



HOUSTON COMMUNITY COLLEGE

**Internal Audit Annual Report
Fiscal Year 2017
in Accordance with the Texas Internal Auditing Act**

**Prepared by
Internal Audit Department
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I. Internal Audit Plan for Fiscal Year 2017

The Board of Trustees originally approved the FY 2017 Internal Audit Plan on October 20, 2016. In the absence of a defined HCC audit universe and risk-based methodology, a list of High Risk Audit Candidates was developed by soliciting input from two Texas community colleges Internal Audit Executive Directors, HCC's Risk Management Executive Director, and by reviewing HCC's current major activities and KPMG's Internal Audit Top 10 Key Risks in 2016. This list was used to survey the Board of Trustee members and HCC's executive management to develop the Plan. Interviews with executive management were also performed to obtain an understanding of issues and desired scopes.

Revisions to the plan were approved in February 2017 and August 2017. The following three revisions were approved in February 2017:

1. The Procurement Contracting project was split into two projects: 1) Regulatory & Company Policy Compliance and 2) Procurement Contracting Advisory Service.
2. The Procurement – Third Party Relationships/Vendor Set-up project was split into two projects: 1) Procurement – Vendor Set-up and 2) Procurement – Third Party Relationships.
3. The Campus Safety & Security Operations Management project was split into three projects. One for each of the following Colleges: 1) Central College, 2) Northeast College, and 3) Coleman College.

The following two projects were approved for removal from the plan in August 2017: 1) Contact Hours Reporting and 2) Student Financial Aid Operations due to the external auditor and Texas Higher Education Coordinating Board (THECB) audits performed in FY 2017.

A FY 2017 Internal Audit Plan Status Report is detailed in the following table.



FY 2017 Internal Audit Plan Status Report

Audit Projects	Project No.	Stage	Final Report Issued	Notes/Issues
Human Resources Operations	15-12	Complete	12/16/2016	Report issued Friday, December 16
Procurement - Legal Policy Compliance	17-1-1	Complete	6/1/2017	Report issued Thursday, June 1
Procurement - Contracting (CSA Advisory Services)	17-1-2	Fieldwork		Rollover project to 2018 Audit Plan
Procurement - Vendor Set-up	17-2-1	Complete	9/13/2017	Report issued Wednesday, September 13
Procurement - Third Party Relationships	17-2-2	Complete	6/12/2017	Report issued Monday, June 12
IT Cyber & Data Security	17-3	In-progress		Rollover project to 2018 Audit Plan
Campus Safety & Security Regulatory Acts Compliance	17-4	Complete	8/21/2017	Report issued Monday, August 21
Campus Safety & Security Operations Management - Compliance: Central College	17-5-1	Complete	6/13/2017	Report issued Tuesday, June 13
Campus Safety & Security Operations Management - Compliance: Northeast College	17-5-2	Complete	6/13/2017	Report issued Tuesday, June 13
Campus Safety & Security Operations Management - Compliance: Coleman College	17-5-3	Complete	6/13/2017	Report issued Tuesday, June 13
Accreditations - Third Party Program	17-6	Complete	8/10/2017	Report issued Thursday, August 10
Automated Internal Audit Management System Implementation	17-7	Implement	N/A	Implement 8/21-25; Training 9/12-15
FY 2018 Audit Planning & ERM Assessment	17-8	Ongoing	8/17/2017	FY2018 IA Plan approved by BOT, August 17
Internal Quality Assurance Review	17-9	In-progress		Currently establishing Department processes
FY 2017 Internal Audit Annual Report	17-10	In-progress	10/19/2017	Presented to BOT October 19
Action Plan Follow-ups	17-11	N/A	N/A	Follow-ups will be done in FY 2018
Fraud & Special Investigations	17-12	N/A	N/A	No investigations requested
Contact Hours Reporting	17-13	Removed	N/A	BOT approved removal from plan August 17
*Student Financial Aid Operations	17-14	Removed	N/A	BOT approved removal from plan August 17
*Web Presence	17-15	Rolled to 2018	N/A	Rollover project to 2018 Audit Plan



II. Quality Assurance Review

An internal quality assurance review is currently in progress. No external quality assurance review was performed on the Internal Audit Department in FY 2017. An external quality assurance review is planned in the future in compliance with the Institute of Internal Auditors International Standards for the Professional Practice of Internal Auditing.

The HCC Internal Audit Department completed the following three rebuilding activities during FY 2017:

- 1) Recruiting the entire professional staff with diversified skill sets;
- 2) Implemented TeamMate, an automated internal audit management system; and
- 3) Collaborated with the Risk Management Office to complete the first phase of the Enterprise Risk Management Assessment for HCC.

III. Summary of Observation and Management Action Plans

See the detailed FY 2017 Audit Observations and Management Action Plans Attachment to this report

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

Internal Audit began a consulting advisory service project on the procurement contracting process in FY 2017. Procurement Operations has procured the JAGGAER source-to-pay suite to automate the contracting process. The Internal Audit advisory service project is being rolled forward to the FY 2018 Internal Audit Plan to include control framework advice on the implementation of the JAGGAER automated system.

Members of the Internal Audit Department participated on the following task force and committees in FY 2017:

1. Title IX Task Force
2. IT Security Steering Committee
3. Web Governance Council Subcommittee

V. Internal Audit Plan for Fiscal Year 2018

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 2018. The Plan's development and approval are intended to satisfy requirements under HCC's Internal Audit Charter, International Standards for the Professional Practice of Internal Auditing, and the Texas Internal Auditing Act.

A significant amount of time will be devoted to the following two activities in FY 2018:

- 1) Refining the implementation of TeamMate, the internal audit management system software; 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.

Plan Development Methodology

The HCC audit universe is being developed through the ERM Assessment Program. The High Risk Audit Candidates identified during the FY 2017 Internal Audit Plan preparation were updated based on the ERM Assessment interviews conducted with Executive Cabinet members and other executive managers, reviewing HCC's current major activities, KPMG's Internal Audit Top 10 Considerations for 2017, IIA International Standards for the Professional Practice of Internal Auditing, and Texas Internal Auditing Act.



**Internal Audit Department
Fiscal Year 2018 Audit Plan**

No.	Project	Description	Hours
Operational Audit Projects			
17-3	*IT Cyber & Data Security	High level general controls review of the Information Technology data security management system	160
17-15	*Website Review	Review compliance with HCC's Web Standards and Guidelines and ensure adequate controls for information safety & soundness	640
18-O-1	Accreditation - SACS	Review the management system that ensures adequate documentation for SACS accreditation	640
18-O-2	Ethics Program Review	Evaluate the design, implementation, and effectiveness of HCC's ethics-related programs and activities	640
18-O-3	PeopleSoft Application Controls	Review logical access controls in PeopleSoft software applications to ensure data is processed accurately and as intended from input to storage to output	640
Compliance Audit Projects			
18-C-1	Campus Safety & Environmental Operations Management	Planning for campus safety & environmental legal policy compliance management reviews	480
18-C-1-1	Northwest College	Safety & environmental legal policy compliance	200
18-C-1-2	Southeast College	Safety & environmental legal policy compliance	200
18-C-1-3	Southwest College	Safety & environmental legal policy compliance	200
18-C-2	Direct Payments Review	Review direct payment activity for compliance with the Procurement Manual procedures	320
18-C-3	Executive Expenses Review	Review executive expenses for compliance with HCC policies and procedures	160
18-C-4	Required Regulatory Reporting	Review the process for capturing required regulatory reporting and monitoring compliance	640
Advisory Services Projects			
17-1-2	*Procurement - Contracting Advisory Services	Control framework advice on Procurement Operations implementing JAGGAER source-to-pay suite	560
18-S-1	Committees & Task Forces	Participate on committees and task forces providing risk management and control advice	120
18-S-2	Continuous Auditing	Create automated extracts of data and reports to analyze specific business risks	480
18-S-3	Fraud & Special Investigations	Responsive to provide services as required	324
Administrative Projects			
18-A-1	FY 2019 Audit Planning & ERM Assessment	Collaborate with HCC Risk Management continuously updating the Enterprise Risk Management (ERM) assessment and audit planning	800
18-A-2	TeamMate System Implementation & Training	TeamMate automated internal audit management system implementation & training	500
18-A-3	Internal Quality Assurance Review	Perform a formal internal quality assurance review	240
18-A-4	FY 2018 Annual Audit Report	Compile and prepare State required audit report	120
Observation Action Plan Follow-ups			
	Observation Action Plan Follow-ups	Follow-up on completion of previous audit observations action plans	320
* Carry-over projects from FY 2017 Internal Audit Plan			

VI. External Audit Services – Fiscal Year 2017

In FY 2017, the following audits were performed by auditors external to HCC:

- Grant Thornton – Annual Financial Statements Audit
- R.L. Townsend and Associates – ongoing construction in progress audit
- Texas Mutual Insurance Company – Annual Worker's Compensation Audit
- Houston-Galveston Area Council – Compliance desk review of the annual financial reports of HCC for the fiscal years ended August 31, 2014, and August 31, 2015, for compliance with the reporting requirements of Office of Management and Budget Circular A-133 pursuant to HCC contracts with H-GAC.
- Houston-Galveston Area Council – Annual Quality Assurance Review for TWC/HGAC's Adult Education and Literacy contract with HCC
- Houston-Galveston Area Council – Workforce Solutions first annual equal opportunity and accessibility review of the Adult Education and Literacy program at HCC
- 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 number 213-17 for the contract period October 1, 2016 to September 30, 2017. Audit performed by Weaver and Tidwell LLP
- Texas Higher Education Coordinating Board – compliance monitoring audit of the Texas Educational Opportunity Grant (TEOG)
- Texas Higher Education Coordinating Board – follow up review of THECB's Compliance Monitoring Audit of Formula Funding at Houston Community College (THECB-CM-FF-14-007), dated August 27, 2014
- Texas Higher Education Coordinating Board – Evaluation and Desk Review of Perkins Grant funds (received as a federal pass-thru from THECB)



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 83rd Legislature's General Appropriations Act, and Texas Government Code, Section 321.022:

- The HCC 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.
- HCC established a confidential independent hotline in FY 2017 for people to report suspected fraud, abuse, and unethical behavior.



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.

HCC Internal Audit will submit the Internal Audit Annual Report to the website coordinators to be posted 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 2017 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
17-1-1 Procurement – Contracting Legal Policy Compliance	1	<p>In accordance with Texas Education Code Section 44.034 - Notification of Criminal History of Contractor, a contractor is required to provide advance notice if the owner or operator of the business entity has been convicted of a felony. Additionally, the Disclosure of Certain Relationships with Local Government Officers is required to be completed and submitted when a conflict of interests exists in accordance with Local Government Code chapter 176.</p> <p>A sole source vendor did not provide a Notification of Criminal History of Contractor form. Another sole source vendor did not provide a Notification of Criminal History of Contractor form and a Disclosure of Certain Relationships with Local Government Officers form. The POD's practice was to rely on the General Terms and Conditions in the Purchase Order which explicitly states the contractor is responsible for complying with all governing laws including Texas Education Code Section 44.034 and Local Government Code chapter 176.</p>	<p>The Procurement Department has created an updated Proposer's Certifications packet that will be used for sole source and informal purchases. This improvement to the process is intended to facilitate obtaining the required criminal history and conflict of interest information from the vendors. The Proposer's Certifications packet will be used for sole source and informal items and will also include the Financial Interests and Potential Conflicts of Interests form on those purchases that are greater than \$50K.</p>	Director, Strategic Sourcing	Completed 5/24/2017
17-2-2 Third Party Vendor Relationships	1	<p>SOC 2 Type II reports were not consistently obtained and review documented. Although the IT Department reviewed proposed purchases of products and services as indicated in Procurement policies, we noted that SOC 2 reports were not consistently obtained and documentation was lacking on evaluating the vendor's control environment, determining whether residual risks were acceptable and ensuring that HCC could meet the requirements of user entity complementary controls described in the reports.</p> <p>During our audit of Third Party Vendor Relationships, we attempted to obtain SOC 2 Type II reports from all vendors that could potentially expose HCC to loss, exposure or corruption of sensitive data.</p> <p>We obtained the reports for (certain) vendors, making these available to IT to perform the needed review.</p> <p>We were unable to obtain the reports for (certain) vendors that we determined also expose HCC to potential for loss, corruption or disclosure of sensitive data and thus also require review.</p>	<p>Procurement Operations responded that effective May 8, 2017, the Strategic Sourcing group will request the SOC 2 Type II audit report as part of all new public procurement (RFx) projects that involve either a hosted solution and/or the sharing of data between HCC and a potential contractor. This information will be provided to the IT Security group at the beginning of the evaluation process so that a written determination can be made by the IT Security group with regard to the viability of the proposed solution as it relates to HCC IT Security standards and security requirements.</p> <p>Information Technology responded that IT Administrative Services will collect the existing HCC IT Contract SOC 2 Type II reports, including assisting with the coordination of any Non-Disclosure Agreement (NDA) requests. They will relay the reports to IT Security for formalized review relative to the existing systems and contracts in place.</p> <p>For any new IT related contracts (sole source or cooperative), specific request of the SOC 2 Type II reports will be included within the existing Software Request Workflow process as part of the Data Security Evaluation. The IT Security review of SOC 2 Type II reports will be documented, including decisions to accept any related risks and acknowledgment of user entity complementary controls in place. The documentation process will be completed for the existing contract SOC 2 Type II reports as well as those for renewals and new contracts going forward.</p>	<p>Director Strategic Sourcing will obtain SOC 2 type II reports for new contracts and renewals.</p> <p>Director IT Administrative Services will coordinate collection of existing HCC IT Contract SOC reports and Interim Director IT Security will perform and document the SOC report review for existing and future contracts and renewals.</p>	In Progress 3/31/2018

FY 2017 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	2	<p>The contract Addendum for IT service providers was not used. The contract addendum developed by the Legal Department in collaboration with IT for use with IT-related vendors was not being consistently used with applicable contracts for IT-related services for initial and renewal contracting.</p>	<p>The Procurement Operations Department will include the office of General Counsel approved IT contract addendum as part of the sample form agreement included with all new procurements that include IT related services. All proposed contract language that is gathered through the procurement process will be shared with the Office of General Counsel for review.</p> <p>The Office of General Counsel will review and include all relevant provisions of the IT contract addendum in the final legally sufficient contract prior to execution. While inclusion of the IT Addendum in all IT related contracts is the goal, there could be situations where HCC needs to make the purchase but does not have sufficient leverage to require inclusion of the entire IT addendum as currently drafted. When those situations occur, the Office of General Counsel will work with IT to ensure the contract includes language acceptable to IT.</p>	<p>Director Strategic Sourcing Assistant General Counsel</p>	<p>In Progress 3/31/2018</p>
<p>17-4 Campus Safety and Security - Regulatory Acts Compliance</p>	1	<p>The Title IX regulation requires the higher education institution to publish a non-discrimination statement that "HCC does not discriminate on the basis of sex in the education programs or activities HCC operates and it is required by Title IX not to discriminate in such a manner" and "questions regarding Title IX may be referred to the HCC's Title IX coordinator or to Office of Civil Rights (OCR)". The statement must also be "widely distributed to all applicants" for admission and employment, students, employees, sources of referral of applicants for admission and employment, and all unions or professional organizations holding collective bargaining or professional agreements with the recipient. Audit result indicates that: 1. The statement published in the automated employment application website, is worded "contact Employment Services Office for questions of Title IX" rather than Title IX coordinator. 2. The Non-discrimination Statement is not published on the OIE website.</p>	<p>1. Will modify the statement published on the automated employment website and add the contact number for the Title IX Coordinator, "David Cross, Director EEO/Compliance, Title IX Coordinator for questions regarding Title IX." 2. Will add non-discrimination statement to OIE Website.</p>	<p>Director of EEO/Compliance, Title IX Coordinator</p>	<p>Completed 9/5/2017</p>

FY 2017 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	2	<p>The following policies and procedures are not published as required by Title IX regulations:</p> <p>1) HCC is permitted to administer or assist in the administration of scholarships, fellowships, or other awards that are restricted to members of one sex if the award is:</p> <p>a) Created by certain legal instruments, including wills or trusts, or by acts of a foreign government, provided the overall effect is nondiscriminatory;</p> <p>b) For study at foreign institutions if HCC provides or otherwise makes available reasonable opportunities for similar studies for members of the other sex.</p> <p>2) Prohibited from:</p> <p>a) Applying any rule concerning parental, family, or marital status that treats persons differently on the basis of sex;</p> <p>b) Discriminating against or excluding any student from its education program or activity, including any class or extracurricular activity on the basis of pregnancy, child birth, false pregnancy, termination of pregnancy, or recovery therefrom.</p> <p>3) Prohibited from subjecting any person to separate or different rules of behavior, sanctions, or other treatment, such as discriminatory discipline, based on sex.</p> <p>4) HCC may not intentionally separate students by sex from contact sports in physical education classes.</p>	<p>HCC will add the following policy and procedure statements to HCC Regulations:</p> <p>1) HCC is permitted to administer or assist in the administration of scholarships, fellowships, or other awards that are restricted to members of one sex if the award is:</p> <p>o Created by certain legal instruments, including wills or trusts, or by acts of a foreign government, provided the overall effect is nondiscriminatory;</p> <p>o For study at foreign institutions if HCC provides or otherwise makes available reasonable opportunities for similar studies for members of the other sex.</p> <p>2) Prohibited from:</p> <p>o Applying any rule concerning parental, family, or marital status that treats persons differently on the basis of sex;</p> <p>o Discriminating against or excluding any student from its education program or activity, including any class or extracurricular activity on the basis of pregnancy, child birth, false pregnancy, termination of pregnancy, or recovery therefrom.</p> <p>3) Prohibited from subjecting any person to separate or different rules of behavior, sanctions, or other treatment, such as discriminatory discipline, based on sex.</p> <p>4) HCC may not intentionally separate students by sex from contact sports in physical education classes.</p>	Director of EEO/Compliance, Title IX Coordinator	In-progress 10/1/2017
	3	<p>As regulated in Title IX, the grievance investigation process must be completed within 60 days and the exceptions include incidents involving multiple complainants or appeals by both parties. Our test concluded that two (2) cases of EEO-15-040 and EEO-15-060 were completed in more than 100 days. EEO-15-041 and EEO-15-075 were completed in 97 and 65 days, respectively. In addition, compliance with the mandated grievance and investigation procedures needs to be documented.</p>	<p>1. In November of 2016, the HCC Office of Institutional Equity added an additional investigator to the department investigative staff reducing heavy caseloads and ensuring a timely close of Title IX complaints and investigations. In February 2017, the Board of Trustees approved new Title IX Policies and Procedures allowing for the appointment of 14 additional Title IX Contacts located in the field to provide an immediate response to Title IX Issues. OIE will continue the improvement of processing time to meet the required completion in 60 days or less.</p> <p>2. An initial Title IX investigative interview checklist will be developed and reviewed to ensure that all review components are identified and discussed. The interview checklist will include a signature line for both the investigator and interviewee and will be completed upon initial contact. The interview checklist will become a permanent part of the case file. All Title IX Contacts and Investigators will be trained regarding use of the revised interview checklist.</p>	Director of EEO/Compliance, Title IX Coordinator	In Progress 1. 10/1/2017; 2. 11/1/2017

FY 2017 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	4	<p>Title IX regulation requires the Title IX and sexual violence training are provided on a regular basis and considering the educational methods that are most likely to help students retain information when designing its training, including repeating the training at regular intervals. Our review indicated that:</p> <ul style="list-style-type: none"> - HCC mandatory Title IX training is required to be completed by HCCPD officers within a month starting the assigned date. Twenty-six (26) of 113 officers did not complete the training by the due date including twelve (12) of them who finished it more than 2 months late. OIE did not follow-up on the overdue training. - Only new (not all students) are distributed the Title IX materials in new student orientation. - Only new full-time (not all students) are provided a one-time mandated class related to Title IX. - Repeat training is not available for the existing students. 	<p>1. In partnership with the HCC Police and Security Department, OIE will establish a formal review process to ensure police officers receive timely required training. This process will include both on-line and face-to-face training.</p> <p>2. Student focused information regarding Title IX and Sexual Misconduct will be included in the annual notifications process that will be provided by Student Services through the Eagle on-line process. This notification will also include information regarding how to contact the Title IX Coordinator and how to file a Title IX complaint.</p> <p>3. HCC currently coordinates media and communications campaigns regarding sexual misconduct and sexual violence for the following topics: Domestic Violence Month (October), Stalking Awareness Month (January), Teen Dating Violence Month (February), and Sexual Assault Awareness Month (April). A 2017 HCC Title IX Task Force Report recommends additional student training and awareness activities to include incorporating prevention & awareness topics in existing course curriculum and requiring training for all campus student organization participants. To ensure that HCC meets its obligations regarding student awareness and training, HCC will establish an ongoing student awareness and training program to continuously provide access to information regarding sexual misconduct, sexual assault, and other Title IX issues. This program will incorporate both active training and awareness strategies (face-to-face training, on-line training) as well as passive modalities (developing a branded communication's plan, using mobile technology application to provide awareness, reporting, contact, support and other information).</p>	Director of EEO/Compliance, Title IX Coordinator & Chief of Police, HCC	In Progress 1. & 2. 11/1/2017; 3. 1/1/2018
	5	The Clery Act requires crime statistics be disclosed in the ASR in the following four general categories: Criminal Offense, Hate Crimes, VAWA Offenses, and Arrests and Referrals for Disciplinary Action. The 2015 ASR was not prepared in this format.	The parties agreed crime statistics were accurately disclosed for each of four categories. The police department agreed to reformat data table headers beginning with the 2017 ASR (2016 calendar year data). For example, "Clery Offense" will be reformatted to "Criminal Offense". The new table format is on pp. 9-4 and 9-5 of The Handbook for Campus Safety and Security Reporting, 2016 Edition.	Chief of Police, HCC	Completed 8/14/2017
	6	Written procedures for preparing the ASR have not been established. The process of reporting relies upon the reporter's experience, knowledge and the guidelines of Clery Act handbook.	The police department will publish a comprehensive procedure for compiling HCC's ASR.	Chief of Police, HCC	In Progress 12/1/2017
17-5-1 Central College Campus Safety & Security Operations Management - Compliance	1	There was no Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable. (OSHA 29 CFR 1910.1450(a), Toxic and Hazardous Substances, Occupational Exposure to Hazardous Chemicals in Laboratories; OSHA 29 CFR 1910.1200(a), Toxic and Hazardous Substances, Hazard Communication; TAC 502.009, Hazardous Substances, Employee Education Program). Number of times Exception occurred 22	The Hazard Communication Program and Laboratory Safety and Chemical Hygiene Plan have been updated/revised by the Safety Department and are available in binders for all required areas.	Director of College Operations & Auxiliary Services, Central College.	Completed 5/18/2017

FY 2017 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	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 12	This situation has been corrected for the following rooms: LHSB 305, FAC 107, LHSB 413, LHSB 307, and LHSB 417. Flammable cabinets are needed, and they will be purchased for JBW 119.1, JBW 222, JBW 229, JBW 115B, LHSB 409, JBW 104, and JBW Welding.	Director of College Operations & Auxiliary Services, Central College.	In Progress 8/31/2017
	3	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 8	We will work with Safety Department personnel to determine proper chemical classifications in the Chemistry Labs. Storage cabinets will then be purchased so that chemicals may be properly stored by hazard class.	Director of College Operations & Auxiliary Services, Central College.	In Progress 8/31/2017
	4	An eyewash station, though required, is not present or operational, or the expiration date has passed on the portable eyewash station in this room. (OSHA 1910.151.c Medical and First Aid) Number of times Exception occurred 8	Central College Operations Department personnel are assessing each area to determine whether there is access to a water line for installation of permanent eyewash stations. This is being reviewed with Safety Department personnel to determine the best product and location for each area.	Director of College Operations & Auxiliary Services, Central College.	In Progress 8/31/2017
	5	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 7	Obstructed areas are being cleared.	Director of College Operations & Auxiliary Services, Central College.	In Progress 8/31/2017
	6	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 6	The noted hazardous waste containers are being properly marked concerning contents.	Director of College Operations & Auxiliary Services, Central College.	Completed 9/15/2017
	7	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 6	Signage is in process of being purchased for these areas.	Director of College Operations & Auxiliary Services, Central College.	In Progress 8/31/2017
	8	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)	The situation has been corrected by properly labeling all containers with the exception of a single container in FAC 107 which requires additional information which will be obtained from the Safety Department in the next 14 days.	Director of College Operations & Auxiliary Services, Central College.	Completed 9/15/2017
	9	Permanent aisles and passageways are not clear. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces) Number of times Exception occurred 5	Aisles and passageways have been cleared.	Director of College Operations & Auxiliary Services, Central College.	Completed 5/9/2017
	10	Chemicals are being stored under the fume hoods. (OSHA 29 CFR 1910.1450) Number of times Exception occurred 5	Chemicals are being removed from fume hoods.	Director of College Operations & Auxiliary Services, Central College.	Completed 9/15/2017
	11	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	All containers have been properly and adequately labeled in LHSB 311, LHSB 417, and FAC 203. This task is in progress for FAC Courtyard.	Director of College Operations & Auxiliary Services, Central College.	Completed 7/17/2017

FY 2017 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	12	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 4	Protective caps have been placed on all gas cylinders that were missing them.	Director of College Operations & Auxiliary Services, Central College.	Completed 5/16/2017
	13	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 3	We will ensure that all required safety data sheets are on hand in each room and that they are available for viewing by all.	Director of College Operations & Auxiliary Services, Central College.	In Progress 8/31/2017
	14	There were power tools or equipment with electrical hazards, such as exposed or damaged wiring. (OSHA 29 CFR 1926.404(b) and (OSHA 29 CFR 1910.305(j), Electrical Wiring methods, components, and equipment for general use) Number of times Exception occurred 3	The damaged electrical cord has been replaced on the equipment in the Welding Shop. Appropriate ground fault circuit interrupters have been installed around the sinks in FAC 203. The radial saw in JBW 228 is no longer used or needed; therefore, it is in the process of being removed.	Director of College Operations & Auxiliary Services, Central College.	Completed 9/15/2017
	15	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 3	All gas cylinders in the noted rooms have been secured with chains and anchors that were recently purchased.	Director of College Operations & Auxiliary Services, Central College.	Completed 5/8/2017
	16	Portable power tools were found to not be equipped with appropriate guards. (OSHA 29 CFR 1910.243, Guarding of portable powered tools) Number of times Exception occurred 2	The grinder in FAC 110 is not needed and has been removed. A replacement guard will be purchased for the grinder located in JBW 228.	Director of College Operations & Auxiliary Services, Central College.	Completed 9/15/2017
	17	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) Number of times Exception occurred 2	Gas cylinders have been properly stored and anchored with chains	Director of College Operations & Auxiliary Services, Central College.	Completed 5/8/2017
	18	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	The improper containers (buckets with lids) were removed from the room. On advice from the Safety Department, we purchased a spill tray for this room.	Director of College Operations & Auxiliary Services, Central College.	Completed 5/12/2017
	19	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	The decision to remove the two grinders has been made and the process to disable all electricity to this equipment is in progress. After this step is complete these machines will be removed from the Welding Shop because they are no longer used or needed.	Director of College Operations & Auxiliary Services, Central College.	Completed 9/15/2017
	20	Welding cables were not in adequate condition - the insulation was not intact, leaving bare conductors. (OSHA 29 CFR 1910.254(d)(9)(iii), Arc welding and cutting) Number of times Exception occurred 1	Welding Shop personnel are in the process of obtaining materials to repair insulation surrounding the conductors on the noted welding cables.	Director of College Operations & Auxiliary Services, Central College.	In Progress 8/31/2017
17-5-2 Northeast College Campus Safety & Security Operations Management - Compliance	1	There was no Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable. (OSHA 29 CFR 1910.1450(a), Toxic and Hazardous Substances, Occupational Exposure to Hazardous Chemicals in Laboratories; OSHA 29 CFR 1910.1200(a), Toxic and Hazardous Substances, Hazard Communication; TAC 502.009, Hazardous Substances, Employee Education Program) Number of times Exception occurred: 19	An online version of the Chemical Hygiene Plan is available and has been available under the title "Safety and Loss Control." As of May 18, 2017, an updated Chemical Hygiene Plan has been developed and distributed to Northeast College. Dr. Jerome Drain, COE Dean of Natural Sciences will work with Ronald "Lynn" Roberts, Environmental Safety Manager, to ensure that appropriate Hazard Communication Programs are in place where they are needed.	COE Dean of Natural Sciences & COE Deans with Environmental Safety Manager.	In Progress 7/31/2017

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	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: 14	The previous online Safety Plan provided for the storage of flammable substances inside buildings where approved storage cabinets or rooms are not available. To be in compliance with the new, updated Plan, the District Dean of Natural Sciences has prepared requisitions to purchase NFPA approved flammable storage cabinets.	COE Dean of Natural Sciences	In Progress 9/22/2017
	3	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) Number of times Exception occurred: 7	Hard copies of required Safety Data Sheets are available for some labs. Additional hard copies have been ordered. In meeting with the Environmental Safety Manager, hard copies will be available for all Programs.	COE Dean of Natural Sciences with Environmental Safety Manager, COE Deans	In Progress 8/31/2017
	4	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: 7	The improperly stored chemicals have been properly stored.	COE Dean of Natural Sciences	Completed 6/13/2017
	5	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: 6	The Academic Science Department is removing the unknown chemicals that were being stored in unlabeled or illegibly labeled containers and disposing of them properly.	COE Dean of Natural Sciences	In Progress 8/31/2017
	6	Permanent aisles and passageways are not appropriately marked and kept clear. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces) Number of times Exception occurred: 5	All of the passageways noted in this Observation are being cleared and clearly marked.	Northeast COE Dean of Automotive Technology.	In Progress 8/15/2017
	7	Chemicals are being stored under the fume hoods. (OSHA 29 CFR 1910.1450) Number of times Exception occurred: 4	All materials under fume hoods are being removed.	COE Dean of Natural Sciences.	In Progress 8/31/2017
	8	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: 4	The valve protection caps are being properly placed on all compressed gas cylinders not in use. Appropriate parties have been instructed to replace the caps each time cylinders are stored.	Dean, Material Sciences COE.	In Progress 8/31/2017
	9	Areas around fire extinguishers, pull fire alarms, eyewash/safety showers and electrical panels were obstructed. (OSHA 29 CFR 1910.22(c)) Number of times Exception occurred: 3	All noted obstructions have been cleared.	Northeast COE Dean of Automotive Technology.	Completed 6/13/2017
	10	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: 3	COE Dean of Natural Sciences, is working with Science Lab Coordinators to ensure that all hazardous waste containers are properly marked concerning contents.	COE Dean of Natural Sciences	In Progress 8/31/2017
	11	An eyewash station, though required, is not present or operational, or the expiration date has passed on the portable eyewash station in this room. (OSHA 1910.151.c, Medical and First Aid) Number of times Exception occurred: 3	Eyewash station inspections are now occurring on a weekly basis. Three rooms do not have functional/unexpired eyewash stations.	Campus Director & Campus Manager II, Northeast College.	In Progress 9/15/2017
	12	A safety shower is not present, as required. (OSHA 1910.151.c, Medical and First Aid) Number of times Exception occurred: 2	An Authorization for Expenditure (AFE) form was generated and submitted to the District Facilities Department as the first step in getting safety showers installed in these two rooms.	Manager, Area Facilities.	In Progress 8/31/2017

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	13	Floors are not clear/aisles are obstructed. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces) Number of times Exception occurred: 1	Floors have been cleared and made free of obstructions.	Northeast COE Dean of Automotive Technology.	Completed 6/13/2017
	14	Exit routes are obstructed. (OSHA 29 CFR 1910.22(c)) Number of times Exception occurred: 1	The cabinetry in Biology Lab 233 that was partially blocking an exit has been relocated.	COE Dean of Natural Sciences.	Completed 6/13/2017
	15	Fume hoods are not in place or are not working properly. (ANSI/AIHA Z9.5-2003) Number of times Exception occurred: 1	The District Facilities team is working to repair the fume hood in Codwell room 229.	Manager, Area Facilities.	Completed 6/13/2017
	16	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	All grinders without guards were immediately "locked out" and new grinders were ordered.	Northeast COE Dean of Automotive Technology.	Completed 6/13/2017
	17	There was not sufficient access and working space about some electric equipment to permit ready and safe operation and maintenance of such equipment. (OSHA 29 CFR 1910.303(g) (1), Electrical – General) Number of times Exception occurred: 1	The metal rods that are obstructing the working space in front of a grinder are being removed.	Dean, Material Sciences COE.	In Progress 8/15/2017
	18	There were power tools or equipment with electrical hazards, such as exposed or damaged wiring. (OSHA 29 CFR 1926.404(b) and (OSHA 29 CFR 1910.305(j), Electrical Wiring methods, components, and equipment for general use) Number of times Exception occurred: 1	The damaged electrical box has been repaired. All damaged and miscellaneous wires have been removed. Exposed wires have been properly insulated.	Manager, Area Facilities.	Completed 6/13/2017
	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: 1	Material Sciences COE has worked with the Northline Campus Manager to check all gas cylinders and ensure that they are properly secured for their programs offered at the Automotive Technology Center.	Dean, Material Sciences COE.	Completed 6/13/2017
17-5-3 Coleman College Campus Safety & Security Operations Management - Compliance	1	There was no Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable. (OSHA 29 CFR 1910.1450(a), Toxic and Hazardous Substances, Occupational Exposure to Hazardous Chemicals in Laboratories; OSHA 29 CFR 1910.1200(a), Toxic and Hazardous Substances, Hazard Communication; TAC 502.009, Hazardous Substances, Employee Education Program) Number of times Exception occurred: 11	A written Chemical Hygiene Plan (CHP) and/or Hazard Communication Program (HCP), as applicable, will be developed and implemented for each class room noted in this Observation and any other class rooms where there is potential exposure to chemicals. These CHPs and HCPs will incorporate the policies, procedures and responsibilities that protect students, faculty and staff from the health hazards associated with the hazardous chemicals used in each class room. We will work closely with representatives from the HCC Environmental Safety Department to ensure the CHPs and HCPs are effective. They will be designed to also acquaint students, faculty and staff with HCC's safety and health policies and to inform them of their rights and obligations under federal and state regulations.	Coleman College Campus Manager II, Interim Dean, Health Sciences COE, Dean, Nursing	Completed 9/15/2017
	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: 8	We are awaiting delivery of eight (8) NFPA approved flammable storage cabinets that have been ordered in order to satisfy this requirement. Additionally, we have instructed Program Directors to make sure we are in compliance by storing all flammable items in the flammable storage cabinets	Coleman College Campus Manager II, Interim Dean, Health Sciences COE, Dean, Nursing	Completed 9/15/2017

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	3	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: 6	The noted areas that were obstructed are being cleared. Furthermore, we have placed floor stickers indicating "Do Not Block" in front of fire extinguishers, fire alarm pulls, and electrical panels	Coleman College Campus Manager II, Interim Dean, Health Sciences COE, Dean, Nursing	In Progress 8/31/2017
	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) Number of times Exception occurred: 4	We have ordered Safety Data Sheet stations for all labs and class rooms with hazardous chemicals on hand.	Coleman College Campus Manager II, Interim Dean, Health Sciences COE, Dean, Nursing	Completed 9/15/2017
	5	Permanent aisles and passageways are not appropriately marked and kept clear. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces) Number of times Exception occurred: 2	We have rearranged the storage area, and the boxes that were blocking the passageways are being relocated.	Coleman College Campus Manager II	Completed 9/15/2017
	6	A safety shower is not present, as required. (OSHA 1910.151.c, Medical and First Aid) Number of times Exception occurred: 2	We will have safety showers installed in these two rooms.	Coleman College Campus Manager II, Interim Dean, Health Sciences COE, District Facility Maintenance Manager	In Progress 8/31/2017
	7	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: 1	The two fire extinguishers in this room that lacked current annual inspections are being replaced.	Coleman College Campus Manager II, Interim Dean, Health Sciences COE	Completed 9/15/2017
	8	There was no current (within one month) inspection tag for all fire extinguishers. (OSHA 29 1910.157(e)(2), Portable fire extinguishers) Number of times Exception occurred: 1	The two fire extinguishers in this room that lacked current monthly inspections are being replaced.	Coleman College Campus Manager II, Interim Dean, Health Sciences COE	Completed 9/15/2017
	9	There are damaged or missing ceiling tiles. (OSHA 29 CFR 1910.37(a)(4)) Number of times Exception occurred: 1	The damaged ceiling tile has been replaced.	Coleman College Campus Manager II	Completed 5/12/2017
	10	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: 1	All bottles in this room that were unlabeled or for which the labels were illegible have been removed.	Coleman College Campus Manager II, Interim Dean, Health Sciences COE	Completed 5/12/2017
	11	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: 1	The noted items have been moved and properly stored.	Coleman College Campus Manager II, Interim Dean, Health Sciences COE	Completed 5/12/2017

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	12	Chemicals are being stored under the fume hoods. (NFPA-45 8.11.10) Number of times Exception occurred: 1	The noted items have been removed from the fume hood and properly stored.	Coleman College Campus Manager II, Interim Dean, Health Sciences COE	Completed 5/12/2017
	13	There was no evidence that a copy of the Exposure Control Plan is accessible to students/staff/faculty. (OSHA 29 CFR 1910.1030(c)(1)(iii) Blood borne pathogens) Number of times Exception occurred: 1	An Exposure Control Plan is provided to all students at the beginning of each semester. Henceforth, a copy will also be placed with the Safety Data Sheets in each class room. A copy will also be maintained in the College Operations Office.	Coleman College Campus Manager II, Interim Dean, Health Sciences COE	Completed 9/15/2017
17-6 Third Party Program Accreditations	1	The District Curriculum Office maintains a current list of accredited programs, however, the program information published on the HCC webpage that students or prospective students may use to select programs does not match the current list. The Specialty Accreditations can be found on the Accreditation webpage under "About us" or via the navigation bar on the Catalog page under Accreditation by selecting "More Information". Vocational Nursing is listed on the webpage even though new students cannot be enrolled while the program is on conditional status (effective April 2017). While it may perhaps be appropriate to continue to list this program, the status should be correctly disclosed in order to not be misleading to students or other users of the website. Licensed Vocational Nursing (LVN) is also still listed in the A-Z programs and list of degrees and certificates under Catalog even though it cannot enroll new students. The website information for the Associate Degree Nursing program, which was restored tisting course curriculum and requiring training for all campus student organization participants. To ensure that HCC meets its obligations regarding student awareness and training, HCC will establish an ongoing student awareness and training program to continuously provide access to information regarding sexual misconduct, sexual assault, and other Title IX issues. This program will incorporate both active training and awareness strategies (face-to-face training, on-line training) as well as passive modalities (developing a branded communication's pla	Recently, the department worked with Communications to update the Specialty Accreditations content by creating a new widget to present the list of accreditations, and to give the Curriculum Office access to update the list without the need to submit a Service Request to update the Web. During that process, discrepancies were found in a number of accreditations/state regulatory agencies listed when compared to the Master database in SmartSheet. As a result, the lists were reconciled and updates made to the widget to reflect not just Workforce Instruction programs with accreditations but also Continuing Education "areas of study" with accreditations/state regulatory agencies. The Specialty Accreditation page is now updated and aligned to the master list. Additionally, submission of the LVN accreditation status change was made in April 2017, however, changes were not posted as requested due to a breakdown in communication. Changes were made on August 3, 2017 to the LVN accreditation status in order to remain compliant with TBON regulations and to inform prospective students that the Program will not accept new students for Fall 2017 as a result of the BON approval status. A mechanism has been established to prevent a repeat of non-compliance.	Accreditation Coordinator, Manager, Curriculum Support and Research, Communications Program Coordinators, COE Deans	Complete - 7/21/2017 Specialty Accreditation page updated; 8/3/2017 LVN Accreditation Status updated

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	2	<p>HCC Policy EFAD (REGULATION) establishes guidelines related to pass rate standards for all instructional programs that have a licensure / certification examination required upon program completion and for employment or a licensure / certification examination available but not required for employment. This policy requires HCC to establish a minimum institutional pass rate standard of 75% unless the accrediting agency requires a minimum standard, in which case, HCC adopts the agency's standard. The Curriculum Office maintains a database of 25 accredited programs that have a licensure / certification examination available. The pass rate history by completion year is recorded for each program in this database. One of the data elements recorded in the database is the Agency Pass Rate Standard. We found that the standard recorded for 5 of 25 programs did not match the actual standard required by the accrediting agency. In order for the database to be effective as a monitoring tool to ensure that student outcomes are meeting requirements, the appropriate pass rate standards should be included.</p>	<p>The database was updated to add another column in order to record both the agency standard and HCC's internal standard to ensure the appropriate pass rate standards were reflected in the database. It should be noted that the Department submitted a budget request to hire a Licensure/Certification Coordinator for the 2017-2018 school year to, among other responsibilities, coordinate industry-recognized licensure and certifications for all relevant instructional programs. This position would be responsible for maintaining the databases and reporting, including pass rate standards and student examination results.</p>	<p>Manager, Curriculum Support and Research, Interim VC Instructional Services, & AVC of Curriculum and Learning Initiatives, Program Coordinators, COE Deans</p>	<p>Completed 7/20/2017</p>