same information in the IRB review process as voting IRB members. However, consultants will not vote on protocols.

8.4 Avoiding Conflicts of Interest

No IRB member, including the primary and secondary reviewers, may participate in the review of any project in which the member has a conflict of interest or vote on any project in which the member has a conflict of interest. It is the responsibility of each IRB member to recuse themselves in cases of conflict of interest.

IRB members may consult with the IRB Chair and OSP staff to determine if a conflict of interest exists. OSP staff will ensure that ad hoc or cultural consultants do not have a conflict of interest related to the project under review.

8.5 Outcomes of Review

An IRB member makes a motion, another member seconds the motion, and then the

convened IRB votes for, against, or abstains from one of the following five actions:

APPROVED. IRB approval indicates the IRB has concluded that the research and consent/assent forms meet the federal criteria for approval. IRB approval verifies that the IRB agrees with the assessment of the protocol and/or specific findings as described in the application. OSP staff process the approval, and the researcher is provided with an approval letter and, if applicable and practicable, stamped informed consent/assent documents.

MINOR REVISIONS and/or ADDITIONAL INFORMATION REQUIRED. This decision indicates that the IRB has approved the protocol pending submission of minor revisions and that the IRB has given the primary reviewer the authority to approve the minor revisions. OSP staff generates an email requesting revisions and returns the submission to the investigator. The investigator responds to the IRB's suggested revisions, making relevant changes in the application and re-submits to the OSP. OSP staff then provides the revised application to the primary reviewer. The reviewer may defer the response to a convened meeting for review by the full IRB, request additional information, or approve the protocol.

TABLED. This decision indicates that the IRB withholds approval pending submission of major revisions and additional information. OSP staff drafts a letter and returns the submission to the investigator, outlining the reasons for tabling the protocol, and includes a description of the revisions or clarifications requested. For some studies, the IRB may appoint one or more members of the IRB to discuss the reasons with the investigator. In cases where the IRB decides to table discussion of an application, the IRB may also vote to invite the researcher requesting approval to a future meeting of the IRB in which the researcher will discuss or answer IRB concerns or question. OSP will be responsible for extending the invitation to the researcher to attend the meeting and providing a list of the concerns or questions to be discussed.

DISAPPROVED. In the case of disapproval, OSP staff generates a letter describing the reasons for disapproving the protocol and provides it to the researcher. A study may be disapproved if the IRB has enough information to make the necessary determinations of approval in line with the federal criteria but believes the research protocol does not meet the criteria and is unable to provide suggested changes.

8.6 Approval Periods

During the convened meeting, the IRB determines the approval period, as appropriate to the degree of risk but not less frequently than once per year for research retaining full Board review status. The IRB may set a shorter approval period for high risk protocols or protocols with high risk/low potential benefit ratios. The approval start date is the date on which the protocol receives final approval from the IRB. The beginning and end date of the approval period will be provided in the approval letter and any stamps placed on informed consent documents.

8.7 Appeal Process

If a researcher has concerns regarding an IRB decision, changes that the IRB has requested in a research protocol, or any other aspect of the submission and review process, the researcher may submit a formal appeal. The appeal will involve providing a letter to the OSP staff with a request for a change in the IRB's decision or processes and a justification for why the change is needed. The OSP staff will then submit the letter to the IRB and any additional materials needed for a full consideration of the appeal. The full IRB will consider and vote on a response to the appeal at the next scheduled meeting of the IRB. The IRB will provide the individual who submitted the appeal a letter notifying them of the IRB's response to the appeal and an explanation for the response. The IRB Chair should sign the letter.

However, the IRB may not vote to approve an ad hoc change in the submission and review processes that contravenes written policies and procedures. If a change in policies and procedures is needed, the IRB may vote to begin the process of revising policies and procedures, in consultation with OSP staff, and obtaining approvals for amended policies, as needed, from the Provost, President, and Board of Regents.

IX. INITIAL EXPEDITED REVIEW

Expedited review is a procedure through which certain kinds of research may be reviewed and approved without convening a meeting of the IRB. Federal regulations make provisions for certain categories of research to be reviewed through an expedited procedure if the research involves no more than minimal risk. Expedited review is intended to enable the institution to conserve administrative resources, provide timely reviews, and focus the convened meetings of the IRB on those research activities involving greater risks or ethical complexities. The IRB may also use the expedited review procedure to review minor changes in previously approved research during the period covered by the original approval. Reviews are done on an ongoing basis, meaning that the review is accomplished independently of the IRB meeting schedule.

9.1 Procedures

Researchers seeking expedited review will submit an application package to the OSP. In turn, OSP staff will conduct a preliminary screening of the application package, and once the screening has been completed and any issues with the screening have been addressed, OSP staff will consult with the IRB Chair to determine who will be responsible for the expedited review. The expedited review may be carried out by the IRB Chair, an IRB member designated by the Chair, or the HRPP specialist serving as an alternate IRB member when an IRB member is unavailable to complete the review in a timely manner. It is preferable, however, that an IRB member complete the review.

If the IRB member selected for an expedited review has a conflict of interest with the project in question, it is the responsibility of the IRB member to notify the Chair and OSP staff and recuse themselves. If an IRB member is unable to complete a review because

of conflict of interest, or for any other reason, the Chair will approach another IRB member to complete the review. Consultants may assist the IRB Chair and other IRB members in making decisions in expedited review, but expedited review cannot be performed solely by persons who are not voting members of the IRB.

Expedited reviewers only approve research that meets the federal criteria for approval. Also, expedited reviewers ensure that the study's informed consent process and documentation meet the requirements as specified in 45 CFR § 46.116 and 21 CFR § 50.25. Expedited reviewers exercise all the authority of the IRB in completing their review, except that the reviewers may not disapprove research. A research activity may be disapproved only after full Board review. Expedited reviewers should take into account any protective measures included in the research design as part of the process of determining if the proposed research involves no more than minimal risk. However, some social and behavioral studies involve more than minimal risk, even though they include such protective measures.

The expedited reviewer, with input from other IRB members and OSP staff as applicable, provides feedback for any clarification needed and documents the issues discussed on a reviewer checklist provided by OSP staff. The expedited reviewer records their determinations on the checklist and returns it to OSP staff.

OSP will provide an updated list of research protocols approved under the expedited review procedure to the IRB at each scheduled meeting, and all IRB members will have access to all files containing expedited review applications and decisions. Any IRB member may request additional information from the Chair or OSP staff regarding the expedited determination of any particular protocol.

9.2 HHS Guidelines for Expedited Review

In accordance with [45 CFR § 46.110](#), HHS has established guidelines regarding the applicability of expedited review and categories of research that are eligible for expedited review. These guidelines are posted on the [HHS website](#) and are as follows:

Applicability

- A. Research activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the following categories, may be reviewed by the IRB through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110. The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.
- B. The categories in this list apply regardless of the age of subjects, except as noted.

- C. The expedited review procedure may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.
- D. The expedited review procedure may not be used for classified research involving human subjects.
- E. IRBs are reminded that the standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of review—expedited or convened—utilized by the IRB.
- F. Categories one (1) through seven (7) pertain to both initial and continuing IRB review.

Research Categories



1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met. (a) Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.) (b) Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows: (a) from healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8-week period and collection may not occur more frequently than 2 times per week; or (b) from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8-week period and collection may not occur more frequently than 2 times per week.
3. Prospective collection of biological specimens for research purposes by noninvasive means. Examples: (a) hair and nail clippings in a nondisfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (f)

placenta removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.

4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.) Examples: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.
5. Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. This listing refers only to research that is not exempt.)
6. Collection of data from voice, video, digital, or image recordings made for research purposes.
7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. This listing refers only to research that is not exempt.)
8. Continuing review of research previously approved by the convened IRB as follows: (a) where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects; or (b) where

no subjects have been enrolled and no additional risks have been identified; or (c) where the remaining research activities are limited to data analysis.

9. Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

9.3 Outcomes of Review

Following review, the expedited reviewer will make one of the following recommendations, and OSP will notify the researchers of the reviewer's decision by email.

APPROVED. IRB approval indicates that the IRB reviewer(s) concluded the research and consent forms meet the federal criteria for approval. An approval determination verifies the IRB agrees with the assessment of the protocol and/or specific findings as described by the researcher in the application. OSP staff process the determination, and the research is provided with an approval letter and, when applicable and practicable, stamped informed consent/assent documents.

REVISIONS and/or ADDITIONAL INFORMATION REQUIRED. The IRB reviewer(s) withhold approval pending submission of revisions and/or additional information. OSP staff return the protocol to the researcher to address concerns and questions provided by the reviewer(s). The researcher responds and re-submits the application to the OSP within 90 days of receiving the requested revisions. OSP staff assign the response to the primary expedited reviewer who made the initial determination for further review and a new determination. Barring extenuating circumstances, if a researcher does not respond to requested revisions in the 90-day time period, the application is withdrawn, and a new protocol submission is required.

FULL REVIEW REQUIRED. The primary expedited reviewer may determine the protocol requires full review by the IRB at a convened meeting.

The primary expedited reviewer may also determine that the project is eligible for exemption or the activities do not fall under the purview of the IRB. If the protocol is determined to be eligible for exemption, the researcher will withdraw their application and submits a new application for determination of exempt status.

9.4 Approval Periods

OSP staff will include in the approval letter the beginning and end date of approval. The date the primary expedited reviewer approves the study is the date the approval period starts. The approval period will last no more than one year. In some cases, the expedited reviewer may require continuing review of the project more frequently than once per year.

In these cases, the reviewer must write a justification for this requirement and provide the explanation to OSP staff.

9.5 Urgent IRB Actions

An expedited review does not mean that the review will be concluded quickly, although it will usually be faster than a full Board review. An expedited review simply means that a review can occur without a convening of the IRB.

In cases where a full Board review is needed quickly, and the urgency is not a result of negligence or delay on the part of researchers to submit human subject applications in a timely fashion, researchers should contact the OSP, and the IRB Chair and OSP staff will determine if a quick turnaround is possible. If the IRB Chair agrees to the urgent full review of a protocol, and it is administratively feasible, the application materials will be distributed as soon as possible to IRB members to allow sufficient time for review prior to a meeting. In these cases, the researcher may also be asked to attend the meeting to answer any questions that arise.

X. CONTINUING REVIEW OF RESEARCH

Continuing review of research is for protocols that were previously approved by the IRB and must be completed before the current period of approval ends. The period of approval is usually one year but may be less, depending on the project.

In most cases, if a protocol was reviewed and approved by the full board, the IRB must review the continuation of research at a convened meeting at which a majority of the members of the IRB are present, including at least one member whose primary concerns are in nonscientific areas. For certain categories of research, however, HHS guidelines allow for continuing review through the expedited process of a protocol that was originally approved by the full Board. Projects originally approved through expedited review will, in most cases, be eligible for continuing review through the expedited process.

10.1 Procedures

Researchers requiring continuing review of their research should contact the OSP for the continuing review application form. Applications will require signatures or endorsements by all researchers involved in the project. For students submitting an application, a signature by a faculty sponsor or advisor is required.

Before submitting the application to the OSP, researchers should ensure that the application is complete and accurate, and they thoroughly address all items and questions on the application. In the application, the researcher will provide an updated summary of the protocol and provide justification for any proposed amendments to the protocol; a status report on the progress of the research, including the number of participants involved in the research and a description of participants; a summary of any adverse events that have occurred and/or any unanticipated problems involving risks to

participants; and a summary of recent literature, findings, or other relevant information, if any, that may have an impact on the research and risks for human subjects.

As with the original application for IRB approval, all applicable supporting documents must be included with the application, such as recruitment materials, informed consent documents, and any test or survey instruments to be used. Application forms will have further instructions as to the additional documents required for review. In addition, researchers must ensure that the OSP staff has on file certificates demonstrating that the researcher and their assistants completed CITI training within the last three years.

After receiving the complete application package, OSP staff will conduct a preliminary screening of the application, and once the screening has been completed and any issues with the screening have been addressed, OSP staff will provide the application package to the IRB at least one week before the full Board meeting.

All procedures outlined for the initial review of research by the full Board will be followed in the continuing review of research by the full Board, including the use of a primary/secondary reviewer system and a checklist for reviewers.

10.2 Review Timeline

Applications for full continuing review should be submitted to the OSP approximately two months before the approval end date to allow ample time for processing, review, and approval. Applications for expedited continuing reviews should be submitted at least 30 calendar days prior to the approval end date.

Applications that are not processed and approved before the approval expiration date will result in the expiration of the protocol's approval and will require that researchers delay further research involving human subjects until approval is renewed.

10.3 Considerations for Continuing Review

For continuing review, the IRB must have the same considerations and use the same criteria to approve the continuation of a protocol as in the initial review of research.

At the same time, when conducting continuing review, the IRB needs to determine whether any new information has emerged either from the research itself or from other sources that could affect the IRB's approval of the continuation of research, particularly with respect to risk to subjects. In addition to the considerations outlined in section 7.2, the IRB at the time of continuing review will consider the following:

Risk Assessment and Monitoring

The IRB's continuing review should consider relevant information received from the investigator, any monitoring entity (such as the research sponsor, a coordinating or statistical center, a data and safety monitoring board, or a data monitoring committee), or

any other source since the date of the last IRB approval of the project. Information regarding any unanticipated problems or irregular activities that have occurred since the previous IRB review in most cases will be pertinent to the IRB's determinations at the time of continuing review regarding determinations of risks and benefits.

It also may be appropriate for the IRB at the time of continuing review to confirm that any provisions under the previously approved protocol for monitoring the research data and ensuring safety of subjects have been implemented and are working as intended. This may include requesting that the investigator provide a report from any monitoring entity involved in the project and described in the protocol initially approved by the IRB.

Adequacy of Informed Consent

At the time of continuing review, the IRB should review the informed consent documents submitted by the investigator to verify that the investigator is using the most recently approved version and that the document contains the most accurate, up-to-date information. When reviewing an informed consent document, the IRB should also confirm that the currently approved or proposed consent document adequately addresses all the required elements of informed consent.

If the IRB waived the requirement for the investigator to obtain a signed consent form for some or all subjects, the IRB should reassess the accuracy of the content of the information that is being provided to subjects orally and of any written statement regarding the research that is being provided to subjects.

The IRB also may determine if there is any new information presented by the investigator or others (for example, subjects or other individuals who have observed the investigator obtaining subjects' informed consent) that raises concerns about the circumstances under which informed consent is being obtained. The IRB may consider any new information indicating that the investigator may not be obtaining informed consent under circumstances that provide subjects with sufficient opportunity to consider whether or not to participate or that minimize the possibility of coercion or undue influence.

Continuing review also provides the IRB with an opportunity to determine whether there is any new information or any significant new finding that should be communicated to subjects who have already enrolled in the research. This could include, for example, important new toxicity information or new adverse event information related to the research interventions that are identified during analysis of the research data.

Investigator and Institutional Issues

When appropriate, the reviewing IRB should consider issues regarding the investigator and the institution(s) where the research is being conducted during its continuing review, such as the following: changes in the investigator's situation or qualifications; evaluation, investigation, and resolution of any complaints related to the investigator's conduct of the research; changes in the acceptability of the proposed research in terms of

institutional commitments (such as adequacy of facilities); changes in applicable regulations, state and local laws, or standards of professional conduct or practice; and reports from any third party observations of the research.

Progress of Research Project

When evaluating research progress, the IRB should consider the consistency of information submitted at the time of continuing review with that of the IRB-approved protocol and, if relevant, the subject enrollment and subject withdrawal.

The IRB should confirm that the information provided by the investigator at the time of continuing review is consistent with the research protocol previously approved by the IRB. If this information suggests that the investigator is not conducting the research in accordance with either the IRB- approved protocol or the requirements or determinations of the IRB, the IRB should defer approving a continuation or research or approve the research for a limited period of time (such as two or three months) and seek an explanation from the investigator regarding the apparent discrepancies.

If relevant to the project, the IRB should pay special attention to the total number of subjects enrolled. If enrollment in a research project is occurring at a much slower rate than expected and there are concerns about enrolling enough subjects to provide sufficient data to answer the scientific question(s) being addressed, it may not be ethical to continue exposing subjects to the risks of the research. The IRB may request the PI to explore the reasons for low enrollment and take appropriate steps to remedy the situation. If no such remedy exists, the IRB should not approve continuation of the study because the risks to subjects are not reasonable in relation to the anticipated benefits to the subjects and the importance of the knowledge that may reasonably be expected. On the other hand, if the investigator has enrolled more subjects than the number indicated on the IRB-approved protocol, this would represent a violation of the requirement that all changes in research not be initiated without IRB review and approval except when necessary to eliminate immediate risks or hazards to the subjects. If over enrollment occurs, the research must address why additional subjects were enrolled. The IRB will offer guidance on how data obtained from over enrollment may be used.

In addition, if relevant to the project, the IRB should receive and review information regarding the number of subjects who discontinued their participation and a summary of the reasons for the withdrawals, if known. IRB review of this information may shed light on problems related to the conduct of the research. For example, a high rate of subject withdrawal may indicate that the risks of the research are greater than expected and may lead the IRB to conclude that the research should not be approved for continuation. In addition, as with a lower than expected enrollment rate, if there is a higher than expected rate of subject withdrawal, it may not be ethical to continue exposing subjects to the risks of the research because the project may not provide sufficient data to answer the scientific question. An IRB may recommend that the reasons behind the high withdrawal rate be explored by the investigator and appropriate steps taken to remedy the situation. In the absence of an adequate plan to remediate a high withdrawal rate, the IRB may determine

that the research should not be approved for continuation.

Verifications from Outside Sources

Investigators are expected to provide the IRB with all relevant information regarding the conduct of the research. In order to ensure that no material changes occurred during the IRB designated approval period, the IRB may require verification of information from sources other than the investigator. Such independent verification may be considered in the following:

- Complex protocols involving unusual levels or types of risks to subjects;
- Protocols conducted by PIs who previously have failed to comply with federal regulations or the requirements or determinations of the IRB;
- Protocols where concern about possible material changes occurring without IRB approval have been raised based on information provided in continuing review reports or from other sources.

The IRB will determine which projects need verification from sources other than the investigators regarding material changes on a case-by-case basis. When the IRB finds the need for independently verified information, it will notify the investigator in writing. The IRB will not give final approval for a protocol until it has received and reviewed the independently verified information and found it to be satisfactory.

Frequency of Continuing Review

In accordance with federal regulations, the IRB must conduct continuing review of research at intervals appropriate to the degree of risk, but not less frequently than once per year. The IRB should decide the frequency of continuing review for each study protocol necessary to ensure the continued protection of the rights and welfare of research subjects. The IRB may set a shorter approval period for protocols that they have determined are high-risk or have a high risk to potential benefit ratio. The IRB should consider the following factors in determining the frequency of review: the nature of the study; the degree of risk involved; and the vulnerability of the study subject population.

10.4 Lapses in IRB Approval

Continuing review of research must occur at intervals appropriate to the degree of risk but not less frequently than once per year. A lapse in IRB approval of research occurs whenever an investigator has failed to provide continuing review information to the IRB or the IRB has not conducted continuing review and re-approved the research, with or without conditions, by the expiration date of IRB approval. The investigator and IRB should plan ahead to ensure that continuing review and approval of research occurs prior to the end of the approval period specified by the IRB. However, it is the responsibility of investigators to provide in a timely manner the information needed by the IRB to perform

its continuing review functions, and any reminder notices regarding the need to do so from the OSP staff to investigators are a courtesy.

Limits on Research after a Lapse

If IRB approval lapses, all activities involving human subjects must stop after IRB approval expired, unless it is determined to be in the best interests of already enrolled subjects to continue participating in the research. The determination regarding whether it is in the best interests of already enrolled subjects to continue to participate in the research after IRB approval has expired may be made initially by the investigator, possibly in consultation with the subjects' treating physicians, psychologists or psychiatrist (if the investigator is not the subjects' treating physician, psychologists or psychiatrist). The investigator should also submit a request for confirmation that the IRB agrees with this determination. Confirmation may be provided by the IRB Chair in consultation with OSP staff or other IRB members.

Enrollment of new subjects cannot occur after the expiration of IRB approval. Continuing participation of already enrolled subjects in a research project during the period when IRB approval has lapsed may be appropriate, for example, when the research interventions hold out the prospect of direct benefit to the subjects or when withholding those interventions poses increased risk to the subjects. This determination may be made for all enrolled subjects as a group or for each individual subject. If the investigator or IRB determines that it is not in the best interests of already enrolled subjects to continue to participate, investigators must stop all human subjects research activities, including intervening or interacting with subjects and obtaining or analyzing identifiable private information about human subjects.

When IRB approval of an ongoing research project lapses and the investigator wants to continue the project, the IRB should complete continuing review for the project as soon as possible. Investigators may resume the human subject research activity once continuing review and approval by the IRB has occurred. The IRB should document why the lapse in IRB approval occurred, and, if appropriate, any corrective actions that the investigator, institution, or IRB is taking to prevent any such lapse of approval of the project from occurring again in the future

When IRB approval of an ongoing research project lapses and the IRB subsequently approves continuation of the project, the IRB may approve the project for one year and establish a new anniversary date for the expiration date of subsequent approval periods, or the IRB may approve the project for a period of less than one year so as to retain the original anniversary date on which prior approval periods expired.

Lapse in IRB Approval vs. Suspension or Termination of Approval

When continuing review of a research project does not occur prior to the end of the approval period specified by the IRB, IRB approval expires automatically. Such expiration of IRB approval is not considered to be a suspension or termination of IRB approval.

Therefore, such expirations of IRB approval do not need to be reported. However, if the IRB notes a pattern of non-compliance with the requirements for continuing review (for example, an investigator repeatedly or deliberately neglects to submit materials for continuing review in a timely fashion), the IRB should determine whether such a pattern represents serious or continuing noncompliance that needs to be reported to appropriate institutional officials, agencies supporting the research, and/or OHRP.

10.5 Outcomes of Review

For a full continuing review, an IRB member makes a motion, another member seconds the motion, and then the convened IRB votes for, against, or abstains from one of the following five actions:

APPROVED. IRB approval indicates the IRB has concluded that the research meets the federal criteria for approval. OSP staff process the approval, and the researcher is provided with an approval letter and, if applicable and practicable, stamped informed consent/assent documents.

MINOR REVISIONS and/or ADDITIONAL INFORMATION REQUIRED. This decision indicates that the IRB has approved the protocol pending submission of minor revisions and that the IRB has given the primary reviewer the authority to approve the minor revisions. OSP staff generates an email requesting revisions and returns the submission to the investigator. The investigator responds to the IRB's suggested revisions, making relevant changes in the application and re-submits to the OSP. OSP staff then provides the revised application to the primary reviewer.

TABLED. This decision indicates that the IRB withholds approval pending submission of major revisions and additional information. OSP staff drafts a letter and returns the submission to the investigator, outlining the reasons for tabling the protocol, and includes a description of the revisions or clarifications requested.

DISAPPROVED. OSP staff generates a letter describing the reasons for disapproving the protocol and provides it to the researcher. A study is not approved if the IRB has enough information to make the necessary determinations of approval but believes the continuation of research does not meet the criteria for approval.

10.6 Approval Periods

OSP staff will include in the letter approving the continuation of a project the beginning and end date of approval. During the convened meeting, the IRB determines the approval period as appropriate to the degree of risk but not less frequently than once per year for research retaining full Board review status. The date when a protocol is approved by the full Board, or by the primary reviewer following the completion of requested minor revisions to a protocol, determines the latest permissible date of approval and, therefore, the latest permissible date for the next continuing review.

10.7 Expedited Review

In general, if research did not qualify for expedited review at the time of initial review, it does not qualify for expedited review at the time of continuing review. However, according to the HHS guidelines for expedited review, continuing review of a protocol that was originally approved by the full board may be eligible for expedited review if it falls within one of the following categories:

- Continuing review of research previously approved by the convened IRB as follows: (a) where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects; or (b) where no subjects have been enrolled and no additional risks have been identified; or (c) where the remaining research activities are limited to data analysis.
- Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

It is also possible that research activities that previously qualified for expedited review have changed or will change, such that expedited IRB review may not be appropriate for continuing review. Changes may include, for example, a modification to the protocol in which the previous risk to subjects was minimal but, as a result of the modification, now places them at more than minimal risk. Researchers may contact OSP staff for guidance as to whether they should apply for expedited or full continuing review.

Researchers seeking expedited review will submit an application package to the OSP. The application package will include a completed continuing review application form and all applicable supporting documents, such as recruitment materials, informed consent documents, and any test or survey instruments to be used. In the application, as with the application for continuing review by the full Board, the researcher will address any changes in the protocol or any developments affecting the research and risks for human subjects that have occurred since the initial approval of the research.

Once OSP has received the application package, OSP staff will conduct a preliminary screening of the application package, and once the screening has been completed, OSP staff will consult with the IRB Chair to determine who will be responsible for the expedited review. The expedited review may be carried out by the Chair, another IRB member, or the HRPP specialist serving as an alternate IRB member. All other procedures outlined for the initial review via the expedited process in section 9 apply for the expedited continuing review, including procedures regarding conflict of interest.

The expedited reviewer will make one of the following recommendations: APPROVED, REVISIONS and/or ADDITIONAL INFORMATION REQUIRED, or FULL REVIEW

REQUIRED. OSP staff will then notify the researcher of the reviewer's decision by email. Once approved, OSP staff will provide an approval letter. OSP staff will include in the approval letter the beginning and end date of approval. The date the primary expedited reviewer approves the study is the date the approval period starts. The approval period will last no more than one year.

XI. REPORTING OF CHANGES IN RESEARCH ACTIVITY

Researchers for whom a protocol has been approved by the IRB should report any changes in the protocol and plans to make changes to the protocol to the IRB. Except in cases where modifications in a protocol are necessary to eliminate apparent immediate hazards to the subject, the IRB must review and approve all modifications to currently approved research protocols prior to implementation. Examples of modifications that researchers should report and seek approval for include, but are not limited to, changes in study personnel, recruitment materials and procedures, research procedures, subject populations, location where the research will be conducted, changes in consent or assent forms, and dates when the study will be completed.

11.1 Procedures

All modifications of a protocol approved by the full Board will be reviewed by the full Board, except where the modification is minor and qualifies for expedited review. The IRB Chair, in consultation with OSP staff, will make the final determination as to whether a modification is considered minor and qualifies for expedited review taking into account the totality of the circumstances. The IRB will follow the same procedures as described in section 8 when reviewing modifications at convened meetings.

Researchers seeking approval for a modification should provide a completed request for modification approval form to the OSP. As applicable, researchers should also provide a revised protocol summary, revised recruitment materials, revised consent form documents, revised surveys or other instruments, and other materials that have changed as a result of the modification. In cases of changes in personnel, researchers should provide certificates of completion of CITI training for new personnel.

Researchers requesting approval of a modification by the full Board should submit their materials to OSP a month before the Board's meeting date. Expedited review of modifications can occur at any time and will be typically reviewed within two weeks, after which the investigator will receive feedback from the reviewers.

For modifications requiring full review, OSP staff will provide the modification request and supporting materials to the IRB one week before a meeting. In the IRB meeting, the primary reviewer assigned to review a modification will explain what the proposed modification is, and the Board as a whole will consider how the modification will affect the conduct of the study, the risk/benefit ratio, and whether or not it should be approved.

If an approved research protocol is changed to eliminate apparent immediate hazards to

the subject, the principal investigator is required to notify the IRB of the change(s) within 48 hours. The IRB will review at the next convened meeting to determine if the change(s) instituted were consistent with the subject's continued welfare.

11.2 Minor Modifications

Regulations permit the use of expedited procedures for review of minor changes to previously approved research during the period for which the approval is authorized. Modifications that alter the risk/benefit ratio so that risks are increased or benefits are decreased shall be reviewed at a convened meeting. Investigators are encouraged to contact the IRB Chair and the OSP staff with any questions prior to submitting a modification request if uncertain about the review type required.

Minor changes have no substantive effect upon an approved protocol or present no change to or reduce the risk to the subject. Examples of minor changes are: changes in research personnel that do not alter the competence of the research team; scientific or therapeutic changes that leave the research population at the same or lower risk than risk(s) already approved; changes in research procedures that have a minor impact on risks to human subjects; an increase in the number of study visits for the purpose of increased safety monitoring; changes to improve the clarity of research statements, enhance comprehension, to correct typographical errors, or to update templates, without altering the content or intent of the statement; clarification of discrepancies within the IRB materials submitted for initial review, such as discrepancies regarding the numbers of subjects, number and identity of research sites, and timing, nature, and duration of research procedures.

11.3 Major Modifications

Major changes are changes that may increase the risk to human subjects or raise new questions concerning risks to human subjects. Examples of major changes that may increase the risk to subjects are: increasing the length of time a subject is exposed to experimental aspects of the study; changing the originally targeted population to include a more at-risk population (e.g., adding children or pregnant women to the study); adding procedures where the risk of the additional procedure is greater than a minimal risk; adding an element that may breach the confidentiality of the subject; or increasing the number of participants to be treated by more than 25%, which may affect the study's statistical analyses.

11.4 Change in Principal Investigators

When changing principal investigators, a protocol modification must be submitted to explain who the principal investigator was and who is being appointed the new principal investigator. The original principal investigator completes and submits the request for modification approval form. Changes in principal investigators may qualify for expedited review if no other modification is being pursued.

11.5 Outcomes of Review

The IRB may approve, request minor revisions, table or defer, or disapprove modification requests. The OSP staff will notify the researcher in writing of the decision of the IRB and of any changes required. Modification approval is not granted until all required changes have been made and submitted for review and approval. Once approved, the researcher is sent a modification approval letter by OSP staff. Upon receipt of the approval for the modification, the PI may initiate the modification.

11.6 No Change in Approval Periods

The IRB may only approve modifications through the current approval expiration period, unless considered at the time of continuation review. Approval of a modification outside of the continuing review does not extend or otherwise change the expiration date of the IRB's approval for the project. IRB review of a modification outside of a continuing review requests does not constitute a continuing review. All researchers are still required to submit research projects for continuing review and approval on an annual basis.

XII. REPORTING OF UNANTICIPATED PROBLEMS

Federal regulations require the prompt reporting by researchers of unanticipated problems that occur in the course of a current IRB approved research project and involve risk to subjects or others. Unanticipated problems may include unexpected adverse events. Unanticipated problems must be reported, within 48 hours, in a written report with a detailed description of the problems by the principal investigator.

12.1 Clarification of Terms

OHRP provides [guidance](#) regarding the reporting of unanticipated problems or adverse events, including the following clarifications.

Unanticipated Problems

Unanticipated problems include any incident, experience, or outcome that meets all of the following criteria:

1. unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document; and (b) the characteristics of the subject population being studied;
2. related or possibly related to participation in the research;
3. suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

OHRP recognizes that it may be difficult to determine whether a particular incident, experience, or outcome is unexpected and whether it is related or possibly related to participation in the research. OHRP notes that an incident, experience, or outcome that meets the three criteria above generally will warrant consideration of substantive changes in the research protocol or informed consent process/document or other corrective actions in order to protect the safety, welfare, or rights of subjects or others.

Adverse Events

Any untoward or unfavorable medical occurrence in a human subject, including any abnormal sign (for example, abnormal physical exam or laboratory finding), symptom, or disease, temporally associated with the subject's participation in the research, whether or not considered related to the subject's participation in the research (modified from the definition of adverse events in the 1996 International Conference on Harmonization E-6 Guidelines for Good Clinical Practice).

Adverse events encompass both physical and psychological harms. They occur most commonly in the context of biomedical research, although on occasion, they can occur in the context of social and behavioral research.

The key question regarding a particular adverse event is whether it meets the three criteria described outlined above and therefore represents an unanticipated problem. To determine whether an adverse event is an unanticipated problem, the following questions should be asked: Is the adverse event unexpected? Is the adverse event related or possibly related to participation in the research? Does the adverse event suggest that the research places subjects or others at a greater risk of harm than was previously known or recognized? If the answer to all three questions is yes, then the adverse event is an unanticipated problem and must be reported to appropriate entities.

For further clarifications as to whether or not a particular adverse event is an unanticipated problem that requires reporting, researchers should consult the OHRP guidance.

12.2 Types of Unanticipated Problems

The following are situations that may meet OHRP's definition of unanticipated problems involving risks to subjects or others and should be reported:

- Any serious accidental or unintentional change to the IRB-approved protocol that involves risk or has the potential to recur.
- Any deviation from the protocol taken without prior IRB review to eliminate apparent immediate hazard to a research subject.

- Any publication, safety monitoring report, interim result or other finding that indicates an unexpected change to the risk/benefit ratio of the research.
- Any breach in confidentiality that may involve risk to the subject or others.
- Any complaint of a subject that indicates an unanticipated risk.

12.3 Procedures for Reporting and Responding to Reports

According to OHRP guidance, an investigator should include the following information when reporting an adverse event or any other incident, experience, or outcome as an unanticipated problem to the IRB:

1. appropriate identifying information for the research protocol, such as the title, investigator's name, and the IRB project number.
2. a detailed description of the adverse event, incident, experience, or outcome.
3. an explanation of the basis for determining that the adverse event, incident, experience, or outcome represents an unanticipated problem.
4. a description of any changes to the protocol or other corrective actions that have been taken or are proposed in response to the unanticipated problem.

Once the report is ready, the investigator should submit it to the OSP, and OSP staff will in turn immediately provide the report to IRB members. After the IRB receives a report of an unanticipated problem involving risk to subjects or others, the IRB Chair in consultation with other IRB members and OSP staff will evaluate and make a decision on the reported event as quickly as possible. The IRB Chair may recommend that the problem be reviewed by a convened meeting, depending on the nature of the problem.

OHRP guidance indicates that when reviewing a report of an unanticipated problem, the IRB should consider whether the affected research protocol still satisfies the requirements for IRB approval. In particular, the IRB should consider whether risks to subjects are still minimized and reasonable in relation to the anticipated benefits, if any, to the subjects and the importance of the knowledge that may reasonably be expected to result. At the conclusion of its review, the IRB may require that corrective actions be taken or that substantive changes be made to a protocol.

Examples of corrective actions or substantive changes that the IRB may consider in response to an unanticipated problem include: changes to the research protocol initiated by the investigator prior to obtaining IRB approval to eliminate apparent immediate hazards to subjects; modification of inclusion or exclusion criteria; implementation of additional procedures for monitoring subjects; suspension of enrollment of new subjects; suspension of research procedures in currently enrolled subjects; modification of informed consent documents to include a description of newly recognized risks; and

provision of additional information about newly recognized risks to previously enrolled subjects.

When reviewing a report of an unanticipated problem, the IRB may also determine that the incident, experience, or outcome does not meet all three criteria for an unanticipated problem. In such cases, further reporting to appropriate institutional officials, funding agencies, and/or OHRP would not be required

Once the IRB has reached a decision in response to an unanticipated problem, OSP staff will provide the investigator with a summary of the IRB's evaluation and decision in writing. OSP staff will be responsible for providing a report about any adverse event that qualifies as an unanticipated problem to KSU's Provost (or another official designated as KSU's Institutional Official for the purposes of the FWA) in cases in which the event is related to research participation, presents greater risk to human subjects, and exceeds the frequency of occurrence initially anticipated in the research. If applicable, the OSP staff will also provide a report about the event to the funding agency and OHRP.

XIII. REPORTING OF NONCOMPLIANCE

The ethical conduct of research is a shared responsibility, requiring cooperation, collaboration, and trust among investigators, the participants who enroll in research, IRB members, and OSP staff. As the body responsible for ensuring the protection of the rights and welfare of research subjects at KSU, the IRB addresses allegations of noncompliance with IRB requirements and/or federal regulations.

Anyone, including research participants, may submit concerns or allegations having to do with noncompliance involving human subjects research to the OSP verbally or in writing. OSP staff and the IRB may also identify concerns regarding noncompliance during the continuing review process. The OSP and IRB will maintain confidentiality regarding the identity of the person submitting an allegation to the extent possible.

13.1 Clarification of Terms

Noncompliance

Noncompliance consists of any action or activity associated with the conduct or oversight of research involving human subjects that fails to comply with either the research plan as approved by the IRB, federal regulations, or institutional policies.

Noncompliance may range from minor to serious, be unintentional or willful, and may occur once or several times. Noncompliance may result from the action of the participant, principal investigator, or staff and may involve a range of issues from relatively minor, administrative, or technical violations to more serious violations which pose risk to subjects and/or violations of their rights and welfare. Complaints or reports of noncompliance from someone other than the principal investigator are handled as allegations until such time that the report is validated or dismissed.

Serious Noncompliance

Serious noncompliance may include any behavior, action or omission in the conduct or oversight of human research that has been determined to: affect the rights and welfare of participants and others; increase risks to participants and others; reduce potential benefits or otherwise unfavorably alter the risk/benefit ratio; compromise the integrity or validity of the research; or result from the willful or knowing misconduct on the part of the principal investigators or study staff.

Serious noncompliance substantively comprises the effectiveness of the HRPP. The following are some examples of serious noncompliance:

- Conducting non-exempt research that requires direct interaction or interventions with human subjects without first obtaining IRB approval.
- Enrolling subjects who fail to meet the inclusion or exclusion criteria in a protocol that involves greater than minimal risk and potentially places the participants at greater risk.
- Failure to report unanticipated problems or substantive changes to the proposed protocol to the IRB.

Continuing Noncompliance

Continuing noncompliance is a persistent failure to adhere to the laws, regulations, or policies governing human research. Continuing noncompliance may result from a lack of understanding or disregard for the regulations or institutional requirements that protect the rights and welfare of participants and others. It may compromise the scientific integrity of a study such that important conclusions can no longer be reached, and it may suggest a likelihood that noncompliance will continue without intervention. Continuing noncompliance may also include failure to respond to a request from the IRB to resolve an episode of noncompliance or a pattern of minor noncompliance.

13.2 Reporting and Screening of Allegations

After receiving an allegation, OSP staff will share it immediately with the IRB Chair. The IRB Chair in consultation with OSP staff will conduct an initial assessment of the allegation. If the IRB Chair and OSP staff determine that an allegation or concern is substantiated but it has to do with minor or administrative issues, the IRB Chair or the OSP staff member serving as the HRPP specialist may manage the concern through communications with the principal investigator and/or the complainant.

After an initial assessment, the IRB Chair and HRPP specialist may determine that the noncompliance is not serious or continuing and no additional action is needed, or determine further inquiry and a convening of the full IRB are necessary. If the IRB Chair

and HRPP specialist determines that the allegation may be substantiated and may involve serious or continuing noncompliance, the full IRB will convene and decide if further investigation is needed before corrective action is considered. If the allegation is sufficiently substantiated after the initial assessment and further investigation is not needed, the Board will allow the principal investigator to respond to the allegation either by meeting with the IRB or in writing before deciding on and directing corrective action, which may include suspension or termination of IRB approval.

13.3 Investigations of Allegations

If the IRB decides to pursue an investigation, the IRB Chair in conjunction with OSP staff will appoint an ad hoc subcommittee to conduct the investigation. The ad hoc subcommittee will consist of a minimum of three voting IRB members. OSP staff will also provide a letter to the individual against whom the allegation was raised (if the individual is not the principal investigator, staff will also notify the principal investigator of the project in question) notifying them of the investigation.

The ad hoc committee will gather information pertaining to the nature of the allegation, the approved IRB protocol, and the procedures followed in conducting the study. An IRB representative will interview the complainant or, in cases where the complainant requests anonymity, the individual who received the original allegation will interview the complainant. The ad hoc committee will also interview the principal investigator and, if applicable, anyone else against whom the allegation has been raised. Depending on the nature of the allegation/concern and the information collected during the interviews, the ad hoc committee may interview other individuals. In addition, the committee may examine research data, both published and unpublished; informed consent/assent forms; medical records; inclusion/exclusion criteria; and any other pertinent information. The ad hoc committee, in cases of a credible allegation of serious or continuing noncompliance, will have authority to request an interview with anyone related to the project or request any information about the project that is the subject of the allegation.

When the ad hoc committee determines that its investigation is done, it will prepare, with the assistance of the HRPP specialist, a summary report for the full IRB. The report may consist of a summary of the allegation, interview summaries, and copies of pertinent information or correspondence. The report may or may not include recommendations for IRB action.

13.4 Procedures for Reviewing Potential Serious or Continuing Noncompliance

The IRB will review the materials presented by the ad hoc committee at a convened meeting at which a quorum is present. The materials provided will include the summary report of the alleged noncompliance and any other relevant materials. The convened IRB determines whether to request additional information or whether to interview additional witnesses. The IRB may give the principal investigator of the project under review the opportunity to meet with the convened IRB before it takes final action.

The convened IRB will make the determination whether the allegation is substantiated, and if so, whether the noncompliance is serious or continuing based on the materials compiled by the ad hoc committee and any additional information that it may request. The IRB may also find that the allegation is unjustified or that noncompliance is a minor issue. If the issue is minor, then it may be resolved through communication involving the IRB Chair, the HRPP specialist, the principal investigator, and the complainant.

Once the IRB has made a determination about the allegation, the convened IRB may vote to approve a variety of actions, including but not limited to the following: approve continuation of research without changes; request formal educational intervention; request minor or major changes in the research procedures and/or consent documents; modify the continuing review schedule; require monitoring of research; require monitoring of the consent process; suspend or terminate IRB approval; require inspections of other active protocols of the investigator; disqualify the investigator from conducting research involving human subjects at KSU; determine that the investigator may not use the data collected for publication; require that the investigator contact subjects previously enrolled in the study and provide them with additional information and/or obtain consent from them again; request that the investigator inform publishers and editors if they have submitted or published manuscripts emanating from the research.

Once the IRB has reached a decision on the allegation and approved a course of action, the OSP will provide a letter to the following individuals notifying them of the allegation, the review process, the findings of the review: the principal investigator, the investigator's immediate supervisor, chair, or dean, and the complainant.

If the principal investigator is directed to take corrective action, the investigator must provide written documentation of the completion or implementation of any required actions to the IRB within 30 days. Once the IRB has evidence and agrees that the appropriate corrective actions have been completed or implemented, the matter will be considered resolved, and the OSP staff in consultation with the IRB Chair will provide a letter to the principal investigator indicating that the matter is resolved.

The HRPP specialist will provide advice to the IRB regarding the applicable regulations during the review process, assist the IRB in documenting the review, answer questions about the review process, maintain records as required by state and federal laws or regulations, and serve as a liaison with the funding agency or agencies. In cases where the IRB determines that there is serious or continuing noncompliance, OSP will also provide a letter notifying KSU's Institutional Official of the noncompliance. If applicable, OSP will also notify the funding agency and OHRP of the noncompliance.

13.5 Noncompliance and Research Misconduct

Research misconduct includes but is not limited to fabrication, falsification and plagiarism. Research misconduct in human subjects research may occur in the proposal, conduct or reviewing of research, or reporting of research results. Examples of misconduct in human subjects research may include: substituting one subject's record for another's; altering

eligibility dates and eligibility tests results; changing dates on patient screening logs; creating records of interviews that did not occur; and creating records of patient visits that did not occur and inserting false records into medical charts.

Research misconduct may constitute serious or continuing noncompliance and may need to be reported to regulatory agencies and the HHS Office of Research Integrity (ORI). ORI is the federal agency that is responsible for the administration and oversight of Public Health Service (PHS) policies and funds. A condition for PHS support is investigating research misconduct and reporting evidence of misconduct to OIR.

Not all instances of noncompliance fall within the definition of research misconduct. For example, in most cases, failure to report unanticipated problems, protocol deviations without IRB approval, failing to obtain or properly document informed consent, and breaching confidentiality of subject data should not be considered research misconduct. Similarly, not all instances of research misconduct constitute noncompliance with regulations and policies governing the protection of human subjects.

The IRB may respond to allegations of research misconduct that has implications for human subject protections and may be regarded as serious or continuing noncompliance by following the steps described in 13.2, 13.3, and 13.4. Examples of allegations that the IRB may respond to include: backdating enrollment forms to make subjects eligible for participation; falsifying a lab report required for admission to a clinical trial; and intentionally reversing or blending end point results between treatment and control subjects to improve the statistics in violation of IRB approved protocols.

In many instances, however, issues of research misconduct fall outside of the scope of the IRB. The reporting and response to allegations of research misconduct should follow KSU's policies and procedures for research misconduct, which do not involve the IRB. If there is an allegation of research misconduct that has implications for human subjects, the IRB may defer responding to the allegation while a separate committee or disciplinary board completes an assessment and investigation of the allegation. A final report of the investigation will be provided to the IRB, and the IRB will determine if further action is needed to address issues of noncompliance. The IRB retains the authority to suspend approval of research while an investigation into research misconduct is ongoing when it believes suspension of approval is in the best interest of subjects.

XIV. SUSPENSION OR TERMINATION OF IRB APPROVAL

The convened IRB has the authority to suspend or terminate approval of research that is not being conducted in accordance with the IRB approval, that has been associated with serious or continuing noncompliance, or that has been associated with substantive harm to the rights and welfare of human subjects. Any suspension or termination of approval shall include a statement of the reason for the IRB action.

14.1 Suspension

The convened IRB may suspend approval of a protocol when it is believed to be in the best interest of participants to stop some or all protocol related activities temporarily. Studies may be suspended, put on hold during an investigation of noncompliance, or following a protocol deviation, adverse event, or unanticipated problem involving risks to participants or others. These protocols are still considered to be active studies and hence require continuing review by the IRB. OSP staff will provide the principal investigator a letter notifying them of the suspension and explaining the reasons for it.

14.2 Termination

The convened IRB may terminate approval of a protocol when it is believed to be in the best interest of participants to stop protocol related activities permanently. Studies may be terminated following an investigation of noncompliance, protocol deviation, or unanticipated problem involving risks to participants or others. OSP staff will provide the principal investigator a letter notifying them of the termination and the reasons for it.

14.3 Continuation of Research after Suspension or Termination

If approval of study is suspended or terminated, new participants may not be enrolled and no study procedures may take place, except when the IRB determines that continuation of study procedures is in the best interest of currently enrolled participants.

14.4 Reporting of Suspension or Termination

In addition to notifying the principal investigator of the suspension or termination of IRB approval, the OSP will report the suspension or termination to the principal investigator's immediate supervisor, chair, and/or dean, and KSU's designated Institutional Official. In cases of termination, if applicable, the OSP will also notify the funding agency, the OHRP, and the research integrity offices and/or IRBs of any institution that may be collaborating with KSU on the study.

XV. RECORDS AND DOCUMENTATION

15.1 General Requirements

The OSP will be responsible for IRB records in accordance with [45 CFR § 46.115](#), which states that the University is required to prepare and maintain documentation of IRB activities including the following:

1. Copies of all research proposals reviewed, scientific evaluations, if any, that accompany the proposals, approved sample consent forms, progress reports submitted by investigators, and reports of injuries to subjects.
2. Minutes of IRB meetings, which shall be in sufficient detail to show attendance at the meetings; actions taken by the IRB; the vote on these actions including the number of members voting for, against, and abstaining; the basis for requiring

changes in or disapproving research; and a written summary of the discussion of controverted issues and their resolution.

3. Records of continuing review activities, including the rationale for conducting continuing review of research that otherwise would not require continuing review.
4. Copies of all correspondence between the IRB and the investigators.
5. A list of IRB members in the same detail as described in 45 CFR § 46.108(a)(2).
6. Written procedures for the IRB in the same detail as described in 45 CFR § 46.108(a)(3) and (4).
7. Statements of significant new findings provided to subjects, as required by 45 CFR § 46.116(c)(5).
8. The rationale for an expedited reviewer's determination under 45 CFR § 46.110(b)(1)(i) that research appearing on the expedited review list described in 45 CFR § 46.110(a) is more than minimal risk.
9. Documentation specifying the responsibilities that an institution and an organization operating an IRB each will undertake to ensure compliance with the requirements of this policy, as described in 45 CFR § 46.103(e).

15.2 Minutes of IRB Meetings

The minutes of IRB meetings should document, among other things: separate deliberations, actions, and votes for each protocol undergoing initial or continuing review by the convened IRB; the vote on all IRB actions including the number of members voting for, against, and abstaining; the basis for requiring changes in or disapproving the research; and a summary of the discussion of controverted issues and their resolution. OHRP recommends that the recusal of IRB members because of a conflicting interest also be documented when recording votes on IRB actions.

In order to document the continued existence of a quorum, the following examples demonstrate one acceptable format for documenting in the minutes the votes on actions taken by the IRB on research projects undergoing initial or continuing review:

- Total = 6; Vote: For – 5, Opposed – 0, Abstained – 1.
- Total = 5 (1 member recused and did not vote); Vote: For – 4, Opposed – 1, Abstained – 0.

OSP staff will develop IRB meeting minutes in draft form within three working days following an IRB meeting. Draft minutes will be sent to the IRB Chair for initial review. After initial review, the minutes will be distributed via email to all IRB members for

review; minutes will be discussed and approved at the next scheduled meeting. IRB meetings may be recorded. Meeting recordings will be utilized for the primary purpose of developing the minutes. Once meeting minutes are approved, meeting recordings may be erased. The Chair or OSP staff may periodically utilize the OHRP [self-assessment tool](#) to evaluate the quality of meeting minutes.

15.3 Documentation of Findings

45 CFR § 46.116(d) requires that the IRB document findings when approving a consent procedure that does not include, or which alters, some or all of the required elements of informed consent, or when waiving the requirement to obtain informed consent. OHRP recommends that when approving such a waiver for research reviewed by the convened IRB, these findings be documented in the minutes of the IRB meeting, including protocol-specific information justifying each IRB finding.

Similarly, where HHS regulations require specific findings on the part of the IRB, such as approving a procedure that waives the requirement for obtaining a signed consent form, approving research involving pregnant women, human fetuses, or neonates, approving research involving prisoners, or approving research involving children, the IRB should ensure that findings are fully documented in the minutes of the IRB meeting, including protocol-specific information justifying each IRB finding.

15.4 Documentation of Approval Periods

The IRB must determine which protocols require continuing review more often than annually, as appropriate to the degree of risk. OHRP recommends that the minutes of IRB meetings clearly reflect these determinations regarding risk and approval period. OSP staff will be responsible for tracking the dates for continuing review and expiration of approval periods and periodically updating the IRB on the dates.

15.5 Copies of Revised Protocols

Following the approval of changes to a protocol either through the change in research activity approval process or continuing review, OHRP recommends that the investigator incorporate the revision into the written protocol and provide the OSP a copy of the revised protocol. This practice ensures that there is only one complete and up-to-date protocol. The revision dates should be noted on each revised page and the first page of the protocol itself. This procedure should also be used for revised and approved informed consent documents, which supersede previous one(s).

15.6 Retention of IRB Records

As stated in 45 CFR § 46.115(b), OSP will retain the IRB records described in section 15.1 for at least 3 years. Records relating to research reviewed by the IRB will be retained for at least 3 years after completion of the research. Records will be accessible to OSP staff, IRB members, and the designated Institutional Official. Investigators may request

access to records relevant to their research projects. Furthermore, all records will be accessible for inspection and copying by authorized representatives of federal agencies at reasonable times and in a reasonable manner.

XVI. REVISING AND UPDATING HRPP POLICIES AND PROCEDURES

The following specifies the process of developing and initiating approval and implementation of changes to the current policies and procedures for KSU's HRPP and IRB.

When an HRPP policy or procedure requires modification, the IRB Chair in consultation with the HRPP specialist will draft a written proposal. Such proposal will include a statement of the need for the change, and a draft of the new policy or procedure. This proposal will be submitted to the IRB for consideration.

Minor procedural changes may not warrant this formal process and may be more appropriately termed IRB guidance or clarification. The IRB Chair will have discretion to determine what requires a formal policy or procedure change versus IRB guidance or clarification. Minor changes that the Chair determines fall into the IRB guidance or clarification category, and that do not contravene the policies and procedures herein, will be discussed and voted on at regularly scheduled IRB meetings.

Once the draft proposal of a revised policy or procedure has been reviewed by the HRPP specialist and/or the Director of Sponsored Programs (who may need to seek counsel from other staff/administrators to assure that the proposed policy and/or procedural change is consistent with KSU's policies and all relevant laws and regulations), it will be presented by email to the full Board for review and comments. The Board will be given one week ahead of a scheduled meeting to review the proposed change. IRB members should insert a comment into the document either indicating that they approve the proposed change as written or suggest changes to the proposal.

After the review period, the Chair or the HRPP specialist will compile a final version of the policy or procedure. This version will be presented to the board at the IRB meeting. All active board members will be asked to vote to approve or disapprove or to abstain. A policy or procedure change will be recommended for adoption if more than 50 percent of active IRB members vote to approve the proposed change. The Chair and/or the HRPP specialist will then present the policy or procedure change to the Provost and/or President for guidance as to getting the change officially approved and adopted.

Once a policy or procedural change is officially approved by the Board of Regents, it will be added to an appendix to these policies and procedures. This entry will include the date the policy or procedure was adopted and include reference to the earlier sections of the policy and procedures that have been modified, clarified, or invalidated.

XVII. REFERENCING FEDERAL REGULATIONS AND GUIDANCE

For policies and procedures in matters not addressed in the policies and procedures herein, the IRB, OSP staff, and all KSU faculty, staff, and students should refer to and follow 45 CFR § 46, other relevant federal regulations, and [OHRP guidance](#).

DRAFT

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
QUARTERLY MEETING**

***** Meeting was Conducted in Person and by Teleconference *****

**April 12, 2023
10:00 a.m. EDT**

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
400 East Main Street
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Board's Acting Chair, Dr. Herman Walston, EdD, called the meeting to order at 10:01 a.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Acting Chair Herman Walston, EdD	Present
Regent Michael Adams, Jr.	Not Present
Regent Tammi Dukes	Present
Regent Edward Fields	Present
Regent Ernie Fletcher, MD	Not Present
Regent Edward Hatchett, Esq.	Present
Regent Jason Moseley	Present
Regent Charles Moyer, PhD	Present
Regent Robert Ramsey, Sr.	Present
Regent Savion Briggs	Present

At least six (6) Regents were in attendance and present at roll call. A quorum was therefore established.

Note: Regent Fletcher and Regent Adams joined shortly after roll call.

III. Approval of the Agenda

MOTION by Regent Fields:

Move the Board to approve the agenda of the April 12, 2023, Quarterly Meeting of the Board of Regents.

Seconded by Regent Dukes.

Following the motion, Regent Hatchett requested clarification as to which agenda was being approved, as the Regents had received an updated agenda the morning of the meeting. Acting Chair Walston responded that the agenda was the one that was given to them that morning. Regent

Hatchett stated that he was reluctant to approve an agenda that might contain items that the Board should not be taking up that day.

Acting Chair Walston replied that although the agenda being presented for approval was the one that was received by the Regents that morning, any items added to it could be moved to a special call meeting and not addressed during the meeting session.

Mr. Atwell, the Board's secretary and the University's in-house counsel, suggested that a motion be made to approve the agenda with the additional items; if it were to pass, the Board would proceed, and if not, those items would be removed from the agenda.

Regent Fields restated his motion to approve the agenda for the April 12, 2023, meeting of the Board of Regents to include the action items that had been given this morning.

Regent Dukes seconded Regent Fields' motion.

Regent Hatchett commented that this action was in contravention to the requirements of the Gold Book.

Mr. Atwell then suggested a roll call vote on the Agenda with the additional items included:

Acting Chair Walston	Aye
Regent Adams	Aye
Regent Dukes	Aye
Regent Fields	Aye
Regent Fletcher	Aye
Regent Hatchett	Nay
Regent Moseley	Aye
Regent Moyer	Aye
Regent Ramsey	Aye
Regent Briggs	Aye

The ayes prevailed, so the motion passed.

IV. Special Election of Board Chair

Acting Chair Walston stated that the Gold Book requires the Board of Regents to elect its Chair and Vice Chair at the beginning of each fiscal year. Due to former Board Chair Patton's recent departure, Acting Chair Walston then called for nominations to elect a new Chair to serve out the remainder of Dr. Patton's term, concluding on or around July 1, 2023. Acting Chair Walston further announced his intention to fulfill the rest of his term as the Board's Vice Chair.

Regent Fields nominated Regent Tammi Dukes. The nomination was seconded by Regent Ramsey and Regent Adams.

Hearing no further nominations, Regent Hatchett then moved to close nominations and nominate Regent Dukes as Board Chair by acclamation. Regent Moyer seconded the motion.

Subsequently, Regent Dukes was elected as the new Chair of the Kentucky State University Board of Regents.

V. Recess

MOTION by Regent Fields:

Move the Board to enter into a recess.

Seconded by Regent Adams, and passed without dissent.

VI. Consent Agenda

A. Approval of Minutes from Prior Board Meetings

As the Board reconvened from recess, Chair Dukes called for a motion to enter into an open session.

MOTION by Regent Walston:

Move the Board to enter into an open session.

Seconded by Regent Fields, and passed without dissent.

- i. January 11, 2023, Quarterly Meeting
- ii. January 24, 2023, Special Called Meeting
- iii. February 20, 2023, Special Called Meeting
- iv. March 2, 2023, Special Called Meeting
- v. March 23, 2023, Special Called Meeting

B. Approval of Minutes from Prior Committee Meetings

- i. March 8, 2023, Special Called Executive Committee Meeting

Chair Dukes asked if there was any discussion of any of the Minutes contained in Agenda Items V. (A) or (B). Hearing none, Chair Dukes requested a motion to approve the Minutes as submitted.

MOTION by Regent Walston:

Move the Board to approve the Minutes from prior Board and Committee meetings as submitted. Seconded by Regent Adams, and passed without dissent. Therefore, all Minutes were approved under one motion.

VII. Information Items (Senate Updates)

A. Faculty Senate Update

Dr. Keith McCutchen, Faculty Senate President, presented this agenda item.

Dr. McCutchen began by stating that it was good to work with the current administration and that he felt that in terms of shared governance and communication with Faculty Senate committees, things are working properly, as processes and procedures are being followed.

Dr. McCutchen also shared the many acts of service in which faculty members are engaged, including the upcoming Kentucky Humanities Board event.

Dr. McCutchen further reported on the activities of several Faculty Senate committees and subcommittees, including the Subcommittee on Artificial Intelligence and Instruction, as well as action items from the Curriculum Committee.

Regent Fields queried whether the Kentucky Humanities Board event, and other events described by Dr. McCutchen, would be posted on the KSU website.

Chair Dukes thanked Dr. McCutchen for his presentation.

B. Staff Senate Update

Next, Ms. Ja'Meecca Alexander, Staff Senate President, presented the Staff Senate Update.

Ms. Alexander began by noting that the Staff Senate is in the process of re-electing a Staff Regent and increasing their presence on campus, and thanked the current administration and Dr. Dailey for partnering with the Staff Senate and attempting to resolve issues.

Ms. Alexander further reported that staff members continue to voice concerns regarding a lack of accountability and mental health days; feeling overworked, underpaid and un-appreciated; high staff turnover resulting in understaffing; not having enough events for staff to get to know each other; students being unsure as to who to communicate with due to high staff turnover; hesitancy by staff to speak up due to fear or being fired or retaliated against; a disregard for the hard work that staff performs; staff feeling unable to provide for their families; certain individuals using their job titles to control staff members; and an overall loss of family atmosphere at KSU. Ms. Alexander observed that these continuing staff-related issues must be resolved.

Regent Dukes inquired as to the Staff Senate protocol and process for staff being able to present concerns and issues to Ms. Alexander.

Regent Walston asked Ms. Alexander whether she investigates concerns and issues that are presented to her to ensure that they are valid.

Regent Fields asked whether there is a process in place by which staff members are able to name the individual(s) who is/are creating a fear of retaliation in order to discourage staff members from speaking up about issues and concerns.

Regent Adams queried how frequently Ms. Alexander and Dr. Burnette meet regarding staff issues and concerns. Ms. Alexander replied that they have not been able to meet as of yet. Regent Adams proposed that they should be meeting at least once a month or on some other regular basis.

C. Student Government Update

Next, Regent Savion Briggs, Student Body President, presented the Student Government Update. Regent Briggs reported that SGA elections were conducted and he had been re-elected for the 2023–2024 school year, and further expanded upon the student town hall meeting that was held several weeks prior.

Next, Regent Briggs shared student concerns, including campus conditions, especially in the dorms, as well as the fact that the student center game room has been closed for over a year now, and an overall lack of student events. Regent Briggs reported that these issues are changing the dynamic of students' experiences on campus, as well as having a detrimental effect on potential students touring the campus. Moreover, some students feel that personal vendettas are incurred from administration if they speak out about issues. Regent Briggs also thanked Dr. Dailey for the manner in which he is communicating with and assisting students.

Regent Adams queried how student issues are brought to Regent Briggs and escalated.

Regent Adams further inquired whether Regent Briggs has able to meet with Dr. Golman to ensure that student issues and needs are addressed. Regent Briggs replied that he met with Dr. Golman

and Interim President Johnson several weeks ago and they explained their plans to him, but he was not satisfied with that conversation overall.

Regent Adams asked how the Board can develop a solution that bridges the gap between student concerns and resolution.

At this point, Dr. Bridgett Golman, Interim VP of Student Engagement, entered the conversation and stated that there is a difference in students' perceptions and what the present budget reality is because certain events, such as homecoming, cannot be done in the same manner they once were because the finances just aren't currently available to offer activities on the same scale as has been offered in the past. Dr. Golman stated that the University's current financial state requires student activities to be modified and scaled back.

Regent Adams observed that student fees are collected as a portion of tuition, and wondered what activities those fees are used for, specifically asking whether they could be used to pay for a homecoming concert.

Regent Moseley recognized that students also need to have a fun social experience—not just a good academic and classroom experience. And he asked why, when considering KSU's need for increased student retention, students weren't being provided a social atmosphere. He noted that students are unlikely to return to KSU if they are not having fun.

Regent Moseley asked Chair Dukes whether information could be provided to the Board as to the amount of student fees that students are paying, and what those fees are being earmarked for.

Regent Moyer asked Dr. Golman whether corporate sponsorships could be utilized to sponsor some of these events and student experiences/areas in a very visible manner. Regent Moyer then encouraged Board members and Dr. Golman to actively seek entrepreneurial opportunities for the benefit of KSU and the student experience.

Regent Adams stressed the need for clear communication between students and Dr. Golman's office, and queried whether the Greek organizations on campus had budgets that permitted them to provide additional student experiences beyond what the University was currently able to provide.

Regent Briggs responded to Dr. Golman's comments regarding the current budget's impact on the type and scale of student events that are currently offered (and the dorm situation, as well as feeling that they are not being heard), stating that students are constantly being asked to sacrifice and be patient; however, students are getting the short end of the stick and are no longer willing to be patient, as they are tired of the same runaround.

Dr. Golman agreed that the dorm situation was unacceptable.

Regent Briggs continued, observing that it cost zero dollars for administration to walk around campus and communicate with students, or to have a speaker on the yard playing music. Regent Briggs stated that a comment was made at the Student Town Hall that students did not know who Dr. Golman was. Dr. Golman expressed her disagreement. Regent Briggs replied that his comments were not solely directed at Dr. Golman, and that students are concerned with the future of KSU as a whole. Regent Briggs remarked that he was tired of hearing excuses.

Regent Ramsey interjected, asking who was responsible for not getting things done for students, and who was going to start making things happen. Regent Ramsey asked whether Regent Briggs

was essentially saying that until now, the Board had only been talking, and not acting, to improve the student experience. Regent Briggs replied affirmatively.

Regent Moseley expressed his concern that students don't know who the University's President or VP of Student Engagement are, and further stated that these people have to get out on campus and spend time with students. Regent Moseley also queried what the Board is doing to fix the things that they can fix now.

Regent Adams commented that during his campus visit, he was not checked by any RA's whatsoever during his dorm visits, identifying this as a safety risk to students. Additionally, Regent Adams reported that students told him that they do not feel safe in the dorms.

As the Student update wrapped up, Regent Moseley asked Chair Dukes whether the Board could hear an update on Athletics. Chair Dukes called upon AD Johnson to present an update. AD Johnson reported that KSU's athletic teams had a phenomenal year, and requested that the Board continue to support athletics as they are a staple of the University and are an essential component of the student experience and student mental health at KSU.

Regent Ramsey asked AD Johnson as to the progress of the work being done on the Exum Center.

Regent Adams queried as to the status of the baseball field and the bleachers damaged in the windstorm.

Following AD Johnson's presentation, Chair Dukes called for a motion to recess for lunch:

MOTION by Regent Walston:

Move the Board to Recess for lunch.

Second by Regent Adams, and passed without dissent.

The board recessed for 15 minutes.

When the Board reconvened, Chair Dukes called for a motion to proceed with the second half of the meeting.

MOTION by Regent Fields:

Move the Board to proceed with the second half of the meeting.

Seconded, and passed without dissent.

VIII. Information Items (University Updates)

A. Finance & Administration Update

Next, Chair Dukes requested Dr. Daarel Burnette, Interim Chief of Staff and Interim Executive VP, Finance & Business Affairs, to present this agenda item.

Dr. Burnette began by stating that overall, progress was being made and that things are looking favorable. Dr. Burnette also remarked that CBIZ would present that day to share their activities and accomplishments to date.

CBIZ auditor Miranda Murray joined the presentation remotely, apologizing that Frank Campagna and Ben Martin would not be appearing.

Ms. Murray shared three areas of accomplishment (completed audit reports for Accounts Payable business practices, vendor contract review, and grade change process review), and identified six additional areas of concern.

Chair Dukes requested that CBIZ be present at the next audit committee meeting and share the detailed reports that had been completed.

Chair Dukes further asked that CBIZ personnel attend the next Board meeting in person.

Dr. Burnette invited Dr. Edwards to elaborate on some of the other potentially problematic areas that he had observed.

Ms. Murray continued, identifying three significant issues that had been identified during the three completed audits. Ms. Murray then invited Dr. Edwards to speak to the active central contract repository.

Chair Dukes expressed concern that some of the contracts that have been entered into (on behalf of the University) had not been reviewed by the legal department, which could result in conflicts or potential consequences for the University. Chair Dukes further stated that the benefits of a central contract repository are increasing visibility of contracts for administration, identifying contracts that have expired so the University does not continue to pay new invoices, and allowing the legal department to review contracts over time. Dr. Edwards concurred.

Regent Moseley inquired as to Dr. Burnette's previous comment that athletics should be self-supporting, and a discussion ensued.

Regent Hatchett asked Ms. Murray to address the timetable associated with the work CBIZ is doing based upon the contract with KSU, and whether she thought they were on schedule.

Regent Hatchett asked Dr. Edwards if he could provide timetables as to some of the assurances he was making to the Board regarding tasks that have been undertaken and areas that have been targeted.

Regent Walston asked Dr. Edwards whether existing staff members would continue to have training as new employees were hired or others left.

Regent Fields and Chair Dukes inquired whether continued training and cross-training would extend to individuals who created or approved requisitions.

Regent Fields inquired into the timeline for cross-training and who would be responsible.

Regent Walston noted that the recently concluded APA audit included a statement that many issues which they had been previously identified were still unresolved, and queried what could be done to ensure that those items are addressed.

Chair Dukes thanked Ms. Murray for her update.

Next, Dr. Burnette discussed the external audit firm, Blue and Co., and the detailed information that their firm's director directly shared last week during the Finance and Audit Committee meeting.

Regent Walston asked whether the Regents would receive Blue and Co.'s 2022 audit report prior to the next quarterly meeting.

Following the Blue and Co. update, Dr. Burnette introduced Ms. Tonya Walker, Controller, who provided the Controller Update.

Regent Walston posed a question regarding drawdowns.

Regent Moseley asked whether KSU is still projected to have six million dollars cash on hand at the end of the physical year even though there were unfunded budget requests and enrollment did not reach the projected goal.

Regent Moseley inquired as to the number of outstanding bills remaining, and asked whether all outstanding bills were caught up. Ms. Walker replied that they were not caught up yet.

Regent Moseley asked when the outstanding bills would be fully paid, and also inquired into the status of the elevator repair in the Academic Services Building.

Next, Ms. Walker discussed debt collection activities with Keys2Recovery collections agency. Ms. Walker further identified an issue which had resulted from an incorrect file being sent from KSU to Keys2Recovery, and explained how the error was being corrected.

As to the money that was to be collected, Regent Moseley queried what the minimum amount was being collected, and what percentage of the amount collected is being charged by Keys2Recovery.

Following that conversation, Ms. Walker presented upcoming activities over the next three months.

Regent Hatchett noted that the focus seemed to be on debt collection from former students and asked what is being done about current students who owe money to the University.

Regent Walston inquired whether HEERF Funds need to be used by October 30.

Regent Moyer asked whether the existing debt was due more to students who had graduated, or students who failed to graduate, whether there was a significant difference between those two groups, and whether a 2.0 GPA was the minimum required for graduation.

Dr. Burnette then introduced the Grants Manager, Mr. Justin Peach, who provided the Grant Accounting Update.

Mr. Peach noted that KSU currently holds 96 active grants. Additionally, the Grants Office was completely vacant for several months in 2022 after all previous staff members resigned. However, the University assigned 3 temporary staff members to this area; subsequently, the Grants Department is now approximately seventy-five percent (75%) caught up. Mr. Peach also discussed ongoing projects within the department.

Regent Walston asked whether any dormant grants exist which need to be reactivated.

Next, Dr. Burnette invited Dr. Edwards to speak further about the APA audit and where the University currently stands in meeting the APA's recommendations. Dr. Edwards reported that 56% of the 90 recommendations have been initiated, 26% have been completed, and 18% are currently under discussion with the responsible parties. He also noted that an issue tracker is being developed. Dr. Edwards stated that further information would be provided at the next Board meeting.

Dr. Edwards estimated that as a result of the MIP and APA audit findings, over one hundred (100) new policies and procedures would be generated and anticipated those policies and procedures

would be ready for Board approval within the next six to twelve months. However, he also suggested a review of KSU's existing Policy on Policies to determine whether Board approval was actually necessary for all new policies and procedures, or whether the VP or Chief of Staff might be permitted to make some of those approvals instead.

Regent Walston inquired whether the new policies and procedures that Dr. Edwards described would cover departmental budget planning policies and procedures to provide more transparency to faculty members.

Regent Walston asked whether an inventory was being created of currently existing equipment (such as trucks and tractors), as well as newly purchased items.

Next, Christina Jones presented an update on the FY 2023 Budget Execution-February 2023.

Regent Dukes requested clarification on whether the last \$5.5 million disbursement from the State was received in April or May.

Regent Moseley queried whether there would be a surplus at the end of the year. Dr. Burnette replied, stating that currently, KSU is on track to have a surplus at the end of this fiscal year.

Regent Hatchett asked how to reconcile the information and documentation that was distributed in the Board Book with the information being verbally presented now. Specifically, he inquired into enrollment projections, noting that fall enrollment does not appear that it will reach a break-even point. Interim President Johnson responded to Regent Hatchett's question, concluding that there would actually be a deficit in 2024.

Chair Dukes inquired as to the size of the anticipated deficit discussed by President Johnson. Dr. Burnette replied that there is an anticipated deficit of \$4 million.

B. Sodexo Update

Dr. Burnette also presented this agenda item and introduced Mr. David Schmidt, Director of KSU Facilities Operations for Sodexo.

Mr. Schmidt began by stating that the goal is to bring KSU's campus to an APPA 3 level by fall 2023. Next, Mr. Schmidt discussed what has been accomplished to date, including advances in leadership, staffing, restructuring of the grounds department, and work towards creating a "Million Dollar Walk" across campus. Mr. Schmidt also noted improvements due to campus-wide safety walks, fire alarm testing, and a campus-wide tree assessment. Finally, before and after slides were presented, detailing progress that had been made to several KSU buildings and grounds.

Regent Briggs asked why it took so long to remove four fallen trees from the February 26 and March 3 wind storms.

Next, Mr. Schmidt discussed the status of the Maximo Work Order System (including the preventative maintenance program implementation), and soft space inventory.

Regent Moseley asked whether campus clean-up efforts could be held in conjunction with community projects or community service hours, and whether they could incorporate students, staff, faculty, as well as Greek and other student organizations and the Frankfort/Franklin County community.

Regent Walston asked whether potholes located behind the Bell Gym were being repaired.

Regent Moseley inquired why buses were being parked in an area across from the football field.

Chair Dukes queried whether the buses were operable.

Regent Fletcher stated that he appreciated the Sodexo presentation and then announced that he was going to leave the meeting to catch a flight.

Following Mr. Schmidt's presentation, Dr. Burnette introduced Ms. Jennifer Linton, Sodexo Project Manager, who continued the presentation to discuss the Capital Construction Project Status and Asset Preservation Projects.

Regents identified specific areas of concern to Ms. Linton, including pothole repairs in various campus areas.

Regent Ramsey asked whether Ms. Linton would bring any Asset Preservation Fund expenditures over \$50,000 to the Board for approval, and whether areas needing attention could be prioritized. He specifically noted that areas where students spend much of their time need to be prioritized.

Regent Briggs asked whether the banners around campus could be a project for which these funds could be used, noting that some are missing. Dr. Burnette responded that the banners are the responsibility of Marketing and Brand Identity.

Dr. Burnette concluded this segment by thanking his staff and Mr. Thompson.

C. Enrollment and Student Services Update

Next, Dr. Bridgett Golman, Interim VP, Student Engagement & Campus Life, presented this agenda item.

Dr. Golman began her presentation, "Enrollment and Student Engagement Updates, Strategies, and Fall 2023 Projection" by stating that it typically takes 18 months to develop an entering class. Dr. Golman then provided some background relative to that process, and explained how the fall 2023 projection was developed.

Moving forward, Dr. Golman also addressed the enrollment management strategy as it relates to retention and new student recruitment.

Dr. Golman also shared Student Engagement and Campus Life events that had occurred during the 2022–2023 academic year.

Regent Walston asked whether KSU still had a college choir and queried who the choir director was.

Regent Briggs requested to see the Office of Student Engagement produce more events or provide more support to student organizations seeking to put on their own events.

Regent Moseley queried whether a survey had been conducted to identify the types of events students are interested in.

Regent Fields requested that a Student Engagement Committee meeting be held soon, so some of these concerns could be discussed in detail.

Dr. Golman proceeded, presenting enrollment projections for fall 2023 by student classification.

Regent Walston inquired as to the status of the Upward Bound program and whether they have a one hundred percent (100%) director of that program.

Regent Briggs asked about the Pre-College Academy and what that would look like in the upcoming year, specifically inquiring why it had been reduced to two weeks. Dr. Golman referred the question to Dr. Stephanie Mayberry.

Regent Briggs asked Dr. Golman whether the Breds Office was sufficiently staffed, and whether they had been brought to the table regarding recruitment for KSU.

D. Academic Affairs Update

This Agenda item was presented by Dr. Michael Dailey, Interim Provost and VP, Academic Affairs.

Dr. Dailey began with an update as to the faculty evaluation process, as mandated by HB 250. He also discussed the annual performance evaluation components and distribution of ratings, including discrepancies between the Chairs' reviews and Deans' reviews.

Dr. Dailey further addressed the next steps to be taken following the completion of the faculty evaluation process.

Regent Walston asked whether the faculty review process was being timely completed in accordance with HB 250. Regent Walston also posed a question pertaining to the review of some administrators who were faculty before assuming their administrative roles and who therefore do not teach 100% of the time.

Regent Moyer asked several questions, including how teaching is evaluated, how the individual elements are weighted, the percentage of students who actually complete a course evaluation, and whether there is any tie between the evaluation process and annual merit or salary decisions.

Next, Dr. Dailey presented the Program Review Process, and KSU's partnership with CPE in looking at all of KSU's academic programs, as mandated by HB 250, Element Four. During that process, thirty-one (31) programs were reviewed, using a start, stop, and grow model. Dr. Dailey discussed opportunities and challenges observed within eight (8) programs identified as growth opportunities, ten (10) programs identified as "fix and sustain," and the remaining programs designated as "fix or sunset."

Dr. Dailey then correlated his presentation within the context of Interim President Johnson's Intended Future plan and some of the activities that have occurred to restore, realign and reignite KSU's academic programs.

Dr. Dailey concluded his presentation with a discussion of substantive changes with SACSCOC, including SACSCOC Substantive Change Notifications, and stated that KSU is on pace to meet expectations.

Regent Dukes noted for the record that Mr. Stephen Mason, Presidential Search Committee Chair, was present.

E. President's Update

Interim President Dr. Ronald Johnson presented this agenda item. Due to a scheduling issue, though, agenda item IX was presented before agenda item VIII (E).

Interim President Johnson began with a presentation entitled “Addressing Unwarranted Risks,” commenting that former Chair Patton had a very strong understanding of this topic. Dr. Johnson commented that the MIP requires the Board to establish a committee to examine risk exposure at the University, which is why he is presenting this information.

Interim President Johnson recommended that the Board hire a Chief Compliance Officer and delineated the duties of that proposed role.

Regent Adams queried how the hiring of a Chief Compliance Officer would impact the budget.

IX. Management Improvement Plan Item

Mr. Travis Powell, VP and General Counsel, Council on Postsecondary Education, presented this agenda item. As noted above, this agenda item was presented prior to agenda item VIII (E) due to a scheduling conflict.

Mr. Powell spoke about Board committees, providing information as to how other institutions handle their committees in order to assist KSU in structuring its committees to make them function more efficiently. He also recommended that the Board form an ad hoc committee to look at committee structure for the Board.

Chair Dukes called for a motion to create the ad hoc committee to review the Board’s current committee structure.

MOTION by Regent Fields:

Move the Board to form an ad hoc committee to review the Board’s current committee structure. Second by Regent Moseley, and passed without dissent.

X. Action Items

In the spirit of efficiency, Regent Dukes requested that all action agenda items be approved as a whole, unless anyone had questions regarding a specific action item.

As to the capital improvement project, Regent Ramsey asked whether mold and mildew remediation would be included, and noted that it should be a top priority.

Regent Walston posed a question regarding the award of honorary degrees.

A discussion ensued regarding the financial feasibility of keeping Holmes Hall or tearing it down.

Regent Walston queried whether Bell Gym was on the list for the capital management project.

Hearing no further questions, Chair Dukes called for a motion to approve all Action Agenda Items.

MOTION by Regent Walston:

Move the Board to approve all action items (agenda items X. (A-N)).

Second by Regent Adams, and passed without dissent. All items were unanimously passed under one motion.

A. Approval to Purchase Surface Area Analyzer

Approved under one motion, as noted above.

B. Approval to Purchase Ford F450 Truck

Approved under one motion, as noted above.

C. Approval to Purchase BX51 WIF Microscope

Approved under one motion, as noted above.

D. Approval to Purchase Dodge Ram 3500 Truck

Approved under one motion, as noted above.

E. Approval to Purchase Dynex DS2

Approved under one motion, as noted above.

F. Approval of Gallagher Human Resources and Compensation Consulting (HRCC) Contractual Terms

Approved under one motion, as noted above.

G. Approval of AssuredPartners Contractual Terms

Approved under one motion, as noted above.

H. Approval of Ellucian Contract Terms

Approved under one motion, as noted above.

I. Approval of Pending Personnel Actions

Approved under one motion, as noted above.

J. Approval of Campus-Wide Capital Improvement Projects

Approved under one motion, as noted above.

K. Approval of Corrective Endowment Entries

Approved under one motion, as noted above.

L. Approval of Tuition and Fee Increase

Approved under one motion, as noted above.

M. Approval of Resolution to Confer Earned Academic Degrees—Fall 2022, Spring 2023, and Summer 2023

Approved under one motion, as noted above.

N. Approval of Honorary Degree Candidates

Approved under one motion, as noted above.

XI. Closed Session

A. Pending and Possible Litigation (KRS 61.810(1)(c))

At this time, the Board moved into a closed session to discuss pending and possible litigation, pursuant to KRS 61.810(1)(c).

XII. Special Action Item

When the Board reconvened from its closed session, Chair Dukes stated that no action had been taken during the closed session. For the record, Chair Dukes clarified all action items that had been approved.

Approval of Resolution of Appreciation for Dr. Gerald Patton

The Board’s Chair presented this Agenda item.

MOTION by Regent Moseley:

Move the Board to approve the Resolution of Appreciation for Dr. Gerald Patton.

Seconded by Regent Walston, and passed without dissent.

XIII. Closing Remarks

Observing that the Board has a long road ahead of them as they move into fiscal year 2023–2024, Chair Dukes closed the meeting by stating that she believes that KSU is on an upward trajectory.

XIV. Adjournment

MOTION by Regent Walston:

Move the Board to adjourn.

Seconded by Regent Moyer and passed without dissent.

The meeting was adjourned at 5:21 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
SPECIAL CALLED MEETING**

***** Meeting Was Conducted in Person and by Teleconference ***
Wednesday, April 26, 2023
11:00 a.m. EDT**

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Board's Chair, Regent Tammi Dukes, called the meeting to order at 11:02 a.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Chair Tammi Dukes	Present
Regent Herman Walston, EdD	Present
Regent Michael Adams, Jr.	Not Present
Regent Edward Fields	Present
Regent Ernie Fletcher, MD	Present
Regent Edward Hatchett, Esq.	Present
Regent Jason Moseley	Not Present
Regent Charles Moyer, PhD	Present
Regent Robert Ramsey, Sr.	Present
Regent Savion Briggs	Present

At least six (6) Regents were in attendance and present during roll call; therefore, a quorum was established.

Note: Regent Moseley joined the meeting shortly after roll call.

III. Approval of the Agenda

MOTION by Regent Walston:

Move the Board of Regents to approve the agenda of the April 26, 2023, Special Called Meeting of the Board of Regents.

Seconded by Regent Fields and passed without dissent.

IV. Closed Session

Next, the Board moved into closed session, pursuant to KRS 61.810(1)(f), to discuss individual personnel matters.

MOTION by Regent Fields:
Move the Board to enter a closed session.
Seconded by Regent Ramsey, and passed without dissent.

At this time, the Board entered a closed session.

V. Public Actions

When the Board reconvened, Chair Dukes stated that the Board had completed its discussion and called for a motion to enter an open session again.

MOTION by Regent Walston:
Move the Board to enter into an open session.
Seconded by Regent Fields, and passed without dissent.

Chair Dukes announced that no action had been taken in the closed session.

VI. Closing Remarks

Chair Dukes concluded the meeting by remarking that several items will need to be discussed in upcoming meetings.

VII. Adjournment

MOTION by Regent Fields:
Move the Board to adjourn.
Seconded by Regent Hatchett and passed without dissent.

The meeting was adjourned at 12:41 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents

_____ Approved with no corrections

_____ Approved with corrections

**SPECIAL CALLED JOINT MEETING
OF THE
KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
&
THE PRESIDENTIAL SEARCH COMMITTEE**

***** Meeting Was Conducted in Person and by Teleconference ***
Wednesday, May 3, 2023
3:00 p.m. EDT**

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
Frankfort, Kentucky 40601
(Primary Physical Location)**

**MINUTES

I. Call To Order

The Board's Chair, Regent Tammi Dukes, and the Presidential Search Committee's Chair, Mr. Stephen Mason, called the meeting to order at 3:00 p.m.

Chair Dukes reminded Regents and Committee members that they would only be permitted to motion and vote when requested to do so by their respective Chairs.

II. Roll Call

The Board's Secretary, Zach Atwell, called the Board of Regents roll:

Chair Tammi Dukes	Present
Regent Herman Walston, EdD	Present
Regent Michael Adams, Jr.	Present
Regent Edward Fields	Present
Regent Ernie Fletcher, MD	Not Present
Regent Edward Hatchett, Esq.	Present
Regent Jason Moseley	Not Present
Regent Charles Moyer, PhD	Present
Regent Robert Ramsey, Sr.	Present
Regent Savion Briggs	Present

At least six (6) Board members were in attendance. A quorum was therefore established.

Note: Regent Fletcher joined the meeting shortly after roll call.

Next, Michael DeCourcy, Executive Director of Institutional Advancement and Presidential Search Committee liaison, called the Presidential Search Committee roll:

Chair Stephen Mason	Present
Regent Tammi Dukes, Co-Chair	Present

Dr. Stephanie Mayberry	Present
Dr. Herman Walston, EdD	Present
Mayor Layne Wilkerson	Not Present
Dr. Chanzheng Wang, PhD	Present
Regent Savion Briggs	Present
Ms. JaMeecca Alexander	Present
Mr. Richard Graves	Present

At least five (5) Committee members were present. A quorum was therefore established.

III. Approval of the Agenda

MOTION by Regent Fields:

Move the Board of Regents to approve the agenda of the May 3, 2023, Special Called Joint Meeting of the Board of Regents and Presidential Search Committee.

Seconded by Regent Walston, and passed without dissent.

MOTION by Dr. Mayberry:

Move the Presidential Search Committee to approve the agenda of the May 3, 2023, Special Called Joint Meeting of the Board of Regents and Presidential Search Committee.

Seconded by Regent Walston, and passed without dissent.

IV. Closed Session

A. Individual Personnel Matters

Pursuant to KRS 61.810 (1)(f), the Board and Committee entered closed session to discuss individual personnel matters.

MOTION by Regent Adams:

Move the Board of Regents to enter into a closed session.

Seconded by Regent Hatchett, and passed without dissent.

MOTION by Dr. Wang:

Move the Presidential Search Committee to enter into a closed session.

Seconded by Regent Walston, and passed without dissent.

V. Public Action

A. Approval of Final Candidates for KSU President

When the Board and Committee reconvened from closed session, Chair Dukes called for a motion from the Board of Regents to re-enter into an open session.

MOTION by Regent Adams:

Move the Board of Regents to enter into an open session.

Seconded by Regent Fields, and passed without dissent.

Subsequently, Chair Mason called for a motion from the Presidential Search Committee to re-enter into an open session.

MOTION by Dr. Wang:
Move the Committee to re-enter into an open session.
Seconded by Dr. Mayberry, and passed without dissent.

Chair Mason reported that during the closed session, the Committee discussed that qualifications of the applicants, and no action was taken during the closed session. Chair Mason then requested a motion from the Presidential Search Committee members to recommend its finalists to the Board of Regents for their final consideration. Further, Chair Mason asked that the motion include the identification number of the candidates being recommended.

MOTION by Dr. Mayberry:
Move the Committee to recommend candidates 1, 25, and 36 to the Board of Regents as finalists in the Presidential Search.
Seconded by Regent Walston, and passed without dissent.

Chair Dukes then requested a motion for the Board of Regents to accept the Committee's recommended finalists.

MOTION by Regent Adams:
Move the Board to accept the recommendation of the Presidential Search Committee.
Seconded by Regent Moyer, and passed without dissent.

VI. Closing Remarks

Prior to offering closing remarks, Chair Dukes stated that the candidate's names would be withheld for 24 hours in order to provide them with the opportunity to speak with their direct supervisors.

Chair Mason closed the Presidential Search Committee meeting by thanking the Board of Regents for entrusting the Committee with the opportunity to assist with finding a presidential candidate for KSU.

Chair Dukes closed the Board of Regents meeting by thanking the Presidential Search Committee for their efforts in moving the search forward.

VII. Adjournment

Chair Mason requested a motion to adjourn the Presidential Search Committee meeting.

MOTION by Dr. Mayberry:
Move the Presidential Search Committee to adjourn.
Seconded by Regent Walston, and passed without dissent.

The meeting was adjourned at 5:45 p.m.

Chair Dukes called for a motion to adjourn the Board of Regents meeting.

MOTION by Regent Fields:
Move the Board of Regents to adjourn.
Seconded by Regent Hatchett, and passed without dissent.

The meeting was adjourned at 5:45 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents

Stephen Mason, Chair
Kentucky State University
Board of Regents
Presidential Search Committee

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
SPECIAL CALLED MEETING**

***** Meeting Was Conducted in Person and by Teleconference ***
Tuesday, May 16, 2023
3:15 p.m. EDT**

**Harold R. Benson Research and Demonstration Farm
1525 Mills Lane
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Board's Chair, Regent Tammi Dukes, called the meeting to order at 3:25 p.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Chair Tammi Dukes	Present
Regent Herman Walston, EdD	Not Present
Regent Michael Adams, Jr.	Present
Regent Edward Fields	Present
Regent Ernie Fletcher, MD	Present
Regent Edward Hatchett, Esq.	Present
Regent Jason Moseley	Present
Regent Charles Moyer, Ph.D.	Present
Regent Robert Ramsey Sr.	Present
Regent Savion Briggs	Not Present

At least six (6) Regents were in attendance and present during roll call; therefore, a quorum was established.

Note: Regent Walston joined the meeting shortly after roll-call.

III. Approval of the Agenda

MOTION by Regent Adams:

Move the Board of Regents to approve the agenda of the May 16, 2023, Special Called Meeting of the Board of Regents.

Seconded by Regent Fletcher and passed without dissent.

IV. Introduction of Presidential Candidate

Chair Dukes introduced presidential candidate Dr. Gerald Hunter. Dr. Hunter greeted the Board and provided a brief summary of his background.

V. Closed Session

Pursuant to KRS 61.810 (1)(f), Chair Dukes called for a motion to enter closed session to discuss individual personnel matters.

MOTION by Regent Fields:
Move the Board to enter into a closed session.
Seconded by Regent Adams, and passed without dissent.

The Board entered a closed session.

VI. Closing Remarks

When the Board reconvened, Chair Dukes stated that the Board had completed its discussion and no action had been taken. She then called for a motion to enter an open session.

MOTION by Regent Walston:
Move the Board to enter into an open session.
Seconded by Regent Fields, and passed without dissent.

Chair Dukes closed the meeting, urging the Regents to reflect deeply upon the day’s discussion with the first of the final three candidates. Chair Dukes reminded the Regents that in fulfilling their role in making the best decision for KSU, that decision does not rest solely upon a single day’s meeting, but on a thorough evaluation of each candidate. Chair Dukes also thanked the Regents for their unwavering commitment to KSU and its future.

VII. Adjournment

MOTION by Regent Adams:
Move the Board to adjourn.
Seconded by Regent Moyer, and passed without dissent.

The meeting was adjourned at 4:59 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
SPECIAL CALLED MEETING**

***** Meeting Was Conducted in Person and by Teleconference ***
Wednesday, May 17, 2023
3:30 p.m. EDT**

**Harold R. Benson Research and Demonstration Farm
1525 Mills Lane
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Board's Chair, Regent Tammi Dukes, called the meeting to order at 3:35 p.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Chair Tammi Dukes	Present
Regent Herman Walston, EdD	Present
Regent Michael Adams, Jr.	Present
Regent Edward Fields	Present
Regent Ernie Fletcher, MD	Present
Regent Edward Hatchett, Esq.	Present
Regent Jason Moseley	Present
Regent Charles Moyer, PhD	Present
Regent Robert Ramsey, Sr.	Present
Regent Savion Briggs	Not Present

At least six (6) Regents were in attendance and present during roll call; therefore, a quorum was established.

III. Approval of the Agenda

MOTION by Regent Moyer:

Move the Board of Regents to approve the agenda of the May 17, 2023, Special Called Meeting of the Board of Regents.

Seconded by Regent Adams, and passed without dissent.

IV. Introduction of Presidential Candidate

Next, Chair Dukes introduced presidential candidate Dr. Koffi Akakpo. Dr. Akakpo offered opening remarks and shared his background.

V. Closed Session

Pursuant to KRS 61.810 (1)(f), Chair Dukes called for a motion to enter closed session to discuss individual personnel matters.

MOTION by Regent Adams:

Move the Board to enter into a closed session.

Seconded, and passed without dissent.

The Board entered a closed session.

VI. Closing Remarks

When the Board reconvened, Chair Dukes stated that the Board had completed its discussion and no action had been taken. She then called for a motion to enter an open session.

MOTION by Regent Adams:

Move the Board to enter into an open session.

Seconded by Regent Walston, and passed without dissent.

Chair Dukes closed the meeting by urging her fellow Regents to reflect on the day's discussion, and expressed her gratitude to Regents, faculty, staff, students, and community members for their active participation in the day's activities.

VII. Adjournment

MOTION by Regent Moseley:

Move the Board to adjourn.

Seconded by Regent Walston, and passed without dissent.

The meeting was adjourned at 5:08 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
SPECIAL CALLED MEETING**

***** Meeting Was Conducted in Person and by Teleconference ***
Thursday, May 18, 2023
1:45 p.m. EDT**

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
400 East Main Street
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Board's Chair, Regent Tammi Dukes, called the meeting to order at 1:54 p.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Chair Tammi Dukes	Present
Regent Herman Walston, EdD	Present
Regent Michael Adams, Jr.	Present
Regent Edward Fields	Present
Regent Ernie Fletcher, MD	Not Present
Regent Edward Hatchett, Esq.	Not Present
Regent Jason Moseley	Present
Regent Charles Moyer, PhD	Present
Regent Robert Ramsey Sr.	Not Present
Regent Savion Briggs	Not Present

At least six (6) Regents were in attendance and present during roll call; therefore, a quorum was established.

Note: Regent Fletcher and Regent Hatchett joined the meeting shortly after roll call.

III. Approval of the Agenda

MOTION by Regent Fields:

Move the Board of Regents to approve the agenda of the May 18, 2023, Special Called Meeting of the Board of Regents.

Seconded by Regent Moseley, and passed without dissent.

IV. Introduction of Presidential Candidate

Chair Dukes introduced presidential candidate Dr. Robert Mock. Dr. Mock greeted the Board and shared his background.

V. Closed Session

Pursuant to KRS 61.810 (1)(f), Chair Dukes called for a motion to enter closed session to discuss individual personnel matters.

MOTION by Regent Fields:

Move the Board to enter into a closed session.

Seconded by Regent Walston, and passed without dissent.

The Board entered a closed session.

VI. Closing Remarks

When the Board reconvened, Chair Dukes stated that the Board had completed its discussion and no action had been taken. She then called for a motion to enter an open session again.

MOTION by Regent Moseley:

Move the Board to enter into an open session.

Seconded by Regent Fields, and passed without dissent.

Chair Dukes closed the meeting by remarking that the Board concluded its interview with the third presidential candidate. Chair Dukes noted that the Board would reconvene next week to continue deliberations and that the Board anticipated announcing the next president of KSU over the next week or two.

VII. Adjournment

MOTION by Regent Fletcher:

Move the Board to adjourn.

Seconded by Regent Moseley, and passed without dissent.

The meeting was adjourned at 4:46 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
SPECIAL CALLED MEETING**

***** Meeting Was Conducted in Person and by Teleconference ***
Thursday, May 25, 2023
3:15 p.m. EDT**

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
400 East Main Street
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Board's Chair, Regent Tammi Dukes, called the meeting to order at 3:19 p.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Chair Tammi Dukes	Present
Regent Herman Walston, EdD	Present
Regent Michael Adams, Jr.	Present
Regent Edward Fields	Present
Regent Ernie Fletcher, MD	Not Present
Regent Edward Hatchett, Esq.	Present
Regent Jason Moseley	Not Present
Regent Charles Moyer, PhD	Present
Regent Robert Ramsey, Sr.	Present
Regent Savion Briggs	Present

At least six (6) Regents were in attendance and present during roll call; therefore, a quorum was established.

Note: Regent Fletcher joined the meeting shortly after roll call.

III. Approval of the Agenda

MOTION by Regent Adams:

Move the Board of Regents to approve the agenda of the May 28, 2023, Special Called Meeting of the Board of Regents.

Seconded by Regent Fields and passed without dissent.

IV. Closed Session

Pursuant to KRS 61.810 (1)(f), Chair Dukes called for a motion to enter closed session to discuss individual personnel matters.

MOTION by Regent Walston:

Move the Board to enter into a closed session.

Seconded by Regent Fields, and passed without dissent.

The Board entered a closed session.

V. Closing Remarks

When the Board reconvened, Chair Dukes stated that the Board had completed its discussion and no action had been taken. She then called for a motion to enter an open session.

MOTION by Regent Fields:

Move the Board to enter into an open session.

Seconded by Regent Ramsey, and passed without dissent.

Chair Dukes offered closing remarks, stating that the Board had reviewed all of the valuable feedback that the Regents had received from the stakeholders of KSU. She noted that the Regents had taken the feedback into account during deliberations. Chair Dukes further reported that the Board was nearing the conclusion of the process and expected to vote next week on the next President of Kentucky State University.

VI. Adjournment

MOTION by Regent Fletcher:

Move the Board to adjourn.

Seconded, and passed without dissent.

The meeting was adjourned at 5:15 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
SPECIAL CALLED MEETING**

***** Meeting Was Conducted in Person and by Teleconference ***
Tuesday, May 30, 2023
11:00 a.m. EDT**

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Board's Chair, Regent Tammi Dukes, called the meeting to order at 11:16 a.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Chair Tammi Dukes	Present
Regent Herman Walston, EdD	Present
Regent Michael Adams, Jr.	Present
Regent Edward Fields	Present
Regent Ernie Fletcher, MD	Present
Regent Edward Hatchett, Esq.	Present
Regent Jason Moseley	Present
Regent Charles Moyer, PhD	Present
Regent Robert Ramsey, Sr.	Present
Regent Savion Briggs	Not Present

At least six (6) Regents were in attendance and present during roll call; therefore, a quorum was established.

Note: Regent Briggs joined the meeting following roll call.

III. Approval of the Agenda

MOTION by Regent Hatchett:

Move the Board of Regents to approve the agenda of the May 30, 2023, Special Called Meeting of the Board of Regents.

Seconded by Regent Walston and passed without dissent.

IV. Information Items

A. Faculty Evaluation Update

Dr. Michael Dailey, Interim Provost, and Dr. Scott Wicker, Interim Vice Provost, presented this agenda item. Dr. Dailey began by explaining that HB 250 requires KSU to conduct a performance evaluation of all employees. Dr. Dailey noted that a two-tier review was conducted, though one was not required by HB 250. He then shared the combined Dean and Chair ratings as well as professional growth opportunities within the division of Academic Affairs.

Regent Hatchett and Chair Dukes inquired into the total case size. Dr. Dailey replied that 94 total cases were reviewed.

Regent Hatchett asked why some of the ratings were broken out between the College of Humanities, Business and Society, and the College of Agriculture, Community and Sciences, while others were not.

Regent Moyer queried whether there were any relationships observed between teaching effectiveness and student enrollment numbers.

Regent Walston inquired whether specific academic programs were looked at or compared in association with faculty performance evaluation outcomes.

Next, Dr. Wicker continued the presentation with a discussion of professional development opportunities. Dr. Dailey followed, addressing unsatisfactory results, noting that seven faculty members received an unsatisfactory rating in all categories.

Chair Dukes asked what the plan was for individuals who had received an unsatisfactory rating in any of the three categories.

Dr. Walston inquired whether faculty members who were informed that they had not provided required evidence were able to appeal that part of the decision.

Regent Fields asked Dr. Dailey how receptive KSU faculty had been to the performance evaluation process.

Regent Hatchett queried how the performance ratings under HB 250 compared with the traditional review process used prior to the implementation of HB 250.

Regent Fletcher asked Dr. Dailey and Interim President Johnson whether the process for measuring performance had been looked at and improved. Regent Fletcher also asked whether the Board should be looking into this and into the validation of the instrument that was used.

B. 2024 Enrollment Projections

Provost Dailey and Vice Provost Wicker presented this agenda item. Dr. Wicker began the presentation by discussing the fall 2023 enrollment projections and noted that to date, 65% of the total undergraduate fall 2023 target enrollment had been attained.

Regent Moyer inquired how the percent attainment number from this time last year compared to that number a year ago. Regent Moyer also asked whether there were differences between the tuition charged to students by academic division, college, or program.

Regent Moyer further queried whether the Board had considered, within any program, a tuition system allowing students to retain the tuition rate without increase for the rate they signed up for when first entering that program.

Next, Dr. Dailey and Dr. Wicker discussed the fall 2023 total registration yearly trend analysis, noting that KSU is currently ahead of previous fiscal years.

Regent Adams asked whether individuals who were assisting students with enrollment are actual academic advisors, and also inquired who would be advising students over the summer.

Regent Hatchett asked how outreach is being handled in order to encourage more students to come to KSU.

C. SACSCOC Response Update

Next, Provost Dailey and Vice Provost Wicker presented the SACSCOC Update. Dr. Dailey explained that the purpose of the response was based on self-reporting, as Interim President Johnson had proactively sent a letter to SACSCOC regarding the APA report to ensure that they were aware of it. SACSCOC is required to review or consider anything that may be related to the accreditation status of an institution. SACSCOC replied with a letter requiring KSU to provide a response covering three core requirements and roughly thirteen standards. Dr. Dailey shared that a response team was formed, and members were assigned to cover all core requirements and standards. The response was to be submitted later that week. After submission of the response, a team will travel to SASCOC in Dallas for their summer session and to learn the outcome of the review.

Next, Dr. Wicker explained how the report was being compiled in the Compliance Assist module of Anthology.

Chair Dukes queried how close the response is to completion and submission.

Interim President Johnson stated that KSU was not in compliance with two of the three core requirements due to the previous administration, and discussed how that should be addressed in the response.

Regent Hatchett said this is the first he's heard of this as a Regent, and asked several questions as to the way in which KSU interacts with SASCOC. Specifically, Regent Hatchett queried whether SACSCOC had officially reacted to the audit report in writing to KSU, or if the University proactively sent them its response to the existence of the audit without being asked to do so. If so, Regent Hatchett also asked whether SACSCOC provided anything in writing acknowledging KSU's situation.

Regent Fields inquired as to who is on the team going to Dallas.

D. FY 23 Budget Update

Interim President Johnson and Dr. Daarel Burnette, Interim Chief of Staff and Interim EVP, Finance and Business Affairs, presented this agenda item. Dr. Johnson began by recapping how some of the \$5 million in unexpected expenses were handled.

Dr. Burnette continued by discussing the external audit, including where Blue and Co. is in wrapping up their audit and how it meshes with SASCOC.

Dr. Burnette then introduced Mr. Allen Norvell of Blue and Co. Mr. Norvell explained what had been accomplished with the financial and compliance audits and the next steps to be taken. Mr. Norvell further noted significant issues that had been identified and discussed KSU staff cooperation and engagement with Blue and Co. auditors. Finally, Mr. Norvell provided an auditor

schedule of activities and 2023 external audit schedule for FYEs June 30, 2021, June 30, 2022, and June 30, 2023.

Chair Dukes asked whether all constituents and stakeholders are aware of the completion dates and timing of the 2021 and 2022 audits.

Next, Dr. Burnette provided a cash position update as of April 30, 2023, stating that KSU had 35 days of cash on hand given current expenditures. Dr. Burnette anticipated that KSU will end the fiscal year with roughly \$5 million.

Dr. Burnette also shared the upcoming activities of the budget office occurring over the next three months.

Regent Hatchett asked how the draft of “Budget to Actual Future Report” was being generated, and queried whether Banner was being used to its optimal capacity.

Regent Moyer inquired whether the unit or activity based budget reports reflect imputed revenue generated by each unit, especially academic units.

Regent Moseley asked whether the recently discovered unpaid invoices from vendors had PO’s attached to them, and how vendors who are not registered with KSU can be prevented from providing goods and services to the University moving forward.

Regent Hatchett inquired why he did not receive this financial information in advance of the meeting, in compliance with Gold Book requirements.

E. FY 24 Budget Review

This agenda item was presented by Interim President Johnson and VP Burnette. Dr. Johnson stated that the update would cover 3 segments—expenses, revenues, and a combination of the two. Dr. Johnson then presented a FY 2024 expense forecast.

Chair Dukes asked several questions regarding Banner relative to the \$300,000 cost to transition from ADP to Banner. Chair Dukes also queried how long KSU has been using Banner, and inquired into ongoing costs should Banner be used for payroll.

Moving ahead to projected revenues, Dr. Burnette reported that the projected total revenue for this time period is \$49.2M. Dr. Burnette noted that tuition and mandatory fees, as projected, are based on a headcount of 1,442/1298 FTEs and that the numbers for dining and non-mandatory fee categories are based on FY 2023 actual collections for on-campus students. Dr. Burnette stressed that the enrollment target must be reached in order to realize these revenue numbers.

Regent Hatchett commented that there appeared to be a big difference in the numbers being presented that day and the numbers that were provided in the Board Book, and requested that this not happen again.

F. APA Response Update

VP Burnette and AVP Glynn Edwards presented the APA Response Update. AVP Edwards began by sharing the progress that had been made on the report’s 20 findings and 90 recommendations. AVP Edwards stated that KSU’s formal report was submitted to the APA on May 19, then discussed the issue tracker tool being developed.

Chair Dukes asked whether the APA audit recommendations/findings had been cross-referenced with the MIP in the issue tracker.

G. Department of Education Response Update

This agenda item was presented by Interim President Johnson. Dr. Johnson stated that KSU has three points of contact with the DoE and has had different responses from these three areas. Dr. Johnson then invited Dr. Burnette to share additional information regarding the three points of contact.

Dr. Burnette reported that the third contact relates to funding associated with HEERF, and remarked that KSU is requesting a total of \$2.5 million for the upcoming year for student relief and classroom upgrades. Due to the APA audit, KSU must obtain the DoE's permission before drawing down the funds, and a request has been submitted.

Chair Dukes inquired when a response to that request will be received.

Next, Dr. Johnson discussed several issue related to Title III, and stated that to the best of his understanding, additional restrictions have not been imposed on KSU's use of funds.

H. Management Improvement Plan Update

The Management Improvement Plan Update was presented by Mr. Travis Powell, VP and General Counsel, Council of Postsecondary Education.

Mr. Powell stated that quarterly reports are underway but are not complete since the quarter has not yet concluded; therefore, information being shared that day was preliminary. Moss Adams is an independent third-party evaluator, and CPE is happy with the MIP process since Moss Adams became involved. CPE is still in the process of verifying that the monthly deliverables have been completed. Though the quarterly objectives are not due yet, some have been completed. Mr. Powell then reported on deliverables that had been completed, and commented on the status of others.

Mr. Powell also detailed the status of the \$5 million provided by HB 250 that was allocated for FY 23. Moreover, \$10 million will be allocated during the next fiscal year through HB 250 for incentives relative to progress on the MIP.

Following Mr. Powell's presentation, the Board took a 5–7 minute break.

V. Action Items

A. Approval to Use USDA Grant Funds to Purchase a John Deere 5090E Tractor

Dr. Kirk Pomper, Dean of College of Agriculture, Community and the Sciences, and Director of Land Grant Programs, presented this agenda item.

Regent Walston sought clarification as to the tractor's attachments.

MOTION by Regent Moyer:

Move the Board to approve the use of USDA funds to purchase a John Deere 5090E tractor. Seconded by Regent Hatchett, and passed without dissent.

B. Approval to Use Federal Extension Grant Funds to Lease Space for West Regional Office

Dean Pomper presented this agenda item.

Regent Walston queried whether this was an extension of the facility or just a continuation of the extension office/program.

MOTION by Regent Fields:

Move the Board to approve the use of federal extension grant funds to lease space for the West regional office.

Seconded by Regent Walston, and passed without dissent.

C. Approval to Use USDA Grant Funds to Purchase New Fuel Tanks

Dean Pomper presented this agenda item.

Regent Fields asked whether the new tanks would replace the existing 250-gallon tanks.

Regent Walston inquired whether the fuel tanks were underground.

MOTION by Regent Walston:

Move the Board to approve the use of USDA grant funds to purchase new fuel tanks.

Seconded by Regent Moyer, and passed without dissent.

D. Approval to Use USDA Facility Grant Funds to Renovate Hunter Hall

Dean Pomper presented this agenda item.

MOTION by Regent Fields:

Move the Board to approve the use of USDA facility grant funds to renovate Hunter Hall.

Seconded by Regent Moyer, and passed without dissent.

E. Approval to Use USDA Grant Funds to Purchase a John Deere 320G Skid Steer

Dean Pomper presented this agenda item.

Regent Fletcher inquired whether ongoing maintenance costs would be paid for by federal funds.

Chair Dukes asked how these purchases would be tagged and inventoried.

MOTION by Regent Fletcher:

Move the Board to approve the use of USDA grant funds to purchase a John Deere 320G Skid Steer.

Seconded by Regent Fields, and passed without dissent.

F. Pending Personnel Actions

Ms. Candace Raglan, Director of Human Resources, presented this agenda item.

Regent Walston queried whether the peer-training student conduct coordinator is a student position.

MOTION by Regent Fields:

Move the Board to approve the pending personnel actions.

Seconded by Regent Walston, and passed without dissent.

VI. Closed Session

Pursuant to KRS 61.810(1)(f), the Board entered a closed session to discuss individual personnel matters.

MOTION by Regent Moyer:

Move the Board to enter into a closed session.

Seconded by Regent Fields, and passed without dissent.

VII. Public Action

When the Board reconvened from closed session, Chair Dukes announced that no action had been taken. She then called for a motion to enter an open session again.

MOTION by Regent Adams:

Move the Board to enter into an open session.

Seconded by Regent Fields, and passed without dissent.

Chair Dukes stated that during the closed session, the Board completed its final deliberations regarding the three presidential candidates and that the Board was ready to take action. Chair Dukes then requested that a roll-call vote be conducted to select the next permanent President of Kentucky State University.

The Board's Secretary, Zach Atwell, then called the roll:

Chair Tammi Dukes	Akakpo
Regent Herman Walston, EdD	Mock
Regent Michael Adams, Jr.	Akakpo
Regent Edward Fields	Mock
Regent Ernie Fletcher, MD	Akakpo
Regent Edward Hatchett, Esq.	Akakpo
Regent Jason Moseley	Mock
Regent Charles Moyer, PhD	Akakpo
Regent Robert Ramsey Sr.	Akakpo
Regent Savion Briggs	Mock

Following the vote, Chair Dukes announced that in the final tally, Dr. Akakpo had six votes, and Dr. Mock had four votes. Chair Dukes then called for a motion to accept the vote as presented:

MOTION by Regent Walston:

Move the Board to accept the vote as presented, with Dr. Akakpo as the next President of Kentucky State University, by acclamation.

Second by Regent Moyer, and passed without dissent.

Thus, Chair Dukes announced Dr. Koffi Akakpo as the next President of Kentucky State University.

VIII. Closing Remarks

Chair Dukes thanked all who had participated in the search process for their commitment and dedication.

IX. Adjournment

MOTION by Regent Walston:

Move the Board to adjourn.

Seconded by Regent Hatchett and passed without dissent.

The meeting was adjourned at 5:04 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
SPECIAL CALLED MEETING**

***** Meeting Was Conducted in Person and by Teleconference ***
Thursday, June 1, 2023
3:30 p.m. EDT**

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Board's Chair, Regent Tammi Dukes, called the meeting to order at 3:31 p.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Chair Tammi Dukes	Present
Regent Herman Walston, EdD	Present
Regent Michael Adams, Jr.	Present
Regent Edward Fields	Not Present
Regent Ernie Fletcher, MD	Present
Regent Edward Hatchett, Esq.	Present
Regent Jason Moseley	Not Present
Regent Charles Moyer, PhD	Present
Regent Robert Ramsey Sr.	Present
Regent Savion Briggs	Present

At least six (6) Regents were in attendance and present during roll call; therefore, a quorum was established.

Note: Regent Moseley joined the meeting shortly after roll call.

III. Approval of the Agenda

MOTION by Regent Hatchett:

Move the Board of Regents to approve the agenda of the June 1, 2023, Special Called Meeting of the Board of Regents.

Seconded by Regent Walston and passed without dissent.

IV. Closed Session

Next, the Board moved into closed session, pursuant to KRS 61.810(1)(f), to discuss individual personnel matters.

MOTION by Regent Adams:
Move the Board to enter a closed session.
Seconded by Regent Moyer, and passed without dissent.

At this time, the Board entered a closed session.

V. Possible Public Actions

When the Board reconvened, Chair Dukes stated that the Board had completed its discussion and called for a motion to enter an open session again.

MOTION by Regent Adams:
Move the Board to enter into an open session.
Seconded by Regent Walston, and passed without dissent.

Chair Dukes announced that during the closed session, the Board discussed the actions needed to ensure a seamless transition prior to Dr. Akakpo assuming the role of the nineteenth president of Kentucky State University. Therefore, the Board spoke with Dr. Johnson and it was mutually agreed that he will transition into the role of senior presidential advisor from his current role as interim president of KSU. Dr. Johnson will also develop a detailed strategic transition plan for Dr. Akakpo until the conclusion of his registry contract with KSU.

Chair Dukes then called for a motion to approve the designation of Dr. Ronald A. Johnson as the senior presidential advisor, pending the agreement of the designation by the Registry.

MOTION by Regent Hatchett:
Move the Board to approve the designation of Dr. Johnson as the senior presidential advisor, pending the agreement of the designation by the Registry.
Second by Regent Moyer, and passed without dissent.

Chair Dukes thanked Dr. Johnson for all of his dedication to KSU this year and for his hard work toward moving the University forward.

Next, Chair Dukes called for a motion to approve the appointment of Dr. Michael Dailey as Acting President of KSU until Dr. Akakpo's arrival.

MOTION by Regent Walston:
Move the Board to approve the appointment of Dr. Michael Dailey as the Acting President and to grant him all duties of the Office until July 1, 2023.
Second by Regent Moseley, and passed without dissent.

Acting President Dailey briefly addressed the Board, stating that he looked forward to working with the Board in facilitating the transition of Dr. Akakpo.

Following Acting President Dailey's comments, Chair Dukes called for a motion to approve Dr. Dailey as signatory on all appropriate University institutional accounts.

MOTION by Regent Hatchett:
Approve Dr. Dailey as a signatory on all appropriate University institutional accounts.
Second by Regent Walston, and passed without dissent.

VI. Closing Remarks

Chair Dukes concluded the meeting by thanking Dr. Johnson for his service to KSU, remarking that the Board looks forward to him continuing his service in the role of senior presidential advisor. Chair Dukes also thanked Dr. Dailey for agreeing to serve as Acting President and noted that the Board looks forward Dr. Akakpo's arrival on campus as KSU's nineteenth president.

VII. Adjournment

MOTION by Regent Moseley:

Move the Board to adjourn.

Seconded by Regent Walston, and passed without dissent.

The meeting was adjourned at 4:18 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
AUDIT COMMITTEE
SPECIAL CALLED MEETING**

***** Meeting Was Conducted in Person and by Teleconference ***
Friday, June 2, 2023
11:00 a.m. EDT**

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Committee's Chair, Regent Tammi Dukes, called the meeting to order at 11:04 a.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Chair Tammi Dukes	Present
Regent Edward Hatchett, Esq.	Present
Regent Ernie Fletcher, MD	Not Present
Regent Michael Adams, Jr.	Present
Dr. James Obielodan, PhD	Present
Mr. James Harris	Present

At least three (3) Regents were in attendance and present during roll call; therefore, a quorum was established.

Note: Regent Fletcher joined the meeting shortly after the roll call. Regent Moyer and Regent Ramsey were also present.

III. Approval of the Agenda

MOTION by Regent Adams:

Move the Committee to approve the agenda of the June 2, 2023, Special Called Meeting of the Board of Regents' Audit Committee.

Seconded by Dr. Obielodan and passed without dissent.

IV. External Audit Update

Chair Dukes requested that Mr. Allen Norvell, Director of Blue and Co., present this Agenda item.

For the benefit of those Committee members who were not also Board members, Mr. Norvell began by summarizing past audit update presentations which had been made to the Board of Regents. Mr. Norvell then discussed the current status of the external audit.

Chair Dukes requested that Mr. Norvell identify the other five components of the financial aid cluster which are captured by the compliance audits.

Chair Dukes asked what types of obstacles had been faced in getting the information that Mr. Norvell needed.

Regent Fletcher asked whether the completed audit would fulfill OMB requirements and single audit requirements to receive federal funds.

Regent Moyer inquired into the possible negative consequences upon audit completion if KSU does not have a clean audit.

Regent Fletcher queried whether there was any risk that federal funds might be stopped due to past non-compliance with audit requirements.

Regent Hatchett requested that Mr. Norvell remind the Committee when the firm deadline is for KSU's information to be sent for inclusion in the Commonwealth's annual comprehensive financial report.

Dr. Obielodan asked whether the audit report would include private gifts and donations, and whether there would be timelines for completing components of the assessment.

Dr. Obielodan further inquired as to steps needed to ensure stability with KSU's financial transactions and reporting as the University prepares for a change in leadership, and to reduce the impact of human factors on budget management. Chair Dukes responded to Dr. Obielodan's question. Regent Moyer concurred with Chair Dukes' comments.

Chair Dukes thanked Mr. Norvell for his presentation.

V. Internal Audit Update

Chair Dukes invited Mr. Ben Martin, CBIZ Senior Manager, and Ms. Miranda Murray, CBIZ Senior Associate, to present this agenda item.

Mr. Martin remarked that Ms. Murray would not be present, then updated the Committee as to CBIZ's activities since February 2023. Mr. Martin reported that six complete audits and one analysis have been worked through. The last three draft reports with recommendations were submitted the previous day. Mr. Martin stated that CBIZ will be following up on recommendations, noting that a recurring recommendation has been bringing policy and procedure manuals up to date.

Chair Dukes stated that the Committee would like to see the observations that were identified at a detailed level.

Regent Hatchett asked Mr. Martin to identify who currently has the three draft reports. Mr. Martin replied that AVP Edwards was carbon-copied on all three, as well as Dr. Holloway, Dr. Pomper, and Ms. Tonya Walker.

Chair Dukes requested that AVP Edwards ensure that there is a process in place to communicate the status of the various audits to the Audit committee as well, and to share the final report with the Audit Committee.

Mr. Martin continued his presentation with a discussion of the next steps to be taken, and observed that KSU staff had been very helpful in providing requested information to CBIZ.

Chair Dukes informed AVP Edwards that she would like to see the status of the remediation plans for each of the recommendations that were identified in the closed audits, noting that some may parallel those included in the Management Improvement Plan and APA review.

Chair Dukes asked Mr. Martin whether the functionality of Banner was increasing relative to managing KSU's financial position and creating reports.

Chair Dukes asked AVP Edwards as to the status of updating Banner in order to using it to its full capacity. AVP Edwards replied that an additional module had not yet been optimized in the system and still needs to be installed. Chair Dukes inquired when that would be completed. AVP Edwards stated that he would have to get back to Chair Dukes as he did not have the specific timeline.

Chair Dukes asked Mr. Martin whether CBIZ had a detailed internal control framework that they utilized as they identified the control activities and objectives for each activity. Mr. Martin responded that a COSO 2013 framework is used.

Chair Dukes queried whether the COSO framework was shared with AVP Edwards' team, as they will be responsible for ensuring that information is up to date.

Regent Hatchett asked AVP Edwards for his perspective as to where the center of expertise is in Banner among his staff, and who he looks to for expertise in the use of Banner.

Mr. Harris posed several questions regarding KSU's policies and procedures including the relationship between the two, and who creates these. Chair Dukes referred the response to Attorney Atwell.

Relative to the Gold Book policy that the Board must approve all contracts \$50,000 and above, Chair Dukes asked to see all transactions occurring within the last year-and-a-half that were for \$49,999, as well as the vendors who hold those invoices, and queried whether there were additional amounts picked up in other transactions in an effort to circumvent controls.

Chair Dukes thanked Mr. Martin for his presentation, and stated that she was looking forward to seeing the CBIZ reports.

Following Mr. Martin's presentation, Chair Dukes asked AVP Edwards as to the status of KSU's credit cards, and whether he had a handle on who has access to the credit cards. AVP Edwards replied that he would not necessarily say that he has a handle on it. AVP Edwards further explained that he has suspended all credit card use, then detailed additional actions taken to date.

Chair Dukes queried whether there were credit limits on each individual credit card.

Regent Moyer inquired how travel-related expenses are handled.

VI. Closing Remarks

Chair Dukes closed the meeting by thanking Blue and Co. and CBIZ for their presentations, and extended her appreciation to the Committee members and other Regents who were present at today's meeting.

VII. Adjournment

The meeting was adjourned at 12:53 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents
Audit Committee

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
SPECIAL CALLED MEETING**

***** Meeting Was Conducted in Person and by Teleconference ***
Tuesday, June 27, 2023
2:00 p.m. EDT**

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Board's Chair, Regent Tammi Dukes, called the meeting to order at 2:04 p.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Regent Herman Walston, EdD	Present
Regent Michael Adams, Jr.	Present
Chair Tammi Dukes	Present
Regent Edward Fields	Present
Regent Ernie Fletcher, MD	Present
Regent Edward Hatchett, Esq.	Present
Regent Jason Moseley	Not Present
Regent Charles Moyer, PhD	Present
Regent Robert Ramsey, Sr.	Present
Regent Savion Briggs	Present

At least six (6) Regents were in attendance and present during roll call; therefore, a quorum was established.

Note: Regent Moseley joined the meeting shortly after the roll call

III. Approval of the Agenda

MOTION by Regent Hatchett:

Move the Board of Regents to approve the agenda of the June 27, 2023, Special Called Meeting of the Board of Regents.

Seconded by Regent Moyer and passed without dissent.

IV. Information Items

A. Academic Affairs Report

Chair Dukes requested that Dr. Scott Wicker, Acting Provost and VPAA, present this agenda item.

i. FY 2024 Academic Calendar

Dr. Wicker began by sharing highlights of the fall 2023 and spring 2024 semester calendars, adding that the goal is to move towards long-range planning.

Regent Briggs queried whether every student would have class on Friday.

Regent Moyer asked for a definition of “encampment,” and who that would involve.

ii. Enrollment Update

Next, Dr. Wicker presented the 2024 enrollment projections and updates, including the Fall 2023 total registration yearly trend analysis. Currently, the undergraduate target enrollment is 1250 and is 78% attained. To date, 60% percent of the graduate student enrollment target has been attained. Dr. Wicker also presented the fall 2023 first-time freshman enrollment process status.

iii. Short-Term Contract

Dr. Wicker reported that the Division of Student Engagement and Campus Life requires assistance with providing crucial academic advising services. The short-term personal services contract (“PSC”) with Mr. Travis Haskins will provide much-needed assistance to the Division. Dr. Wicker reviewed the duties enumerated in the personal service contract.

Regent Walston inquired whether the contract in the Board Book was for the contractor that Dr. Wicker was discussing, and wondered why the contract term would not be longer.

Regent Briggs also queried whether the contract could be slightly extended by a few weeks.

Regent Hatchett inquired into the nature of Mr. Haskins’ job responsibilities/duties when he was previously employed by KSU.

Regent Moyer asked how many different graduate degrees KSU offers.

Acting President Dailey offered additional remarks regarding the overall Academic Affairs update.

Regent Walston inquired into the status of the Public Administration program, and whether accreditation would be sought as that program is revamped.

B. Kentucky Approving Agency for Veteran Education’s Notice of Thirty-Day Suspension

This agenda item was presented by Acting Provost Wicker.

Chair Dukes clarified that the Board had been unaware that a request for information had been made but was not responded to, and asked Dr. Dailey how he became aware of this issue.

Dr. Dailey explained the timeline and circumstances preceding and surrounding the suspension. Chair Dukes asked who at KSU had received the initial request for information.

Regent Walston inquired where Veteran Affairs is currently housed at KSU, and how many students benefit from the program.

Regent Hatchett noted the gravity of this failure and expressed his displeasure, stating that having the suspension removed should be a very important priority for the University.

Dr. Dailey and Dr. Wicker also discussed steps needed to remove the University from suspension and be reinstated, and provided dates by which those tasks would be accomplished.

Chair Dukes asked whether this was a typical request or a remnant of the APA audit.

Regent Walston queried whether KSU will be able to fulfill this type of request moving forward and have appropriate personnel in place so this does not happen again.

C. FY 2024 Holiday Schedule

Next, Ms. Candace Raglin, Acting AVP, Finance & Business Affairs, presented the FY 2024 holiday schedule. Ms. Raglin reported that Good Friday will no longer be included in the holiday calendar and has been replaced by Presidents Day. The Governor's Inauguration Day was also added this year.

Chair Dukes sought clarification as to the removal of the Good Friday holiday, and asked the Regents for their thoughts on this issue.

Regent Fields stated that he did not like to lose Good Friday. Chair Dukes asked whether there was room to amend the holiday calendar. Ms. Raglin replied affirmatively, but it would require President Akakpo's approval. Chair Dukes requested that the issue be brought to his attention to see if Good Friday can be added back into the holiday calendar. Regent Adams concurred.

Regent Moyer and Regent Adams asked whether eliminating Good Friday would mean that classes would now be held on that day.

D. New Residence Hall Report

Acting Provost Wicker and Ms. Jennifer Linton, Sodexo Project Manager, presented this agenda item.

Dr. Wicker introduced Ms. Linton and Dr. Stephanie Mayberry. Ms. Linton provided an update as to the status of the new residence hall, stating that the full certificate of occupancy should be received no later than June 28. She also identified several outstanding items, and reported that they are working with the owner and University to ensure a smooth transition once students begin to occupy the space.

Dr. Mayberry continued the presentation, noting that a recent tour of the new facility was very well received by students and their families. Dr. Mayberry stated that an overwhelming number of students applied to live in the new residence hall following the tour, and feels confident that the space will be filled for the fall semester.

Chair Dukes asked whether the building would be ready on June 28 for students to begin moving in. Ms. Linton clarified the tentative move-in schedule.

Regent Walston asked which student classifications would be allowed to occupy the building.

Regent Ramsey queried why students needed to wait until August to move into the new residence hall when it would actually be ready in June, and whether the furnishings would be inventoried prior to move-in.

Regent Briggs inquired who the point person has been over Housing, whether the application and tentative move-in schedule had been communicated to students, and whether work had been performed on any other dorms over the summer.

Regent Dukes asked how many students could be accommodated in the new residence hall.

Regent Briggs asked whether there was a GPA requirement for students to live in the new residence hall, and further queried whether RAs living in the new facility would receive free housing or some other type of benefit/incentive.

Regent Hatchett asked whether applicants were being checked to see if they had outstanding balances in their student accounts prior to being granted the opportunity to live in the new quarters. Dr. Wicker responded by describing the application review process.

Regent Moseley inquired into the status of completing the new residence hall's dining area.

Regent Fields inquired into the timeline for students to learn which room they were being assigned to.

Chair Dukes thanked Acting President Dailey for his presentation.

E. Renewal of Earth Tools PSC

Mr. Michael DeCourcy, Acting Chief of Staff, presented this agenda item and invited Dr. Pomper to join the presentation. Mr. Decourcy reported that agenda item (E) was for the renewal of a previously approved contract and that the contract would provide a fully federally funded feasibility study to see what can be accomplished regarding solar power generation at KSU's land grant program facilities. Dr. Pomper explained that the contract would provide an exciting opportunity for the University to enter into some renewable energy sources.

Chair Dukes queried what the benefits would be to the University.

Regent Walston asked Dr. Pomper if any of KSU's sister HBCUs were engaged in any similar projects.

Regent Walston requested clarification as to the cost of the contract renewal.

Regent Adams asked Dr. Pomper when he expected to receive a complete proposal, and further queried whether the grant would also cover the cost to install the solar panels.

Chair Dukes thanked Mr. Decourcy and Dr. Pomper for their update.

F. Endowment and Policies Update

Next, Mr. DeCourcy and Ms. Tonya Walker, Controller, presented the Endowment and Policies Update.

Mr. Decourcy discussed each of three new interim policies that will likely come to the Board for permanent approval at a later time.

Regent Fields sought clarification regarding the Interim Policy on Internal Endowment Agreements.

Regent Walston inquired as to the difference between the documents used to govern the University's scholarships and funds and those used by the Foundation.

Regent Dukes asked how many internal endowment agreements would need to be established. Mr. Decourcy replied that documents would need to be established for over 80% of the University's funds.

Regent Moyer asked how the funds are invested, and what the investment policy is behind that.

Regent Moyer asked whether KSU has any investments, individual gifts, or endowment gifts that are underwater or have a value less than the original gift.

Mr. Decourcy then turned the presentation over to Ms. Walker, who reported on the status of MIP deliverables from an accounting perspective.

V. Action Items

A. Approval of FY 2024 Recommended Budget

Acting VP, Dr. Wendy Dixie, and Ms. Tonya Walker, Controller, presented this agenda item.

AVP Dixie explained that the budget being presented was a high-level budget, and a revised budget would be presented in September after actual enrollment numbers are known.

Regent Fletcher inquired whether any metrics were available that would allow a comparison between KSU and other institutions to determine how efficiently the University is operating. Regent Fletcher also asked what the indirect negotiated rate was prior to its expiration.

Regent Hatchett requested Dr. Dixie to elaborate on the other sources category and whether it included investment income.

Regent Moyer asked where gifts would appear in the budget, and queried whether it would be included in the revenue/other sources category. Regent Dukes echoed the question.

Regent Fletcher inquired into the amount of the state appropriation by the General Assembly.

As the presentation continued to expenditures, Regent Walston asked whether the Sodexo contract would continue after December and if so, how that expenditure would be accounted for in the budget.

Regent Hatchett asked Ms. Walker how the shortfall amount was arrived upon, sharing his concern that the shortfall may actually be greater than indicated. He also asked where the unbudgeted 2023 items were reflected in the educational and general expenditures.

Chair Dukes asked Ms. Walker for the budget line items reflecting the inclusion of the unexpected/unbudgeted 2023 expenditures, and requested supporting details for each line item.

Regent Moyer queried if he was correct in thinking that the 2023 year ended with an approximately \$3 million deficit, and requested clarification that the deficit would not be carried forward heading into FY 2024. Regent Moyer also asked whether there was a surplus in auxiliary enterprises for FY 2023, or if the amount being used to cover or reduce the deficit in this year's budget would be taken from CPE funds.

MOTION by Regent Hatchett:

Move the Board to approve the FY 2024 recommended budget conditioned on the expectation that they will have presented to them in three months a revised budget.

Seconded by Regent Fields, and passed without dissent.

B. Approval of Annual Insurance Renewals

Acting VP Dixie presented this agenda item.

MOTION by Regent Walston:

Move the Board to approve the annual insurance renewals.

Seconded by Regent Moyer, and passed without dissent.

Following the vote, Regent Moyer asked whether the insurance renewal costs were reflected in the budget that was just approved. Dr. Dixie responded affirmatively.

C. Approval to Renew Microsoft Campus Agreement

This agenda item was presented by Acting VP Dixie.

MOTION by Regent Fields:

Move the Board to approve the renewal of the Microsoft Campus agreement.

Seconded by Regent Walston, and passed without dissent.

D. Approval to Renew CBIZ PSC

Acting VP Dixie and Controller Walker presented this agenda item.

MOTION by Regent Briggs:

Move the Board to approve the CBIZ PSC renewal.

Seconded by Regent Hatchett, and passed without dissent.

E. Approval to Renew Blue & Co. PSC

Acting VP Dixie and Controller Walker presented this agenda item.

Chair Dukes asked for clarification as to the contract dates.

MOTION by Regent Moyer:

Move the Board to approve the Blue & Co. PSC renewal.

Seconded by Regent Walston, and passed without dissent.

F. Approval to Renew McCarthy Strategic Solutions PSC

Acting Chief of Staff DeCourcy presented this agenda item.

Regent Hatchett asked who from McCarthy represents KSU on the General Assembly floor.

Regent Walston queried who the on-campus McCarthy point of contact is.

MOTION by Regent Hatchett:

Move the Board to approve the McCarthy Strategic Solutions PSC renewal.

Seconded by Regent Moyer, and passed without dissent.

G. Approval of Magellan Learning Solutions PSC

Acting President Dailey, and Acting Provost Wicker presented this agenda item.

Regent Walston asked who would cover the travel costs in years two and three, since CPE covered that cost the first year.

Regent Moyer asked whether there were any revenue generation goals associated with this contract, and whether any of the payments were contingent upon revenue generation.

Regent Fields requested confirmation that the \$2 million that CPE is covering is for the entire year.

Regent Hatchett asked Regent Moyer if it was a typical practice in Magellan's industry that there are not incentives written into such contracts that incentivize them to do a better job of helping the client.

Regent Moyer queried whether tuition being charged for online classes be the same as the in-person rate, and also inquired into the anticipated incremental salary costs per course.

MOTION by Regent Moyer:

Move the Board to approve the Magellan Learning Solutions PSC.

Seconded by Regent Walston, and passed without dissent.

H. Approval to Renew Johnson, Bowman & Branco PSC

Mr. Zach Atwell, Acting General Counsel, presented this agenda item.

MOTION by Regent Hatchett:

Move the Board to approve the Johnson Bowman & Branco PSC renewal.

Seconded by Regent Fields, and passed without dissent.

I. Approval to Purchase a Dual Channel Ion Chromatograph

Dr. Kirk Pomper, Dean of the College of Agriculture, Community, and the Sciences, presented this agenda item.

MOTION by Regent Fields:

Move the Board to approve the purchase of a dual channel ion chromatograph.

Seconded by Regent Moseley, and passed without dissent.

J. Approval of FY 2024 Tuition and Fees

Acting Provost Wicker and Acting VP Dixie presented this agenda item.

Regent Adams inquired whether the homecoming fee covered the full cost of Homecoming, and queried how KSU's homecoming fee compares to those charged by other universities.

Regent Moseley and Regent Briggs asked whether the homecoming fee could be raised prior to approving the FY 2024 fall tuition and fee schedule.

Regent Hatchett asked Dr. Wicker how much latitude the Board had to change fees, considering that KSU is under the supervision of CPE.

A robust discussion ensued regarding the Homecoming fee for this year.

MOTION by Regent Adams:

Move the Board to approve the KY 2024 tuition and fees.

Seconded by Regent Fields, and passed without dissent.

K. Approval to Restructure the Divisions of Academic Affairs and Student Affairs

Acting Provost Wicker and Acting President Dailey presented this agenda item.

Regent Walston asked whether/how the Education program would be incorporated into the proposed changes, where it would be housed, and sought clarification regarding the Honor's Colloquium.

Regent Fields inquired into the possibility of moving the Financial Aid office back to Finance and increasing their staffing.

Regent Hatchett asked Dr. Dailey to elaborate on the budgetary impact of the proposed changes. Regent Hatchett also asked whether the suggested changes would take effect before or after the arrival of the new president, wondering how Dr. Akakpo felt about the proposed restructuring.

Regent Briggs asked for clarification on who would be filling the vacant positions, and whether Dr. Akakpo would make that determination. Regent Briggs further queried whether faculty and staff would be compensated for additional jobs and workload that they were undertaking.

MOTION by Regent Adams:

Move the Board to approve the restructuring of the divisions of Academic Affairs and Student Affairs.

Seconded by Regent Fletcher, and passed without dissent.

L. Approval to Eliminate Positions

Acting President Dailey presented this agenda item.

Regents Walston and Briggs inquired into the number positions under consideration for elimination.

Attorney Atwell advised the Board that the only position under consideration for elimination as to this agenda item was the Government Relations position.

Regent Adams asked Dr. Dailey to distinguish the value or benefit the Government Relations position brought to the University from that offered by a lobbyist.

MOTION by Regent Fletcher:

Move the Board to approve the elimination of the Government Relations position.

Seconded by Regent Moyer, and passed without dissent.

M. Approval of Regular Meeting Dates for FY 2024

Chair Dukes presented this agenda item, proposing several options for regularly scheduled quarterly meetings and additional regularly scheduled monthly meetings between quarterly meetings. Chair Dukes further suggested that the committees meet during the week of the quarterly meeting so Committee reports could be presented at the quarterly full Board meetings.

As a discussion unfolded, Board members agreed to quarterly meeting dates of July 21, 2023; September 28, 2023; January 26, 2024; and April 19, 2024. Board members further agreed to meet during the afternoon on the second Tuesday of each month between quarterly meetings.

MOTION by Regent Fields:

Move the Board to approve the quarterly Board meeting dates for FY 2024 (7/21/23, 9/28/23, 1/26/24, and 4/19/24), with a regular monthly meeting held on the second Tuesday of each off-month.

Seconded by Regent Ramsey, and passed without dissent.

Following the vote, Regent Hatchett sought clarification that there would be no meeting on the second Tuesday of July. Chair Dukes responded affirmatively.

VI. Closed Session

Next, the Board moved into closed session, pursuant to KRS 61.810(1)(f), to discuss individual personnel matters and pending litigation (KRS 61.810(1)(c)).

MOTION by Regent Hatchett:

Move the Board to enter a closed session.

Seconded by Regent Walston, and passed without dissent.

At this time, the Board entered a closed session.

VII. Public Actions

When the Board reconvened, Chair Dukes stated that the Board had completed its discussion and no action was taken and called for a motion to enter an open session again.

MOTION by Regent Adams:

Move the Board to enter into an open session.

Seconded by Regent Hatchett, and passed without dissent.

VIII. Closing Remarks

Chair Dukes did not offer any closing remarks, instead proceeding directly to Agenda item IX, Adjournment.

IX. Adjournment

MOTION by Regent Adams:

Move the Board to adjourn.

Seconded by Regent Hatchett, and passed without dissent.

The meeting was adjourned at 8:41 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
SPECIAL CALLED MEETING**

***** Meeting Was Conducted in Person and by Teleconference ***
Thursday, June 29, 2023
10:00 a.m. EDT**

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Board's Chair, Regent Tammi Dukes, called the meeting to order at 10:02 a.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Chair Tammi Dukes	Present
Regent Herman Walston, EdD	Present
Regent Michael Adams, Jr.	Not Present
Regent Edward Fields	Present
Regent Ernie Fletcher, MD	Present
Regent Edward Hatchett, Esq.	Present
Regent Jason Moseley	Not Present
Regent Charles Moyer, PhD	Present
Regent Robert Ramsey Sr.	Present
Regent Savion Briggs	Not Present

At least six (6) Regents were in attendance and present during roll call; therefore, a quorum was established.

Note: Regent Moseley joined the meeting shortly after roll call.

III. Approval of the Agenda

MOTION by Regent Fields:

Move the Board of Regents to approve the agenda of the June 29, 2023, Special Called Meeting of the Board of Regents.

Seconded by Regent Hatchett and passed without dissent.

IV. Action Item

A. Approval to Create Investment Committee

Chair Dukes began this presentation by stating that an Investment Committee was being created as recommended by the MIP, and pursuant to Section 9.1 of the Gold Book.

Regent Hatchett observed that the creation of an Investment Committee was an excellent idea, and Chair Dukes concurred.

MOTION by Regent Moyer:

Move the Board to approve the creation of the Investment Committee.

Seconded by Regent Ramsey, and passed without dissent.

V. Information Item

A. Committee Compositions

This Agenda item was presented by Chair Dukes, who noted that Board Committee members are to be appointed by the Board Chair pursuant to Gold Book Section 9.2. In the spirit of transparency, Chair Dukes then invited discussion and recommendations regarding Committee composition and member appointments.

Regent Moseley requested clarification of Regent Moyer's comments that Board Committees should be composed only of Board members.

Regent Walston posed a question regarding whether non-board members could still be invited to contribute to and inform the Committees.

VI. Closed Session

Next, the Board moved into closed session, pursuant to KRS 61.810(1)(c) and (f), to discuss individual personnel matters and pending litigation.

MOTION by Regent Walston:

Move the Board to enter a closed session.

Seconded by Regent Fields and passed without dissent.

At this time, the Board entered a closed session.

VII. Possible Public Action(s)

When the Board reconvened, Chair Dukes stated that the Board had completed its discussion and called for a motion to enter into an open session again.

MOTION by Regent Moseley:

Move the Board to enter into an open session.

Seconded by Regent Fields and passed without dissent.

Chair Dukes announced that no action had been taken in the closed session. However, seven (7) personnel actions regarding faculty members were discussed in closed session, pursuant to HB 250. Chair Dukes then called for a motion to approve the President's recommendations regarding those personnel actions.

MOTION by Regent Moseley:

Move the Board to approve the seven (7) personnel actions.

Seconded by Regent Moyer, and passed without dissent.

Following the approval of the seven (7) personnel actions, Chair Dukes also reported that the Board had been provided information regarding a student misconduct case. In accordance with the K-Book, the Board

decided to designate the responsibility for reviewing that appeal to Acting President Dailey. Chair Duke then called for a motion to approve the designation of Dr. Dailey to review the appeal associated with that case.

MOTION by Regent Walston:

Move the Board to designate authority to Dr. Dailey to review the student misconduct case appeal.

Seconded by Regent Moseley, and passed without dissent.

VIII. Closing Remarks

Chair Dukes concluded the meeting by expressing the Board’s deep appreciation to Acting President Dailey for his leadership and service and stating that the Board looks forward to welcoming Dr. Akakpo in the upcoming days.

IX. Adjournment

MOTION by Regent Moseley:

Move the Board to adjourn.

Seconded by Regent Moyer, and passed without dissent.

The meeting was adjourned at 2:08 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
FINANCE & ADMINISTRATION COMMITTEE
SPECIAL CALLED MEETING**

***** Meeting Was Conducted in Person and by Teleconference ***
Tuesday, April 4, 2023
10:00 a.m. EDT**

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Committee's Chair, Regent Edward B. Hatchett, Esq., called the meeting to order at 10:00 a.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Regent Ed Hatchett, Chair	Present
Regent Tammi Dukes	Present
Regent Charles Moyer, PhD	Present
Regent Robert Ramsey, Sr.	Present
Dr. James Tidwell, Faculty Member	Not Present
Ms. Christina Jones, Staff Member	Present

At least three (3) members were in attendance and present during roll call; therefore, a quorum was established. Chair Hatchett announced that Dr. Tidwell was no longer on the Committee due to his recent retirement, and he thanked him for his service.

III. Approval of the Agenda

MOTION by Regent Moyer:

Move the Committee to approve the agenda for the April 4, 2023, Special Called Meeting of the Board of Regents' Finance & Administration Committee.

Seconded by Regent Dukes and passed without dissent.

IV. Internal Audit Update

Chair Hatchett requested that Mr. Frank Campagna, Managing Director of CBIZ, present this agenda item.

Dr. Edwards, Associate VP of Finance & Business Affairs, announced that Mr. Campagna would not be present and requested to present the CBIZ update instead, as he had been working closely with CBIZ and

was very familiar with the work they had performed to date. Chair Hatchett agreed, so Dr. Edwards proceeded.

Chair Hatchett queried when CBIZ actually began working with KSU. Dr. Edwards referred the question to Dr. Daarel Burnette, Interim Executive VP, Finance & Business Affairs, and Interim Chief of Staff.

Chair Hatchett asked Dr. Burnette if he was comfortable with the progress CBIZ had made to date since January 1 of 2023. Chair Hatchett then asked Dr. Edwards if he had any additional perspective to add to Dr. Burnette's comments.

Chair Hatchett requested that Dr. Edwards comment on the six additional areas of concern that had been identified by CBIZ.

Chair Hatchett further inquired how many KSU employees are on site and involved in the audit work that Dr. Edwards described; he also asked how Dr. Edwards would characterize their experience levels and tenure/time at KSU.

Regent Dukes asked Dr. Burnette whether (and how) the CBIZ audit, APA audit, and MIP were being meshed to ensure that the Board has a holistic view of the issues facing KSU, and she requested that a specific meeting be scheduled with the Audit Committee and CBIZ to go through their findings.

Regent Moyer inquired whether it would be accurate to say that since January 1, all accounts payable have been paid within the time in which they are due. Dr. Burnette replied in the negative. Regent Moyer then inquired into the extent or magnitude of accounts payable that are not being paid when they are due.

Regent Moyer asked how long the Committee and Board could reasonably expect for KSU to become current on all accounts payable. Dr. Burnette replied that he hoped KSU could become current by the end of the fiscal year.

Regent Dukes sought clarification from Dr. Burnette regarding his statement that outstanding invoices were still being discovered that, until recently, no one had been made aware of.

Chair Hatchett remarked that it was significant that CBIZ was not physically present to communicate their findings to the Committee. He requested that, in the future, it to be made clear to KSU's contractors that these meetings are critically important in terms of communication.

Next, Chair Hatchett invited Zach Atwell, the Board's secretary and the University's in-house counsel, to comment on the status of the Lexion training plan for the online contract repository.

Chair Hatchett inquired as to the extent CBIZ has access to the Lexion repository.

V. Hotline Update

Dr. Burnette and Dr. Edwards provided the hotline update.

Dr. Edwards reported that CBIZ had recommended a "Tell It" hotline, and they discussed the process for establishing the hotline, as well as issues that had been encountered.

Chair Hatchett queried who the current hotline vendor was and who the new hotline provider would be. Dr. Burnette commented that the University did not currently have a hotline provider, as the previous hotline had been directly routed to the former internal auditor's cellphone. Chair Hatchett then asked if that meant that the University did not previously have a website that people who wanted to disclose information to the Board could go to.

Regent Dukes requested that, in order to maintain transparency, any hotline reports received by the University also be channeled directly to the Board, stating her preference for reports to come directly to the Board from the source.

Regent Dukes asked Dr. Edwards whether a detailed status update of the MIP deliverables could be presented at the next Audit Committee meeting.

VI. External Audit Update

Chair Hatchett invited Mr. R. Allen Norvell, Director of Blue & Co., LLC, to present this agenda item.

Mr. Norvell began by sharing what has been accomplished to date, including the review of predecessor audit work papers; interviews of accounting personnel, documentation of accounting processes and controls in place during FYE June 30, 2021, and June 30, 2022, including completion of walkthroughs; compilation of initial document request lists for FYE June 30, 2021, and June 30, 2022, most of which have been fulfilled by KSU; assisting KSU staff with structure of FYE June 30, 2021, working trial balance (WTB) to generate in a format appropriate for audit purposes (just completed March 28, 2023); and initial draft of financial statements and note disclosures for FYE June 30, 2021.

Chair Hatchett queried how Blue had been interacting with Protiviti, then asked Dr. Burnette to expand on Mr. Norvell's comments.

Mr. Norvell also addressed the next steps to be taken as he moves forward through the audit process.

Chair Hatchett requested Dr. Burnette to comment on Mr. Norvell's recommendations, especially as to the feasibility of posting updated financial information on the University's webpage as soon as possible.

Mr. Norvell also addressed five significant issues identified to date. Regarding those identified issues, Chair Hatchett asked Dr. Burnette whether the University has a designated HEERF compliance officer. Dr. Burnette responded that KSU has a Federal compliance officer, but it does not have a HEERF campus compliance officer.

Chair Hatchett asked Dr. Burnette whether he could add to Mr. Norvell's comments regarding his conversation with the Department of Education, during which potential accounting/reporting issues related to the Perkins loan portfolio were discussed.

In conclusion, Mr. Norvell stated that progress on the audit has been steady but slow due to staff turnover that occurred subsequent to the audit periods and the current staff's lack of knowledge regarding the periods under audit.

Chair Hatchett asked Mr. Norvell whether a hard deadline for completion had been established and whether he was still comfortable with the calendar/timeline he described.

Regent Ramsey queried whether the audit timelines could be incorporated into this presentation so the Committee will have a basis for knowing when each step is to be completed.

Chair Hatchett thanked Mr. Norvell for his presentation.

VII. Banner Accounting System Discussion

Dr. Edwards and Dr. Wendy Dixie, Chief Information Officer, presented this agenda item.

Dr. Dixie began the presentation, sharing accomplishments to date, next steps needed, significant issues (including policies and procedures, cross-training, and continuity books) and comments regarding KSU staff support.

Chair Hatchett inquired how many KSU employees use Banner and who has the authority to access, input, and change information within that system.

Regent Dukes asked whether anyone had ever looked at access roles and responsibilities to ensure proper controls and accesses are used, with proper segregation of duties.

Regent Dukes further queried whether the module managers also have read/write access into the Banner system, commenting that at some point a formal access audit should be conducted.

Chair Hatchett queried whether the Board could review Banner reports on a regular basis so actual expenditures could be compared to budgeted expenditures, and requested Dr. Burnette to provide a timeline as to taking a step in that preliminary direction.

Dr. Burnette requested Dr. Dixie to elaborate on the Banner optimization assessments.

Regent Dukes asked when the optimization and system updates would be vetted and implemented.

Chair Hatchett inquired as to how institutional knowledge/ memory could be guarded or managed relative to Banner.

Chair Hatchett thanked Dr. Dixie and Dr. Edwards for their presentation.

VIII. Finance & Administration Personnel Update

Dr. Burnette presented this agenda item and began by offering a snapshot of new hires in key positions within Finance & Administration, within areas that had been problematic or short-staffed in the past.

Hearing no questions following the Personnel Update, Chair Hatchett thanked Dr. Burnette for his presentation.

IX. Contracts Management Update

Dr. Burnette and Dr. Dixie presented this agenda item and discussed what had been accomplished to date regarding third-party software tools (Lexion and Concur), as well as the Ellucian Spend Management integrated suite of tools.

Dr. Dixie shared information regarding the Ellucian Spend Management integrated suite of tools, and discussed the next steps to be taken in rolling out this software for KSU employee use.

Chair Hatchett asked Dr. Burnette if he anticipated any issues or problems during the transition from Lexion and Concur to the Ellucian Spend Management integrated suite of tools.

Dr. Burnette and Dr. Dixie also reported on significant issues noted, and commented on KSU staff support and development.

X. Closing Remarks

Chair Hatchett closed the meeting by thanking the Committee for their work, remarking that future agendas should to be tied to the special examination findings and thoroughly studying a few at a time.

XI. Adjournment

MOTION by Regent Moyer:

Move the Board to adjourn.

Seconded by Regent Dukes and passed without dissent.

The meeting was adjourned at 11:48 a.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Edward Hatchett, Chair
Kentucky State University
Board of Regents
Finance & Administration Committee

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
EXECUTIVE COMMITTEE
SPECIAL CALLED MEETING**

***** Meeting was Conducted in Person and by Teleconference *****

**Monday, April 24, 2023
3:30 p.m. EDT**

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call to Order

The Committee's Chair, Regent Tammi Dukes, called the meeting to order at 3:34 p.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Chair Tammi Dukes	Present
Regent Charles Moyer	Not Present
Regent Edward Hatchett, Esq.	Present

Two Committee members were present, so a quorum was established. Regent Savion Briggs, Regent Walston, and Regent Fields were also present but did not participate in the closed session.

Note: Regent Moyer joined the meeting shortly after roll call.

III. Approval of the Agenda

MOTION by Regent Hatchett:

Move the Committee to approve the agenda of the April 24, 2023, Special Called Meeting of the Executive Committee.

Seconded by Chair Dukes and passed without dissent.

IV. Closed Session

Pursuant to KRS 61.810 (1)(c), the Committee entered into a closed session to discuss pending and possible litigation.

MOTION by Regent Hatchett:

Move the Committee to enter into closed session.

Seconded by Chair Dukes, and passed without dissent.

V. Approval to Enter into an Agreement with The Cooper Group

When the Committee reconvened after the closed session, Chair Dukes called for a motion to enter into an open session:

MOTION by Regent Hatchett:

Move the Committee to enter into open session.

Seconded by Regent Moyer, and passed without dissent.

When the Committee entered into open session, Chair Dukes stated that no action had been taken during closed session, and then asked Interim President Ronald Johnson to present this agenda item.

President Johnson stated that the Cooper Group contract would be for strategic consulting services to assist with specific mandates of HB 250 regarding the removal or termination of individuals who are under-performing, or who are in areas no longer needed at the University, or who are too expensive to continue spending money on.

MOTION by Regent Moyer:

Move the Committee to approve entering into an agreement with The Cooper Group.

Seconded by Regent Hatchett, and passed without dissent.

VI. Approval to Fill a Temporary Contracted Media Relations Specialist/Spokesperson Position

Interim President Johnson presented this agenda item, the purpose of which was related to HB 250, Section 1. Under the contract, the University would engage a PR communications specialist who would serve as a University spokesperson.

MOTION by Regent Moyer:

Move the Committee to approve the filling of a temporary contracted Media Relations Specialist/Spokesperson position.

Seconded by Regent Hatchett, and passed without dissent.

VII. Approval for Additional Funding to Pay Unbudgeted APA Special Examination Expense

This agenda item was presented by Interim President Johnson, who stated that the General Assembly had provided \$250,000 to cover the cost of the APA audit, with the provision that KSU would pay the difference for any amount exceeding \$250,000. As the cost of the audit exceeded the funding by the General Assembly by \$60,526, approval was being sought from the Board to pay this unbudgeted amount.

Regent Hatchett noted that the request that Interim President Johnson verbally presented was different than the written language of this action item. Therefore, Regent Hatchett requested clarification that approval was being sought for Interim President Johnson's oral presentation. President Johnson replied that he believed the only difference between the written and verbal statements were his comments as to the APA's experience and Regent Hatchett's history with them; essentially, however, he was seeking to fund the shortfall relative to what was provided to the APA through the General Assembly's action.

MOTION by Regent Hatchett:

Move the Committee to approve additional funding to pay the unbudgeted APA Special Examination expense.

Seconded by Regent Moyer, and passed without dissent.

VIII. Closing Remarks

Chair Dukes concluded the meeting and asked for a motion to adjourn.

IX. Adjournment

MOTION by Regent Moyer:

Move the Committee to adjourn.

Seconded by Regent Hatchett and passed without dissent.

The meeting was adjourned at 5:30 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents
Executive Committee

_____ Approved with no corrections

_____ Approved with corrections

**KENTUCKY STATE UNIVERSITY BOARD OF REGENTS
EXECUTIVE COMMITTEE
SPECIAL CALLED MEETING**

***** Meeting Was Conducted in Person and by Teleconference *****

Friday, June 30, 2023

4:30 p.m. EDT

**Board of Regents Room
Julian M. Carroll Academic Services Building, 2nd Floor
Frankfort, Kentucky 40601
(Primary Physical Location)**

MINUTES

I. Call To Order

The Committee's Chair, Regent Tammi Dukes, called the meeting to order at 4:30 p.m.

II. Roll Call

The Board's Secretary, Zach Atwell, called the roll:

Chair Tammi Dukes	Present
Regent Edward Hatchett, Esq.	Present
Regent Charles Moyer, PhD	Present

At least two (2) Regents were in attendance and present during roll call; therefore, a quorum was established. Regent Fields also was present.

III. Approval of the Agenda

MOTION by Regent Moyer:

Move the Committee to approve the agenda of the June 30, 2023, Special Called Meeting of the Board of Regents' Executive Committee.

Seconded by Regent Hatchett, and passed without dissent.

IV. Closed Session

Next, the Committee moved into closed session, pursuant to KRS 61.810(1)(f), to discuss individual personnel matters.

V. Possible Public Action(s)

When the Committee reconvened, Chair Dukes called for a motion to enter an open session again.

MOTION by Regent Moyer:

Move the Committee to enter into an open session.

Seconded by Regent Hatchett, and passed without dissent.

Chair Dukes reported that while no action was taken during the closed session, the Committee did discuss Dr. Akakpo's employment agreement and was now ready to take action on that agreement. Chair Dukes then called for a motion to approve the employment agreement for Dr. Akakpo.

MOTION by Regent Hatchett:

Move the Committee to approve Dr. Akakpo's employment agreement.

Seconded by Regent Hatchett, and passed without dissent.

VI. Closing Remarks

Chair Dukes concluded the meeting by officially welcoming Dr. Akakpo as the 19th President of Kentucky State University.

Dr. Akakpo addressed the Committee, thanking the Board and expressing his appreciation for the trust the Regents placed in him. He concluded by stating that the best days for Kentucky State University lie ahead.

VII. Adjournment

MOTION by Regent Moyer:

Move the Committee to adjourn.

Seconded by Regent Hatchett, and passed without dissent.

The meeting was adjourned at 5:26 p.m.

Submitted by:

Zach Atwell, Board Secretary
Kentucky State University
Board of Regents

Regent Tammi Dukes, Chair
Kentucky State University
Board of Regents
Executive Committee

_____ Approved with no corrections

_____ Approved with corrections



KENTUCKY STATE UNIVERSITY BOARD OF REGENTS

ACTION ITEM 9A

ACTION ITEM

Approval of annual maintenance and support for KSU's current network equipment.

FACTS

This annual agreement covers the maintenance and support for all 1500 access points and 211 switches within the KSU network infrastructure.

The support agreement also includes the RTU (Right to Use) software subscription licensing entitlements for the wireless controllers, the network management software, and the monitoring of third-party devices (Phone System) within the network management software.

The renewal also extends KSU's ability to continue to receive 24x7x365 GTAC support and Next Business Day (NBD) Advanced Hardware Replacement (AHR) on critical network infrastructure components such as the Core VSP switches/routers and Edge VSP switches that provide connectivity to campus buildings.

The University will renew its annual agreement with ConvergeOne, formerly Integration Partners, using the Commonwealth of Kentucky's Master Agreement MA 758 1800000265.

BUDGETARY IMPLICATION

The total cost of the renewal is \$70,379.47, which has been budgeted for in the E&G budget for FY24.

The total cost of the renewal for FY23 was \$56,725.22 for maintenance and support for 896 access points and 170 switches within the KSU network infrastructure; the increase in cost is due to the increase in the amount equipment.

RECOMMENDATION

President Koffi Akakpo recommends that the Board of Regents approve the annual maintenance and support for KSU's current network equipment.

MOTION

Approve the annual maintenance and support for KSU's current network equipment.



KENTUCKY STATE UNIVERSITY BOARD OF REGENTS

ACTION ITEM 9B

ACTION ITEM

Approval to purchase A/V equipment and furniture to update five (5) classrooms to hybrid classrooms.

FACTS

Hybrid Classrooms:

To enhance its teaching and learning experiences, KSU is seeking to establish technologically advanced hybrid model classrooms across campus. This technology will improve the overall learning experience while ensuring that student engagement remains consistent—regardless of whether a student is learning in person or remotely. The goal is to build a high-quality teaching and learning infrastructure that will facilitate and support all students, regardless of whether they have in-person or online courses.

Obtaining the appropriate technology and professional development for creating environments conducive to engaged learning is essential for this objective. Moreover, it's necessary for faculty to demonstrate proficiency in the use of technology in order to facilitate high-quality teaching and learning.

This projected implementation aligns with Kentucky's 60x30 Goal (60% of residents with degrees/credentials by 2030) by supporting educational attainment. It also directly supports KSU's 2020–2025 Strategic Plan by prioritizing student success outcomes. Moreover, it helps fulfill elements 7 & 8 of the Management Improvement Plan regarding student academic progress and results and the development of online offerings. Lastly, it ensures there will be consistency in learning quality in the event a change in instruction is needed due to some unforeseen circumstance.

KSU will purchase the technology from Encore Technologies using the Commonwealth of Kentucky's Master Agreement MA 758 1800000265.

KSU will purchase the furniture from Office Resources, Inc., using the Commonwealth of Kentucky's Master Agreement MA 758 12300000859.

BUDGETARY IMPLICATION

KSU intends to use HEERF funding to finance the five (5) hybrid classrooms. The total cost is projected to be \$590,260.

RECOMMENDATION

President Koffi Akakpo recommends that the Board of Regents approve the purchase of equipment and furniture to update five (5) classrooms to hybrid classrooms.

MOTION

Approve the purchase of equipment and furniture to update five (5) classrooms to hybrid classrooms.



KENTUCKY STATE UNIVERSITY BOARD OF REGENTS

ACTION ITEM 9C

ACTION ITEM

Approval of pending personnel actions.

FACTS

House Bill 250, an act relating to Kentucky State University, was signed into law on April 8, 2022. Pursuant to that Bill, the Council on Postsecondary Education must approve all KSU expenditures over \$5,000. To carry out this responsibility, the Council adopted a KSU Expenditure Approval Policy, which requires all personnel actions to be approved by the Kentucky State University Board of Regents or its designated Committee before any resulting expenditures will be approved.

BUDGETARY IMPLICATIONS

The Kentucky State University Budget Office has approved all proposed positions and salary ranges.

RECOMMENDATION

President Koffi Akakpo recommends that the Board of Regents approve the pending personnel actions.

MOTION

Approve the pending personnel actions.

E&G-Funded Position Vacancy Authorization

Position Title	Department	Annual Salary *	Fringe Benefits (40%)	Total Compensation	New/Existing
Budget Director (salary range \$80,000-\$85,000)	Finance and Administration	\$ 85,000	\$ 34,000	\$ 119,000	Existing
Marketing Director (salary range \$80,000-\$85,000)	Office of the President	\$ 85,000	\$ 34,000	\$ 119,000	New
Director of Public Relations (salary range \$80,000-\$85,000)	Office of the President	\$ 85,000	\$ 34,000	\$ 119,000	New
Director of Purchasing (salary range \$80,000-\$85,000)	Finance and Administration	\$ 85,000	\$ 34,000	\$ 119,000	Existing
Director of Facilities Management (salary range \$90,000-\$95,000)	Facilities	\$ 95,000	\$ 38,000	\$ 133,000	Existing
Assistant Director of Facilities Management (salary range \$65,000-\$70,000)	Facilities	\$ 70,000	\$ 28,000	\$ 98,000	New
Total Cost		\$ 505,000	\$ 202,000	\$ 707,000	

Grant-Funded Position Vacancy Authorization

Position Title	Department	Annual Salary *	Fringe Benefits (40%)	Total Compensation	New/Existing
Assistant Professor of Soilless Plant Culture (\$75,000-\$80,000)	College of Agriculture, Community, and the Sciences	\$ 80,000	\$ 32,000	\$ 112,000	New
Total Cost		\$ 80,000	\$ 32,000	\$ 112,000	



KENTUCKY STATE UNIVERSITY BOARD OF REGENTS

ACTION ITEM 9D

ACTION ITEM

Approval to reaffirm Hillcrest's designation as the President's residence.

FACTS

During Dr. Brown's presidency, Hillcrest, which had been considered the President's official residence for many years, was designated as "Hillcrest University Center" by the then-Board of Regents. This Board of Regents has the option of reaffirming Hillcrest's original designation as the President's manor/residence.

BUDGETARY IMPLICATION

Not applicable.

RECOMMENDATION

President Koffi Akakpo recommends that the Board of Regents approve the reaffirmation of Hillcrest's designation as the President's residence.

MOTION

Approve the reaffirmation of Hillcrest's designation as the President's residence.



BOARD OF REGENTS

ORDER

By order of the Board of Regents, the campus building referred to as “Hillcrest” is hereby designated as the official residence for the President of Kentucky State University.

So ORDERED on the 21st day of July 2023.

Chair, Board of Regents
Kentucky State University

CERTIFIED TRUE COPY OF THE BOARD ORDER PASSED AT THE QUARTERLY MEETING OF THE BOARD OF REGENTS OF KENTUCKY STATE UNIVERSITY, WHICH WAS HELD AT 400 EAST MAIN STREET, FRANKFORT, KENTUCKY, 40601 ON JULY 21, 2023.