



AGENDA

AUDIT COMMITTEE OF THE BOARD OF TRUSTEES

**May 7, 2025
1:30 PM**

3100 Main Street, 2nd Floor Auditorium, Houston, Texas 77002

**NOTICE OF A MEETING OF THE
Audit Committee
OF THE BOARD OF TRUSTEES

HOUSTON COMMUNITY COLLEGE**

May 7, 2025

Notice is hereby given that a Meeting of the Audit Committee of the Board of Trustees of Houston Community College will be held on Wednesday, May 7, 2025 at 1:30 PM, or after, and from day to day as required, 3100 Main Street, 2nd Floor Auditorium, Houston, Texas 77002. The items listed in this Notice may be considered in any order at the discretion of the Committee Chair and items listed for closed session discussion may be discussed in open session and vice versa as permitted by law. Actions taken at this Meeting do not constitute final Board action and are only Committee recommendations to be considered by the Board at the next Regular Board meeting.

I. Call to Order

- A. Opportunity for Public Comments

II. Topics For Discussion and/or Action:

- A. Internal Audit Status Report
- B. Report on Quarterly Control and Compliance Attestation

III. Adjournment to closed or executive session pursuant to Texas Government Code Sections 551.071; 551.072 and 551.074, the Open Meetings Act, for the following purposes:

A. Legal Matters

Consultation with legal counsel concerning pending or contemplated litigation, a settlement offer, or matters on which the attorney's duty to the System under the Texas Disciplinary Rules of Professional Conduct clearly conflicts with the Texas Open Meetings Laws.

- 1. Update on Quarterly Control and Compliance Attestation (2Q25-01)

B. Personnel Matters

Deliberate the appointment, employment, evaluation, reassignment, duties, discipline or dismissal of a public officer, employee or board member to hear complaints or changes against an officer, employee or board member unless the officer, employee or board member who is the subject of the deliberation or hearing requests a public hearing.

C. Real Estate Matters

Deliberate the purchase, exchange, lease, or value of real property for Agenda items if deliberation in an open meeting would have a detrimental effect on the position of the System in negotiations with a third person.

IV. Additional Closed or Executive Session Authority:

If, during the course of the meeting covered by this Notice, the Board should determine that a closed or executive meeting or session of the Board should be held or is required in relation to any items included in this Notice, then such closed or executive meeting or session as authorized by Section 551.001 et seq. of the Texas Government Code (the Open Meetings Act) will be held by the Board at that date, hour and place given in this Notice or as soon after the commencement of the meeting covered by the Notice as the Board may conveniently meet in such closed or executive meeting or session concerning:

Section 551.071 - For the purpose of a private consultation with the Board's attorney about pending or contemplated litigation, a settlement offer, or matters on which the attorney's duty to the System under the Texas Disciplinary Rules of Professional Conduct clearly conflicts with the Texas Open Meetings Laws.

Section 551.072 - For the purpose of discussing the purchase, exchange, lease or value of real property if deliberation in an open meeting would have a detrimental effect on the position of the governmental body in negotiations with a third person.

Section 551.073 - For the purpose of considering a negotiated contract for a prospective gift or donation to the System if deliberation in an open meeting would have a detrimental effect on the position of the System in negotiations with a third person.

Section 551.074 - For the purpose of considering the appointment, employment, evaluation, reassignment, duties, discipline or dismissal of a public officer, employee or board member to hear complaints or changes against an officer, employee or board member unless the officer, employee or board member who is the subject of the deliberation or hearing requests a public hearing.

Section 551.076 - To consider the deployment, or specific occasions for implementation of security personnel or devices, or a security audit.

Section 551.082 - For the purpose of considering discipline of a student or to hear a complaint by an employee against another employee if the complaint or charge directly results in a need for a hearing, unless an open hearing is requested in writing by a parent or guardian of the student or by the employee against whom the complaint is brought.

Section 551.084 - For the purpose of excluding a witness or witnesses in an investigation from a hearing during examination of another witness in the investigation. Should any final action, final decision, or final vote be required in the opinion of the Board with regard to any matter considered in such closed or executive meeting or session, then such final action, final decision, or final vote shall be at either:

A. The open meeting covered by this Notice upon the reconvening of the public meeting, or

B. At a subsequent public meeting of the Board upon notice thereof, as the Board shall determine.

V. Reconvene in Open Meeting

VI. Adjournment

CERTIFICATE OF POSTING OR GIVING NOTICE

On this **2nd day of May 2025**, this Notice was posted at a place convenient to the public and readily accessible at all times to the general public at the following locations: (1) the HCC Administration Building of the Houston Community College, 3100 Main, First Floor, Houston, Texas 77002 and (2) the Houston Community College's website: www.hccs.edu.

Posted By:

Sharon R. Wright
Director, Board Services

REPORT ITEM

Meeting Date: May 7, 2025

Topics For Discussion and/or Action:

ITEM #	ITEM TITLE	PRESENTER
A.	Internal Audit Status Report	Dr. Margaret Ford Fisher Terry Corrigan

DISCUSSION

The Internal Auditor meets quarterly with the Audit Committee to discuss the status of the annual audit plan and to review the follow-up report on audit observations from previously completed audits.

COMPELLING REASON AND BACKGROUND

The Internal Audit Department Charter and Board Policy CDC (LOCAL) requires the Internal Auditor to meet regularly with the Audit Committee to review audits performed, audits in progress, future audits, and sufficiency of the Department resources. This is the quarterly status update per the Board of Trustees adopted Audit Committee Action Calendar.

FISCAL IMPACT

Department functions per approved operating budget.

STRATEGIC ALIGNMENT

1. Student Success, 5. College of Choice

ATTACHMENTS:

Description	Upload Date	Type
Internal Audit Status Report	4/25/2025	Presentation
Detail FY 2025 IA Plan Status Report	4/23/2025	Attachment
Audit Observations Follow-up Report May 2025	4/24/2025	Attachment
MJ Recommendations Follow-up Report-April 2025	4/14/2025	Attachment

This item is applicable to the following: District



Internal Audit Status Report

**Dr. Margaret Ford Fisher, Chancellor
Terry Corrigan, Director Internal Audit**

May 7, 2025

Internal Audit Status Report

Contents

Presentation

- Summarized Internal Audit Status Information
- Follow-up on Observation Action Plans
- External Audit/Review Activity
- Independence Impairments/Scope Limitations

Information Attachments

- Detailed FY 2025 Internal Audit Plan Status Report
- Audit Observations Follow-up Status Report
- McConnell & Jones Recommendations Follow-up Status Report

Summarized Internal Audit Status Information

Projects completed since last status report

1. 23-C-2 Payment Card Industry Data Security Standard
2. 25-C-1 Campus Safety and Environmental
 - Northwest College
 - Southeast College
 - Southwest College

Summarized Internal Audit Status Information (continued)

(Detailed FY 2025 Internal Audit Plan Status Report attachment is included in package)

Projects in Progress

1. 25-O-1 IT Disaster Recovery
2. 25-C-1 Procurement Processing
 - Cooperative Contracts
 - Blanket Purchase Orders

Summarized
Internal Audit
Status Information
(continued)

FY 2025 Plan Future Projects

1. 25-O-2 IT Systems Audit
2. 25-A-3 Internal Quality Assurance Review

Summarized
Internal Audit
Status Information
(continued)

FY 2025 Plan Deferred Project

1. 23-C-3 Title IX (new rules issued April 19, 2024, did not go into effective due to lawsuits)

Summarized
Internal Audit
Status
Information
(continued)

Project waiting on program
implementation

Campus Security & Safety (using
Berkeley Research Group & Robb
(Uvalde) reports and Texas School Safety
Center checklist to establish a security &
safety program)

Observation Action Plans Follow-up

Follow-up information attachments are included in the package:

1. Audit Observations Follow-up Status Report
2. McConnell & Jones Recommendations Follow-up Status Report

External Audit/Review Activity

HCC Procured Services

1. Rapid 7 – IT cyber & data security penetration testing.
2. Texas Mutual Insurance Company – 3/1/24 to 3/1/25 Workers' Compensation final premium audit.

Regulatory Imposed

1. Houston-Galveston Area Council conducted an interview-style cyber-security review of HCC's IT systems. No issues were identified for follow up.
2. THECB performed an Appropriation Year 2024 Single Audit Report Evaluation noting no federal or state funding findings.
3. THECB will perform a FY 2024 Houston Community College Perkins Desk Review.
4. City of Houston Housing and Community Development Department will perform a 2024 Department of Labor limited scope subrecipient compliance monitoring review on HCC's EmPowering Solar Jobs Program.

Independence
Impairments/Scope
Limitations

The internal audit function has experienced no independence impairments and/or scope limitations.

Thank You

Questions?

FY 2025 Audit Plan Status Report
SUMMARY as of April 19, 2025

Audit Projects	Project Number	FY 2025 Plan Est Hrs	YTD 2025 Actual Hours	Over (Under)	Stage	Fieldwork Planned	Estimated Report Completion	Final Report Issued
Operational Audit Projects								
*Student Mental Health	24-O-2	480	429	(51)	Complete	9/1/24-11/9/24	11/22/24	12/18/24
IT Disaster Recovery	25-O-1	480	15	(465)	Fieldwork	3/3/25-5/29/25	06/09/25	
IT Systems Audit	25-O-2	640	-	(640)	Not Started	5/1/25-8/1/25	08/29/25	
Compliance Audit Projects								
*Payment Card Industry (PCI) Data Security Standard (DSS)	23-C-2	480	705	225	Complete	9/1/24-1/29/25	02/03/25	04/10/25
*Title IX	23-C-3	480	16	(464)	Roll - 2026	N/A	N/A	N/A
Campus Safety & Environmental Operations Management	25-C-1	320	194	(126)	N/A	N/A	N/A	N/A
Central College	25-C-1-1	240	217	(23)	Complete	2/17/25-3/26/25	04/25/25	04/15/25
Northeast College	25-C-1-2	240	161	(79)	Complete	2/17/25-3/26/25	04/25/25	04/15/25
Coleman College	25-C-1-3	240	215	(25)	Complete	2/17/25-3/26/25	04/25/25	04/15/25
Procurement Processing	25-C-2	120	118	(2)	N/A	N/A	N/A	N/A
Cooperative Contracts Review	25-C-2-1	260	14	(246)	Planning	4/1/25-8/1/25	08/29/25	
Blanket Purchase Orders Review	25-C-2-2	260	2	(258)	Planning	4/1/25-8/1/25	08/29/25	
Payments Processing	25-C-3	40	52	12	N/A	N/A	N/A	N/A
Contracted Services Analysis	25-C-3-1	300	163	(137)	Complete	10/14/24-11/22/24	12/16/24	12/17/24
Less Than \$100K Payments Analysis	25-C-3-2	300	185	(115)	Complete	10/14/24-11/22/24	12/16/24	12/18/25
Advisory Services Projects								
Committees & Task Forces	25-S-1	240	80	(160)	N/A	9/1/24-8/31/25	N/A	N/A
Special Projects & Examinations	25-S-2	240	6	(234)	N/A	9/1/24-8/31/25	N/A	N/A
ERM Top 10 Risks Baseline Assessment	25-S-3	640	15	(625)	N/A	9/1/24-8/31/25	N/A	N/A
Enrollment & Funding Model	25-S-3-1	-	-	-	N/A	9/1/24-8/31/25	N/A	N/A
Campus Security	25-S-3-2	-	-	-	N/A	9/1/24-8/31/25	N/A	N/A
IT Systems Access/Cyber Security/Data Recovery	25-S-3-3	-	-	-	N/A	9/1/24-8/31/25	N/A	N/A
Deferred Maintenance	25-S-3-4	-	-	-	N/A	9/1/24-8/31/25	N/A	N/A
Post Pandemic "New Normal"/Competition/ Changing Market	25-S-3-5	-	-	-	N/A	9/1/24-8/31/25	N/A	N/A
Title IX/VAWA/SB 212/SB 17	25-S-3-6	-	-	-	N/A	9/1/24-8/31/25	N/A	N/A
Minors on Campus	25-S-3-7	-	-	-	N/A	9/1/24-8/31/25	N/A	N/A
Behavioral Intervention & Threat Assessment	25-S-3-8	-	-	-	N/A	9/1/24-8/31/25	N/A	N/A
Website Accessibility (Section 508)	25-S-3-9	-	-	-	N/A	9/1/24-8/31/25	N/A	N/A
Policing	25-S-3-10	-	-	-	N/A	9/1/24-8/31/25	N/A	N/A
Administrative Projects								
FY 2026 Audit Planning & ERM Assessment	25-A-1	720	324	(396)	Ongoing	9/1/24-7/18/25	08/06/25	
TeamMate IA Management System	25-A-2	320	20	(300)	Ongoing	9/1/24-8/31/25	N/A	N/A
Internal Quality Assurance Review	25-A-3	320	-	(320)	Not Started	6/2/25-8/1/25	08/29/25	
FY 2025 Annual Audit Report	25-A-4	40	43	3	Not Started	8/4/25-9/19/25	10/01/25	
External Audits Monitoring	25-A-5	80	1	(79)	Ongoing	9/1/24-8/31/25	N/A	N/A
Lunch and Learns	25-A-6	160	154	(6)	Ongoing	9/1/24-8/31/25	N/A	N/A
Newsletters	25-A-7	80	-	(80)	Ongoing	9/1/24-8/31/25	N/A	N/A
Global Internal Audit Standards Transition	25-A-8	80	182	102	Ongoing	9/1/24-8/31/25	N/A	N/A
Observation Action Plan Follow-ups								
Observation Action Plan Follow-ups	25-F-1	292	195	(97)	Ongoing	9/1/24-8/31/25	N/A	N/A
Total Audit Projects		8,092	3,506	(4,586)				

* Project rolled over from FY 2024 Audit Plan

Audit Observations Follow-up Status Report as of April 24, 2025

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
23-O-1 Asset Management - Information Technology	1	<p>IA observed various discrepancies with departmental IT asset inventory. The discrepancies are detailed in the report Attachment. IA noted that HCC does not have a written policy that details HCC's expectations for managing IT assets. IA recommends an HCC policy regulation be written and submitted to the Chancellor's Executive Committee (CEC) for approval to manage IT assets. IA suggests that the regulation cover the following elements:</p> <ul style="list-style-type: none"> •Onboarding: Workflow from HCC IT to the customer. This would include departmental technology assets from general purchase, grant funded, and donated items. The HCC IT department should be the initial recipient of controlled and capitalized IT assets inclusive of computers, servers and network equipment. This would help ensure that these types of assets are properly recorded, set up, secured, managed, configured and safe to use on the HCC network. •Monitoring: Annual inventory count and reconciliation by a designated party, movement forms completed when assets are moved and transferred to another location. •Offboarding: Workflow from IT asset custodians to HCC IT when employees leave HCC or transfer to other departments. •Training: Required training details. •Review and monitoring oversight: Required by directly responsible individuals. •Enforcement: Accountability, disciplinary action for policy offenders. 	The procedure for asset onboarding, monitoring and disposition has been created. The policy is being finalized and will be presented to HCC leadership for approval in June 2025, and go into effect in August 2025. The process addresses both IT assets as well as Asset Management assets in order to establish a well-documented and defined span of control over durable assets in the system.	Chief Facilities Officer/Chief Information Officer	In Progress 8/31/2025
24-C-1 Campus Safety & Environmental Operations Management	1	Historically, HCC has maintained safety data sheets (SDS) in a hard copy format, leading to inefficiencies in storage, retrieval, and updating as indicated by ongoing observations related to missing SDS and incomplete chemical inventories. With advancements in technology, digital solutions offer a more streamlined and effective approach to managing SDS information. Internal Audit recommends that EH&S submit a proposal to HCC Administration to implement an online SDS service.	EH&S is working with Velocity EHS, Procurement, IT and Legal to purchase the software necessary to use an online SDS system for our SDS inventories.	EHS Manager	In Progress 6/30/2025
24-C-1-1 Central College Campus Safety & Environmental Operations	7	Two classrooms did not have eyewash stations available when chemicals and materials on hand required an eyewash be present for immediate emergency use. One eyewash station was not working properly in JBW 118. The equipment was repaired on site by EHS.	Eye wash stations were installed.	EHS Manager	Complete 4/17/2025

Audit Observations Follow-up Status Report as of April 24, 2025

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
Management	17	One prep room did not have a safety shower present when a shower would be required by chemicals on hand.	Safety shower was installed.	EHS Manager	Complete 4/17/2025
24-C-2 Senate Bill 17	1	In Internal Audits opinion, HCC executive management has been provided with sufficient training concerning SB 17 compliance through Chancellor Executive Council Task Force Meetings, Accountability and Standards Council meeting presentations, and required executive management attestation certifications. An SB 17 Compliance Resources email was provided to all HCC employees on July 25, 2024, to assist employees in complying with the new mandatory requirements. Employees may not have been diligent in adequately acquainting themselves with the information provided. All employees are responsible for familiarizing themselves and complying with SB 17's basic requirements. Internal Audit recommends HCC management provide required training for all HCC employees to strengthen the control environment around complying with the new requirements.	OGC hired a Compliance Training Specialist in January 2025. Plans to establish the training program have been started. It will take several months to establish the training program.	General Counsel and VC, Talent Engagement & CHRO	In Progress 6/30/2025
24-O-2 Student Mental Health	1	Opportunities for improvement were identified in conjunction with Counseling and Ability Services related to staffing needs. The improvements would offer expanded services to further promote student success and wellbeing. The significant changes in student needs, regulatory requirements, and the overall campus environment since 2012 underscore the necessity of hiring additional counselors. By expanding the counseling staff, HCC can better support students' mental health and wellness, comply with legal obligations, and effectively handle the increasing number of crises on campus. This investment is essential for fostering a healthy and supportive educational environment.	Counseling and Ability Services leadership have submitted hiring justification for additional positions that could improve regular hours caseload coverage and provide support for after hours and weekend services for emergent events and to accommodate students whose work/life schedule does not allow free time for counseling during regular business hours. Upon approval for hiring, Counseling and Ability Services will work with Talent Engagement to post and recruit for additional counseling positions.	AVC, Special Programs & Success	In Progress 9/1/2025
	2	Counseling and Ability Services training offerings are quite robust, however, comprehensive tracking of attendance by faculty and staff is needed. Counseling and Ability Services should maintain a record of attendee names, positions and departments. For student-facing positions, goals evaluated in the PEP process could include annual training in mental health, human trafficking and other related topics. In this case, evidence of attendance in the form of certificates backed by attendance records would be needed to provide appropriate documentation supporting the achievement of goals.	Counseling and Ability Services will take advantage of the Anthology Engage Student Engagement Platform being acquired by Student Life to track the attendees' names, positions, and departments for each training offering, as well as tracking evaluation feedback forms for topics of interest and needs for professional development as reported by faculty, staff and student attendees.	AVC, Special Programs & Success	In Progress 9/1/2025
24-C-1-1 Northwest College Campus	1	Safety data sheets were not readily available in one storage room and four classrooms.	Three exceptions were corrected on site by the campus manager. All exceptions were corrected prior to report issuance.	COO; Campus Manager, ATTC	Complete 4/15/2025

Audit Observations Follow-up Status Report as of April 24, 2025

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
Safety & Environmental Operations Management	2	Four classrooms/labs did not have appropriate signs present indicating hazard information.	All corrective action plans were completed prior to report issuance.	COO; Campus Manager, ATTC	Complete 4/15/2025
	3	One chemical storage room and one classroom did not contain the required spill cleanup kit.	All corrective action plans were completed prior to report issuance.	COO	Complete 4/15/2025
	4	Two classrooms did not have appropriate eyewash stations when chemicals and materials on hand required an eyewash be present for immediate emergency use.	Work order requests issued to have installation of eyewash stations completed.	EHS Manager	In Progress 6/30/2025
	5	The fume hood sashes in two labs were open when not in use.	All exceptions were corrected on site by campus operations personnel or the EHS Manager.	Campus Manager; EHS Manager	Complete 4/15/2025
	6	Obstruction of safety equipment, such as eyewash stations and portable fire extinguishers, was noted in one classroom.	The exception was corrected on site by the EHS Manager.	EHS Manager	Complete 4/15/2025
	7	One lab contained a fire extinguisher with no indication of annual inspection.	The exception was corrected on site by the contracted vendor TDI.	EHS Manager	Complete 4/15/2025
	8	One classroom did not have a Hazard Communication Program available.	The exception was corrected on site by the campus manager.	Campus Manager	Complete 4/15/2025
	9	Containers in one lab were not appropriately labeled with the full chemical or trade name.	The exception was corrected on site by campus operations personnel.	Campus Manager	Complete 4/15/2025
	10	One classroom did not contain an accurate inventory list of hazardous chemicals known to be present.	The exception was corrected on site by the instructor.	COO; Campus Managers	Complete 4/15/2025
	11	One classroom did not have all hazardous or flammable chemicals stored in an NFPA approved flammable storage cabinet.	The exception was corrected on site by EHS.	EHS Manager	Complete 4/15/2025
	12	One classroom had a chemical not stored by hazard class.	All action plans have been completed. The exception was corrected on site by the campus manager.	Campus Manager	Complete 4/15/2025
24-C-1-2 Southeast College Campus Safety & Environmental Operations Management	1	Seven classrooms/labs contained a fire extinguisher with no indication of monthly inspection.	All corrective action plans were completed prior to report issuance.	EHS Manager	Complete 4/15/2025
	2	Obstruction of safety equipment, such as eyewash stations and portable fire extinguishers, was noted in five classrooms/labs.	All exceptions were corrected on site by campus operations personnel.	Campus Manager	Complete 4/15/2025
	3	One lab and four classrooms contained a fire extinguisher with no indication of annual inspection.	All corrective action plans were completed prior to report issuance.	EHS Manager	Complete 4/15/2025
	4	Safety data sheets were not readily available in two classrooms.	All corrective action plans were completed prior to report issuance.	COO; Campus Managers	Complete 4/15/2025
	5	Two classrooms did not contain an accurate inventory list of hazardous chemicals known to be present.	All corrective action plans were completed prior to report issuance.	COO; Campus Managers	Complete 4/15/2025
	6	The walkway in one classroom was obstructed.	The exception was corrected on site by campus operations personnel.	Campus Manager	Complete 4/15/2025
	7	One classroom did not have a flammable chemical stored in a NFPA approved flammable storage cabinet.	All corrective action plans were completed prior to report issuance.	COO; Campus Managers	Complete 4/15/2025
	8	One classroom did not have appropriate eyewash stations when chemicals and materials on hand required an eyewash be present for immediate emergency use.	Work order request was issued to install eyewash station.	EHS Manager	In Progress 6/30/2025
	9	The fume hood sash in one classroom was open when not in use.	The exception was corrected on site by the campus manager.	Campus Manager	Complete 4/15/2025

Audit Observations Follow-up Status Report as of April 24, 2025

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	10	One classroom did not have appropriate signs present indicating hazard information.	The exception was corrected on site by the EHS Manager.	EHS Manager	Complete 4/15/2025
24-C-1-3 Southwest College Campus Safety & Environmental Operations Management	1	Containers in five labs and/or classrooms were not appropriately labeled with the full chemical or trade name.	All corrective action plans were completed prior to report issuance.	COO; Campus Manager	Complete 4/15/2025
	2	Obstruction of safety equipment, such as eyewash stations and portable fire extinguishers, was noted in four classrooms.	All exceptions were corrected on site by campus operations personnel or the EHS Manager.	Campus Manager; EHS Manager	Complete 4/15/2025
	3	Safety data sheets were not readily available in three labs and one classroom.	All corrective action plans were completed prior to report issuance.	COO; Campus Managers	Complete 4/15/2025
	4	One classroom did not have an appropriate eyewash station when chemicals and materials on hand required an eyewash be present for immediate emergency use. Three classrooms had an eyewash station that was not operational.	Work order requests were issued to have eyewash installed and repairs completed.	EHS Manager	In Progress 6/30/2025
	5	Three classrooms/labs did not have appropriate signs present indicating hazard information.	All corrective action plans were completed prior to report issuance.	Campus Manager; EHS Manager	Complete 4/15/2025
	6	One lab and one chemical storage room did not contain an accurate inventory list of hazardous chemicals known to be present.	All corrective action plans were completed prior to report issuance.	COO; Campus Managers	Complete 4/15/2025
	7	Hazardous or flammable chemicals were not stored properly in two classrooms.	One exception was corrected on site by the campus manager. All exceptions were corrected prior to report issuance.	COO; Campus Managers	Complete 4/15/2025
	8	Two labs did not have appropriate spill containment of hazardous materials.	One exception was corrected on site by the campus manager. The remaining exception was corrected prior to report issuance.	COO; Campus Managers	Complete 4/15/2025
	9	Two labs did not contain the required spill cleanup kit.	All corrective action plans were completed prior to report issuance.	COO; Campus Managers	Complete 4/15/2025
	10	Two classrooms had gas cylinders that were not properly and adequately secured to prevent accidents or damage to the cylinders.	One exception was corrected on site by the EHS manager. The remaining exception was corrected prior to report issuance.	COO; Campus Managers	Complete 4/15/2025
	11	One classroom contained a fire extinguisher with no indication of annual inspection.	All corrective action plans were completed prior to report issuance.	EHS Manager	Complete 4/15/2025
	12	One classroom contained a machine (saw) with no guard to properly prevent injury to an individual.	All corrective action plans were completed prior to report issuance.	COO; Campus Managers	Complete 4/15/2025

McConnell & Jones Recommendations Follow-up Status Report as of 4/14/2025

Focus Area / Sub-Area / Recommendation	Planned Response	Actions Taken	DRI	Status	Anticipated Completion Date
1E - Information Systems					
1E.1 Implement an integrated grants management system to record and track all grant activities and generate reports. The PeopleSoft system includes a grants accounting module that HCCS should consider acquiring and using to provide for a fully integrated system with accounting, human resources, and payroll.	Phase 2: Digital Grants Information Management System For the near term, a solution to grants management will be developed in collaboration with HCC's IT department. This solution will take into account departmental workflows, reporting needs, and approval / signature needs, as well as document organization and communication.	HCC Team has completed the build of Proposal Development Module. The training documentation for Proposal Development is complete. The first set of PI's have been given an overview of Proposal Development. Proposal Tracking build has been started and the team is on schedule for a May 2025 go live.	Jackson (DRI) RDIG, Grants Accounting, IT	In Progress	5/31/2025
4B - Compliance Monitoring Forms & Reports					
4B.1 Incorporate compliance requirements into an integrated grants management information system and generate monitoring reports and outcomes from this tool.	This recommendation will be addressed in Phase 2: Digital Grants Information Management System	See progress notes in Section 1E.1 Phase 2	Jackson	In Progress	5/31/2025

REPORT ITEM

Meeting Date: May 7, 2025

Topics For Discussion and/or Action:

ITEM #	ITEM TITLE	PRESENTER
B.	Report on Quarterly Control and Compliance Attestation	Dr. Margaret Ford Fisher Nicole Montgomery Lucie Shipp Tredennick

DISCUSSION

The Quarterly Control and Compliance Attestation from the Chancellor is offered, with the intent to enhance the atmosphere of trust and accountability between the College administration, members of the Board of Trustees, and the public.

STRATEGIC ALIGNMENT

1. *Student Success*

ATTACHMENTS:

Description	Upload Date	Type
Attestation Letter to the Audit Committee	4/25/2025	Attachment

This item is applicable to the following:

Central, Coleman, Northeast, Northwest, Southeast, Southwest, District



May 7, 2025

Dr. Pretta VanDible Stallworth, District IX
Board of Trustees Audit Committee Chair
Houston Community College
3100 Main Street
Houston, TX 77002

RE: Quarterly Control & Compliance Attestation, Quarter which began December 1, 2024 and ended February 28, 2025 (2Q-2025)

Dear Dr. VanDible Stallworth,

We are providing this letter in connection with the College's preparation for the Quarterly Audit Committee Meeting. We understand that you rely on the administration for your governance responsibilities.

In my administrative capacity and in reliance upon representations made by senior management, I confirm, to the best of my knowledge and belief, the following:

1. I affirm that all required reports were filed in accordance with statutory and regulatory requirements and deadlines;
2. I have no knowledge of any violations or possible violations of laws, policies, regulations, occurrences of misstatement, fraud or suspected fraud adversely affecting the College during the prior fiscal quarter, which affects would require disclosure due to their level of impact;
3. I have no knowledge of any potential claims that have not been reported to the Chief Financial Officer or General Counsel;
4. I affirm that the risks to the College have been identified and evaluated and that adequate internal controls have been implemented and maintained over financial reporting and operations for the preceding fiscal quarter;
5. I affirm that all financially material transactions have been communicated to the Chief Financial Officer for recording and disclosure in the financial statements and/or Board reports;
6. I affirm that each division has complied with all aspects of contractual agreements that would have an adverse material effect on operations in the event of noncompliance and any event of noncompliance is reported to have been disclosed to me; and
7. I affirm that there are no material events reported to me that occurred subsequent to the end of the fiscal quarter that have not been disclosed as part of this report or disclosed in closed session to the Board of Trustees.

Please note that details of any material issues or disclosures, if not previously communicated, and if not resolved pursuant to my review with the Chief Financial Officer and General Counsel, are attached as **Exhibit A** to this document.

Sincerely,

Margaret Ford Fisher Ed.D.
Chancellor

Quarterly Control & Compliance Attestation
Quarter ending February 28, 2025

Exhibit A

One (1) attestation exception was received for the Quarter which began December 1, 2024 and ended February 28, 2025 (2Q25). The attestation exceptions were reviewed with the Chief Financial Officer and General Counsel and categorized as follows:

- A. Attestation exception previously reported to the Audit Committee. *(NONE)*
- B. Attestation exception has been mitigated and placed in the attestation records without reporting to the Audit Committee. *(NONE)*
- C. Plan to mitigate attestation exception in place and will be reported to the Audit Committee with mitigation plan. ***(See Attestation Exceptions 2Q-25-01 - Financial Aid Identity Fraud)***
- D. No plan to mitigate attestation exception in place and will be reported to the Audit Committee. *(NONE)*
- E. Attestation exception previously reported to the Audit Committee with ongoing mitigation plan, and status of mitigation plan will be reported to the Audit Committee until deemed resolved. *(NONE)*
- F. Reported item not subject to the attestation process and will be reported to the Board through other channels. *(NONE)*

**OGC Reports to Chancellor
July 23, 2024
2Q-2025 Attestation Exceptions
Quarter ending February 28, 2025**

Attestation Exception No.	2Q25 - 01
Date Reported:	3/28/2025
Reported by:	Boni K. Jacobs Executive Director Financial Aid Office
Exception Reported to:	Chief Financial Officer General Counsel
Attestation DRI:	Dr. Sherry Hawn Senior Vice President Finance & Administration / CFO / CBO
Department Involved:	Admissions, Financial Aid, Student Finance; HCCPD
Date(s) & Time Frame:	Fall 2024; Spring 2025
Attestation Letter Exception Item #:	2
Description of Exception: We have discovered that students are using stolen identities to complete admission and financial aid processes. Students have been admitted to HCC and awarded financial aid, with funds disbursed in Fall 2024. These incidents have been reported to the Houston Community College Police Department and are under investigation.	
Plan to Mitigate Exception: This matter will be presented in closed session under Texas Government Code Section 551.071, relating to consultation with an attorney, and Texas Government Code Section 551.089, related to security assessments or deployments relating to information resources technology.	