



AGENDA

AUDIT COMMITTEE OF THE BOARD OF TRUSTEES

**May 6, 2026
2:30 PM**

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

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

HOUSTON CITY COLLEGE

May 6, 2026

Notice is hereby given that a Meeting of the Audit Committee of the Board of Trustees of Houston City College will be held on Wednesday, May 6, 2026 at 2:30 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. Approve Quality Assurance and Improvement Program
- C. 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. Web Accessibility Update

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 **30th Day of April**, 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 City College, 3100 Main, First Floor, Houston, Texas 77002 and (2) the Houston City College's website: www.hccs.edu.

Posted By:

Sharon R. Wright
Director, Board Services

REPORT ITEM

Meeting Date: May 6, 2026

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 Audit Committee Charter 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 - Presentation	4/22/2026	Presentation
Detail FY 2026 IA Plan Status Report	4/22/2026	Attachment
Audit Observations Follow-up Report May 2026	4/24/2026	Attachment

This item is applicable to the following: District



Internal Audit Status Report

Dr. Margaret Ford Fisher, Chancellor

Terry Corrigan, Executive Director, Internal Audit

May 6, 2026

Internal Audit Status Report

Presentation 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 2026 Internal Audit Plan Status Report
- Audit Observations Follow-up Status Report

Summarized Internal Audit Status Information

(Detailed FY 2026 Internal Audit Plan Status Report attachment is included in package)

Projects Completed

1. 26-A-3 Internal Quality Assurance Review
2. 26-C-1 Campus Safety & Environment
 - Central College
 - Northeast College
 - Coleman College

**Summarized
Internal Audit
Status
Information
(continued)**

FY 2026 Plan Projects in Progress

1. 26-O-1 Minors on Campus
2. 26-O-2 Policing
3. 26-I-1 IT Disaster Recovery/Business Continuity
4. 26-I-2 IT Systems Audit

**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).

The Operations and Administration Office is working to hire security and safety professionals under the Police Department to establish the program.

Observation Action Plans Follow-up

Follow-up information attachment is included
in the package:

Audit Observations Follow-up Status Report

**External
Audit/Review
Activity**

HCC Procured Services

None

Regulatory Imposed

None

Independence Impairments & Scope Limitations

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

Thank You

Questions?

FY 2026 Audit Plan Status Report
SUMMARY as of April 18, 2026

Audit Projects	Project Number	FY 2026 Plan Est Hrs	YTD 2026 Actual Hours	Over (Under)	Stage	Fieldwork Planned	Estimated Report Completion	Final Report Issued
Operational Audit Projects								
Minors on Campus	26-O-1	640	175	(465)	Fieldwork	10/13/25-5/15/26	05/29/26	
Policing	26-O-2	640	461	(179)	Finalizing	10/20/25-4/24/26	05/08/26	
Information Technology Audit Projects								
IT Disaster Recovery/Business Continuity	26-I-1	480	122	(358)	Fieldwork	11/3/25-5/29/26	06/12/26	
IT Systems Audit	26-I-2	640	29	(611)	Planning	6/1/26-7/31/26	08/28/26	
Compliance Audit Projects								
Campus Safety & Environmental Operations Management	26-C-1	320	88	(232)	N/A	N/A	N/A	N/A
Central College	26-C-1-1	240	139	(101)	Completed	1/12/26- 3/27/26	04/17/26	04/22/26
Northeast College	26-C-1-2	240	206	(34)	Completed	1/12/26- 3/27/26	04/17/26	04/20/26
Coleman College	26-C-1-3	240	83	(157)	Completed	1/12/26- 3/27/26	04/17/26	03/31/26
Clery Act Reporting	26-C-2	320	138	(182)	Completed	9/1/25-9/26/25	09/26/25	10/01/25
Advisory Services Projects								
Committees & Task Forces	26-S-1	240	121	(119)	N/A	9/1/25-8/31/26	N/A	N/A
Special Projects & Examinations	26-S-2	240	-	(240)	N/A	9/1/25-8/31/26	N/A	N/A
ERM Top 10 Risks Baseline Assessment	26-S-3	640	39	(601)	N/A	9/1/25-8/31/26	N/A	N/A
Contracted Services Analysis	26-S-4	240	70	(170)	Completed	9/1/25-9/26/25	10/01/25	10/03/25
Less Than \$100K Payments Analysis	26-S-5	240	66	(174)	Completed	9/1/25-9/26/25	10/01/25	10/03/25
Procurement Process	26-S-6	640	-	(640)	Not Started	5/11/26-7/31/26	08/27/26	
HB 33 Active Shooter & Campus Security	26-S-7	480	20	(460)	Ongoing	9/1/25-8/31/26	N/A	N/A
Website Accessibility	26-S-8	80	-	(80)	Ongoing	9/1/25-8/31/26	N/A	N/A
SB 37 Faculty Senate Reconstruction	26-S-9	80	-	(80)	Ongoing	9/1/25-8/31/26	N/A	N/A
Administrative Projects								
FY 2027 Audit Planning & ERM Assessment	26-A-1	680	280	(400)	Ongoing	9/1/25-7/17/26	08/05/26	
TeamMate IA Management System	26-A-2	40	13	(27)	Ongoing	9/1/25-8/31/26	N/A	N/A
Internal Quality Assurance Review	26-A-3	160	548	388	Complete	9/1/25-2/20/26	03/04/26	03/04/26
FY 2026 Annual Audit Report	26-A-4	40	86	46	Ongoing	8/3/25-9/18/26	10/07/26	
External Audits Monitoring	26-A-5	40	5	(35)	Ongoing	9/1/25-8/31/26	N/A	N/A
Lunch and Learns	26-A-6	160	136	(24)	Ongoing	9/1/25-8/31/26	N/A	N/A
Newsletters	26-A-7	80	-	(80)	Ongoing	9/1/25-8/31/26	N/A	N/A
Global Internal Audit Standards Transition	26-A-8	80	336	256	Ongoing	9/1/25-8/31/26	N/A	N/A
Observation Action Plan Follow-ups								
Observation Action Plan Follow-ups	26-F-1	228	70	(158)	Ongoing	9/1/25-8/31/26	N/A	N/A
Total Audit Projects		8,148	3,231	(4,917)				

Audit Observations Follow-up Status Report as of April 24, 2026

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. 	<p>A Regulation Policy has been drafted and submitted to the Office of General Counsel for final review before going to the Chancellor Executive Committee for approval. An inventory of assets is in progress and is expected to be completed no later than the end of February with a final report by the end of March. IT is working with Facilities to improve the integration of IT asset records maintained in Service Now with the asset record in PeopleSoft.</p>	Chief Facilities Officer/Chief Information Officer	In Progress 7/31/2026
24-C-1 Campus Safety & Environmental Operations Management	1	<p>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.</p>	<p>SDS information has been digitized for laboratory and workforce programs. The number of SDS's that HCC has was underestimated which created an overage of HCC's allowed SDS count. HCC is in the process of paying for the additional information processing. Velocity is building HCC's SDS's platforms. Separation Systems Consultants, Inc. (SSCI) has been used as HCC's environmental consultants. The project is on track to have everything functional by August 31, 2026.</p>	EHS Manager	In Progress 8/31/2026

Audit Observations Follow-up Status Report as of April 24, 2026

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
24-C-2 Senate Bill 17	1	<p>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.</p>	<p>SB17 live training was planned to be provided via TEAMS in the spring semester with anticipated end of February 2026 timeframe while HCC works to have a more robust SB17 training available on demand. However, the training has been delayed for the State Auditors Office (SAO) to complete their current audit, so that OGC can include any feedback from the SAO and only provide one training with all relevant information.</p>	<p>General Counsel and VC, Talent Engagement & CHRO</p>	<p>In Progress 6/12/2026</p>
24-O-2 Student Mental Health	2	<p>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.</p>	<p>Counseling and Ability Services plans to 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. The goal for the Anthropology platform is to roll it out first to Student Life in the Spring 2026 and then other departments. Counseling is currently checking the ADA Accessibility for the Engage Platform, however, in the interim, Counseling has been collecting evaluation feedback through the use of Qualtrics for every event/training provided by Counseling and Counseling will begin using Titanium to track student participation in events. This will be the process Counseling follows until we know more about the ADA Compliance of the Engage platform.</p>	<p>AVC, Special Programs & Success</p>	<p>In Progress 6/30/2026</p>

Audit Observations Follow-up Status Report as of April 24, 2026

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
25-O-1 IT Disaster Recovery	1	As part of the audit, Internal Audit conducted a physical and environmental assessment of HCC's primacy data center. The facility is currently equipped with a diesel-powered generator, which has sufficient fuel capacity to sustain operations for several days under emergency conditions. However, during natural disasters, fuel availability can become severely constrained, and distribution is typically prioritized for emergency response and essential services. To enhance the resiliency of the data center, it is recommended that HCC's Information Technology department consult with Facilities Management to evaluate the feasibility of transitioning to a natural gas-powered generator. Natural gas systems are generally more reliable during extended emergencies due to the continuous pipeline supply, reducing dependency on fuel deliveries and improving overall disaster recovery preparedness.	Facilities estimates it will cost \$3 million to retrofit the existing generator to natural gas. Facilities is investigating getting a 15,000 or 20,000 diesel fuel tank permanently installed in the back parking lot. Facilities expects to complete this analysis by the end of FY 2026.	Chief Information Officer	In Progress 8/31/2026
	2	Currently, HCC's Disaster Recovery priorities are primarily focused on the restoration of critical systems necessary to support payroll processing and vendor payments. While these functions are essential, it is recommended that HCC's Information Technology and the Administration & Operations department periodically facilitate strategic discussions with executive leadership to formally define and align institutional priorities for system restoration in the event of a disaster. Engaging executive management in these discussions will help ensure that recovery efforts reflect the broader operational, academic, and community service objectives of the College, and that the resources are allocated in a manner consistent with HCC's mission.	As new application implementations are approved, disaster recovery requirements will be assessed to ensure alignment with organizational resilience standards. HCC's Information Technology, and Administration and Operations departments will schedule periodic Chancellor Executive Council meetings to identify institutional priorities in the event of a disaster beyond mere restoration of critical systems to ensure continuity of academic and administrative operations. IT is on the CEC agenda for May 28, 2026, to present and discuss the issue.	Chief Information Officer; Vice Chancellor, Administration and Operations	In Progress 5/28/2026

Audit Observations Follow-up Status Report as of April 24, 2026

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
25-C-2-1 Cooperative Contracts Review	1	<p>The Procurement department does not currently have formal written procedures outlining the processes, responsibilities, and controls related to cooperative procurement activities. There is no documented formal guidance to ensure consistent application, proper documentation, or compliance with state and College requirements. The Department has been relying on institutional or personal knowledge and informal practices rather than formally documented policies. The lack of documented processes can lead to increased risk of inconsistent procurement practices, non-compliance with applicable laws and guidelines, and reduced transparency in vendor selection and contracting which could be exacerbated by personnel turnover and employee absenteeism. It is recommended that the Procurement department implement formal written procedures outlining the processes, responsibilities and controls related to Cooperative Contract procurement. During the internal audit review, IA flowcharted and documented the cooperatives contracting process. This documentation has been provided to the Procurement Department and can be used as a guideline in establishing the formal written procedures.</p>	<p>The Procurement department will develop written procedures that document and diagram basic procurement processes, responsible parties, and controls for cooperative contracts.</p>	<p>Executive Director Purchasing/ Procurement Operations</p>	<p>In Progress 7/31/2026</p>
25-C-2-2 Blanket Purchase Orders Review	1	<p>IA reviewed the HCC Procurement Guidelines (Guidelines) and the Procurement Operations Procedures Manual (Manual) and noted the following areas for improvement:</p> <p>a. The Guidelines have not been updated since 2018. IA recommends a comprehensive review and revision to ensure alignment with current procurement practices, regulatory requirements, and institutional needs.</p> <p>b. The Manual needs to be updated to reflect current practices.</p> <p>1) The Manual does not detail the process to generate a Blanket Purchase Order (BPO). The detailed procurement methodology used to generate BPOs needs to be added to the Manual. The procurement process flowcharts provided by IA can serve as a guide in developing formal procedures.</p> <p>2) The thresholds of Contract Award under Signature Authority in Guideline No. 3, approved by the Chancellor, Senior Vice Chancellor, and the Board of Trustees, need to be reviewed and updated. The thresholds need to be included in the Manual.</p> <p>3) The existing rule in the Manual that restricts single-item purchases through a BPO to a maximum of \$700 is not practical and should be reconsidered. IA recommends removing or revising this limitation to better reflect operational realities and procurement needs.</p>	<p>The Procurement department will update the Procedures Manual containing internal processes and Procurement Guidelines containing information for district end-users by November 1, 2025. The Guidelines will also include updated Signature Authority thresholds. In addition, Procurement will remove the \$700 per-item restriction for blanket purchases.</p>	<p>Executive Director Purchasing/ Procurement Operations</p>	<p>In Progress 5/31/2026</p>

Audit Observations Follow-up Status Report as of April 24, 2026

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	2	IA noted that in FY 2024, thirty-three departments, and in FY 2025, twenty-nine departments were issued multiple Blanket Purchase Orders (BPOs) for similar goods and services from the same suppliers. BPOs are intended to streamline procurement and reduce administrative workload. Issuing multiple BPOs to the same department for recurring purchases from the same vendor diminishes the efficiency gains. To optimize procurement operations and reduce processing time, HCC should adopt a policy of issuing a single BPO per fiscal year per department for each supplier, where feasible. This approach would enhance consistency and reduce administrative overhead.	The Procurement department will address the matter of multiple Blanket Purchase Orders for similar products and services from the same suppliers by reinforcing this best-practice concept in training sessions conducted throughout the year. Moreover, we plan to manage food orders through America To Go via Direct Pay instead of Blanket Purchase Order since the former method is more efficient while still maintaining budgetary controls on spending. The expected completion date for the change to Direct Pay would be December 18, 2025, if approved. Training will occur throughout FY26 as planned with 12 sessions occurring by August 31, 2026	Executive Director Purchasing/ Procurement Operations	Complete (Direct Pay - 12/18/2025) In Progress (Training - 8/31/2026)
26-A-3 Internal Quality Assurance Review	1	IA must finalize revisions to the existing Quality Assurance and Improvement Program (QAIP).	The QAIP will be reviewed and discussed with the Audit Committee in the April 2026 committee meeting. To allow time for committee members review, required QAIP approval items will be brought back for approval in May 2026 Board of Trustees meetings.	Executive Director, Internal Audit	In Progress 5/20/2026
	2	The CAE must meet with the Board to discuss the process for selecting an external assessor for the external assessment.	The plan for the external quality assessment to be performed in September 2026 was reviewed and discussed with the Audit Committee in the April 2026 meeting. A formal discussion of the process for selecting the recommended external assessor was included. To allow time for committee members review, required approval of the selection process will be brought back for approval in May 2026 Board of Trustees meetings.	Executive Director, Internal Audit	In Progress 5/20/2026
	3	CAE must review internal audit performance objectives with the Board.	IA's performance measurement methodology was reviewed and discussed with the Audit Committee in the April 2026 meeting. To allow time for committee members review, they will be brought back for approval in May 2026 Board of Trustees meetings.	Executive Director, Internal Audit	In Progress 5/20/2026
	4	IA should update the Internal Audit Policy and Procedures Manual to better align with the new Standards.	IA will continue reviewing and updating the IA Policy and Procedures Manual to ensure that it provides more details for handling matters related to the internal audit function under the new Standards.	Executive Director, Internal Audit	In Progress 8/17/2026
	5	IA staff should use available TeamMate audit software features to improve workpaper preparation.	All IA staff will complete refresher training to ensure continued proficiency with the TeamMate audit software.	Executive Director, Internal Audit	In Progress 5/14/2026
26-C-1-1 Central College Campus Safety & Environmental	1	Obstruction of safety equipment, such as eyewash stations and portable fire extinguishers, was noted in ten classrooms/labs. All exceptions to compliance were corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	COO; Campus Manager	Complete 4/22/2026

Audit Observations Follow-up Status Report as of April 24, 2026

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
Operations Management	2	Safety data sheets were not readily available in four classrooms. Central Campus must maintain SDS for all chemicals maintained until the new SDS vendor has scanned and developed a database of chemicals for Central campus classes and labs. Three exceptions at JB Whitely were corrected prior to the issuance of the report. One exception at the Workforce building was still open.	SDS for Acetone will be added in the classroom at the Workforce building.	COO; Campus Manager	In Progress 5/1/2026
	3	Written LOTO procedures were not readily available in two classrooms, even though LOTO controls appeared to be in place. One of the aforementioned classrooms and another had LOTO equipment installed but used improperly—keys were left in the locks. Keys must remain under the exclusive control of the authorized employee who applied the lock. Leaving keys in the locks allows anyone to remove the device, defeating lockout control and failing to prevent unexpected energization. All exceptions to compliance were corrected prior to the issuance of this report.	All exceptions were corrected prior to report issuance.	COO; Campus Manager	Complete 4/22/2026
	4	Containers in two classrooms were not appropriately labeled with the full chemical or trade name. Both exceptions to compliance were corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	COO; Campus Manager	Complete 4/22/2026
	5	Two classrooms had gas cylinders that were not properly and adequately secured to prevent accidents or damage to the cylinders. One exception to compliance was corrected prior to the issuance of the report. The cylinders at the Workforce Building were open.	the gas cylinders at the Workforce Building will be properly secured to prevent accidents and damage to cylinders.	Campus Manager; EHS Manager	In Progress 5/1/2026
	6	One classroom did not contain an accurate inventory list of hazardous chemicals known to be present. Central Campus must maintain an inventory of all chemicals maintained for relevant SDS until the new vendor has scanned and developed the database for Central Campus classes and labs.	The inventory list will be updated to include all chemicals maintained in classroom.	COO; Campus Manager	In Progress 5/1/2026
	7	One classroom did not have appropriate signs present indicating hazard information. The exception was corrected on site by EHS.	All exceptions were corrected prior to report issuance.	EHS Manager	Complete 4/22/2026
	8	One classroom had a portable power tool that was missing the appropriate guards.	The missing guard on the tool in the Workforce Building will be replaced on portable power tool.	Campus Manager	In Progress 5/1/2026
	26-C-1-2 Northeast College Campus Safety & Environmental Operations Management	1	Safety data sheets were not readily available in three classrooms. Northeast Campus must maintain SDS for all chemicals maintained until the new SDS vendor has scanned and developed a database of chemicals for Northeast campus classes and labs. Safety data sheets could not be verified against the chemical inventory in two classrooms because the SDS vendor did not provide the digital database for those rooms. All exceptions to compliance were corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	COO; Campus Manager

Audit Observations Follow-up Status Report as of April 24, 2026

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	2	Four classrooms had a fire extinguisher that did not contain a current (within one month) inspection tag. All exceptions to compliance were corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	EHS Manager	Complete 4/20/2026
	3	Fume hoods in four classrooms/lab were not working properly. All exceptions to compliance were corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	EHS Manager	Complete 4/20/2026
	4	Obstruction of areas around fire extinguishers and an eyewash station were noted in two classrooms. A pull fire alarm was obstructed in one classroom. Two obstructions of safety equipment were corrected on site. The remaining exception to compliance was corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	COO; Campus Managers	Complete 4/20/2026
	5	Three classrooms did not contain an accurate inventory list of hazardous chemicals known to be present. Northeast Campus must maintain an inventory of all chemicals maintained for relevant SDS until the new vendor has scanned and developed the database for Northeast Campus classes and labs. All exceptions to compliance were corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	COO; Campus Managers	Complete 4/20/2026
	6	Two classrooms did not have appropriate signs present indicating hazard information. Signage was corrected on site by the Safety Department for one classroom. The remaining exception to compliance was corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	EHS Manager	Complete 4/20/2026
	7	Two classrooms did not have a written lockout/tagout program and procedures in place.	All exceptions were corrected prior to report issuance.	COO; Campus Managers	Complete 4/20/2026
	8	A damaged or missing ceiling tile was noted in one classroom. Missing ceiling tiles can interfere with the proper operation of fire alarm, smoke detection, and sprinkler systems. Missing tiles can delay activation of sprinklers and detectors, reducing safe evacuation time. The exception to compliance was corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	COO; Campus Managers	Complete 4/20/2026
	9	One classroom had gas cylinders that were not properly and adequately secured to prevent accidents or damage to the cylinders. The exception to compliance was corrected prior to the issuance of this report.	All exceptions were corrected prior to report issuance.	COO; Campus Managers	Complete 4/20/2026
26-C-1-3 Coleman College Campus Safety & Environmental Operations Management	1	Two labs did not have appropriate signs present indicating hazard information. College Operations self-identified one missing sign, notified IA. Both exceptions were corrected on site by the campus manager.	All exceptions were corrected prior to report issuance.	Campus Manager	Complete 3/31/2026

ACTION ITEM

Meeting Date: May 6, 2026

Topics For Discussion and/or Action:

ITEM #	ITEM TITLE	PRESENTER
B.	Approve Quality Assurance and Improvement Program	Dr. Margaret Ford Fisher Terry Corrigan

RECOMMENDATION

Approve the HCC Internal Audit Department (IA) Quality Assurance and Improvement Program (QAIP), including the following:

1. Using the Self-Assessment with Independent Validation method for performing the External Quality Assessment (EQA).
2. IA working with Procurement Operations to select the best qualified provider for the EQA professional services.
3. IA's performance measurement methodology.

COMPELLING REASON AND BACKGROUND

To allow time for the current Audit Committee members to review the proposed internal audit QAIP, the information and methodology used for developing the QAIP was presented in the April 1, 2026, Audit Committee Meeting with the QAIP being brought forward for Board of Trustees approval in the May 2026 board meetings.

HCC's internal audit QAIP is written for conformance with The Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF) comprised of Global Internal Audit Standards (GIAS), Topical Requirements, and Global Guidance. The QAIP is anchored to the relevant standards on Quality, Internal Quality Assessment, and External Quality Assessment (notably GIAS 8.3, 8.4, and 12.1). The GIAS's requires that the CAE review and discuss HCC's Internal Audit Department's QAIP with the BOT's and seek approval.

FISCAL IMPACT

Department functions per approved operating budget.

STRATEGIC ALIGNMENT

1. Student Success, 5. College of Choice

ATTACHMENTS:

Description	Upload Date	Type
Quality Assurance and Improvement Program	4/2/2026	Attachment

This item is applicable to the following: District

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HCC's internal audit Quality Assurance and Improvement Program (QAIP) is written for conformance with The Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF) comprised of Global Internal Audit Standards (GIAS), Topical Requirements, and Global Guidance. The QAIP is anchored to the relevant standards on Quality, Internal Quality Assessment, and External Quality Assessment (notably GIAS 8.3, 8.4, and 12.1).

1. Purpose

Establishes the Internal Audit function's QAIP to evaluate and enhance:

- Working in accordance with the department's charter and conforming with the GIAS, and
- Achievement of Internal Audit performance objectives, and
- Continuous improvement across all aspects of Internal Audit.

The QAIP provides assurance to the board and senior management regarding the quality of Internal Audit performance and supports board oversight through quality assessment results, including external quality assessment results.

2. Scope

The QAIP covers all aspects of the Internal Audit function, including governance, management, and performance of internal audit services across assurance and advisory work, and includes both internal and external assessments.

This includes (where applicable):

- Risk-based planning, engagement planning/execution, reporting, and follow-up;
- Methodology, templates, tools, and technology used to perform internal audits; and
- Resource management, competency, and professional development.

3. QAIP Requirements

3.1 QAIP Establishment, Maintenance, and Coverage (Standard 8.3 – Quality)

The CAE develops, implements, and maintains a QAIP that covers all aspects of the Internal Audit function.

At least annually, the CAE must communicate the results of the internal quality assessment to the board and senior management, and the results of external quality assessments must be reported when completed.

These communications will include:

- The Internal Audit function's conformance with the GIAS and achievement of performance objectives;
- Compliance with laws/regulations relevant to internal auditing; and
- Plans to address deficiencies and opportunities for improvement.

3.2 Internal Quality Assessment (Standard 12.1)

The CAE must develop and conduct internal assessments of the Internal Audit function's conformance with the GIAS and progress toward performance objectives.

Internal assessments will include:

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A. Ongoing Internal Assessments — Ongoing internal assessments are conducted through the following activities:

- Supervision of engagements by lead auditor,
- Regular, documented review of workpapers during engagements by lead auditor and internal audit team members,
- The standard internal audit process being uploaded into each engagement in TeamMate EWP to ensure compliance with applicable planning, process documentation, testing, and reporting standards,
- Feedback through customer surveys on individual engagements, and
- Review and approval of all final reports and observation action plans by the CAE.

B. Periodic Internal Assessments — Periodic internal assessments are designed to assess conformance with internal audit's charter, the GIAS, and the efficiency and effectiveness of internal audit in meeting the needs of its various stakeholders.

Periodic assessments are conducted through the following activities:

- Annual self-assessment of conformance with the GIAS (using program guides and evaluation summaries as found in *The IIA Quality Assessment Manual* with documented results and improvement actions,
- Review and update of the Internal Audit Policy and Procedures Manual (Manual), of which this QAIP is a part, to ensure it remains consistent with any changes in the GIAS or other organizational operating requirements,
- Quarterly Fiscal Year Audit Plan status reporting to the chancellor, executive council and the audit committee, and
- Annual fiscal year activity and performance reporting to the chancellor, executive council and the audit committee.

3.3 External Quality Assessment (Standard 8.4 – External Quality Assessment)

The CAE must develop a plan for an external quality assessment and discuss the plan with the board.

The external assessment must:

- Be performed at least once every five years;
- By a qualified, independent assessor or assessment team;
- With at least one assessor holding an active Certified Internal Auditor (CIA) designation; and
- With results reported to the board and senior management when completed.

Type of Assessment — A determination should be made as to the form of the external assessment. Either a full independent assessment or a self-assessment with independent validation (SAIV) can be used to conform with the external assessment requirement.

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4. METHODOLOGY FOR DELIVERING RESULTS

In a mature function that has well-established and documented controls, providing assurance may mean testing the controls to ensure that they are working as intended. In less mature functions, providing assurance may mean reviewing the design of the risk management processes and evaluating them to determine if the controls and maturity level are adequate to effectively mitigate risks. In some cases where the control design is inadequate, testing may be unnecessary if it would not provide valuable feedback. There may also be circumstances where IA determines we cannot provide any assurance because internal controls are immature, inadequate or nonexistent. In these cases, with the agreement of the business unit management and the Audit Committee (if necessary), IA's role may take on a consultative nature to help management evaluate the risks they face and the types of controls that would effectively mitigate these risks to an acceptable level.

Certain projects undertaken by IA may be unique. Working collaboratively with functional management to understand the business objectives and risks to those objectives is important to developing an effective and efficient project scope. Some projects can be challenging when the maturity level of processes and controls is different than anticipated or believed inappropriate based on the risks being managed. IA has a quality assurance process that is used to evaluate the effectiveness of the audit process at key points. This process is relied upon to ensure that the proper type of service is determined, and the scope of the project is appropriate to fulfill the purpose of IA and to comply with the Institute of Internal Auditors (IIA) GIAS by which IA is bound. Consequently, when there is a question regarding the appropriate scope and action to take during a project, IA will work together with functional management to understand the issues and determine the best course of action in accordance with the GIAS.

5. Performance Measurement Methodology

Performance measurement consists of recurring assessments on two documents as follows:

1. Unit Core Functions and Assessment
2. IA Goals, Initiatives, and Activities Matrix

6. Records and Retention

Internal Audit will retain documentation supporting:

- Internal assessments and annual results reporting; and
- External assessment planning, execution, and reporting; and
- Corrective action tracking and completion evidence.

7. Program Exceptions

Any exception to this QAIP must be documented by the CAE and, if material, communicated to the board and senior management in the next QAIP reporting cycle.

8. Review and Maintenance

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The QAIP will be reviewed at least annually, or sooner if changes to the GIAS or Internal Audit operations warrant updates.

Document History:

- Established 11/2017
- Revised 06/2021
- Revised 02/2026

REPORT ITEM

Meeting Date: May 6, 2026

Topics For Discussion and/or Action:

ITEM #	ITEM TITLE	PRESENTER
C.	Report on Quarterly Control and Compliance Attestation	Dr. Margaret Ford Fisher Dr. Nicole Montgomery

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	4/27/2026	Attachment

This item is applicable to the following:

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

May 6, 2026

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, 2025 and ended February 28, 2026 (2Q-2026)

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

Attachment: Exhibit A

Quarterly Control & Compliance Attestation
Quarter ending February 28, 2026

EXHIBIT A

Two (2) attestation exceptions were received for the Quarter which began December 1, 2025 and ended February 28, 2026 (2Q26). 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.
- B. Attestation exception has been mitigated and placed in the attestation records without reporting to the Audit Committee. **(See Exception Evaluation Form* dated March 17, 2026, Attestation Exception No. 2Q26-01 – Enrollment Reporting (Internal deadline))**
- C. Plan to mitigate attestation exception in place and will be reported to the Audit Committee with mitigation plan. **(NONE)**
- 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 has been reported to the Board through other channels. **(See Exception Evaluation Form* dated March 19, 2026, Attestation Exception No. 2Q26-02 - Coleman College Water Damage)**

* ***The administrative evaluation and recordation process documents and preserves the administration's analysis and conclusions regarding all subjects submitted as attestation exceptions should the Audit Committee or the Board require additional information.***