



**HOUSTON COMMUNITY COLLEGE**

**Internal Audit Annual Report  
Fiscal Year 2019  
in Accordance with the Texas Internal Auditing Act**

**Prepared by  
Internal Audit Department  
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## **I. Internal Audit Plan for Fiscal Year 2019**

The Board of Trustees approved the FY 2019 Internal Audit Plan on August 1, 2018. The HCC audit universe was developed through the ERM Assessment Program. The High Risk Audit Candidates identified during the FY 2018 Internal Audit Plan preparation were updated based on the ERM Assessment interviews conducted with Executive Cabinet members and other chief executives, reviewing HCC's current major activities, KPMG's 16 Key Risks for Internal Audit to Consider in 2018, and Global Internal Audit Common Body of Knowledge Top 10 Technology Risks.

A significant amount of time was devoted to the following two activities in FY 2019:

- 1) Maintaining and improving the use of the internal audit management system software (TeamMate); and
- 2) Collaborating with the Risk Management Office and other control monitoring functions within HCC to further refine the Enterprise Risk Management (ERM) Assessment Program.

A FY 2019 Internal Audit Plan Status Report is detailed in the following table.



## FY 2019 Internal Audit Plan Status Report as of August 31, 2019

Audit Projects	Project No.	Stage	Final Report Issued	Notes/Issues
<b>Operational Audit Projects</b>				
Website Review	17-15	Completed	03/07/19	Report issued Thursday, March 7, 2019
Accreditation - SACS	18-O-1	Completed	03/07/19	Report issued Thursday, March 7, 2019
PeopleSoft Application Controls	18-O-3	Not Started		Rollover project to 2020 Audit Plan
Student Behavioral Intervention Review	19-O-1	Planning		Rollover project to 2020 Audit Plan
International Students Services Review	19-O-2	Reporting		Rollover project to 2020 Audit Plan
IT Disaster Recovery/Business Continuity Plan	19-O-3	Planning		Rollover project to 2020 Audit Plan
<b>Compliance Audit Projects</b>				
Required Regulatory Reporting	18-C-4	Fieldwork		Rollover project to 2020 Audit Plan
Campus Safety & Environmental Operations Management	19-C-1	Completed	N/A	N/A
Central College	19-C-1-1	Completed	12/14/18	Report issued Friday, December 14, 2018
Northeast College	19-C-1-2	Completed	12/14/18	Report issued Friday, December 14, 2018
Coleman College	19-C-1-3	Completed	12/14/18	Report issued Friday, December 14, 2018
Web Content Accessibility Guidelines Review	19-C-2	Fieldwork		Rollover project to 2020 Audit Plan
<b>Advisory Services Projects</b>				
Procurement - Contracting Advisory Services	17-1-2	Completed	N/A	N/A
Committees & Task Forces	19-S-1	N/A	N/A	N/A
Continuous Auditing	19-S-2	N/A	N/A	N/A
Campus Security	19-S-3	Planning	N/A	Rollover project to 2020 Audit Plan
Special Projects & Investigations	19-S-4	N/A	N/A	Presented Fraud Awareness Lunch & Learn
<b>Administrative Projects</b>				
FY 2020 Audit Planning & ERM Assessment	19-A-1	Completed	08/07/19	FY2020 IA Plan approved by BOT, August 7, 2019
TeamMate Internal Audit Management System	19-A-2	Implementing	N/A	Training completed December 13, 2018
Internal Quality Assurance Review	19-A-3	Completed	12/13/18	Report issued Thursday, December 13, 2019
FY 2019 Annual Audit Report	19-A-4	Completed	10/02/19	Presented to BOT October 2, 2019
External Audits Monitoring	19-A-5	N/A	N/A	N/A
<b>Observation Action Plan Follow-ups</b>				
Observation Action Plan Follow-ups	19-F-1	N/A	N/A	Quarterly status reports presented to Audit Committee



## **II. Quality Assurance Review**

An internal quality assurance review was performed. A need for training and improved use of the TeamMate audit management software system was observed. The observation was addressed by obtaining additional training provided by Wolters Kluwer in December 2018. No external quality assurance review (EQAR) was performed on the Internal Audit Department in FY 2019. In compliance with the Institute of Internal Auditors International Standards for the Professional Practice of Internal Auditing, an EQAR is being planned.

The HCC Internal Audit Department completed the following quality assurance activities during FY 2019:

- 1) Maintained a professional staff with diversified skill sets and professional certifications;
- 2) Completed training and improved on the use of TeamMate, the internal audit management system software; and
- 3) Collaborated with the Risk Management Office to refine and complete the annual Enterprise Risk Management Assessment for HCC.



### **III. Summary of Observation and Management Action Plans**

See the detailed FY 2019 Audit Observations and Management Action Plans Attachment to this report

#### **IV. List of Consulting Engagements and Non-audit Services Completed**

Internal Audit issued two internal controls awareness newsletters and provided a lunch and learn on “Fraud Awareness”.

Internal Audit completed the procurement contracting process advisory service project except for the completion of providing control framework advice on the implementation of the JAGGAER source-to-pay suite that is in progress to automate the contracting process. This advisory service for the JAGGAER implementation will continue to be made available in FY 2020.

Members of the Internal Audit Department participated on the following task force and committees in FY 2019:

1. Compliance Partners Council
2. Technology Governance Council
3. Security Steering Committee
4. Web Governance Council Subcommittee
5. Grants Compliance Review Meetings
6. Procurement Contract Evaluation Committees



## **V. Internal Audit Plan for Fiscal Year 2020**

The HCC Board of Trustees approved the Fiscal Year 2020 Internal Audit Plan on August 7, 2019.

### **Executive Summary**

The purpose of the Internal Audit Plan (Plan) is to outline audits and other activities the Houston Community College (HCC) Internal Audit Department (the Department) will conduct during fiscal year 2020. The Plan's development and approval are intended to satisfy requirements under Board Bylaws, Audit Committee Charter, Board Policy CDC (LOCAL), HCC's Internal Audit Charter, International Standards for the Professional Practice of Internal Auditing, and Texas Internal Auditing Act.

A significant amount of time will be devoted to collaborating with HCC's Risk Management Office and other control monitoring functions within HCC to further refine the Enterprise Risk Management (ERM) Assessment Program in FY 2020.

### **Plan Development Methodology**

The HCC audit universe is developed through HCC's Enterprise Risk Management Assessment Program (ERM). High Risk Audit Candidates for inclusion in the plan are based on the assessment of the following: 1) governing board members input, 2) ERM interviews conducted with Executive Council members, College Presidents and other chief executives, 3) top risks identified by the United Educator's Risk Management Premium Credit program, 4) KPMG's 20 key risks to consider by Internal Audit 2020, and 5) alignment with HCC's strategic priorities.





**Internal Audit Department  
Fiscal Year 2020 Audit Plan**

No.	Project	Description	Hours
<b>Operational Audit Projects</b>			
18-O-1	*SACSCOC Accreditation - Follow-up	Follow-up on the standardization of the students complaint process	240
18-O-3	*PeopleSoft Applications Controls	Review logical access controls for chosen PeopleSoft applications to ensure proper segregation of duties	480
19-O-1	*Student Behavioral Intervention Review	Review the program for processing student behavioral issues in Maxient and compliance with related policies and regulations	480
19-O-3	*IT Disaster Recovery/Business Continuity Plan	Evaluate processes and procedures for IT Disaster Recovery/Business Continuity including compliance with regulations and HCC policies	480
20-O-1	Enrollment	Review enrollment streamlining to facilitate student growth and retention including coordination with financial aid	480
20-O-2	Business Continuity Plan	Review HCC's overall Business Continuity Plan for adherence with best business practices	480
<b>Compliance Audit Projects</b>			
18-C-4	*Required Regulatory Reporting - Follow-up	Review the process for capturing required regulatory reporting and monitoring compliance	480
19-C-2	*Web Content Accessibility Guidelines Review - Follow-up	Review the implementation of CRB (REGULATION) to ensure that qualified individuals with disabilities have access to the College District's technology resources	480
20-C-1	Campus Safety & Environmental Operations Management	Planning for campus safety & environmental legal policy compliance management reviews	320
20-C-1-1	Northwest College	Safety & environmental legal policy compliance	240
20-C-1-2	Southeast College	Safety & environmental legal policy compliance	240
20-C-1-3	Southwest College	Safety & environmental legal policy compliance	240
<b>Advisory Services Projects</b>			
19-S-3	*Campus Security	Work with the Risk Management Department to evaluate Campus security programs	640
20-S-1	Committees & Task Forces	Participate on committees and task forces providing risk management and control advice	120
20-S-2	Continuous Auditing	Create automated extracts of data and reports to analyze specific business risks	360
20-S-4	Special Projects & Examinations	Responsive to provide services as required	692
<b>Administrative Projects</b>			
20-A-1	FY 2021 Audit Planning & ERM Assessment	Collaborate with HCC Risk Management to update the Enterprise Risk Management (ERM) assessment & audit planning	800
20-A-2	TeamMate Internal Audit Management System	TeamMate software system maintenance & improvement	240
20-A-3	Internal Quality Assurance Review	Perform a formal internal quality assurance review	320
20-A-4	FY 2020 Annual Audit Report	Compile and prepare State required annual audit report	120
20-A-5	External Audits Monitoring	Monitor external audit activities on HCC and related observation action plans	120
20-A-6	Lunch and Learns	Presentations to HCC's general personnel to raise awareness on risk management, internal control & compliance	120
20-A-7	Newsletters	Newsletters to HCC's general personnel to raise awareness on risk management, internal control & compliance	120
<b>Observation Action Plan Follow-ups</b>			
20-F-1	Observation Action Plan Follow-ups	Follow-up on completion of audit observations action plans	320
* Carry-over projects from FY 2019 Internal Audit Plan			



## **VI. External Audit Services – Fiscal Year 2019**

### HCC Procured Services in FY 2019

1. Rapid 7 – IT cyber & data security penetration testing
2. Grant Thornton – FY 2018 Annual Financial Statements Audit
3. R.L. Townsend and Associates – ongoing construction audit
4. Texas Mutual Insurance Company – Workers' Compensation
5. Whitley Penn – FY 2019 Annual Financial Statements Audit
6. Jacobs – facilities condition assessment
7. Shepley Bulfinch Richardson & Abbott, Inc. – system wide space utilization study and best practice evaluation

### Regulatory Imposed in FY 2019

1. Houston-Galveston Area Council – Annual Quality Assurance Review for TWC/HGAC's Adult Education and Literacy contract with HCC on December 10-14, 2018, for the time period February 1, 2018 through November 30, 2018
2. HCC completed and submitted the required Three Year Safety & Security Audit Report to the Texas School Safety Center
3. US Department of Labor conducted an on-site program and financial review of the American Apprenticeship Initiative grant AP-27829-15-60-A-48 on September 17-21, 2018, for period October 1, 2015, through June 30, 2018
4. Houston-Galveston Area Council, Region 6 adult education monitoring visit performed on March 26-28, 2019, that focused on programmatic requirements of the AEL Program for the time period July 2018 through February 2019
5. The THECB, as a federal pass-through entity, reviewed HCC's Single Audit Report to ensure the requirements were met related to the Single Audit Act Amendments of 1996 (no issues identified)
6. Texas Workforce Solutions/Houston-Galveston Area Council Adult Education and Literacy contract 2818ALA000 monitoring review for period July 1, 2018 – April 30, 2019
7. Houston-Galveston Area Council – financial monitoring and billing review for H-GAC funds distributed to HCC and financial reports submitted in connection with the HGAC contract 213-19 and closeout contract 213-18. Audit performed by Weaver, August 19-30, 2019.

## **VII. Reporting Suspected Fraud and Abuse**

HCC has taken the following actions to implement the fraud detection and reporting requirements of Section 7.09 of the 83<sup>rd</sup> Legislature's General Appropriations Act, and Texas Government Code, Section 321.022:

- All employee mandatory annual Standards of Conduct training has been established. The annual training for FY 2019 was completed May 2019.
- HCC has established a confidential independent Hotline for people to report suspected fraud, abuse, and unethical behavior. A link to the reporting Hotline is on the HCC website home page. Reporting Hotline information is included in mandatory annual Standards of Conduct training.
- The HCC Compliance and Ethics website has a link to the State Auditor's Office fraud hotline.
- In compliance with the reporting requirements of fraud, waste, and abuse, HCC reports all instances of confirmed fraud, waste, and abuse to the State Auditor's Office.



**VIII. Compliance with TGC, Section 2102.015: Posting the Internal Audit Plan, Internal Audit Annual Report, and Other Audit Information on the HCC Website**

TGC, Section 2102.015 was added by House Bill 16 (83rd Legislature, Regular Session) on June 14, 2013. Colleges are required to post certain information on their website. Specifically, Colleges must post the following information within 30 days of approval by the Board of Trustees:

- The approved audit plan for the current fiscal year.
- The annual audit report for the previous fiscal year.
- A detailed summary of the weaknesses, deficiencies, wrongdoings, or other concerns raised by the audit plan or annual report.
- A summary of the action taken by the College to address concerns raised by the audit plan or annual report.

HCC Internal Audit will submit the Internal Audit Annual Report to the website coordinators for posting on the Internal Audit section of the HCC website no later than 30 days after the HCC Board of Trustees approves the report. The current fiscal year audit plan has been posted to the website. This report includes the TGC, Section 2102.015 standard elements.

**FY 2019 Audit Observations and Management Action Plans**

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
17-2-1 Procurement – Vendor Set-up	1	Two (2) directors and two (2) staff in the Production Operations Department have privileges of adding and updating both the vendor account and purchase order. In addition, these two directors have privileges to approve purchases orders up to \$25,000. According to the IT Department, standard PeopleSoft roles and privileges were used to set-up HCC employees for procurement activities based upon current position, authorization and the current HCC PeopleSoft Finance access approval form submitted. In general, the HCC custom and standard vendor delivered PeopleSoft roles and privileges allow employees more ability to process activity than HCC has determined the employee needs. The Procurement Department, with the IT Department’s information assistance, needs to review and identify needed modifications to end-user level security access including the assigned roles and privileges for processing procurement activities to limit user abilities to what is needed and work with the IT Department to implement changes to properly segregate duties.	<p>Working in cooperation with Internal Audit, several meetings have taken place with the Information Technology Department (IT) to further discuss the way PeopleSoft is currently setup as it relates to Role Names, Permission Lists and Page Access. IT is currently working on providing more detailed information regarding this matter following our last meeting on July 12, 2017.</p> <p>In parallel, the Procurement Department completed additional research using the currently available PeopleSoft reports and is finalizing the paperwork to further segregate duties among current staff within the department. This will be an ongoing effort as duties are realigned to task, however generally speaking, only Buyers will have access to create Purchase Orders. Staff that will have access to create and edit vendors will not have access to create Purchase Orders. Similarly, directors that have access to approve PO will not have access to create Purchase Orders. Only two staff members will have power user access to ensure business continuity within PeopleSoft maintenance in support of all client departments. Neither of the two staff that will have power user access will create Purchase Orders.</p> <p>Once the IT Department provides the suggested details regarding PeopleSoft Role Names, Permission Lists and Page Access, we will continue to work with Internal Audit and IT to ensure further alignment; which may include the creation of additional customized HCC roles or permissions, as may be needed.</p>	Director Procurement Operation & AVC CORE Information Services	Completed 1/11/2019
18-C-1-1 Northwest College Campus Safety & Environmental Operations Management	1	There was no evidence that a Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable, exists. (OSHA 29 CFR 1910.1450(a), OSHA 29 CFR 1910.1200(a), TAC 502.009, Toxic and Hazardous Substances - Hazard Communication; Employee Education Program). Number of times Exception occurred 26	A Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable, has been placed in each noted room <u>other than the Katy Greenhouse</u> . All hazardous materials will be removed from the Greenhouse, thus eliminating the need for a Hazard Communication Program.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 1/10/2019
	2	Hazardous or flammable chemicals on hand are not properly stored in NFPA approved flammable storage cabinets. (OSHA 29 CFR 1910.106(d)(5)(iii), Flammable liquids). Number of times Exception occurred 22	The noted chemicals will be placed in flammable cabinets or removed from each noted room.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 04/02/2019

### FY 2019 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	3	Appropriate signs that accurately indicate hazard information are not present. (OSHA 29 CFR 1910.145, Accident prevention signs and tags) Number of times Exception occurred 18	Appropriate signs have been posted for all noted rooms. Complete except for Alief-Hayes, Katy, and Spring Branch.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 1/10/2019
	4	Safety data sheets are not on hand or readily available for all hazardous chemicals. (OSHA 29 CFR 1910.1200(b)(4)(ii), TAC 5002.006, Toxic and Hazardous Substances - Hazard Communication; Safety Data Sheet) Number of times Exception occurred 16	Safety data sheets will be made readily available or the chemicals removed for all noted rooms. Complete except for Alief-Hayes B306.1, B320 and D.105 and in the cited Alief Workforce rooms. All chemicals will be removed from the Katy Greenhouse. As for the Spring Branch ARTS rooms, a determination will be made as to whether the hazardous materials will remain in the rooms. If so, then safety data sheets for the hazardous materials will be made available in these rooms. Otherwise, the materials will be properly disposed of.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 04/10/2019
	5	An eyewash station, though required, is not present or operational, or the expiration date has passed on a portable eye wash station. (OSHA 1910.151.c, Medical and First Aid). Number of times Exception occurred 16	Eyewash stations will be installed or hazards/chemicals removed. Complete except for Alief-Hayes, Katy, and Performing Arts Center.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 04/02/2019
	6	A safety shower is not present, as required. (OSHA 1910.151.c, Medical and First Aid). Number of times Exception occurred 14	All materials requiring eyewash have been removed from room 182, and PLAB courses will not be offered in this room until sufficient facility improvements are made. The spray paints and any other hazards will be removed from Alief-Hayes B306.1, Katy Greenhouse and Spring Branch room 207, thus eliminating the need for safety showers in these rooms. As for the other rooms cited, Campus Managers are working with the Area Facilities Manager, Department Chairs and Academic Deans to review use of the rooms and chemicals used in the curricula. Emergency showers will be installed in those rooms in which chemicals/hazards will remain.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 04/02/2019
	9	Chemicals are not properly stored by hazard class (segregated chemical storage). (Uniform Fire Code. UFC 80.301(n), NFPA-45 8.2.4.2) Number of times Exception occurred 11	Chemicals in all cited rooms have been removed or properly stored by hazard class other than for Alief-Hayes (324, B221.1 and D.101). Corrosive cabinets will be acquired, and chemicals will be properly stored by hazard class in these rooms.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 04/02/2019
	10	All containers used for the storage of hazardous chemicals are not properly labeled. (OSHA 29 CFR 1910.1200(f)(1) - (f)(9), Toxic and Hazardous Substances - Hazard Communication; Labels) Number of times Exception occurred 8	All containers, including non-hazardous chemicals and wastes, have been legibly labeled with the full chemical or trade name other than Alief-Hayes (D.101 and D.104) and Spring Branch.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 1/10/2019
	11	Permanent aisles and passageways are not clear. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces) Number of times Exception occurred 6	All of the noted obstructions have been removed from permanent aisles and passageways in the cited rooms other than Katy 370E. The ethernet cable that is in the permanent passageway in Katy 370E will be run through the wall directly in the room.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 04/02/2019

**FY 2019 Audit Observations and Management Action Plans**

<b>Project Name</b>	<b>Obs #</b>	<b>Observation Description</b>	<b>Remediation Action</b>	<b>Responsible Person</b>	<b>Status/Est Completion Date</b>
	14	Signs are not posted, as applicable, for biohazard waste. (OSHA 29 CFR 1910.1030(g)(1)(i) - 1910.1030(g)(1)(ii)(B), Bloodborne pathogens). Number of times Exception occurred 3	A biohazard waste sign has been posted on the door to Katy 340B. Biohazard waste signs will be posted in Alief-Hayes D.104 and in Katy 308.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 1/10/2019
	15	Appropriate signs were not present that accurately indicate hazard information (BIOHAZARD). (OSHA 29 CFR 1910.145, Accident prevention signs and tags.) Number of times Exception occurred 3	Biohazard signs have been posted in the cited Katy rooms, and one will be posted in Alief-Hayes room D.104.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 1/10/2019
	17	There are damaged or missing ceiling tiles. (OSHA 29 CFR 1910.37(a)(4)). Number of times Exception occurred 2	The missing ceiling tile in room 526 of the Science Building has been replaced. The ceiling tile with an opening above the fume hood in Alief-Hayes D.104 will be replaced.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 1/10/2019
	23	Hazardous waste containers are not properly marked concerning contents. (CFR 262.211(e)(1), Making the hazardous waste determination at an on-site central accumulation area) Number of times Exception occurred 1	The hazardous waste container in this room will be properly marked concerning contents.	Northwest College President; Northwest College Operations Officer; Campus Manager	Completed 1/10/2019
	25	Where individuals are exposed, one or more methods of machine guarding to protect them from hazards of ingoing nip points, rotating parts, flying chips, and sparks were not present. (OSHA 29 CFR 1910.212(a)(1), Machinery and Machine Guarding - General requirements for all machines). Number of times Exception occurred 1	We will obtain and install a grinder guard or replace the entire grinder.	Northwest College President; Northwest College Operations Officer; Administration & Student Support Services Director	Completed 1/15/2019
18-C-1-2 Southeast College Campus Safety & Environmental Operations Management	12	An eyewash station, though required, is not present or operational, or the expiration date has passed on a portable eye wash station. (OSHA 1910.151.c, Medical and First Aid). Number of times Exception occurred 5	The eyewash station in Felix Morales CHEM 223 has been repaired. The "Work It" hair spray in Technology/Workforce I (CSME 120) belonged to a student, and it has been removed from the room. Eyewash stations will be installed in the Felix Morales ARTS rooms.	Southeast College President; Southeast College Operations Officer; Area Facilities Manager	Completed 12/7/2018
	13	A safety shower is not present, as required. (OSHA 1910.151.c, Medical and First Aid). Number of times Exception occurred 4	The "Work It" hair spray in Technology/Workforce I (CSME 120) belonged to a student, and it has been removed from the room. Regarding the Felix Morales ARTS class rooms, safety showers will be installed or the hazards will be removed.	Southeast College President; Southeast College Operations Officer; Faculty Division Chairs	Completed 12/7/2018

### FY 2019 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
18-C-1-3 Southwest College Campus Safety & Environmental Operations Management	1	All fire extinguishers are not in place and fully charged or have not been subjected to an annual maintenance check in the past year, indicated by a record showing the most recent annual maintenance date. (OSHA 29 1910.157(e)(1)(3), Portable fire extinguishers). Number of times Exception occurred 29	The vendor who is to perform these checks was contacted, and all fire extinguishers have now had their annual maintenance checks. Five fire extinguishers at West Loop were found to be out of compliance, and the vendor has been asked to replace those.	Southwest College President; Southwest College Operations Officer; Campus Managers	Completed 1/9/2019
	3	Appropriate signs that accurately indicate hazard information are not present. (OSHA 29 CFR 1910.145, Accident prevention signs and tags) Number of times Exception occurred 26	Appropriate signs that accurately indicate hazard information have been placed in each of the cited rooms other than Fine Arts (all), Scarcella S108, S117 and W126, Stafford Workforce (all) and West Loop (ARTS), for which appropriate signs will be posted.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs & Program Directors; Lab Managers	Completed 1/14/2019
	4	There was no evidence that a Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable, exists. (OSHA 29 CFR 1910.1450(a), OSHA 29 CFR 1910.1200(a), TAC 502.009, Toxic and Hazardous Substances - Hazard Communication; Employee Education Program). Number of times Exception occurred 24	A Hazard Communication Program or Chemical Hygiene Work Plan, as applicable, has been placed in each of the cited rooms, other than the following, for which the appropriate Plan or Program will be retrieved from the Environmental Health & Safety web site and placed in the room: Fine Arts (all), Missouri City (EMSP), Stafford Workforce (MCHN S102A), and West Loop (BIOL 163 and CHEM165).	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs & Program Directors	Completed 1/10/2019
	5	Hazardous or flammable chemicals on hand are not properly stored in NFPA approved flammable storage cabinets. (OSHA 29 CFR 1910.106(d)(5)(iii), Flammable liquids). Number of times Exception occurred 18	All chemicals in Scarcella S102 and Stafford Workforce E119 have been moved and stored in the proper place. Approved flammable storage cabinets will be procured and the items will be properly stored in Fine Arts (all), Missouri City (both), Scarcella (S107 and S117), West Loop (all) and Stafford Workforce (E121A).	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs & Program Directors; COEs	Completed 1/9/2019
	6	Areas around fire extinguishers, pull fire alarms, eyewash/safety showers and/or electrical panels were obstructed. (OSHA 29 CFR 1910.22(c)) Number of times Exception occurred 13	All noted obstructions have been removed except for those in the noted Fine Arts rooms, in Stafford Workforce E121A and N129 and in West Loop 163 and 165. The items that are obstructing fire extinguishers, eyewash stations, safety showers and electrical breaker boxes will be moved.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs & Program Directors; COEs; Lab Manager	Completed 1/9/2019
	7	Safety data sheets are not on hand or readily available for all hazardous chemicals. (OSHA 29 CFR 1910.1200(b)(4)(ii), TAC 5002.006, Toxic and Hazardous Substances - Hazard Communication; Safety Data Sheet) Number of times Exception occurred 13	Applicable safety data sheets have been placed in the BIOL and CHEM class rooms at Missouri City and in the MCHN class room at Stafford Workforce. Regarding the other cited rooms, the safety data sheets will be obtained and placed in the rooms in a readily available place.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs & Program Directors; COEs; Lab Manager	Completed 05/02/2019



### FY 2019 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	8	An eyewash station, though required, is not present or operational, or the expiration date has passed on a portable eye wash station. (OSHA 1910.151.c, Medical and First Aid). Number of times Exception occurred 12	The cited eyewash station in Scarcella S118 has been repaired. Eyewash stations in the remaining cited Scarcella rooms will be repaired or replaced. Eyewash stations will be installed in all cited ARTS rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs; COEs; Lab Manager	Completed 04/12/2019
	9	Chemicals are not properly stored by hazard class (segregated chemical storage). (Uniform Fire Code. UFC 80.301(n), NFPA-45 8.2.4.2) Number of times Exception occurred 11	All chemicals have been properly stored by hazard class at Missouri City and Scarcella. Cabinets will be procured so that the chemicals can be properly stored in the Fine Arts and West Loop class rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs; COEs	Completed 1/9/2019
	10	Permanent aisles and passageways are not clear. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces) Number of times Exception occurred 11	All of the noted obstructions have been removed from permanent aisles and passageways in Fine Arts and Stafford Workforce. The remaining obstructions, including the electrical cords in passageways will be removed.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs & Program Directors; COEs	Completed 1/9/2019
	11	The sashes on one or more fume hoods in use are not closed. (NFPA- 45 8.11.10). Number of times Exception occurred 8	All fume hood sashes have been closed in the noted Missouri City and West Loop rooms. Fume hood sashes will be closed in the noted Scarcella rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs	Completed 1/9/2019
	12	Chemicals are being stored under the fume hoods. (NFPA- 45 8.11.10). Number of times Exception occurred 7	All chemicals under fume hoods in Scarcella S102 and in West Loop 162 and 163 have been moved and stored in their proper places. The chemicals will be removed from under fume hoods in the remaining rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs	Completed 1/9/2019
	13	A safety shower is not present, as required. (OSHA 1910.151.c, Medical and First Aid). Number of times Exception occurred 7	Safety showers will be installed in the noted rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair; COE	Completed 04/12/2019

**FY 2019 Audit Observations and Management Action Plans**

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	15	Signs are not posted, as applicable, for biohazard waste. (OSHA 29 CFR 1910.1030(g)(1)(i) - 1910.1030(g)(1)(ii)(B), Bloodborne pathogens). Number of times Exception occurred 5	Applicable biohazard waste signs have been posted in the noted Missouri City room and in the West Loop prep room 161. Applicable biohazard waste signs will be posted in the other three cited rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair & Program Director; Campus Manager	Completed 1/14/2019
	17	The valve protection caps were not properly in place for compressed gas cylinders not in use that are designed to accept caps. (OSHA 29 CFR 1910.253(b)(2)(iv), Oxygen-fuel gas welding and cutting) Number of times Exception occurred 5	Valve protection caps have been properly placed on the compressed gas cylinders not in use in Scarcella W126. The valve protection caps will be placed on the compressed gas cylinders not in use in the other noted rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs; COEs; Lab Manager	Completed 1/9/2019
	18	All containers, including non-hazardous chemicals and wastes are not legibly labeled with the full chemical or trade name (note: abbreviations/formulas are not adequate). (OSHA 29 CFR 1910.1200(f); TAC 502.007, Toxic and Hazardous Substances - Hazard Communication; Labels). Number of times Exception occurred 4	The container in West Loop 165 has been labeled. The containers in the other cited rooms will be appropriately and legibly labeled.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair; COE; Lab Manager	Completed 1/9/2019
	19	All gas cylinders were not properly and adequately secured so they cannot fall. (NFPA 45-1.11.1 Prudent Practices 2011, 7.D.3, Handling and Use of Gas Cylinders) Number of times Exception occurred 4	The noted gas cylinders in Missouri City and Scarcella have been properly and adequately secured so they cannot fall. The noted gas cylinders in Fine Arts and Stafford Workforce will be properly and adequately secured so they cannot fall.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair & Program Directors; Lab Manager	Completed 1/9/2019
	20	Where individuals are exposed, one or more methods of machine guarding to protect them from hazards of ingoing nip points, rotating parts, flying chips, and sparks were not present. (OSHA 29 CFR 1910.212(a)(1), Machinery and Machine Guarding - General requirements for all machines). Number of times Exception occurred 3	Appropriate shields will be procured and installed on each of the three noted grinders or the grinders will be replaced.	Southwest College President; Southwest College Operations Officer; Program Director; COEs	Completed 1/9/2019
	21	Exit routes are obstructed. (OSHA 29 CFR 1910.22(c)). Number of times Exception occurred 2	The shelving and equipment that is obstructing the exit doors in rooms 115 and 117, respectively, will be moved.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair; COE	Completed 1/9/2019

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	22	There are damaged or missing ceiling tiles. (OSHA 29 CFR 1910.37(a)(4)). Number of times Exception occurred 2	The noted ceiling tile in room 161 has been properly seated. The missing tile in room 163 will be replaced.	Southwest College President; Southwest College Operations Officer; Area Facilities Manager	Completed 1/9/2019
	24	Appropriate hazardous waste containers are not present for the collection/disposal of hazardous chemical waste streams. (CFR 262.211(e)(1), Making the hazardous waste determination at an on-site central accumulation area). Number of times Exception occurred 1	An appropriate hazardous waste container will be placed in the noted room for the collection/disposal of hazardous chemical waste streams.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair; Lab Manager	Completed 1/9/2019
	26	Food or drink was noted in the vicinity of blood or other potentially infectious materials (in refrigerators, freezers, shelves, cabinets or on countertops). (OSHA 29 CFR 1910.1030(d)(2)(x), Bloodborne pathogens). Number of times Exception occurred 1	The noted coffee pot will be removed from the vicinity of blood or other potentially infectious materials.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair	Completed 1/9/2019
	28	Portable power tools were found to not be properly grounded. (OSHA 29 CFR 1910.243(a)(5), Guarding of portable powered tools). Number of times Exception occurred 2	The plugs on the noted power tools will be replaced, or the tools will be removed from service.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair; COE	Completed 1/9/2019
	30	There were power tools or equipment with electrical hazards, such as exposed or damaged wiring. (OSHA 29 CFR 1910.305(j), Electrical - Wiring methods, components, and equipment for general use). Number of times Exception occurred 1	Cover plates will be installed on the two noted electrical outlets that are missing them.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair; Lab Manager	Completed 1/9/2019

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
19-A-3 Internal Quality Assurance Review	1	IA implemented the TeamMate audit management software in September 2017 and the software has been used for all subsequent projects. IA uses TeamMate to manage individual project documentation. All projects are also stored on the departmental SharePoint drive. We reviewed some of the projects in TeamMate during our assessment. Though we feel that the projects fulfilled the requirements of the Standards, we believe that IA has an opportunity to improve on performance using the TeamMate software. - Standard 2200 Engagement Planning & Standard 2300 Performing the Engagement – IA should ensure that all program steps are acknowledged in TeamMate to support these Standards. In addition, we found that the department is currently using the same program template for all projects. IA should consider uploading templates that are tailored for various project types to help streamline audit performance. -Standard 2330 Documenting Information – IA should work with our TeamMate representative to resolve technical issues with the software. -Standard 2340 Engagement Supervision – Some program steps were missing individual sign off and review statuses. Program steps in TeamMate should be signed off by the preparer and reviewer to support this Standard. -Standard 2400 Communicating Results – We found that final reports and other documentation for some projects were not uploaded to TeamMate. IA needs to ensure that all project files are complete and available in TeamMate.	Placing complete documentation (including final report copies) in TeamMate and team members properly signing off on program steps in TeamMate will be implemented immediately. A Wolters Kluwer trainer was brought in-house to provide for the more effective use of TeamMate including tailored audit program template development.	Director Internal Audit	Completed 12/13/2018
19-C-1-1 Central College Campus Safety & Security Operations Management	1	There was no current (within one month) inspection tag for all fire extinguishers. (OSHA 29 1910.157.(e)(2), Portable fire extinguishers). There were 11 class rooms in which at least one portable fire extinguisher did not have an indication of a current monthly inspection. There were 12 such portable fire extinguishers lacking monthly inspections in total, and they were noted at both the Central and South campuses and in all buildings that were visited.	All of the noted fire extinguishers are now current on monthly inspections.	Central College President; Central College Operations Officer	Completed 12/14/2018
	2	Safety data sheets are not on hand or readily available for all hazardous chemicals. (OSHA 29 CFR 1910.1200(b)(4)(ii); TAC 502.006, Toxic and Hazardous Substances - Hazard Communication; Safety Data Sheet). There were 10 class rooms for which all required safety data sheets were not readily available. Furthermore, there was no documented physical inventory of chemicals, as required, from which the required safety data sheets should be identified. These were noted at both the Central and South campuses and in all buildings that were visited.	Physical inventories of chemicals have been performed and all required safety data sheets are now on hand in six of the noted class rooms. The same will be done in the four remaining rooms.	Central College President; Central College Operations Officer; COE Deans	Completed 06/04/2019
	3	Areas around fire extinguishers, pull fire alarms, eyewash/ safety showers and/or electrical panels were obstructed. (OSHA 29 CFR 1910.22(c).) Safety equipment, such as eyewash stations, were obstructed in nine (9) class rooms. These were noted in FAC, JBW and WKFC.	All of the noted obstructions have been cleared. A schedule of periodic inspections will be developed and operationalized at Central and South Campuses.	Central College President; Central College Operations Officer	Completed 12/14/2018

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	4	Appropriate signs that accurately indicate hazard information are not present. (OSHA 29 CFR 1910.145 Accident prevention signs and tags). Required hazard signage was not present for eight (8) rooms. This was noted in JBW, LHSB and WKFC.	Appropriate signs have been posted for all of the noted rooms.	Central College President; Central College Operations Officer	Completed 12/14/2018
	5	There was no evidence that a Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable, exists. (OSHA 29 CFR 1910.1450(a), OSHA 29 CFR 1910.1200(a), TAC 502.009 Toxic and Hazardous Substances - Hazard Communication; Employee Education Program). No Hazard Communication Program was present in six class rooms, as required by hazards present in the room. This occurred at JBW and WKFC, in class rooms that are used to teach HART, MCHN and WLDG.	The HCC Hazard Communication Program is now in each of the six cited class rooms.	Central College President; Central College Operations Officer	Completed 12/14/2018
	6	One or more fume hoods do not have an indication of inspection and certification within one year. (OSHA 29 CFR 1910.1450(e)(3)(iii), NFPA-45 A.8.13.5.1). Fume hoods without current certifications were noted in six class rooms. All but one of these was at LHSB, and the other was at JBW.	The noted fume hoods in LHSB have now been certified. We will address the vents that are present in JBW 223 and ensure that they are compliant with the regulations. The certification of fume hoods has been and continues to be the responsibility of the HCC Environmental Safety Department and the Manager, Area Facilities.	Central College President; Central College Operations Officer; Director - College Operations & Auxiliary Services & Program Director	Completed 05/29/2019
	7	Appropriate spill containment and cleanup is not present. (OSHA 29 CFR 1910.120 App C Hazardous materials - Compliance Guidelines). No required spill cleanup kit or appropriate material was noted in six class rooms. Four of these were in FAC and two were in JBW.	A spill kit has been placed in JBW 118 (WLDG). Spill kits will be procured for the remaining cited class rooms.	Central College President; Central College Operations Officer; COE Deans; Lab Manager; Faculty Division Chair	Completed 04/30/2019
	8	There are damaged or missing ceiling tiles. (OSHA 29 CFR 1910.37(a)(4)). Damaged or missing ceiling tiles were noted in three class rooms – one in FAC and two in JBW.	All of the noted ceiling tiles have been replaced.	Central College President; Central College Operations Officer	Completed 12/14/2018
	9	All containers, including non-hazardous chemicals and wastes are not legibly labeled with the full chemical or trade name (note: abbreviations/formulas are not adequate). (OSHA 29 CFR 1910.1200(f), TAC 502.007 Toxic and Hazardous Substances - Hazard Communication, Labels). Three class rooms, one in JBW and two in LHSB, had containers that were not adequately labeled.	We will ensure that all of the containers in the cited rooms, including non-hazardous chemicals and wastes are appropriately and legibly labeled.	Central College President; Central College Operations Officer; Director of College Operations & Auxiliary Services; Construction COE; Chemistry Faculty Division Chair	Completed 05/29/2019

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	10	An eye wash station, though required, is not present or operational, or the expiration date has passed on a portable eye wash station. (OSHA 1910.151.c - Medical and First Aid). Three class rooms (two ARTS class rooms at FAC and one HART class room at JBW) had hazardous materials in them that require an eye wash to be present.	An eye wash station will be installed in each of the cited rooms.	Central College President; Central College Operations Officer; Director of College Operations & Auxiliary Services; COE Deans	Completed 04/03/2019
	11	Hazardous or flammable chemicals on hand are not properly stored in NFPA approved flammable storage cabinets. (OSHA 29 CFR 1910.106(d)(5)(iii) - Flammable liquids). Flammable chemicals were not properly stored in NFPA approved flammable storage cabinets in one class room each at FAC and LHSB.	All flammable chemicals are now properly stored in NFPA approved flammable storage cabinets in the two noted class rooms.	Central College President; Central College Operations Officer	Completed 12/14/2018
	12	A safety shower is not present, as required. (OSHA 1910.151.c - Medical and First Aid). Two class rooms (one each at FAC and at JBW) had hazardous materials in them that require a safety shower to be present.	A safety shower will be installed in each of the cited rooms.	Central College President; Central College Operations Officer; Director of College Operations & Auxiliary Services & COE Deans	Completed 04/03/2019
	13	Portable power tools were found to not be equipped with appropriate guards. (OSHA 29 CFR 1910.243 - Guarding of portable powered tools). There were two class rooms at JBW with tools or equipment that were missing appropriate guards.	The tool that lacked a guard was removed from room 118 (WLDG). Appropriate guards will be installed on the three tools in room 119 (MCHN) that are lacking them.	Central College President; Central College Operations Officer; Director - College Operations & Auxiliary Services & Advanced Manufacturing COE Dean	Completed 04/03/2019
	14	The valve protection caps were not properly in place for compressed gas cylinders not in use that are designed to accept caps. (OSHA 29 CFR 1910.253(b)(2)(iv) - Oxygen-fuel gas welding and cutting). Several gas cylinders that were not in use did not have valve protection caps in two class rooms at JBW.	Valve protection caps have been installed on all noted gas cylinders not in use.	Central College President; Central College Operations Officer	Completed 12/14/2018
	15	Flexible electrical cords and cables are not being used properly. (OSHA 29 CFR 1910.305(g)(1)(iv) Electrical - Wiring methods, components, and equipment for general use). There was an electrical cord in a JBW class room that is not UL listed.	The non-compliant electrical cord that was found in JBW room 229 was removed by the HCC Environmental Safety Department.	Central College President; Central College Operations Officer	Completed 12/14/2018

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<b>Project Name</b>	<b>Obs #</b>	<b>Observation Description</b>	<b>Remediation Action</b>	<b>Responsible Person</b>	<b>Status/Est Completion Date</b>
	16	All fire extinguishers are not in place and fully charged or have not been subjected to an annual maintenance check in the past year, indicated by a record showing the most recent annual maintenance date. (OSHA 29 1910.157.(e)(3) - Portable fire extinguishers). Room 223 in JBW contained a fire extinguisher with no indication of annual inspection.	The noted portable fire extinguisher did not appear to be an HCC asset, and it was removed from the room by the HCC Environmental Safety Department.	Central College President; Central College Operations Officer	Completed 12/14/2018
	17	Exit routes are obstructed. (OSHA 29 CFR 1910.22(c)). An exit door was obstructed in JBW room 229.	The noted obstruction has been removed in JBW room 229.	Central College President; Central College Operations Officer	Completed 12/14/2018
	18	Chemicals are not properly stored by hazard class (segregated chemical storage). (Uniform Fire Code (UFC) 80.301(n), NFPA-45 8.2.4.2). An acid was stored in a flammables cabinet in LHSB room 409.	The noted acid in LHSB room 409 has been properly stored.	Central College President; Central College Operations Officer	Completed 12/14/2018
	19	Fume hoods are not in place or are not working properly. (ANSI/AIHA Z9.5-2003). JBW room 223 has four vent hoods that do not appear to be designed for the intended purpose.	We will address the vents that are present in JBW 223 and ensure that they are compliant with the regulations.	Central College President; Central College Operations Officer; Director - College Operations & Auxiliary Services; Program Manager & Area Facilities Manager	In Progress 9/30/2019
	20	All compressed gas cylinders were not stored where they will not be knocked over, damaged or subject to tampering. (OSHA 29 CFR 1910.253(b)(2)(ii) - Oxygen-fuel gas welding and cutting). There were four unsecured compressed gas cylinders on the floor in JBW room 223.	The noted compressed gas cylinders have been secured.	Central College President; Central College Operations Officer	Completed 12/14/2018
19-C-1-2 Northeast College Campus Safety & Security Operations Management	1	Safety data sheets are not on hand or readily available for all hazardous chemicals. (OSHA 29 CFR 1910.1200(b)(4)(ii); TAC 502.006, Toxic and Hazardous Substances - Hazard Communication; Safety Data Sheet). There were 21 class rooms for which all required safety data sheets were not readily available. These were noted at the Northeast, Northline, Pinemont and ATTC campuses and in all buildings that were visited.	All hazardous chemicals have been removed from the four PTAC class rooms, thus eliminating the requirement for safety data sheets in those rooms. A physical inventory of chemicals has been performed and all required safety data sheets are now on hand in CSME room 323. The same will be done in the 16 remaining rooms.	Northeast College President; Northeast College Operations Officer; Automotive Technology COE & Campus Managers	Completed 04/05/2019
	2	Appropriate spill containment and cleanup is not present. (OSHA 29 CFR 1910.120 App C Hazardous materials - Compliance Guidelines). No required spill cleanup kit or appropriate material was noted in 14 class rooms. Two of these were in CODW, seven in GETI, three at NOLN and one each at PINE and ATTC.	All hazardous chemicals have been removed from the three noted PTAC class rooms, thus eliminating the requirement for spill containment and cleanup. Appropriate spill containment and cleanup is now present in each of the remaining cited class rooms other than ATTC and GETI CHEM room 202, CODW CHEM room 228 and NOLN CHEM room 322.	Northeast College President; Northeast College Operations Officer; Automotive Technology COE; Campus Managers; Faculty Division Chairs	Completed 04/03/2019

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	3	One or more fume hoods do not have an indication of inspection and certification within one year. (OSHA 29 CFR 1910.1450(e)(3)(iii), NFPA-45 A.8.13.5.1). Fume hoods without current certifications were noted in 11 class rooms. Seven of these were in GETI and four were in NOLN.	All of the noted fume hoods have now been either inspected and certified or taken out of service pending inspection and certification other than the fume hood in NOLN room 322. Arrangements have been made to obtain certifications for all noted fume hoods.	Northeast College President; Northeast College Operations Officer; Campus Manager II & Environmental Safety Manager	Completed 12/11/2018
	4	There was no evidence that a Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable, exists. (OSHA 29 CFR 1910.1450(a), OSHA 29 CFR 1910.1200(a), TAC 502.009 Toxic and Hazardous Substances - Hazard Communication; Employee Education Program). No Hazard Communication Program was present in 10 class rooms, as required by hazards present in the room. This occurred at GETI and ATTC, in class rooms that are used to teach PTAC, BIOL, ABDR, AUMT and DEMR.	All hazardous chemicals have been removed from the PTAC class rooms, thus eliminating the requirement for a Hazard Communication Program in those rooms. A copy of the HCC Hazard Communication Program has been placed in the other cited class rooms.	Northeast College President; Northeast College Operations Officer	Completed 12/14/2018
	5	Appropriate signs that accurately indicate hazard information are not present. (OSHA 29 CFR 1910.145. Accident prevention signs and tags). Required hazard signage was not present for eight (8) rooms. This was noted in CODW, GETI, NOLN and PINE.	Appropriate signs have been posted for all of the noted rooms.	Northeast College President; Northeast College Operations Officer	Completed 12/14/2018
	6	All containers, including non-hazardous chemicals and wastes are not legibly labeled with the full chemical or trade name (note: abbreviations/formulas are not adequate). (OSHA 29 CFR 1910.1200(f), TAC 502.007 Toxic and Hazardous Substances - Hazard Communication, Labels). Seven class rooms, four in CODW and three in GETI, had containers that were not adequately labeled.	All of the noted containers have been removed or adequately labeled other than for CODW room 228. The noted containers in CODW 228 will be fully addressed by removing or labeling all inadequately labeled containers.	Northeast College President; Northeast College Operations Officer; Campus Manager; Chemistry Faculty Division Chair	Completed 01/22/2019
	7	Hazardous or flammable chemicals on hand are not properly stored in NFPA approved flammable storage cabinets. (OSHA 29 CFR 1910.106(d)(5)(iii) - Flammable liquids). Flammable chemicals were not properly stored in NFPA approved flammable storage cabinets in one class room at CODW, five class rooms at GETI and one room at ATTC.	All flammable chemicals are now properly stored in NFPA approved flammable storage cabinets in the seven noted class rooms.	Northeast College President; Northeast College Operations Officer	Completed 12/14/2018
	8	Permanent aisles and passageways are not appropriately marked and kept clear. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces). Aisles and passageways were not appropriately marked and kept clear in three class rooms in GETI and one room at ATTC.	The noted aisles and passageways have all been cleared.	Northeast College President; Northeast College Operations Officer	Completed 12/14/2018



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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	9	An eyewash station, though required, is not present or operational, or the expiration date has passed on a portable eyewash station. (OSHA 1910.151.c - Medical and First Aid). Four class rooms - one each in CODW, NOLN, PINE and ATTC used to teach BIOL, CSME, BIOL and AUMT, respectively, had hazardous materials in them that require an eyewash to be present.	The eye wash station in PINE has been repaired, and a work order is being processed for repair of the eye wash station in ATTC. Eye wash stations will be installed in the other noted class rooms.	Northeast College President; Northeast College Operations Officer; Automotive Technology COE; Biology Faculty Division Chair	Completed 04/03/2019
	10	All fire extinguishers are not in place and fully charged or have not been subjected to an annual maintenance check in the past year, indicated by a record showing the most recent annual maintenance date. (OSHA 29 1910.157.(e)(3) - Portable fire extinguishers). One room in PINE and two rooms in ATTC contained a fire extinguisher with no indication of annual inspection.	All of the noted fire extinguishers have now been subjected to the required annual inspections and maintenance.	Northeast College President; Northeast College Operations Officer	Completed 12/14/2018
	11	There was no current (within one month) inspection tag for all fire extinguishers. (OSHA 29 1910.157.(e)(2), Portable fire extinguishers). There were three class rooms in which at least one portable fire extinguisher did not have an indication of a current monthly inspection. One of these were noted at PINE and two at ATTC.	All of the noted fire extinguishers are now current on monthly inspections.	Northeast College President; Northeast College Operations Officer	Completed 12/14/2018
	12	Chemicals are not properly stored by hazard class (segregated chemical storage). (Uniform Fire Code (UFC) 80.301(n), NFPA-45 8.2.4.2). Three class rooms (two BIOL - in CODW and PINE - and one CHEM - in GETI) had chemicals that were not properly stored by hazard class.	All chemicals in the noted rooms are now properly stored.	Northeast College President; Northeast College Operations Officer	Completed 12/14/2018
	13	A safety shower is not present, as required. (OSHA 1910.151.c - Medical and First Aid). Two class rooms (one each at CODW and at NOLN) had hazardous materials in them that require a safety shower be present	A safety shower will be installed in each of the noted rooms.	Northeast College President; Northeast College Operations Officer; Biology Faculty Division Chair	Completed 01/18/2019
	14	Areas around fire extinguishers, pull fire alarms, eyewash/ safety showers and/or electrical panels were obstructed. (OSHA 29 CFR 1910.22(c)). A fire extinguisher in one PTAC class room in GETI was obstructed.	The noted obstruction has been cleared.	Northeast College President; Northeast College Operations Officer	Completed 12/14/2018
	15	The number of fire extinguishers is insufficient (must be at least one per 75 linear feet or one per 50 linear feet where there are open flames (e.g., torch, Bunsen burner). (OSHA 29 CFR 1910.157(d)(2), OSHA 29 CFR 1910.157(d)(4), Portable fire extinguishers). The number of fire extinguishers is insufficient in one CSME class room at NOLN. The nearest fire extinguisher is in a corridor more than 75 feet from the room.	A fire extinguisher will be installed in or near the cited class room.	Northeast College President; Northeast College Operations Officer; Campus Manager & Environmental Safety Manager	Completed 04/03/2019

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	16	The sashes on one or more fume hoods in use are not closed. (NFPA-45 8.11.10) The sash was not closed on one fume hood in use in a BIOL class room at CODW.	The noted fume hood sash is now kept closed when not in use.	Northeast College President; Northeast College Operations Officer	Completed 12/14/2018
19-C-1-3 Coleman College Campus Safety & Security Operations Management	1	Appropriate signs that accurately indicate hazard information are not present. (OSHA 29 CFR 1910.145 Accident prevention signs and tags). Required hazard signage was not present for nine (9) rooms. This was noted in Coleman HSC and Coleman Tower.	Appropriate signs have been posted for all of the noted rooms, except room 811 in Coleman Tower. All hazardous chemicals have been removed from room 811, thus eliminating the signage requirement.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	2	There was no evidence that a Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable, exists. (OSHA 29 CFR 1910.1450(a), OSHA 29 CFR 1910.1200(a), TAC 502.009 Toxic and Hazardous Substances - Hazard Communication; Employee Education Program). No Hazard Communication Program was present in eight (8) class rooms, as required by hazards present in the room. This occurred in class rooms that are used to teach MDCA, DHYG, DNTA, RADR, OTHA, MLAB, HLAB, and SRGT.	The HCC Hazard Communication Program is now present in all class rooms other than room 811 in Coleman Tower. All hazardous chemicals have been removed from room 811, thus eliminating the requirement for a Hazard Communication Program.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	3	There was no current (within one month) inspection tag for all fire extinguishers. (OSHA 29 1910.157. (e)(2), Portable fire extinguishers). There were seven (7) class rooms in Coleman Tower each with at least one portable fire extinguisher that did not have an indication of a current monthly inspection.	All of the noted fire extinguishers are now current on monthly inspections.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	4	Safety data sheets are not on hand or readily available for all hazardous chemicals. (OSHA 29 CFR 1910.1200(b)(4)(ii); TAC 502.006, Toxic and Hazardous Substances - Hazard Communication; Safety Data Sheet). There were six (6) class rooms for which all required safety data sheets were not readily available. These were noted in both Coleman HSC and Coleman Tower.	Physical inventories of chemicals have been performed and all required safety data sheets are now on hand in all of the noted class rooms other than room 811. All hazardous chemicals have been removed from room 811.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	5	Appropriate spill containment and cleanup is not present. (OSHA 29 CFR 1910.120 App C Hazardous materials - Compliance Guidelines). No required spill containment or spill cleanup kit or appropriate material was noted in five class rooms. Four of these were in Coleman Tower and one was in Coleman HSC.	Appropriate spill containment and cleanup is now present in all rooms, other than room 811 in Coleman Tower. All hazardous chemicals have been removed from room 811.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	6	Hazardous or flammable chemicals on hand are not properly stored in NFPA approved flammable storage cabinets. (OSHA 29 CFR 1910.106(d)(5)(iii) - Flammable liquids). Flammable chemicals were not properly stored in NFPA approved flammable storage cabinets in two rooms each at Coleman HSC and Coleman Tower.	All hazardous chemicals have been removed from room 811, and all noted hazardous or flammable chemicals are now properly stored in NFPA approved flammable storage cabinets in the other cited rooms.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	7	Areas around fire extinguishers, pull fire alarms, eyewash/ safety showers and/or electrical panels were obstructed. (OSHA 29 CFR 1910.22(c)). Areas around portable fire extinguishers and electrical panels and switches were obstructed in three (3) class rooms in Coleman Tower.	All of the noted obstructions around fire extinguishers, pull fire alarms, eyewash/ safety showers and/or electrical panels have been cleared.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	8	Exit routes are obstructed. (OSHA 29 CFR 1910.22(c)). The exit route was obstructed in one room in Coleman HSC.	The noted obstruction in room 562 has been cleared.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	9	All containers, including non-hazardous chemicals and wastes are not legibly labeled with the full chemical or trade name (note: abbreviations/formulas are not adequate). (OSHA 29 CFR 1910.1200(f), TAC 502.007 Toxic and Hazardous Substances - Hazard Communication, Labels). Two class rooms, one in Coleman HSC and one in Coleman Tower, had containers that were not properly labeled.	All containers have now been properly labeled with full chemical or trade name.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	10	Permanent aisles and passageways are not appropriately marked and kept clear. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces). The aisles and passageways were not clear in one class room in Coleman HSC.	The tables in the noted class room are on wheels. They have been moved, and the instructor has been informed to leave three feet of clearance.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	11	There are damaged or missing ceiling tiles. (OSHA 29 CFR 1910.37(a)(4)). One class room in Coleman HSC had a missing ceiling tile.	The noted ceiling tile has been replaced.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	12	One or more fume hoods does not have an indication of inspection and certification within one year. (OSHA 29 CFR 1910.1450(e)(3)(iii), NFPA-45 A.8.13.5.1). The fume hood in Coleman HSC room 279 does not have an indication of inspection and certification within one year.	A vendor will be engaged to perform an inspection and certification on the noted fume hood. The Environmental Safety Manager has placed a sign on the fume hood indicating that it is not to be used, pending certification.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	13	An eye wash station, though required, is not present or operational, or the expiration date has passed on a portable eye wash station. (OSHA 1910.151.c - Medical and First Aid). Coleman Tower room 811 has hazardous materials in it that requires an eye wash to be present.	All hazards requiring an eyewash station have been removed from the room.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	14	A safety shower is not present, as required. (OSHA 1910.151.c - Medical and First Aid). Coleman Tower room 811 has hazardous materials in it that require a safety shower be present.	All hazards requiring a safety shower have been removed from the room.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	15	Chemicals are being stored under the fume hoods. (NFPA-45 8.11.10). One class room in Coleman Tower had chemicals stored under a fume hood.	The container being stored under the fume hood has been removed and disposed.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018

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<b>Project Name</b>	<b>Obs #</b>	<b>Observation Description</b>	<b>Remediation Action</b>	<b>Responsible Person</b>	<b>Status/Est Completion Date</b>
	16	The sashes on one or more fume hoods in use are not closed. (NFPA- 45 8.11.10). One HLAB class room at Coleman Tower had a sash that was not closed on a fume hood in use.	The Environmental Safety Manager corrected this on site.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
	17	The valve protection caps were not properly in place for compressed gas cylinders not in use that are designed to accept caps. (OSHA 29 CFR 1910.253(b)(2)(iv) - Oxygen-fuel gas welding and cutting). Two gas cylinders that were not in use did not have valve protection caps in place in a RSPT class room at Coleman Tower.	Valve protection caps have been installed on all noted gas cylinders not in use.	Coleman College President; Coleman College Operations Officer	Completed 12/14/2018
17-15 Website Review	1	HCC's "Compact with Texans" is not posted on its website, as required by Policies CRA (LEGAL) and AFA (LEGAL).	We are developing a statement similar to ones used by our peer institutions, and HCC's "Compact with Texans," once developed, will be posted on the HCC website.	Interim Associate Vice Chancellor, Communications & Marketing	In Progress 07/01/2019
	2	The HCC website has "geospatial data products" for which the notice required by Policy CRA (LEGAL) is not posted.	The required notice has now been posted for nine of the 34 maps on the HCC website. We will post the required notice for the 25 remaining maps on the website.	Interim Associate Vice Chancellor, Research, Analytics & Decision Support; Project Lead, Student Publications	Completed 04/26/2019
	3	The link to the information comparing Institutions of higher education in the state on the Texas Education Agency's internet website is not present on the HCC website, as required by Policies CRA (LEGAL) and AFA (LEGAL).	A link to the Information on the Texas Education Agency's internet website comparing institutions of higher education in the state will be posted on the HCC website. As we have not been able to locate the information on the Texas Education Agency's internet website, we will contact the Texas Education Agency to ascertain the location of the information on their website.	Associate Vice Chancellor, College Readiness	Completed 06/18/2019
	4	Required energy usage information is not posted on HCC's website. Policies CRA (LEGAL) and CH (LEGAL) require that HCC record in an electronic repository its metered amount of electricity, water, or natural gas consumed for which it is responsible to pay and the aggregate costs for those utility services, and report its energy usage information on a publicly accessible Internet website.	Required energy usage information will be posted on HCC's website.	Director, Maintenance	Completed 04/15/2019
	5	The HCC records management program does not address the length of time documents will be posted on the HCC website when the law does not specify a posting period. This is required by Policy CIA (LOCAL).	Policy CIA (LOCAL) will be updated to reflect that the record retention schedule dictates the destruction/lifecycle of all records regardless of format.	Director, Records Management	Completed 04/10/2019
	6	End-of-course student evaluations of faculty are not posted on HCC's website as required by Policies CRA (LEGAL) and DLA (LEGAL).	The Vice Chancellor, Instructional Services & CAO is working with the Office of Institutional Research, which oversees the implementation of end-of-course evaluations to determine the format and location for posting the end-of-course student evaluations of faculty on HCC's website. Meeting with Faculty Senate and faculty representatives to determine how best to display the information. Also working with Communications to develop a HB 2504 and link all the required information.	Vice Chancellor, Instructional Services & CAO	Completed 04/30/2019

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	7	HCC Policies CRA (LEGAL) and EFA (LEGAL) require that HCC make available to the public on its Internet website the following information for each undergraduate classroom course offered for credit by the institution: syllabus, curriculum vitae, and department budget report. The required department budget information is not posted on HCC's website.	HCC currently publishes all course syllabi and vitae by faculty each semester by the seventh day after the course has started. These documents can be found on HCC's Learning Web. HCC does publish its annual budget on the website with each department's budget. The Vice Chancellor, Instructional Services & CAO is working with the Business Office to determine a better method to display the information on HCC's website. The required department budget information is posted on HCC's website and therefore, HCC is in compliance and the budget information has been reported to the required individuals by the Business Office.	Vice Chancellor, Instructional Services & CAO	Completed 04/12/2019
	8	HCC's governing body has not designated an administrator to be responsible for ensuring the implementation of the course information posting requirement, as required by policy EFA (LEGAL).	HCC's Board of Trustees will designate an administrator to be responsible for ensuring the implementation of the course information posting requirement.	Vice Chancellor, Instructional Services & CAO	Completed 08/07/2019
	9	HCC did not submit a written report to the governor, the lieutenant governor, the speaker of the house of representatives, and the presiding officer of each legislative standing committee with primary jurisdiction over higher education regarding its compliance with the posting requirement, as required by Policy EFA (LEGAL).	The required written report regarding compliance with the posting requirement will be prepared and submitted to the governor, the lieutenant governor, the speaker of the house of representatives, and the presiding officer of each legislative standing committee with primary jurisdiction over higher education.	Vice Chancellor, Instructional Services & CAO	Completed 05/06/2019
	10	There was no list of work-study employment opportunities available to HCC students posted on the HCC website. Policy FEB (LEGAL) requires that the list is to be easily accessible to the public through a clearly identifiable link that appears in a prominent place on the financial aid page of HCC's Internet website.	The site has been updated with a link to route visitors to the HR site; the HR site was not setup to display FWS/TWS positions. When you click the link, it requires a username and password. We have put in a request with Talent Engagement to have a social sourcing link that would allow the positions to be viewed without a username and password.	Director, Financial Aid Operations; Financial Aid Coordinator	Completed 05/01/2019
	11	HCC Policy FLD (LEGAL) requires that HCC post information regarding the complaint procedure outlined in 19 Administrative Code Chapter 1, Subchapter E on its website, along with a link to the Subchapter E information posted on the Texas Secretary of State's website. It further requires that this information be accessible from HCC's website home page by use of not more than three links, that it is searchable by keywords and phrases and that it is accessible to the public without requiring registration or use of a user name, a password, or another user identification.  HCC was in compliance with all required elements, except that the required link to Subchapter E on the Texas Secretary of State's website was not posted on the HCC website.	The required link to Subchapter E on the Texas Secretary of State's website has been posted on the HCC website.	Interim VC, Student Services	Completed 03/07/2019
	12	The name and contact information of the person designated to receive notifications of alleged online copyright infringement was not posted on HCC's website as required by Policies CT (LEGAL) and CT (LOCAL).	We have designated Nicole Montgomery, Deputy General Counsel, to receive notifications of alleged online copyright infringement. Her name and contact information has been posted on HCC's website.	Deputy General Counsel	Completed 03/07/2019
	13	An accessible link to HCC's online resume maintained on the Coordinating Board's internet website was not posted on the first frame of the HCC homepage as required by Policies CRA (LEGAL) and AFA (LEGAL).	We have now posted an accessible link on HCC's home page to the online resume maintained on the Coordinating Board's internet website in accordance with the requirements.	Executive Director, Research & Innovation	Completed 03/07/2019

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	14	<p>The employee and compensation information required by policies CRA (LEGAL) and DEA (LEGAL) was not posted on HCC's website. The requirements include:</p> <ol style="list-style-type: none"> <li>1. The number of full-time equivalent employees employed by the agency;</li> <li>2. The amount of legislative appropriations to the agency for each fiscal year of the current state fiscal biennium;</li> <li>3. The agency's methodology, including any employment market analysis, for determining the compensation of executive staff employed by the agency, along with the name and position of the person who selected the methodology;</li> <li>4. Whether executive staff are eligible for a salary supplement;</li> <li>5. The market average for compensation of similar executive staff in the private and public sectors;</li> <li>6. The average compensation paid to employees employed by the agency who are not executive staff; and</li> <li>7. The percentage increase in compensation of executive staff for each fiscal year of the five preceding fiscal years and the percentage increase in legislative appropriations to the agency each fiscal year of the five preceding fiscal years.</li> </ol>	<p>The required employee and compensation information has been posted on the Transparency page of HCC's website.</p>	<p>Executive Director, Total Rewards &amp; Talent Technology- Talent Engagement</p>	<p>Completed 03/07/2019</p>
	15	<p>No notice concerning Student Fee Advisory Committee meetings was posted on the HCC website as required by Policy FD (LEGAL).</p>	<p>The required meeting notice information for the next two scheduled Student Fee Advisory Committee meetings has now been posted on the HCC website.</p>	<p>Student Life Coordinator</p>	<p>Completed 03/07/2019</p>
	16	<p>The link to the postsecondary and career information posted on the Texas Education Agency's internet website was not present on the HCC website, as required by Policies CRA (LEGAL) and AFA (LEGAL).</p>	<p>We have posted a link on the HCC website to the postsecondary and career information posted on the Texas Education Agency's internet website.</p>	<p>Associate Vice Chancellor, College Readiness</p>	<p>Completed 03/07/2019</p>
	17	<p>Dual credit partnership agreements were not posted on HCC's website as required by Policy GH (LEGAL).</p>	<p>All of HCC's agreements with schools or school districts to provide dual credit programs described by Education Code 28.009(b-1) have now been posted on HCC's website.</p>	<p>Associate Vice Chancellor, College Readiness</p>	<p>Completed 03/07/2019</p>
	18	<p>HCC Policies CRA (LEGAL) and EDA (LEGAL) require that HCC post on its website information regarding required and recommended college textbooks and supplemental materials for each course listed in the institution's course schedule used for preregistration and registration purposes. While the required information is available on the HCC bookstore website hosted by the vendor Barnes &amp; Noble, there was no link from the HCC website to the HCC bookstore site.</p>	<p>A link to the HCC bookstore site has been added to the HCC website.</p>	<p>Associate Vice Chancellor, Academic Instruction</p>	<p>Completed 03/07/2019</p>
	19	<p>HCC's website had no link to the state expenditure database on the Texas Comptroller's website, as required by Policies CRA (LEGAL) and CDA (LEGAL).</p>	<p>A link to the state expenditure database has been posted on HCC's website.</p>	<p>Associate Vice Chancellor, Finance &amp; Accounting</p>	<p>Completed 03/07/2019</p>

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18-O-1 Accreditation - SACSCOC	1	<p>The SACSCOC Audit Workgroup did not identify HCC’s student complaint procedures as a compliance gap area in its May 2018 report. However, we noted that processes for receiving, recording and archiving student complaints were not standardized. The various types of student complaints are captured inconsistently and in different systems. In order to comply with revised SACSCOC requirement 12.4, HCC must (a) publish appropriate and clear procedures for addressing written student complaints, (b) demonstrate that it follows the procedures when resolving them and (c) maintain a record of student complaints that can be accessed upon request by SACSCOC reviewers. HCC must be able to provide the following information in its compliance certification: (1) individuals who are responsible for maintenance of records, (2) elements of a complaint review that are included in records and (3) where and how the records are retained.</p> <p>Procedures for financial aid appeals and non-academic student conduct complaints are not published (“well publicized” according to SACSCOC Resource Manual) as required by SACSCOC standard 12.4. While the 2018-2019 Student Handbook (page 56) does include links to policies and reporting mechanisms for some types of complaints, the references for these two are lacking. For financial aid satisfactory academic progress appeals, the link in the handbook goes to the financial aid website that does not include any complaint information. For student conduct complaints, the link is to Board Policy FLB (Local), which defines prohibited conduct and related discipline and penalties. However, this FLB (Local) policy gives no information about reporting complaints or how to appeal decisions arising from complaints. For complaints not related to discrimination, harassment and retaliation, financial aid, or grade appeals (non-academic student complaints) the handbook refers to Policy FLD (Local) that directs the use of a form FLD (Regulation) that does not exist. The student can follow the subsequent link in the handbook to the Non-Academic Formal Student Complaints Form that, when submitted, will result in a complaint record in the Maxient database. This Maxient form apparently replaced the FLD (Regulation) form referenced in the FLD (Local) policy. The student who needs “assistance in determining the correct procedure to follow” can also use the link in the handbook to a website that gives phone numbers for the Office of the Dean of Students at each of six colleges, however, no dean is listed on this page for the On-line College.</p>	<p>Office of Planning and Institutional Effectiveness has directly communicated with the Interim VC from Student Services, the VC for Instructional Services and the AVC for College Readiness concerning your findings and have informed all of them of my intention to convene a meeting of all department leads across the HCC system to alert them to the need for a consistent approach to student complaint documentation (that includes the path to resolution).</p> <p>A meeting of all operational units impacted by student complaint procedures will be held by the end of March 2019. This meeting will include the development of timeline for resolution of the audit findings related to student complaints – the timeline will be submitted to the Office of Internal Audit on or before April 1, 2019.</p> <ul style="list-style-type: none"> <li>o Representatives from units interacting with students and receiving student complaints will be included at this meeting. Units involved include Student Services, Instruction (including College Readiness, Online College, ABE, and ESL), the School of Continuing Education, and Entrepreneurial Initiatives (including Corporate College, MBDA and Goldman-Sachs 10,000 Small Businesses).</li> <li>o In addition to HCC units directly involved with students, representatives from the HCC Police and the Office of Institutional Equity will be included in the meeting for informational and alignment purposes. (These two units already have mature student complaint systems with records that are readily available for audit.)</li> <li>o Representatives from IT will also be included to ensure that the Maxient system is aligned with the expanded list of operational units. The expanded use of Maxient will require the development of automated system responses to students who have submitted complaints and the programming of a documented path to resolution for each complaint. The expanded programming of the Maxient system will be completed in June 2019. All operational units will be using the Maxient system to process student complaints by July 1, 2019.</li> </ul> <p>The Office of General Counsel will support amendments to current policy / procedure to ensure that all departments impacted student complaint requirements are included in HCCS policy language. Draft language for the policy revision will be prepared by May 1, 2019. At that point, the General Counsel’s office will guide the approval process for the HCCS Executive Council and Board of Trustee. The revised policy should be approved and published by the end of August 2019.</p>	<p>Vice Chancellor, Planning and Institutional Effectiveness; Vice Chancellor for Instructional Services and CAO; General Counsel; Vice Chancellor for Information Technology; Interim Vice Chancellor for Student Services</p>	<p>Completed 05/07/2019</p> <p>In Progress 11/11/2019</p> <p>In Progress 11/11/2019</p>

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			<p>To organize the meeting and begin to achieve a resolution, a comprehensive list of all departments across the HCC system that need a consistent approach to student complaints. Five Vice Chancellors will be responsible for ensuring that all units come into compliance, the Vice Chancellor for Planning and Institutional Effectiveness (Kurt Ewen), the Vice Chancellor for Instructional Services and CAO (Norma Perez), the General Counsel (Ashley Smith), the Vice Chancellor for Information Technology and the Vice Chancellor for Student Services (Shantay Grays, currently interim).</p> <p>The Vice Chancellor, Planning and Institutional Effectiveness would like to request the help of the HCC's Office of Internal Audit in conducting a follow-up audit on the use of the Maxient student complaint system by all required units in August or September 2019.</p>		TBD