I. CALL TO ORDER

II. PLEDGE OF ALLEGIANCE

III. ROLL CALL

IV. PUBLIC COMMENTS
Fifteen minutes (three minute maximum per person) set aside to receive public comments on items on the published agenda.

V. ACCREDITING COMMISSION FOR COMMUNITY AND JR. COLLEGES (ACCJC) ACTION LETTER AND REPORT
The Board of Trustees will receive a presentation focused on the action letter, the external evaluation report, and the strategy that is being implemented to address the recommendations that will lead to the submission of the progress reports.

VI. BOARD’S ROLE IN ACCREDITATION
Dr. Barbara Beno, President of ACCJC, will provide a presentation on the accreditation standards with a focus on the governing board’s role in accreditation.

VII. ADJOURNMENT
AGENDA ITEM FOR BOARD MEETING OF: July 16, 2013

Title
ACCJC Action Letter and External Evaluation Report

Number
V.

Area
Office of the Superintendent/President
Prepared by: Willard Lewallen
Superintendent/President

Status
Presentation

Reference
Strategic Priorities – All
Accreditation Standards – All

BACKGROUND / SUMMARY

At its June 5-7, 2013 meeting, the Accrediting Commission for Community and Junior Colleges (ACCJC) acted to impose probation on Hartnell College. This action was based on the Hartnell College Self Evaluation Report, the report of the External Evaluation Team, and supplemental information that Hartnell College provided.

The action letter requires Hartnell College to submit two progress reports. Per the action letter from the Commission, Hartnell College is required to submit 2 progress reports. The first progress report is due March 15, 2014 and will address Recommendations 2, 3, 4, and 12. The second progress report is due March 15, 2015 and will address Recommendations 1, 5, 6, 7, 8, 9, 10, and 11. Both reports will be followed by a visit of Commission representatives.

The Board of Trustees will receive a presentation focused on the action letter, the external evaluation report, and the strategy that is being implemented to address the recommendations that will lead to the submission of the progress reports.

RECOMMENDATION

None, no action required by the Board of Trustees.
July 3, 2013

Dr. Willard Lewallen
Superintendent/President
Hartnell College
411 Central Avenue
Salinas, CA 93901

Dear President Lewallen:

The Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, at its meeting June 5-7, 2013, considered the Hartnell College Self Evaluation Report, the report of the External Evaluation Team that visited the College March 18-21, 2013, and the supplemental information provided by the College.

The Commission acted to impose Probation and require Hartnell College to correct the deficiencies noted. The College is required to complete two Follow-Up Reports. The first Report is due by March 15, 2014, demonstrating resolution of the deficiencies noted in the 2013 Evaluation Report Recommendations 2, 3, 4, and 12. The second Report is due by March 15, 2015 and should demonstrate resolution of Recommendations 1, 5, 6, 7, 8, 9, 10, and 11, and demonstrate that the changes and improvements meant to resolve deficiencies and comply with Eligibility Requirements and Accreditation Standards noted in Recommendations 2, 3, 4, and 12 have been sustained. Both reports will be followed by a visit of Commission representatives.

Probation is issued when the Commission finds that an institution deviates significantly from the Eligibility Requirements, Accreditation Standards, or Commission policies or fails to respond to conditions imposed upon it by the Commission. The accredited status of the institution continues during the probation period.

I wish to inform you that under U.S. Department of Education regulations, institutions out of compliance with Standards or on sanction are expected to correct deficiencies within a two-year period or the Commission must take action to terminate accreditation. Hartnell College has deficiencies remaining from 2007 Evaluation Team Recommendations 2, 3, and 4. In its consideration, the Commission determined there was good cause to extend the period for meeting all Eligibility Requirements and Accreditation Standards related to those recommendations.

However, Hartnell College must correct the deficiencies noted in Recommendations 2, 3, 4, and 12 below no later than March 15, 2014, or the Commission will be required to take adverse action.
In its March 15, 2014 Follow-Up Report, Hartnell College must demonstrate that the institution has addressed the recommendations noted above, fully resolved each of the noted deficiencies, and now meets the recommendations, Eligibility Requirements and Accreditation Standards identified in the External Evaluation Team Report.

The College’s deadline for resolving deficiencies and meeting all Eligibility Requirements and Accreditation Standards related to the remainder of the recommendations is **March 15, 2015.**

**Recommendation 2:** As previously noted in Recommendations 1, 2, and 3 in the 2007 Comprehensive Team Report and in order to meet the eligibility requirements and the standards, the team recommends that the college develop a comprehensive integrated planning process that includes participatory governance and meets both the strategic and annual needs of the college. The team further recommends that all institutional plans of the College (e.g., budgeting, technology, Student Services) be linked to its planning process and that the outcomes of these processes be regularly communicated to all college constituencies. The team further recommends that budget planning and allocation of resources inform financial projections. (Eligibility Requirement 19, Standards I.B.1; I.B.2; I.B.3; I.B.4; I.B.5; II.B.1; II.B.3; II.B.3.a,c,d,e,f; II.B.4; III.C.2; III.D.1; III.D.1.a, d; III.D.2.b; III.D.3)

**Recommendation 3:** As previously noted in Recommendation 3 in the 2007 Comprehensive Team Report and in order to meet the standards, the team recommends that the college develop a regular systematic process for assessing its long term and annual plans, as well as its planning process, to facilitate continuous sustainable institutional improvement. The team further recommends that the college systematically review effectiveness of its evaluation mechanisms. (Standards I.B.6; I.B.7)

**Recommendation 4:** As previously stated in Recommendation 4 by the 2007 Comprehensive Evaluation Team, to meet Eligibility Requirement 10, and in order to meet the Standards, the team recommends that the college fully engage in a broad-based dialogue that leads to the identification of Student Learning Outcomes at the course and program levels, and regular assessment of student progress toward achievement of the outcomes.

The team further recommends that, in order to meet the Standards, the College develop student learning outcomes and assessment that is ongoing, systematic, and used for continuous quality improvement, where student learning improvement in all disciplines is a visible priority in all practices and structures across the College.
Dr. Willard Lewallen  
Hartnell College  
July 3, 2013  

The team further recommends that training be provided for all personnel in the development and assessment of learning outcomes at the course, program, institution and service levels.

The team further recommends that faculty teaching online be evaluated regularly and that assessment of student learning be measured regularly for online students. (Eligibility Requirement 10; Standards II.A.1.c; II.A.2.a; II.A.2.b; II.A.2.e; II.A.2.f; II.A.2.g; II.A.2.h; II.A.2.i; II.A.3)

**Recommendation 12:** In order to meet standards, the team recommends that:
- Each board member adhere to the Governing Board’s Ethics policy;
- The board self-evaluation continue to be done with full participation of each board member. (Standards IV.B.1.a-j; IV.B.2.a-e)

The Follow-Up Report of March 2015 should demonstrate that the institution has fully addressed the recommendations noted below, resolved the noted deficiencies, and now meets all recommendations, Eligibility Requirements and Accreditation Standards identified in the External Evaluation Team Report.

**Recommendation 1:** In order for the college to meet the standard, the team recommends that the college develop a process for regular and systemic evaluation of its mission statement. Additionally, the team recommends that the college implement this process to thoroughly review and revise its mission statement to more clearly reflect its intended population and address student learning. (I.A.; I.A.3)

**Recommendation 5:** In order to meet the Standard, the team recommends the college create an evaluation and assessment process for the library and support services that is integrated with the college’s program review processes, and that includes an assessment of the process for integrating library acquisitions into circulation in a timely manner and how the needs for staffing, maintenance, and technology support are addressed. The team further recommends that the College create a process to evaluate the impact of minimal library and learning support services at the King City Education Center and Alisal Campus to ensure the sufficient availability of library and support services, including better up-to-date counseling online. (Standards II.B.1; II.B.3; II.B.3.a,c,d,e,f; II.B.4; II.C;II.C.1; II.C.1.a; II.C.1.c)

**Recommendation 6:** In order to fully meet the standard, the team recommends that the college regularly evaluate the contracted library services outlined in the “Memorandum of Clarification” finalized in March 2013. (Standard II.C.1.e)
Recommendation 7: In order to meet the standard, the team recommends that the college ensure that evaluation processes and criteria necessary to support the college’s mission are in place and are regularly and consistently conducted for all employee groups.

The team further recommends that professional learning opportunities be formally and regularly offered to all employee groups to ensure equity in employee development opportunities.

The team further recommends that faculty and others responsible for learning have as a component of their evaluation effectiveness in producing those student learning outcomes. Use the results of employee evaluations as a basis for continuous improvement. (Standard III.A.1.b, c; III.A.2; III.A.3.a; III.A.5.a)

Recommendation 8: In order to meet Eligibility Requirement 5, and in order to meet the standard, the team recommends that the college establish a stable infrastructure of sufficient administrative personnel to better ensure a consistent level of services to support the institution’s mission and purpose. The team further recommends that the college expedite the process to fill vacant and interim positions. (Eligibility Requirement 5; Standards III.A.2; III.A.6; IV.B)

Recommendation 9: In order to meet the standards, the team recommends that the college ensure that program review processes are ongoing, systematic, and used to assess and improve student learning, and that the college evaluate the effectiveness of its program review processes in supporting and improving student achievement and student learning outcomes. The team further recommends that the institution:

- Review and refine its program review processes to improve institutional effectiveness;
- Use the results of program review to clearly and consistently link institutional planning processes to resource allocation, including physical resources. (Standards III.B.2.b III.D.1.a, b; III.D.2.e; III.D.3.h)

Recommendation 10: To fully meet the standard the team recommends that the college develop a process for regular and systemic evaluation of all Human Resources and Business and Fiscal Affairs policies. (Standard III.A.3.a; III.D.)

Recommendation 11: To fully meet the standards, the team recommends that the college implement and evaluate a governance model and establish a key participatory governance group to provide an avenue for meaningful input into decision-making including but not limited to resource allocation. (Standards IV.A.2; IV.A.2.a)
Federal regulations require the Commission to post a Public Disclosure Notice (PDN) for institutions placed on Probation or Show Cause, or when accreditation is terminated. The PDN is used to inform the public of the reasons for such a severe sanction. The Commission will post the PDN on the College’s entry in the Directory of Accredited Institutions online at www.accjc.org. The institution is permitted to post a response to the PDN. Enclosed find the proposed notice for Hartnell College with this action letter, and your comments on it are invited. Please provide the College’s response for posting, if any, by July 31, 2013.

The External Evaluation Report provides details of the team’s findings with regard to each Eligibility Requirement and Accreditation Standard and should be read carefully and used to understand the team’s findings.

The recommendations contained in the External Evaluation Team Report represent the best advice of the peer evaluation team at the time of the visit, but may not describe all that is necessary to come into compliance.

Institutions are expected to take all actions necessary to comply with Eligibility Requirements, Accreditation Standards and Commission policies.

The Commission wishes to remind you that while an institution may concur or disagree with any part of the report, the College is expected to use the External Evaluation Report to improve educational programs and services and to resolve issues identified by the Commission.

The College conducted an educational quality and institutional effectiveness review as part of its self-evaluation. The Commission suggests that the plans for improvement of the institution included in its Self Evaluation Report be used to support the continuing improvement of Hartnell College.

A final copy of the External Evaluation Report is attached. Additional copies may now be duplicated. The Commission requires you to give the Evaluation Report and this letter dissemination to your College staff and to those who were signatories of your College Self Evaluation Report. This group should include the campus leadership and the Board of Trustees.

The Commission also requires that the Institutional Self Evaluation Report, the External Evaluation Report, and this Commission action letter be made available to students and the public by placing a copy on the College website. Please note that in response to public interest in disclosure, the Commission now requires institutions to post accreditation information on a page no farther than one click from the institution's home page. If you would like an electronic copy of the External Evaluation Report, please contact Commission staff.
Finally, ACCJC staff is available to assist the College with consultation and advice on the recommendations identified above. Please do not hesitate to contact us.

On behalf of the Commission, I wish to express continuing interest in the institution’s educational quality and students’ success. Professional self-regulation is the most effective means of assuring integrity, effectiveness and educational quality.

Sincerely,

Barbara A. Beno, Ph.D.
President

BAB/tl

cc: Dr. Brian Lofman, Accreditation Liaison Officer
    President, Board of Trustees
    Dr. Jowel Laguerre, President Solano Community College, Team Chair
    Ms. Martina Fernandez-Rosario, United States Department of Education

Enclosure

1 Institutions preparing and submitting Midterm Reports, Follow-Up Reports, and Special Reports to the Commission should review Guidelines for the Preparation of Reports to the Commission. The Guidelines contain the background, requirements, and format for each type of report and presents sample cover pages and certification pages. The Guidelines are available on the ACCJC website under College Reports to ACCJC at: (http://www.accjc.org/college-reports-accjc).
EXTERNAL EVALUATION REPORT

Hartnell College
411 Central Avenue
Salinas, CA 93901

A confidential report prepared for
The Accrediting Commission for Community and Junior Colleges
Western Association of Schools and Colleges

This report represents the findings of the evaluation team that visited
Hartnell College for an Educational Quality and Institutional
Effectiveness Review
March 18-21, 2013

Jowel C. Laguerre, Ph.D.
Chair
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
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<tbody>
<tr>
<td>Dr. Jowel Laguerre</td>
<td>Chair, Superintendent/President, Solano Community College</td>
</tr>
<tr>
<td>Ms. Ferdinanda Florence</td>
<td>Team Assistant, Professor, Art History, Solano Community College</td>
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<tr>
<td>Dr. Sharon Adams</td>
<td>Dean of Student Services, Sierra College</td>
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<tr>
<td>Mr. Steven Crow</td>
<td>Vice President, for Business and Financial Affairs, Southwestern Community College District</td>
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<tr>
<td>Ms. Virginia Findley</td>
<td>Cuesta College, Business Education Division, Retired</td>
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<td>Dr. Marlon Hall</td>
<td>Superintendent/President, Lassen Community College</td>
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<td>Ms. Susan Lamb</td>
<td>Vice President Academic Affairs, Diablo Valley College</td>
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<td>Dr. Daniel Walden</td>
<td>Vice President Academic Affairs, Los Angeles City College</td>
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SUMMARY OF EVALUATION REPORT

INSTITUTION: Hartnell College
DATES OF VISIT: March 18-21, 2013
TEAM CHAIR: Jowel C. Laguerre, Ph.D.

Summary

The visiting team observed a college that has a dedicated cadre of faculty, staff and students who believe strongly in their mission and in the value of student learning. Those beliefs were evident to the team members as they observed the daily operations of the College and listened to the employee and student comments during discussions, meetings, and forums.

Commendations

The team noted the following commendations:

1. The team commends the president for assessing and recognizing the challenges of the institution upon his arrival in 2012. The team further commends the president for his leadership in facilitating the processes by which these challenges can be addressed in a timely fashion.

2. The team commends the college for its collaborative and unified efforts to initiate change and support the institutional improvements currently underway at the college.

3. The college is to be commended for offering unique and innovative programs to address the variety of community needs, such as those in Student Affairs, as well as the Academy for College Excellence, the Math Academy, the New Media Center, and the various STEM partnerships and programs.

4. The College is commended for creating an architecturally inviting learning space for students in the Library and Learning Resources facility, which creates a productive and creative atmosphere conducive to student success.

5. The College is commended for the innovative use of physical resources in the development of the King City Education Center and the Alisal Campus that meets the needs of a historically-underserved student population.

Recommendations

After carefully reading the Self Evaluation Report, examining evidence, interviewing college personnel and students, and discussing the findings in light of the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges 2002 Standards, the team offers the following recommendations to Hartnell College. The recommendations are based on specific standards cited in parentheses following each component of the recommendation.
1. In order for the college to meet the standard, the team recommends that the college develop a process for regular and systemic evaluation of its mission statement. Additionally, the team recommends that the college implement this process to thoroughly review and revise its mission statement to more clearly reflect its intended population and address student learning. (I.A.; I.A.3)

2. As previously noted in Recommendations 1, 2, and 3 in the 2007 Comprehensive Team Report and in order to meet the eligibility requirements and the standards, the team recommends that the college develop a comprehensive integrated planning process that includes participatory governance and meets both the strategic and annual needs of the college. The team further recommends that all institutional plans of the College (e.g., budgeting, technology, Student Services) be linked to its planning process and that the outcomes of these processes be regularly communicated to all college constituencies. The team further recommends that budget planning and allocation of resources inform financial projections. (Eligibility Requirement 19, Standards I.B.1; I.B.2; I.B.3; I.B.4; I.B.5; II.B.1; II.B.3; II.B.3.a,c,d,e,f; II.B.4; III.C.2; III.D.1; III.D.1.a, d; III.D.2.b; III.D.3)

3. As previously noted in Recommendation 3 in the 2007 Comprehensive Team Report and in order to meet the standards, the team recommends that the college develop a regular systematic process for assessing its long term and annual plans, as well as its planning process, to facilitate continuous sustainable institutional improvement. The team further recommends that the college systematically review effectiveness of its evaluation mechanisms. (Standards I.B.6; I.B.7)

4. As previously stated in Recommendation 4 by the 2007 Comprehensive Evaluation Team, to meet Eligibility Requirement 10, and in order to meet the Standards, the team recommends that the college fully engage in a broad-based dialogue that leads to the identification of Student Learning Outcomes at the course and program levels, and regular assessment of student progress toward achievement of the outcomes. The team further recommends that, in order to meet the standards, the College develop student learning outcomes and assessment that is ongoing, systematic, and used for continuous quality improvement, where student learning improvement in all disciplines is a visible priority in all practices and structures across the college. The team further recommends that training be provided for all personnel in the development and assessment of learning outcomes at the course, program, institution and service levels. The team further recommends that faculty teaching online be evaluated regularly and that assessment of student learning be measured regularly for online students. (Eligibility Requirement 10; Standards II.A.1.c; II.A.2.a; II.A.2.b; II.A.2.e; II.A.2.f; II.A.2.g; II.A.2.h; II.A.2.i; II.A.3).

5. In order to meet the Standard, the team recommends the college create an evaluation and assessment process for the library and support services that is integrated with the college’s program review processes, and that includes an assessment of the process for integrating library acquisitions into circulation in a timely manner and how the needs for staffing, maintenance, and technology support are addressed. The team further recommends that the College create a process to evaluate the impact of minimal library and learning support services at the King City Education Center and Alisal Campus to ensure the sufficient availability of library and support
services, including better up-to-date counseling online. (Standards II.B.1; II.B.3; II.B.3.a,c,d,e,f; II.B.4; II.C;II.C.1; II.C.1.a; II.C.1.c.)

6. In order to fully meet the standard, the team recommends that the college regularly evaluate the contracted library services outlined in the “Memorandum of Clarification” finalized in March 2013. (Standard II.C.1.e.)

7. In order to meet the standard, the team recommends that the college ensure that evaluation processes and criteria necessary to support the college’s mission are in place and are regularly and consistently conducted for all employee groups. The team further recommends that professional learning opportunities be formally and regularly offered to all employee groups to ensure equity in employee development opportunities. The team further recommends that faculty and others responsible for learning have as a component of their evaluation effectiveness in producing those student learning outcomes. Use the results of employee evaluations as a basis for continuous improvement. (Standard III.A.1.b, c; III.A.2; III.A.3.a; III.A.5.a)

8. In order to meet Eligibility Requirement 5, and in order to meet the standard, the team recommends that the college establish a stable infrastructure of sufficient administrative personnel to better ensure a consistent level of services to support the institution’s mission and purpose. The team further recommends that the college expedite the process to fill vacant and interim positions. (Eligibility Requirement 5; Standards III.A.2.; III.A.6; IV.B)

9. In order to meet the standards, the team recommends that the college ensure that program review processes are ongoing, systematic, and used to assess and improve student learning, and that the college evaluate the effectiveness of its program review processes in supporting and improving student achievement and student learning outcomes. The team further recommends that the institution:
   - Review and refine its program review processes to improve institutional effectiveness;
   - Use the results of program review to clearly and consistently link institutional planning processes to resource allocation, including physical resources. (Standards III.B.2.b III.D.1.a, b; III.D.2.e; III.D.3.h)

10. To fully meet the standard the team recommends that the college develop a process for regular and systemic evaluation of all Human Resources and Business and Fiscal Affairs policies. (Standard III.A.3.a; III.D.).

11. To fully meet the standards, the team recommends that the college implement and evaluate a governance model and establish a key participatory governance group to provide an avenue for meaningful input into decision-making including but not limited to resource allocation. (Standards IV.A.2; IV.A.2.a)

12. In order to meet standards, the team recommends that:
   - Each board member adhere to the Governing Board’s Ethics policy;
   - The board self-evaluation continue to be done with full participation of each board member. (Standards IV.B.1.a-j; IV.B.2.a-e)
Introduction

Hartnell College was founded in 1920 as Salinas Junior College; the college was renamed Hartnell College in 1948 to honor William Edward Petty Hartnell, California’s pioneer educator who founded one of the state’s first educational institutions just outside Salinas in 1833. In 1949, the Hartnell Community College District was established. It is one of 112 colleges in the California Community College System, and it offers education that prepares students for transfer to a four-year college or university, provides job and career training skills, and offers basic skills training that prepares students for a college education. It offers associate degrees and certificates of proficiency.

Hartnell College operates three sites in the Salinas Valley: the Main Campus at 411 Central Avenue in Salinas; the Alisal site on Alisal Street in East Salinas; and the King City Education Center in King City, southern Monterey County. The Alisal Campus is over two years old. The King City Education Center celebrated its 10 year anniversary in 2012. The college also delivers on-site instruction at communities throughout its District.

The Hartnell service area includes the communities of Bradley, Castroville, Chualar, Greenfield, Gonzales, Jolon, King City, Lockwood, Moss Landing, Salinas, San Ardo, San Lucas, Soledad, Spreckels, and adjacent rural areas.

The college employs approximately 90 full-time and 220 part-time faculty, 140 classified employees and 30 administrators/managers who support the college efforts to meet the educational needs of the community.

Recent Accreditation History

Hartnell submitted its most recent previous Self Evaluation Report in the fall of 2006. A visit occurred in March 2007. The Commission imposed probation on in June 2007. The college filed a follow-up report and received a focused visit on October 7, 2007. The Commission removed probation and issued a warning to the College in February 2008. The college received a visit in March 2008, and in June 2008, the warning was removed and accreditation reaffirmed. In June 2009, the College received a letter from the Commission acknowledging that all issues had been resolved.

A ten-member accreditation team visited Hartnell College from March 18 through March 21, 2013, for the purpose of evaluating how well the institution is achieving its stated purposes, analyzing how well the college is meeting the Accrediting Commission Standards, providing recommendations for quality assurance and institutional improvement, and submitting recommendations to the Accrediting Commission for Community and Junior Colleges (ACCJC) regarding the status of the college.

In preparation for the visit, the team members attended an all-day training session on November 4, 2013, conducted by the ACCJC, and studied Commission materials prepared for visiting teams. Team members read carefully the College’s Self Evaluation Report, including its response to the recommendations from the 2007 accreditation visiting team, and assessed the evidence provided electronically by the College.
Prior to the visit team members completed written evaluations of the Self Evaluation Report and began identifying areas for further investigation. On the day before the on-site visit began, the team members spent the afternoon discussing the written materials provided by the college, and reviewing evidence provided by the college and other materials submitted to the Commission since the college’s last comprehensive visit.

During the visit, the team met with over 300 (duplicated headcount) faculty, staff, administrators, members of the Board of Trustees, and students. Additionally, various team members met with over a dozen committees and groups representing a broad spectrum of the college community constituents. The team chair met with members of the Board of Trustees, the president of the college and various administrators. In addition, team members visited the Alisal Campus and the King City Education Center. The team also attended five open meetings to receive comments from any member of the college or local community.

The team felt that the Self Evaluation Report was well organized and the format was easy to follow. College staff members were very accommodating to team members and available for interviews and follow-up conversations. The College was well prepared and ready for the team's visit. However, there were conclusions in the Self Evaluation Report that were not supported by facts, evidence or demonstrated actions. It is the team’s opinion that such conclusions could be misleading to the college at large and to other readers.

**Evaluation of Institutional Responses to Previous Recommendations**

Following the October 2007 comprehensive site visit, the college received seven recommendations and two concerns. In its October 2007 report Hartnell satisfactorily addressed Recommendation 7 and Concern 1. The Commission removed Hartnell from probation and issued a warning status in its action letter dated January 2008. The college then continued to address Recommendations 2-6 and Concern 2 over the next two years. The college was removed from warning, and was found to have addressed these remaining issues.

**Certification of Continued Compliance with Commission Policies**

The ACCJC *Manual for Institutional Self Evaluation* provided instructions to the college that the Self Evaluation Report should include analysis and evidentiary information demonstrating the institution complies with Commission Policies. Specifically, Appendix A lists six polices which must be addressed in a separate section of the Report. On page 52 of the Self Evaluation Report the institution provided an incomplete section addressing these six polices. Therefore, the team concluded that the college did not follow the directive in that it did not include analysis and evidentiary information demonstrating the institution complied with the Commission Policies.

**Evaluation of 2009 Recommendations Regarding Eligibility Requirements**

The 2011 Self Evaluation Report did not comment separately on the Eligibility Requirement concerns noted in 2009. The college relied on the conclusions of the follow-up visiting teams to
establish compliance with the Eligibility Requirements. The 2011 visiting team had commented
on the continuing compliance of the college with Eligibility Requirements within its report.

Eligibility Requirement #2: Mission
The team found that the mission statement needed to be reviewed in light of the many changes in
the college environment, especially with new emphases in the State of California and to
emphasize student learning.

Eligibility Requirement #5: Administrative Capacity
The college has had excessive turnover in administration in the last several years, and many of
the current positions are filled with interim personnel; through the team interviews, several
committee members and individuals expressed that the administrative void and/or lack of
administrative overall planning and evaluation process has inordinately frustrated the college
personnel and produced a void in leadership and planning. The team concludes that the college
does not meet this eligibility requirement.

Eligibility Requirement #10: Student Learning and Achievement
The previous team found that: “The college has in place a variety of methods to assess SLOs at
every level and has completed assessments for two core competencies (institutional ILOs),
communications and information competency, as well as for a number of individual courses.
The infrastructure is in place to assess SLOs on a regular basis.” The current team found that the
institution has not demonstrated that it is conducting regular and systematic evaluation of SLOs
at the course and program levels and therefore cannot demonstrate “that students who complete
programs, no matter where or how they are offered, achieve these outcomes.”

Eligibility Requirement #19: Institutional Planning and Evaluation
The team did not find that the college had a systematic process of planning and evaluation. The
institution was not able to provide evidence of planning for improvement of institutional
structures and processes; and the institution has not assessed its progress toward achieving its
stated goals and make decisions regarding improvement through an ongoing and systematic
cycle of evaluation, integrated planning, resource allocation, implementation and re-evaluation.
Further, the team found that the college was only in the development stages of assessing student
learning outcomes. Therefore, the team concludes that the college does not meet this eligibility
requirement.

I. Responses to the Previous Team’s Recommendations
Recommendation 1.
The team recommends that the college develop a professional ethics code for all personnel
and use it as a foundation for conducting an ongoing, collegial, self-reflective dialogue about
the continuous improvement of student learning and institutional processes, including the
governance process. (Standards I.B.1; III.A.1.d; IV.A.1)

While the college initially appeared to have met this recommendation in 2008, the current evidence does
not support that the college has continued using the ethics statement in ongoing, collegial, self-reflective
dialogue about continuous improvement of student learning and institutional processes, including the
governance process. (Standard III.A.1.d)
While the 2009 Midterm Team determined that the deficiencies in Recommendation 1, to develop a Professional Ethics Code for all personnel (III.A.1.d), had been resolved through the completion and Board of Trustees approval of a Professional Code of Ethics, the current team found that the essential tasks of the code to encourage dialogue “self-reflective dialogue” for the improvement of “student learning and institutional processes” is not occurring. This is epitomized in the breakdown of assessment and planning as outcomes of productive dialogue.

The college has not sustained its efforts to meet the standard.

**Recommendation 2**

*Recommendation 2: The team recommends that college constituencies agree upon and implement an ongoing, systematic, integrated process for program review, planning, budgeting and hiring, and that a means be developed to communicate decisions made in those arenas back to the campus at large. (Standards I.B.3; I.B.5; III.A.6; III.B.2.b; III.C.2; III.D.1.a; III.D.2; III.D.2.b)*

Previous recommendations pertinent to Standard III.A include Recommendation 1, Recommendation 2 (Standard III.A.6), and Recommendation 3 (Standards III.A.2 & III.A.6).

The 2009 Midterm Team determined that the deficiencies in Recommendation 2, to develop and implement an agreed-upon ongoing, systematic, and integrated program review process that incorporates planning, budgeting, and hiring (III.A.6), had been resolved, citing a Master Plan that ended in 2011. A new Master or Strategic Plan has not been developed yet to take its place; therefore, Recommendation 2 is no longer met. Also, the program review for the Administrative Services area, under which Human Resources falls, has not been undertaken, even though the college’s Self Evaluation Report asserts that it was to occur in the Fall 2012.

The 2009 Midterm Team determined that the deficiencies in Recommendation 3, to complete a planning process that addresses staffing and maintenance needs for new buildings and technology support for both new and existing buildings (III.A.2 & III.A.6), had been fulfilled. To some degree, technology staffing has been addressed with the recent hire of a VP of Technology. However, since the college still lacks a current Master or Strategic Plan and there is no program review for the Administrative Services (including Human Resources) area, neither a comprehensive and integrated plan to staff the new buildings nor a plan for technology support for both the new and old buildings exists. Therefore, Recommendation 3 is no longer met.

While the Library created and implemented a program planning and assessment process, it is a stand-alone process unique to the Library and is not submitted to a campus-wide planning body. The librarians reported that the study yields useful information and an insight into what students need, and that additions to the reserve section of the library were made based on the assessment. However, significant ties from this assessment to planning and budgeting, even within the Library unit, are not evident based on discussions with library staff.

After reviewing the evidence provided and conducting campus interviews, the team concludes that the college has not implemented and followed a *systematic integrated process for program reviews*
planning and budgeting and hiring, and that a means was developed to communicate decisions made in those arenas back to the campus at large. (Standards I.B.3; I.B.5)

The college has not sustained its compliance with the standard.

**Recommendation 3**

_**Recommendation 3: The team recommends that a planning process be completed that will address the needs for staffing and maintenance in new buildings and for technology support in both new and existing buildings.** (Standards I.B.3; I.B.4; I.B.6, III.A.2; III.A.6; III.B.1.a; III.B.1.b; III.B.2; III.B.2.a; III.B.2.b; III.C.1.c; III.C.2.)

Although the college completed a 2008-2011 Educational and Facilities Master Plan following the 2007 Self Evaluation Report, the 2013 visiting team did not find evidence that the college had developed an ongoing planning and evaluation process to address the ongoing needs for staffing and maintenance in new buildings and for technology support in both new and existing buildings. (Standards I.B.3, I.B.4, and I.B.6)

Hartnell College created a 2008-2011 Facilities Master Plan where facilities/space-oriented projects were proposed, goals and strategies were detailed with future planning for educational facilities and a structure for addressing them. While this Plan was closely followed and the goals achieved, no evidence can be found where the Plan was continued past 2011. Further, the current Technology Master Plan is not incorporated into a broader, institutional planning process.

The college has not sustained its compliance with the standards.

**Recommendation 4**

_**Recommendation 4: The team recommends that the college engages in a broad-based dialogue that leads to: The identification of Student Learning Outcomes at the course and program levels; and regular assessment of student progress toward achievement of the outcomes.** (Standards II.A.1.c; II.A.2.a; II.A.2.b; II.A.2.c; II.A.2.e; II.A.2.f; II.A.2.g; II.A.2.h; II.A.2.i; II.A.3)

The college has identified student learning outcomes at the course, program, and institutional levels. Evidence associated with course and program level assessments is limited since the college does not have timelines or institutional tracking of SLO assessments. The majority of assessments completed at the course level do not distinguish between student learning and student achievement outcomes. In addition, there is no evidence that course level student learning outcomes have been consistently and systematically mapped to program level outcomes, or that the program level outcomes have been assessed. The college was unable to provide evidence that the on-going assessment of student learning outcomes at the course and program level have led to significant improvements to courses and programs.

The college has not sustained its compliance with the standards.
Recommendation 5

Recommendation 5: The team recommends that the college complete the review and revision of all course outlines and ensure that the catalog information regarding currently offered courses and programs is accurate. (Standard II.A.2.c; II.A.6.c)

The April 2008 Evaluation Team report concluded that the college resolved Recommendation 5 by completing review and revision of all course outlines and updating the catalog appropriately. Ongoing actions related to Recommendation 5: There is ongoing revision of course outlines, and catalog information is kept up-to-date. Early drafts are reviewed by faculty, administrators, and classified by departments and divisions to ensure accuracy. CurricUNET remains a tool to track curriculum updates and to maintain easy access to the most current course outline.

The college has not sustained its compliance with the standards.

Recommendation 6.

Recommendation 6: The team recommends the creation of an enhanced long range fiscal stability/enrollment management effort, which utilizes the services of the Offices of Business and Finance, Office of Instruction, Admissions and Records, Student Services, Outreach Services and other appropriate college resources. (Standards III.D.1.a; III.D.1.b; III.D.1.c; III.D.2.c)

In October 2007, the Commission visiting team noted that the college made first steps toward resolution by recommending a financial plan that included an ongoing funding stream for technology, rebuilding reserves by increasing revenue and decreasing spending, seeking recommendations for public and private grants to support the college mission, and preparing for negotiations with all groups. The Evaluation Team report dated April 29-30, 2008, concluded that Recommendation 2 and 3 were partially addressed but not fully resolved and that Recommendation 6 was fully resolved. An evaluation team visit dated April 21-22, 2009 determined that Recommendations 2 and 3 had fully been resolved.

The College submitted a midterm report March 11, 2010 that referenced a “continuous improvement model.” The College sited progress through the use of the Resource Allocation Committee (RAC) its Finance Information Subcommittee (FIS). The report refers to “a concerted effort” to develop a clearer system-wide understanding of the college’s finances and budget processes, specifically how they are tied to enrollment management.

The midterm report gives specific examples of how the Board of Trustees has formed an ad-hoc sub-committee to meet with auditors twice each year to review quarterly finance reports in detail. The report states that this has broadened the understanding of the governing body.

Despite these efforts, the instability of the staffing in these positions and the lack of integrated planning hindered the continuity of the progress the previous teams noted.

The college has not sustained its compliance with the standards.
**Recommendation 7**

*Recommendation 7: The team recommends that the Board of Trustees completes their Ethics Policy by developing procedures for sanctioning those who commit ethical violations, and that they develop a comprehensive trustee development plan that provides training focused upon appropriate Board behavior, roles and responsibilities. (Standards IV.B.1.a; IV.B.1.e; IV.B.1.f; IV.B.1.g; IV.B.1.h)*

Resolution of Recommendation 7: It was stated in the report to the commission dated October 9, 2008, “At its September 13, 2007, meeting, the Board of Trustees unanimously adopted an ethics policy that includes procedures for sanctioning members who violate those policies.”

Board development meetings continued from 2007 to present, scheduled at least 6 times a year, with meeting minutes posted on the website for review. At the March 15, 2011 meeting, the development activity focus was that there was an ethics training session in 2012 that was open to the Board and all college constituents. This was well attended. New Board members are provided training material from the Community College League of California (CCLC) and they attend training conferences elsewhere. The Board conducted a self-evaluation in November 2011 as part of its ongoing improvement plan. There is ongoing demonstrated commitment to evaluation and development. At that time three from the seven-member board did not participate in the survey. Current evidence shows that the evaluation is now taking place more often.

The College is going through an evaluation process that includes program reviews and ongoing dialogue in the various participatory governance committees and sub-committees. This process has provided an institutional distribution of information with constant review, evaluation and modification that is designed to improve institutional effectiveness and efficiency. Through this process, the College has made the enhancement of student achievement and learning a priority.

As discussed further in the team report on Standard IV, the current Self Evaluation Report has revealed a number of “holes” or “gaps” where improvement can be achieved in the planning processes, board development, and evaluation of the shared governance committees.

However, the college has addressed the previous recommendation and has sustained its compliance with the standard.
Hartnell College
Institutional Compliance with Eligibility Requirements

The team reviewed the college’s compliance with eligibility requirements and found by and large that Hartnell College complies with the requirements.

1. Authority
As stated in the Self Evaluation Report, "Hartnell College is a public community college that operates under the authority of the state of California and the California Community Colleges Board of Governors. This authority is noted on the title page of the college Catalog and on the college website." The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.

2. Mission
Hartnell’s mission statement is appropriate for a higher education institution. As such it complies with the eligibility requirement. Nevertheless, Hartnell College should conduct a review of its mission statement in light of a changing financial and demographic environment and commitment to student learning.

3. Governing Board
As stated in the Self Evaluation Report, "Hartnell College is a single college district with seven trustees, each elected for four-year terms from one of the seven sub-districts in Monterey County (and a small piece of San Benito County), and one student trustee elected by the students to a one-year term. Trustee elections are held in odd numbered years, and the terms are staggered to provide continuity of service; four were elected in 2011 and three seats will be up for election again in 2013. The Board is an independent policymaking body that holds monthly meetings open to the public, with widely-published notices and agendas posted in advance. All senates and employee groups are invited to provide monthly reports to the Board." The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.

4. Chief Executive Officer
As stated in the Self Evaluation Report, "The Hartnell College Board, through its policies, delegates the operations of the college to the Superintendent/President who is held accountable for its effectiveness (BP 1050). A new Superintendent/President...assumed office July 1, 2012, following a national search and appointment by the Board of Trustees. The Commission has been notified of the change in CEO." As determined by the team, the board supports the president and it is following his leadership. The College complies with this eligibility requirement.

5. Administrative Capacity
As stated in the Self Evaluation Report, "Hartnell College’s administration is adequate in number, experience, and qualifications to provide appropriate oversight. The college is administered by the Superintendent/President, four Vice-Presidents, an Associate Vice-President,
an Executive Director, seven Deans, and several Managers. The Deans’ positions are: Instruction, Curriculum, Nursing and Health Sciences, Student Affairs (currently filled by two interim managers), South County Education Services, Advanced Technology, and Institutional Planning and Effectiveness (new). Three Vice Presidents and three Deans are currently interim appointments, and one Dean has announced her intention to retire. (An additional Dean position is filled by interim Managers, but only until the actual Dean returns from being the interim VP of Student Affairs). Recruitments for two of the Vice President positions and the retiring Dean’s position were opened in October. The remaining management interim positions will begin recruitment in January." The team concludes that Hartnell is not in compliance with this eligibility requirement (see this team's Recommendation 8).

6. Operational Status
As stated in the Self Evaluation Report, "Hartnell College is fully operational and has been in continuous service since 1920. Its students are actively pursuing its degree programs for transfer and/or careers, certificates of proficiency, and skills acquisition." The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.

7. Degrees
As stated in the Self Evaluation Report, "Nearly all of Hartnell College's educational offerings are programs that lead to degrees. In fact, more than 98% of its FTES are generated in degree and/or certificate applicable and/or prerequisite courses. The college assists and evaluates students' educational goals to ensure that they achieve course and program objectives and degree requirements as stated in the Catalog." The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.

8. Educational Programs
As stated in the Self Evaluation Report, "The college’s degree programs are congruent with its mission. They are based on recognized higher education fields of study and identified vocational opportunities important in our service area. Programs are of sufficient content and length, and are conducted at levels of quality and rigor appropriate to the degrees offered. Students are required to show evidence of identified achievement outcomes to complete degrees and certificates. All associate degrees require the completion of at least sixty (60) units." The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.

9. Academic Credit
Hartnell College awards academic credits based on Carnegie units of instruction. As stated in the Self Evaluation Report, "Hartnell does not offer any clock hour programs. As a public institution, Hartnell College provides appropriate information about the awarding of credits in its Catalog, in other publications, and on its website." The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.

10. Student Learning and Achievement
The Self Evaluation Report states, "As indicated in the college Catalog, each course and program includes explicit student learning outcomes which have been approved by the discipline, the Curriculum Committee, and ratified by the Board. The college has developed an assessment
calendar and analyzes achievement data and assessment results to identify and address any disparities that might exist. The college uses these results as it aims to achieve stated student outcomes regardless of time of day, location, or modality of instruction. In addition, demographic and achievement data are used to assess how well the college is meeting its mission to serve the District and to guide the development of Board Goals.” The team found that there was confusion regarding student achievement versus student learning and that there was no systematic assessment of student learning outcomes that demonstrated that “students who complete programs, no matter where or how they are offered, achieve these outcomes.” The team concludes that Hartnell is not in compliance with this eligibility requirement (see this team's Recommendation 4).

11. General Education
As stated in the Self Evaluation Report, "The college has identified and offers courses that meet CSU and UC General Education requirements. Hartnell College defines and incorporates into all of its degree programs a substantial component of general education designed to ensure breadth of knowledge and promote intellectual inquiry. The general education component includes demonstrated competence in writing, computational skills, and an introduction to some of the major areas of knowledge. The general education component includes comprehensive learning outcomes for those who complete it. In addition to the recent statewide creation of Transfer Ready Degrees and Certificates for the CSU system, Hartnell College offers three possible patterns of General Education requirements. They are:
   A. Associate Degree General Education – the minimum of 21 units is available online.
   B. Certified completion of the California State University General Education (CSU-GE) Breadth Pattern – requirements vary up to a maximum of 39 units.
   C. Certified completion of the Intersegmental General Education Transfer Curriculum (IGETC) requires up to 37 units.”
The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.

12. Academic Freedom
As stated in the Self Evaluation Report, "The college embraces academic freedom. Board Policy 4030 states, in part:
'Hartnell Community College District is committed to the principle that the free expression of ideas is essential to the education of its students and to the effective governance of its colleges... Academic freedom shall be guaranteed to all academic employees. No special limitations shall be placed upon study, investigation, presentation, and interpretation of facts and ideas concerning human society, the physical and biological world, and other branches of learning, subject to accepted standards of professional responsibility...”

The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.

13. Faculty
As stated in the Self Evaluation Report, "Hartnell College has a substantial core of qualified faculty with full-time responsibility to the institution, sufficient to support the college’s educational programs. The collective bargaining agreement for faculty clearly states the responsibilities of faculty members, to include the development and upgrading of curriculum and student learning outcomes, and assessing student learning. All faculty hold credentials from
regionally accredited institutions that meet or exceed the credentials required to teach their discipline. Faculty professional development is provided in a variety of ways, including individual and group flex days and online activities." The findings of the team support the statements of the Self Evaluation Report, with the exception that professional development opportunities do not appear to be equitable (see this team's Recommendation 7). Further, the College has not consistently evaluated the faculty. The team found the college to be out of compliance with this eligibility requirement.

14. Student Services
As stated in the Self Evaluation Report, "Hartnell College provides a comprehensive range of student services that support student development and learning within the context of the college’s mission. Student support services are regularly assessed and improved to meet the needs of all students. Student services, including library and tutorial services, are available to the entire Hartnell community, including online students, through the college’s website and in person." The findings of the team support the statements of the Self Evaluation Report in part. In order for the College to comply with this eligibility requirement, it needs to address the services necessary at the Alisal Campus and the King City Education Center.

15. Admissions
As stated in the Self Evaluation Report, "Hartnell College has adopted and adheres to admission policies consistent with its mission and Title 5 regulations. These policies, printed in the college Catalog and available online, specify the qualifications appropriate for the college’s instructional programs." The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.

16. Information and Learning Resources
As stated in the Self Evaluation Report, "The college provides students access to sufficient information and learning resources and services to support its mission and instructional programs. These resources and services are provided and delivered in a variety of formats, by a variety of disciplines and departments. Most are concentrated in and administered by the Library and Learning Resource Center and the technical staff of the college. The college provides in-person and online access to state-of-the-art library resources, including interlibrary loans, scholarly online databases, and academic and student services to support student success." The findings of the team support the statements of the Self Evaluation Report, with the exception that student support services do not appear to be equitable across the entire Hartnell community (see this team's Recommendation 5). The College does not comply with this eligibility requirement.

17. Financial Resources
As stated in the Self Evaluation Report, "Hartnell College documents a funding base, financial resources, and plans for financial development adequate to support student learning programs and services, to improve institutional effectiveness, and to assure financial stability. Despite repeated state revenue reductions, the college has stabilized enrollments, increased efficiencies in course offerings, and reduced energy and contractual costs. As a result, the institution has developed a restricted reserve sufficient to support long term liabilities and infrastructure replacement, as well as an operating reserve sufficient to manage cash flow and supplement anticipated revenue declines for the short term. Numerous Town Hall meetings for the college, Board development workshops, and presentations to civic groups are used to create
understanding of the college’s finances. Restricted funds from grants and private donations are used to enhance funds otherwise available in the general fund and further support the mission and goals of the college.” The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.

18. Financial Accountability
As stated in the Self Evaluation Report, "Hartnell College relies on a broad-based planning process that ties resource allocation to priorities. Although the college community is struggling with budget cuts, the institution has used a vigorous shared governance process and continuous improvement cycle to establish priorities for the distribution of resources. In addition, the college annually undergoes and makes available to the public an external financial audit conducted by an independent audit firm according to standards applicable to financial audits contained in the Government Auditing Standards issued by the Comptroller of the United States." The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.

19. Institutional Planning and Evaluation
As stated in the Self Evaluation Report, "Hartnell College is committed to improving student learning and believes that progress must be documented...." However, the team, through the analysis of the evidence, found that Hartnell College was not in compliance with ER#19 (see this team's Recommendation 2). The college is not in compliance with this eligibility requirement.

20. Integrity in Communication with the Public
As stated in the Self Evaluation Report, "Hartnell College provides a catalog for its constituents in print (limited) and online formats. General information, academic and financial aid requirements, fees, degree and certificate information, student policies, and Board policies are contained in this catalog and in schedules of classes, and are available in print and online. These documents are reviewed for accuracy and updated regularly." The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.

21. Integrity in Relations with the Accrediting Commission
As stated in the Self Evaluation Report, "Hartnell College adheres to the eligibility requirements and accreditation standards and policies of the Commission, describes itself in identical terms to all its accrediting agencies, communicates any changes in its accredited status, and agrees to disclose information required by the Commission to carry out its accrediting responsibilities. It has timely submitted all required reports, including substantive change requests, as it has expanded both the location and the delivery format of services." The findings of the team support the statements of the Self Evaluation Report. The College complies with this eligibility requirement.
STANDARD I

Institutional Mission and Effectiveness

Standard I.A: Institutional Mission

General Observations

The college asserts that the requirements of this standard are contained in its mission statement, which states that the college “provides the leadership and resources to ensure that all students shall have equal access to a quality education and the opportunity to pursue and achieve their goals. We are responsive to the learning needs of our community and dedicated to a diverse educational and cultural campus environment that prepares students for productive participation in a changing world.” The mission statement is supplemented by an approved list of nine vision statements supporting the college’s stated purpose. These vision statements include such statements as providing its diverse communities and student population with equal opportunities for educational access and success; implementing programs and services that recognize its culturally diverse community; actively recruiting, supporting and retaining the best personnel; seeking resources to be a technologically advanced institution; supporting a learning environment that rewards creativity, innovation, and risk-taking; anticipating and responding to change; being a valuable resource and facilitator of change for its communities; enhancing its local and global community partnerships and outreach activities; and excelling the recruitment, retention, and placement of students.

In regard to the broad educational purpose and intended student population, the statement says the college is responsive to the learning needs of the community but does not specify the targeted population. In regard to student learning, the statement is indirect and does not specifically address student learning.

The college asserts that it has established learning programs that address the specific learning needs of a majority of the local community, particularly in regard to the need for support of basic skills, advancing career technical education, and providing both face-to-face and distance learning instructional modalities. The college used a series of discussions around ensuring relevance to the local community throughout the Salinas valley to ensure alignment of programs and services with its purposes. In addition, the college has placed a special emphasis on distance education to better enable the college to reach potential students throughout the valley, which is 30 miles wide and 100 miles long.

The college offers diverse and comprehensive programs and services to meet the needs of students. For example, in 2007, the college conducted an extensive needs assessment that resulted in the Salinas Valley Vision 2020 reports. The results of the above-mentioned report were used to develop the 2008 Educational and Facilities Master Plan. The college is a Hispanic Serving Institution. Further, in order to improve student success, the college developed an extensive report A Blueprint for Student Success at Hartnell College.
The mission statement was approved by the board in 1998 and reaffirmed as part of the 2008 Educational and Facilities Master Plan for the 2008 – 2011 period. The mission statement is published in the college catalog, Educational and Facilities Master Plan, schedule of classes and on the college website. In addition, it is referenced on various documents, e.g. Board of Trustee’s agendas and forms filled out for Program Planning and Assessment.

The college states that the mission statement was last reaffirmed in 2008. The team has found that regular review of the mission statement was not comprehensive or systematic. The college plans to review the mission statement during 2012-2013 year.

As part of program review, all programs are asked to “Describe your program or service, the program’s mission and how the program relates to the mission of the college.” During the 2011 Board of Trustees retreat, the board used the mission statement to help prioritize the needs of the college. The mission statement was used to develop the 2008-2011 Educational and Facilities Master Plan. In 2009, following a reduction in state appropriations, the college used its mission statement to prioritize and structure classes, which resulted in 90 courses being dropped and 30 courses being added.

Findings and Evidence

The Review of the Self Evaluation Report and interviews with college personnel and students show that the college makes good attempts to meet its mission. However, the most prominent issue throughout Standard I is the lack of consistency and systematic processes that address mission and institutional effectiveness. Furthermore, the team did not find evidence that there exists a systematic planning process. Even though the college used its mission statement in its planning processes in above examples, the team did not find evidence of continuous and sustained efforts in this regard.

Conclusions

The Self Evaluation Report provides information on the mission of the college and documented how Hartnell College is working to meet its mission. Throughout the report, the College provided evidence of activities it conducts to serve its community and its students. The various sites it uses throughout the community are meant to meet the needs of its vast area of service. The mission statement, should, however reflect not only the area, but the environment and circumstances affecting the effectiveness of the college and its ability to serve students. The team agrees that a more timely review of the mission statement would allow the college to focus more on its mission.

Recommendations

Recommendation #1:
In order for the college to meet the standard, the team recommends that the college develop a process for regular and systemic evaluation of its mission statement. Additionally, the team recommends that the college implement this process to thoroughly review and revise its mission statement to more clearly reflect its intended population and address student learning. (I.A.; I.A.3)
General Observations

The Self Evaluation Report states that dialogue about improvement of student learning and institutional processes takes place in various venues, e.g. governance committees; 2009 college meetings; the Student Success Committee; Town Hall meetings; Flex days; and a three-day retreat at the Naval Postgraduate School in Monterey in September of 2008. The college reorganized its administrative structure three times: faculty took leadership as "pod leaders;" the Vice President of Instruction then took over mid-level duties and faculty resigned their positions; and finally deans were placed with those responsibilities after the VP was dismissed by the outgoing president. This instability in organization has impacted the present administration, which has several key positions either vacant or filled by personnel serving on an interim basis. Student learning and institutional processes are debated openly in informal venues and discussed formally in focused, goal-oriented ways through the college’s governance structure.

The college asserts its “semantic difference between goal and objective is not always strictly observed” but the “movement from broader aspirations to measurable outcomes is consistent.” The college articulates its goals and objectives in each of its courses and claims to articulate the institution-wide goals and objectives in its 2008-2011 Educational and Facilities Master Plan. In addition, each program is asked to articulate its goals and measurable outcomes in its program review. Further, the Board of Trustees adopted six strategic priorities at its meeting on October 2, 2012.

It is evident with the hiring of a new president/superintendent in summer 2012, the Board of Trustees adoption of strategic priorities in fall 2012, and the college’s plan to hire a Dean of Institutional Planning and Effectiveness that the college is seeking to remedy these deficiencies. Nevertheless, the college does not meet this standard.

The college asserts that it measures attainment of its stated goals through data collection of participation rates, enrollments, retention, persistence, successful course completion rates, success in basic skills, awards of degrees and certificates, and transfer rates. For the first time, the college used program review results from 2011-2012 to generate budget recommendations for the 2012-2013 year. In 2007, the college created the Program Planning and Assessment committee to create a formative and cyclical assessment process by which the college could analyze data and prepare annual plans. The college claims that general education programs conduct a review every five years and vocational programs conduct reviews every two years. The 2008 Educational and Facilities Plan was used to apply for several grants that were used to implement the goals and objectives of the plan.

The college asserts that its planning process is broad-based. The current shared governance structure was created in 2007, and at the center of the governance structure is the Resource Allocation Committee (RAC). Planning for the 2008 Educational and Facilities Master Plan was based on data collected in the 2008 Salinas Valley Vision 2020; this report, along with the Blueprint for Student Success at Hartnell College, were to be used as tools in broad-based planning. However, no indication of an actual strategic plan was in evidence or mentioned in the report, nor was there any mention of its implementation or analysis.
There is a lack of clarity in regard to how planning is integrated and how budgeting links with planning. Furthermore, it is unclear how all these processes lead to institutional improvement, especially since the college claimed to only link budget to planning on one occasion. The college does not make a solid case, with adequate evidence, that it meets this standard. Indeed, according to the Self Evaluation Report, the college claims to only partially meet the standard.

The college eliminated its Director of Institutional Research in 2008 and moved to distributing research tasks throughout the college. Since then, it has decided to refill the position with a Dean of Planning and Institutional Effectiveness. The Student Success Center, funded by Title V, provides an opportunity for the members to have robust discussion around campus, and the college won an award for promising outcomes work and exemplary research in 2011. Further, the college is the beneficiary of over sixty grants which directly improve instruction and each of these grants is assessed.

Even though the college has created the Student Success Center in 2009 and its work appears to have at least continued through 2011, but it is unclear as to the extent of the assessment results as well as to the extent of the constituencies to which those results were communicated. It is also not clear as to the recentness of these grants, and there was no evidence provided as to the results of these assessments and how these assessments were used to improve instruction. As a result, the team concludes that the college only partially meets this standard.

In 2008, the college created the Resource Allocation Committee (RAC). RAC was created in order to more effectively link planning and resource allocation. RAC is a participatory governance committee and meets monthly. The report states that all shared governance bodies report to RAC. RAC receives request from various campus committees, analyzes the requests and makes resource allocation recommendations to the Board of Trustees. However, in a meeting with the RAC and the president it was clarified that RAC actually makes recommendations directly to the president. The team suggests that the college update its RAC operational agreement to reflect the reality of its reporting structure. RAC conducted an evaluation of the college’s governance structure in fall 2011. It is unclear as to exactly what changes were recommended as a result of the above-mentioned evaluation and whether they were actually implemented and evaluated as to their effectiveness. Subsequently, a campus retreat, which included the RAC, faculty, staff, administrators, and student representatives, was conducted in fall 2012 to discuss governance structures and timely communication about the college’s efforts and outcomes.

Even though the college has conducted retreats and evaluations of planning and resource allocation processes in 2008, 2011, and 2012, the extent of these efforts, the analysis of their effectiveness, and the documentation of improvements made as a result of these analyses, are unclear in the Self Evaluation Report. More importantly, the college does not appear to have a systematic process to review and modify all parts of the cycle. It appears that work was done following the college being placed on probation in 2007 and then started up again as the college prepared for this Self Evaluation Report.

The college states that its mechanisms for program review are done through the Program Planning and Assessment (PPA) Committee. Furthermore, the college states that the “assessment of the effectiveness of these evaluation mechanisms requires further development.” Though the program review process is currently under review with revisions, there have not been any changes to the program review evaluation process implemented since 2007.
The college presented no evidence that it conducts a systematic review of its program evaluation mechanisms. It is important for the institution to evaluate the process and ensure its full implementation.

**Findings and evidence**
The team finds that this section of the report lacks coherency, clarity, and completeness; the standard is not addressed adequately, and the evidence is insufficient to substantiate the claims. The team finds that the college’s primary claim on meeting this standard is founded in its outdated and expired 2008 Educational and Facilities Master Plan. There are several concerns in regard to this claim:

- The plan covered the years from 2008-2011 and has not been replaced.
- It is not clear as to the extent this plan was implemented and its goals and objectives completed.
- The plan was not assessed as to its efficacy and consequently lacks plans for improving student learning and institutional effectiveness.

The team found that the college does not have an integrated, college-wide strategic (long range) plan or an integrated college-wide annual plan.

**Conclusions**
It was difficult to connect the evidence with the claims. The on-campus meetings and interviews validated these findings. Finally, much of the College’s self-evaluation for these standards relied upon anecdotal reports with little or no supporting evidence.

The college’s claims to use the data found in participation rates, persistence, etc. do not meet the criteria for fully assessing the 2008 Educational and Facilities Plan. The college stated it had used program reviews to guide the allocation of resources, for the first time, in the development of the 2012-2013 budget. The team concludes that the college lacks a sustainable, systematic process for assessing its integrated planning and budgeting process.

**Recommendations**

**Recommendation #2**
As previously noted in Recommendations 1, 2, and 3 in the 2007 Comprehensive Team Report and in order to meet the eligibility requirements and the standards, the team recommends that the college develop a comprehensive integrated planning process that includes participatory governance and meets both the strategic and annual needs of the college. The team further recommends that all institutional plans of the College (e.g., budgeting, technology, Student Services) be linked to its planning process and that the outcomes of these processes be regularly communicated to all college constituencies. The team further recommends that budget planning and allocation of resources inform financial projections. (Eligibility Requirement 19, Standards I.B.1, I.B.2, I.B.3, I.B.4, I.B.5; II.B.1, II.B.3, II.B.3.a,c,d,e,f; II.B.4; III.C.2; III.D.1; III.D.1.a, d; III.D.2.b; III.D.3)
Recommendation #3
As previously noted in Recommendation 3 in the 2007 Comprehensive Team Report and in order to meet the standards, the team recommends that the college develop a regular systematic process for assessing its long term and annual plans, as well as its planning process, to facilitate continuous sustainable institutional improvement. The team further recommends that the college systematically review effectiveness of its evaluation mechanisms. (Standards I.B.6; I.B.7)
STANDARD II

Student Learning Programs and Services

Standard IIA. Instructional Programs

General Observations

Hartnell College offers instructional programs in both traditional classroom and online settings. The college has a wide range of degree and certificate programs as well as “transfer pathways” for students who wish to transfer to a four-year university. The college catalog and schedule of classes list 45 associate degree programs (A.A. and A.S.) and 30 certificate programs. Hartnell College has a diverse curriculum and offers courses in numerous formats in order to meet the needs of students. The college has an active Curriculum Committee that is primarily composed of faculty members. The committee approves courses and programs recommended by faculty in specific disciplines and reviews student learning outcomes for inclusion in the course outlines of record. The college has committed itself to an expansion of its online program in recent years.

Hartnell College has revised its program review process to review all instructional programs on a five-year cycle with Career Technical Education programs reviewed every two years; however, program review has not been consistent or integrated into a college-wide process, and has not been based on student learning and achievement.

Information about courses, programs, certificates, and other relevant information is available in numerous formats: the college catalog, class schedules, and the college website.

Findings and Evidence

The college demonstrates that all instructional programs and courses, regardless of location, align with the mission of the college and contain common course content. The college Curriculum Committee evaluates and approves individual courses and their place within academic programs. However, the quality and integrity of degree, certificate, and transfer programs cannot be validated due to the lack of an on-going and systematic program review based on student achievement and learning. Because the college does not evaluate distance education instructors or measure student achievement and outcomes consistently, the college cannot validate that the same level of rigor and learning occurs regardless of location, time of day, or modality.

The college uses a district-wide environmental scan from 2007, feedback from employer organizations, advisory councils, assessment results, California Community College system data, and student completion data to identify student needs. The college has developed a tracking system with Title V funds that have been used to follow student persistence and success within small cohorts of students and to identify student needs primarily in the areas of English language skills, information competency, and computer literacy. Because of the lack of integrated student learning outcomes assessment at the course and program levels and the lack of distinction
between student learning and student achievement at the course level, the college cannot determine if the students are achieving stated learning outcomes.

The Curriculum Committee, a subcommittee of the Academic Senate, reviews and approves the delivery systems and modes of instruction proposed for all curriculum. Criteria used in this review include representative instructors, acceptance of courses for credit at transfer institutions, and content integrity. Hartnell College offers traditional, hybrid, and online courses. The college uses an external vendor, Etudes, as its course management system for distance education. The college submitted a substantive change to ACCJC and been approved to offer fifteen degrees and five certificates at 50% or more via distance education or electronic delivery. The college has seen an increase in online course offerings; however, the retention and success rates of these students are significantly below face-to-face students. Because the college does not evaluate distance education instructors or measure student achievement and outcomes consistently, the college cannot validate that the same level of rigor and learning occurs regardless of location, time of day, or modality.

The college has identified student learning outcomes at the course, program, and institutional levels. Evidence associated with course and program level assessments is limited since the college does not have timelines or institutional tracking of SLO assessments. The majority of assessments completed at the course level do not distinguish between student learning and student achievement outcomes. In addition, there is no evidence that course level student learning outcomes have been consistently and systematically mapped to program level outcomes, or that the program level outcomes have been assessed. The college was unable to provide evidence that the on-going assessment of student learning outcomes at the course and program level have led to significant improvements. The college has developed and begun assessment of its institutional-level learning outcomes, also known as Core Competencies. Initial assessment of these outcomes began in 2008 and is on-going using a variety of assessment tools. Results of these assessments have led to increased dialogue across the campus.

The college assures the high quality of all its courses and programs through college curriculum review processes which include an examination of the type of credit awarded, course content, instructional methodologies, methods of evaluation, delivery methods, and link to college mission. The Curriculum Committee has a five-year course outline review cycle and insures that all new courses include the development of appropriate course-level student learning outcomes. The college offers instructional courses and programs at the developmental, pre-collegiate, and collegiate levels. In addition, the college offers multiple short-term and accelerated training programs to allow individuals to obtain certificates and degrees, and provides one study abroad experience for students. The college has seen an increase in online course offerings; however, the retention and success rates of these students are significantly below face-to-face students. Because the college does not evaluate distance education instructors, does not consistently measure student learning outcomes, and does not have an on-going and integrated instructional program review process, the college cannot assure the quality and improvement of all instructional courses and programs offered in the name of the institution.

The Curriculum Committee, a subcommittee of the Academic Senate, is responsible for evaluating and reviewing new and revised courses and programs. Each program review committee and annual unit plan committee is composed primarily of faculty members from the
individual program areas. Faculty members have primary roles in strengthening and developing instructional programs and courses including the development and assessment of student learning outcomes. Student learning outcomes have been developed at the course, program, degree, and certificate level. Evidence associated with course and program level assessments is limited since the college does not have timelines or institutional tracking of SLO assessments. The majority of assessments completed at the course level do not distinguish between student learning and student achievement outcomes. In addition, there is no evidence that course level student learning outcomes have been consistently and systematically mapped to program level outcomes, or that the program level outcomes have been assessed. Because the college does not systematically assess course and program student learning outcomes and because there is confusion regarding student learning and student achievement, the college cannot evaluate overall student learning and program improvements at the course and program levels.

The college relies on faculty expertise and advisory committees when appropriate to identify competency levels and measurable student learning outcomes for courses, programs, certificates, and degrees. The college has limited evidence of assessment related to course-level student learning outcomes and has not systematically mapped these assessments to program-level outcomes. The college’s institutional SLOs were created from core competencies associated with students graduating from Hartnell with an AA or AS degree. The college has evidence of college-wide assessments and dialogue related to institutional level student learning outcomes.

The Curriculum Committee uses a variety of measures for deciding the breadth, depth, rigor, sequencing, time to completion, and synthesis of learning for their courses and programs. The Curriculum Committee reviews course sequencing and total number of units to ensure that students can attain their educational goals in a timely manner. Departmental faculty collaborate with area deans to insures scheduling needs are addressed for timely completion.

The college offers a variety of instructional delivery modes including lecture, online, labs, hybrid, web-enhanced, and learning communities. The college offers several unique and innovative programs to address the needs of diverse learners and needs within the community. Faculty members within a specific discipline determine the appropriateness of a delivery mode and make proposals to the Curriculum Committee for a course to be offered as an online or hybrid class. It behooves the college, however, to pay particular attention to the comparable level of achievement between online and face to face students as it decides whether an online course or the students who take it allow the institution to meet the standard.

The Curriculum Committee reviews courses and programs through an established five-year cycle. The college has identified student learning outcomes at the course, program, and institutional levels. Evidence associated with course and program level assessments is limited since the college does not have timelines or institutional tracking of SLO assessments. The majority of assessments completed at the course level do not distinguish between student learning and student achievement outcomes. In addition, there is no evidence that course level student learning outcomes have been consistently and systematically mapped to program level outcomes, or that the program level outcomes have been assessed. The college was unable to provide evidence that the on-going assessment of student learning outcomes at the course and program level have led to significant improvements to courses and programs. In 2007, Hartnell College developed a revised instructional program review process to evaluate all instructional
programs on a comprehensive five-year cycle with Career Technical Education programs evaluated every two years. In addition, programs were to submit an annual plan to be integrated into the yearly budget process. Forty-nine instructional programs conducted a program review during the 2010-2012 academic years. These instructional program reviews were submitted to the area deans who provided resource allocations. Eight of fifty-seven instructional programs have not conducted a program review since the last site visit. Annual plans were repeatedly postponed. Until 2010, the college did not have a definitive schedule for program review and the current schedule is not inclusive of the additional eight new programs reported in the college’s SLO Proficiency Report. The instructional program review process is not integrated into a comprehensive college-wide process to address accountability, validation, and to assess improvements in student learning and achievement in courses and programs.

Faculty members within programs develop course-level student learning outcomes and the means of assessment. Program, certificate, and degree level outcomes have been developed but have not been mapped to course level SLOs or assessed. Since there is no institutional tracking or timelines associated with assessment of course or program level SLOs, the college has limited evidence regarding which courses and outcomes have been assessed or when a course or outcome is scheduled to be assessed. Some units have not completed a comprehensive program review and annual reviews have been postponed leading to an inconsistent and fragmented program review process. In addition, the process has no comprehensive review to address accountability, validation, and to assess improvements in student learning and achievement in courses and programs. As a result, the college does not systematically strive to improve outcomes and is unable to make the results available to appropriate constituencies.

Hartnell does not use departmental course or program examinations.

The college aligns its practice of awarding credit with the Carnegie Unit and with those of other systems of public higher education in California as determined through the examination of course outlines, syllabi, and the class schedule. The college does not offer classes that convert clock hours to credit hours. The majority of course syllabi reviewed for evidence did not include course-level student learning outcomes. The majority of assessments completed at the course level do not distinguish between student learning and student achievement outcomes. Since there is no institutional tracking or timelines associated with assessment of course level SLOs, the college has limited evidence to demonstrate that award of credit is based on student achievement of the course level student learning outcomes.

The college developed and published in the college catalog and on the college website student learning outcomes for degrees and certificates. The majority of assessments completed at the course level do not distinguish between student learning and student achievement outcomes. In addition, there is no evidence that course level student learning outcomes have been consistently and systematically mapped to program level outcomes, that program level outcomes have been assessed, or that assessments lead to significant improvements to courses or programs. The college has developed and begun assessment of its institutional-level learning outcomes, also known as Core Competencies. These Core Competencies are based on outcomes expected from students graduating with an AA or AS degree. Initial assessment of these outcomes began in 2008 and is on-going using a variety of assessment tools. Results of these assessments have led to increased dialogue across the campus. Evaluation of course-level SLOs is supposed to
determine student achievement through which the institution awards degrees and certificates. Degrees and certificates are awarded based upon successful completion of a series of courses within a specific area or major and courses from general education. Since there is minimal evidence regarding the assessment of student learning outcomes at the course and program level, the team could not determine that the college awards degrees and certificates based on student achievement.

The college catalog and the class schedules specify the general education requirements to obtain an associate’s degree or to transfer to a California State University (CSU) or a University of California (UC) campus. The inclusion of a class on the list of general education courses is determined by the curriculum process, which is faculty-driven. The college has a general education philosophy that is stated in the catalog.

According to the college catalog and class schedule, all degree and transfer programs require students to take courses in the natural sciences, social and behavioral sciences, humanities, language and rationality, and ethnic groups in the United States. The college’s institutional SLOs address the topics of communication; cognition (critical thinking); informational competency; aesthetic appreciation; the ability to demonstrate the ability to be an ethical human being and effective citizen (global awareness); the ability to demonstrate sensitivity to and respect for others and participate actively in group decision-making; and the ability to demonstrate self-management, maturity, and growth through practices that promote physical, mental, and emotional well-being (personal growth and responsibility). The college meets these standards.

Hartnell College offers 26 Associate of Arts (AA) and 18 (Associate of Science) degree programs. The curriculum committee review process ensures that all degree programs focus on an area of inquiry or have an interdisciplinary core. According to the catalog, degree programs at Hartnell College require at least 18 units of study within a specific discipline or, in the case of an established interdisciplinary core, 18 units within the areas of specific interdisciplinary emphasis such as Anthology, Art and Design, Communication, Social Science. Many programs require more than 18 units within a particular major.

Vocational degree and certificate programs are developed using standards that ensure the scope and content of courses will provide students with the framework and knowledge necessary to effectively prepare them for career placement, external licensure, and certification. Accrediting and certification agencies, advisory committees, discipline faculty members, and the curriculum committee provide oversight and guidance to ensure quality.

The college assures that students and prospective students receive clear and accurate information regarding it courses, programs, and transfer policies in the college catalog, class schedule, handouts, and website. The accuracy is insured by the articulation officer. Student learning outcomes for the institution and programs are available on the website and in the catalog. Course-level student learning outcomes are listed on some of the course syllabi.

Hartnell’s college catalogue includes policies on credit from other colleges, advanced placement exams, College Level Examination Program, International Baccalaureate, and military service credit. The college catalog and the class schedule list courses that are accepted for transfer to California State University and the University of California. In addition, the college has
developed numerous Transfer Model Curriculum (TMC) degrees to facilitate student transferring to the California State University system. The college articulation officer works with discipline faculty, the Curriculum Committee, and area deans to facilitate articulation.

Board Policy 4025 details the procedure for eliminating programs. The institution identifies students affected by the discontinuance decision and allows appropriate time for completion of courses. The policy was used in eliminating programs during the recent budget reductions.

The college reviews and updates the college catalog every year and publishes a catalog addendum to insure relevance. A printed schedule is created each semester with an online version that is revised with new information and class offerings. The college website provides current and perspective students with information, including application resources, and copies of the catalogue and schedule. The college website is reviewed for accuracy and updated by the college webmaster, and the catalogue is reviewed by the Curriculum Committee. The college meets the standard.

Board Policy 4030, Board Policy 5500, and the Academic Senate’s Statement on Professional Ethics state the college’s commitment to academic freedom and responsibility. The student Code of Conduct and Policy on Cheating are clearly addressed in the college catalog and in the “Student Rights and Responsibilities Handbook.” These publications specify student conduct including academic honesty.

Hartnell College does not require conformity to specific codes of conduct, nor does it attempt to instill specific beliefs or worldviews.

Hartnell College does not offer classes in foreign locations. (IIA.8).

Conclusions

Hartnell College has expanded access by offering courses in a variety of formats and options. In particular, the college has done a substantial amount of work in expanding its online course and program offerings; however, the retention and success rates of these students are significantly below face-to-face students. Because the college does not evaluate distance education instructors or measure student achievement and outcomes consistently, the college cannot validate that the same level of rigor and learning occurs regardless of location, time of day, or modality.

The college has identified student learning outcomes at the course, program, and institutional levels. Evidence associated with course and program level assessments is limited since the college does not have timelines or institutional tracking of SLO assessments. The majority of assessments completed at the course level do not distinguish between student learning and student achievement outcomes. In addition, there is no evidence that course level student learning outcomes have been consistently and systematically mapped to program level outcomes, or that the program level outcomes have been assessed. The college was unable to provide evidence that the on-going assessment of student learning outcomes at the course and program level have led to significant improvements to courses and programs.
In 2007, Hartnell College developed a revised instructional program review process to evaluate all instructional programs on a comprehensive five-year cycle with Career Technical Education programs evaluated every two years. In addition, programs were to submit an annual plan to be integrated into the yearly budget process. Forty-nine instructional programs conducted a program review during the 2010-2012 academic years. These instructional program reviews were submitted to the area deans who provided resource allocations. Eight of fifty-seven instructional programs have not conducted a program review since the last site visit. Annual plans were repeatedly postponed leading to an inconsistent and fragmented program review process. Until 2010, the college did not have a definitive schedule for program review and the current schedule is not inclusive of the additional eight new programs reported in the college’s SLO Proficiency Report. The instructional program review process is not integrated into a comprehensive college-wide process to address accountability, validation, and to assess improvements in student learning and achievement in courses and programs.

**Recommendations**

**See Recommendation #2 above**

**Recommendation #4**

As previously stated in Recommendation 4 by the 2007 Comprehensive Evaluation Team, to meet Eligibility Requirement 10, and in order to meet the Standards, the team recommends that the college fully engage in a broad-based dialogue that leads to the identification of Student Learning Outcomes at the course and program levels, and regular assessment of student progress toward achievement of the outcomes. The team further recommends that, in order to meet the standards, the College develop student learning outcomes and assessment that is ongoing, systematic, and used for continuous quality improvement, where student learning improvement in all disciplines is a visible priority in all practices and structures across the college. The team further recommends that training be provided for all personnel in the development and assessment of learning outcomes at the course, program, institution and service levels. The team further recommends that faculty teaching online be evaluated regularly and that assessment of student learning be measured regularly for online students. (Eligibility Requirement 10; Standards II.A.1.c; II.A.2.a; II.A.2.b; II.A.2.e; II.A.2.f; II.A.2.g; II.A.2.h; II.A.2.i; II.A.3).
Standard II.B: Student Support Services

General Observations

Hartnell College offers a variety of support services that promote, support and enhance student learning to a largely diverse student body and community. There is an impressive effort on the part of the College to provide adequate services to each of its centers through the provision of extended evening and weekend support services to students (II.B.1, II.B.3.a).

The College’s support services are comprehensive in nature and address the academic needs of students from various socio-economic, ethnic, cultural and linguistic backgrounds.

Findings and Evidence

The college recruits and admits a diverse group of students consistent with its mission. Student services provide early readiness to high schools, middle schools and outreach to elementary schools through the K-16 Bridge program (II.B.3.d and II.B).

The college provides an annual published catalog with accurate and current information. The catalog is also available on the college website which is updated as changes are made. Updates are also printed in a catalog addendum. The catalog is comprehensive and includes general information, requirements for admission, financial aid, student fees, and academic information and major policies etc. (II.B.2).

Based on a review of written evidence, it appears that the institution engages in several initiatives that foster personal and civic responsibility, as well as intellectual, aesthetic, and personal development. Examples of these initiatives include: student participation on college shared governance committees; political, social and academic clubs; an active theater arts program (The Western Stage); and numerous art gallery shows and musical performances (II.B.3.b).

The College’s Self Evaluation Report states that the Counseling department provides online counseling to students. The online service provided, however, is simply a response to students' questions and requests via email. The team suggests that the college implement a more robust and comprehensive online counseling service to fully assist students – particularly, students enrolled primarily in Distance Education programs and courses (II.B.3.c).

There is consistent evidence of equitable access to students, through the provision of reliable services regardless of service locations or delivery method; although the online services in counseling are at a minimum at best. The college provides evening and weekend services at its centers; staff at the centers are “generalists” who are able to provide admissions, financial aid, and assessment services. Bilingual staff and counselors are available on the main campus and at each of the sites. Bilingual assessment technicians are also located at all three sites, allowing students to obtain assessment and placement services at the site of their choice (II.B.1).

The College has a well-developed website, which allows students to apply online and complete financial aid and many other essential student services activities (II.B.3.a).
The Student Affairs Division has completed student learning outcomes for nine (9) of its thirteen (13) programs and services. The Division has engaged in extensive comprehensive reviews of each of its programs and services utilizing the Productivity Effectiveness Efficiency Responsiveness (PEER) instrument. In 2007/2008, the Division participated in the Salinas Valley Vision 2020 study. In 2007/2008, management and staff conducted a review of the Division’s processes, services and outcomes in order to create a narrative for the Educational and Facilities Master Plan. Again in 2008, the college employed the Monterey Institute for Social Architecture (MISA) to conduct an external review of Enrollment Services. (Admissions, Financial Aid, Counseling and Assessment)

In 2011/2012, the Division conducted an assessment of its services utilizing the PEER assessment instrument. In addition, Division management worked with staff to develop a student feedback survey. Service areas also included service/program specific questions in the surveys. The Self Evaluation Report states that the point-of-service surveys are being utilized to gather data for planning, review, and reporting purposes (II.B.1. and II.B.4).

While it is clear that the Division engages in on-going assessments, collects surveys and encourages student feedback, its primary program review and assessment instrument, Productivity, Effectiveness, Efficiency, Responsiveness (PEER), does not inter-face with the college’s primary program review instrument in PlaNET. There is evidence that the Division uses the results of the evaluations as the basis for improvement, but the results are not widely discussed and the decisions regarding allocation of funds are not consistently directed through the Resource Allocation Committee (RAC) or the Program Planning and Assessment Committee (PPA). The college acknowledges in its Self Evaluation Report that this is a challenge, and states that its intention is to have student services transition to the College’s primary program review instrument (pg. 154). (II.B.4).

The Counseling department developed a training program for both full and part-time counselors. The training is offered in fall and spring semesters to assist counselors in maintaining current in research, transfer requirements, best practices, success data and other related topics. Full-time counselors receive on-going training during regularly-scheduled in-service trainings (II.B.3.c).

Hartnell College has been designated as a Hispanic Serving institution by the Department of Education, but the service area and the campus are richly populated with a diverse population of peoples and cultures which include Mexican Indians, Japanese, Filipino, Black, Asian, Armenian, American Indian, and other cultural groups. In addition to clear policies and a mission statement that supports and encourages diversity, the college has several programs and activities that demonstrate its commitment to diversity. ASHC and the Inter-Tribal Council support activities such as Cinco de Mayo, 16 of September, Black History Month, Inter-Tribal Cultural Events and Asian American Heritage Month. In addition, the college supports numerous special programs that seek to assist students from underrepresented groups. Such programs include EOPS, TRIO, Gear UP, High School Equivalency (HEP). The college also supports Hartnell Pride, Kwanzaa, international dinners and several other events and programs (II.B.3.d).

The College’s admission and financial aid applications are available online and in a printed version, and are accessible to students with disabilities. The printed version of the admission
application may be submitted in person, by mail or fax to the main campus or to either the Alisal Campus or King City Education Center. The college maintains a bank of computers, located in the lobby of the CALL center (a “one-stop” center) to ensure computer accessibility to students. Student ambassadors are also present to assist students with questions. The college application for admission form and all instructions are available in Spanish (II.B.3.a and e).

Accuplacer is used for placement in Mathematics, English and ESL. All assessments have been validated and approved for use by the Chancellor’s Office. Assessment technicians coordinate with DSPS to assist students needing special accommodations. In addition to being offered at the main campus and at each of the sites, assessments are made available to students at the local high schools. (II.B.1, II.B.3.a and II.B.3.e).

The Counseling center’s student check-in system is insufficient in maintaining secure and confidential student records. Students' names, time of check in and purpose of the students' visits are improperly stored on the check-in counter in clear view of the general public. The College partially meets this section of the standard (II.B.3.f).

Conclusions

Overall, Hartnell College appears to address the identified needs of students. The College provides innovative programs geared toward students with the greatest need for an enhanced supportive learning environment. The College has demonstrated a commitment to creating student learning environments at each of its locations throughout the District (II.B.3).

The quality of student services is assessed and improved through faculty, staff and student input provided by Departmental reviews and multiple survey instruments. The student services planning and assessment, however, do not interface with the process that was developed by the College’s models for measuring institutional effectiveness. It does appear that the surveys and other assessments have led to limited dialogue about how to best serve the various needs of the College’s ethnically, culturally and linguistically diverse students (II.B.1, 3 and 4).

The college partially meets Standard II.B: Student Support Services. To fully meet this standard, the Division should transition to the College adopted model for systematic planning, assessment and review.

Recommendation #5
In order to meet the Standard, the team recommends the college create an evaluation and assessment process for the library and support services that is integrated with the college’s program review processes, and that includes an assessment of the process for integrating library acquisitions into circulation in a timely manner and how the needs for staffing, maintenance, and technology support are addressed. The team further recommends that the College create a process to evaluate the impact of minimal library and learning support services at the King City Education Center and Alisal Campus to ensure the sufficient availability of library and support services, including better up-to-date counseling online. (Standards II.B.1; II.B.3; II.B.3.a,c,d,e,f; II.B.4; II.C;II.C.1; II.C.1.a; II.C.1.c.)
Standard II.C: Library and Learning Support Services

General Observations

Hartnell College provides support for college instructional programs through its college library, tutoring, learning center, and computer labs. The library holds 64,000 volumes with an additional 25,000 electronic books available to students. The library subscribes to numerous periodicals, databases, and newspapers. The College recently finalized a contractual agreement with CSU Monterey Bay, Monterey Bay Peninsula College, and Galivan College to provide library resources to support its mission and instructional programs as required in Eligibility Requirement 16.

A variety of learning support services are offered to students, including tutoring, supplemental instruction, directed learning activities for English, and math activities. The Tutorial Center offers various methods of assistance, including one-on-one tutoring, supplemental instruction, workshops, and online learning assistance videos and tutorials. Recent changes in the student learning support services area have led to discussions regarding the need to centralize the services in a “success center” (see Blueprint for Student Success June 2011). It is, however, important that the college ensure that equitable services are provided for students who primarily attend Alisal Campus, King City Education Center and online.

Findings and Evidence

Librarians at Hartnell are assigned specific disciplines to facilitate library acquisitions. Recent book and media purchases were distributed across a variety of disciplines. In addition, any faculty or staff member can submit an electronic request to suggest an acquisition purchase. The cataloging process is heavily backlogged, with hundreds of volumes, some acquired in December 2011, still awaiting placement into circulation. To meet Standard C.1, a system for the placement of acquisitions into circulation in a timely manner needs to be established by the library staff.

The Librarians offer library orientation that are well utilized by the faculty, with a total of 2,478 students from courses such as biology, English, nursing, political science, psychology, and computer systems and information literacy attending an orientation in 2010-2011.

While Hartnell College does not have an information competency graduation requirement, the librarians teach credit courses in information competency that offer students the opportunity to hone their skills, including discipline-specific courses: information competency for social sciences, literature and fine arts, and sciences and applied technology. Enrollment in the library courses is increasing. The librarians also offer orientations, workshops, tours, and 22 database and software library tutorials available online, covering such topics as internet search basics, CQ Researcher, ProQuest, researching online sources, and IDM Dreamweaver (II.C.1.b). An information competency graduation requirement is not in place at the College despite a 2007 resolution by the Academic Senate approving General Education/Institutional Outcomes that include information skills and a 2010 Academic Senate Information Competency subcommittee recommendation to create a path to implement information competency. The Team suggests that the College follow-up on the actions taken thus far regarding information competency for students.
The Library regularly evaluates services and programs and its collections via student and faculty surveys, usage statistics, student learning outcomes, and other measures. Since 2009, the librarians have followed a calendar of assessments—one per semester—for library orientations, reference services, circulation services (reserves), computer and media services, subscription databases, and print resources. This assessment, however, is not integrated into college program review process. The evaluation report states that data from the reviews, based on faculty and student surveys and pre/post testing, is used to make decisions regarding purchases, services, and policies for the library. While learning support services staff conduct various assessments such as SI student surveys and a Faculty Inquiry Group Survey (dated Spring 2011), a formalized learning support services program review and/or assessment is not conducted to gather data for use in making decisions regarding the programs offered to students. Formal service unit outcomes for the library and for learning support services (tutoring, SI) were not discussed in the evaluation report.

Reductions in the Academic Learning Center and tutorial budgets from academic year 2007-08 to 2011-12 have negatively affected the providing of adequate staffing, resources, and learning support experiences for students at Hartnell College. The budget cuts have resulted in staffing shortages including the non-replacement of the student services librarian.

Particularly underserved are the students attending the King City Education Center and the Alisal Campus, where library, tutoring, and supplemental instruction are extremely limited or non-existent. While the library offers an array of electronic databases, periodicals, etc., four hours per week of in-person library services at King City Education Center is insufficient for the number of students in need, the number of GE sections (approximately 41 of 44 sections in spring 2013) offered at the Center, and the fact that students can earn a degree attending only that site. The 2010 Midterm Report indicated as a “next step” providing “library services at the Alisal Campus;” however, no library space exists at that campus and no library services beyond online resources are available to those students, although math, English, and other general education courses are offered at the site. While the Alisal Campus and the main campus are close in location, and a shuttle service is provided between the two sites, the standard requires that “adequate access to the library” be provided, “regardless of their location or means of delivery. A spring 2010 Circulation Services/Reserves assessment noted that 80% of students indicated “having access to the textbook on reserve was ‘very important’ for their success in class.” However, students at the Alisal Campus have no access to textbooks on reserve.

The Tutor Coordinator has created a model tutor and supplemental instruction (SI) leader training and development program that is offered to those working in the Academic Learning Center as well as in other student programs such as ACCESS, MESA, GEAR-UP, and HEP. Accurate job descriptions are in place and the college clearly differentiates between types of tutors (drop-in lab, group, SI). The credit Tutor Training course (INS 250) includes appropriate student learning outcomes.

Tutoring schedules found on the website indicate such services are offered primarily on the main campus. The supplemental learning schedule indicates that SI is predominately offered at the main campus. Evidence also shows that the SI program is entirely grant funded. The Writing Workshop Schedule shows an adequate number of workshops; however, they are offered only
from 12 to 1 p.m. on Wednesdays and Thursdays and only at the main campus. Evening students and those at the King City Education Center and the Alisal Campus are likely not able to use this service.

In the Spring 2013 Self-Evaluation, the section on Learning Support Services (as part of Standard II.C) does not indicate where the services discussed (tutoring, supplemental instruction) are available to students (the assumption is the main campus) except that the King City Education Center and Alisal Campus offer proctoring of exams. (II.C.1.c) The library and tutoring websites also focus primarily on services offered at the main campus. Such services are not mentioned on the Alisal Campus website, and the King City Education Center site dropdown for “Library Resources for South County Students” takes students directly to the online library resources page (II.C.1.c.) Numerous learning support resources are available online for students, including 100 YouTube videos for assistance in various math levels.

The college offers a successful SI program on the main campus that results in substantially higher success rates for students who participate compared to those who do not. Other learning opportunities offered include English workshops; conversation groups; tutoring; online resources such as self-guided PowerPoint presentations and practice quizzes; exam proctoring; English directed learning activities; the Math L-Series, which provides students with learning experiences via a computer lab and instructor; and MESA support services such as a Study Center, Academic Excellence Workshops, job fairs, and industry mentors.

Effective maintenance and security of the library facility, including technology (Checkpoint Systems Radio Frequency Identification tags) for checking out materials and for alerting staff when items leave the library without proper check out, are in place (II.C.1.d). However, the librarians indicate the Radio Frequency Identification (RFID) system used to alert staff when library materials are taken from the Library without proper check-out is more than seven years old and is unreliable.

The Library also collaborates with other college libraries and shares the CSU Monterey Bay integrated library system, Voyager/ExLibris via an informal agreement. A formal, written agreement—a “Memorandum of Clarification”—for collaboration between Hartnell College and public and academic libraries (Monterey Bay Cooperative Library System and Monterey Peninsula College and CSU Monterey Bay Library) is now in place as recommended by the 2007 Evaluation Team Report and the Hartnell College 2010 Midterm Report (ER 16). To fully meet the Standard, the College now needs to establish a method to evaluate the contracted services.

**Conclusions**

While the library has good resources to support student learning, access to the resources is limited whether by distance as it relates to Alisal Campus or King City Education Center because of location or by a lack of organization for access to acquisitions. Students need to be provided adequate opportunities to reach levels information literacy that enhance student success, that library and learning support services are adequately available to all students, that funding resources responsive to planning are available to maintain library and learning support services and that they are sufficient to facilitate education offerings. It is also important the library
determine an evaluation plan for the “Memorandum of Clarification” documented the contracted
services the college has with institutions it collaborates with in providing services. While the
library does some planning, it is not, however tied to a college planning process.

Recommendations

See Recommendation #5 above

Recommendation #6
In order to fully meet the standard, the team recommends that the college regularly evaluate the
contracted library services outlined in the “Memorandum of Clarification” finalized in March
2013. (Standard II.C.1.e.)
STANDARD III

Resources

Standard III.A: Human Resources

General Observations

The Self Evaluation Report for Standard IIIA (Human Resources) shows a dedicated concern for the campus as well as the greater local community and a desire to assess, and then address, the college’s staffing needs with appropriate, well-qualified employees. California’s budget crisis has clearly had a negative impact on staffing; the Self Evaluation Report notes that the new president (arriving in July 2012) had to “carry out a few key staffing decisions that were unpopular but were necessitated by budget concerns, the 50% law, and the faculty obligation number” (213). In addition, the instability of key administrative personnel positions is troublesome and accounts for some of the deficiencies witnessed in this standard. Position reductions necessitated by budget cuts and the significant number of key positions currently filled by interim personnel have led to the collapsing of more and more duties and responsibilities onto fewer and fewer people. Administrators and managers, especially, have had their duties increased beyond their areas and find that their job duties do not fit the original job descriptions, making these positions difficult to appropriately evaluate and compensate. This is in sharp contrast with the need to have sufficient capacity to meet the learning needs of students.

Hiring policies and procedures generally are sound, and new hires (probationary positions for both full-time faculty and classified staff) receive requisite evaluations. Evaluation of permanent full-time faculty and staffing, however, is inconsistent and incomplete. For example, administrative shortages in the Fall 2012 semester meant that only the full-time probationary faculty received employment evaluations; evaluation of the permanent full-time faculty who were up for review this year have been delayed to next year. In addition, adjunct faculty members for the most part are not being reviewed in a regular, systematic manner.

Professional learning opportunities exist primarily through five dedicated professional development days (known as “Flex Days”), some of which include all campus employees and others devoted exclusively to faculty. Other more compliance-related trainings are fulfilled by outside contractors. While some excellent home-grown professional learning has been offered, the college admits that a lack of funds as well as the lack of a college-wide professional development committee between 2008 and 2012 has meant that some people have been—and will continue to be—left out. The expectation of the standards is that planning and resource allocations be tied. The institution has not stayed this course over the past few years. The inclusion, based on a process, may help employees feel like they are an integral part of process and not left out.

Findings and Evidence

The college posts personnel position criteria, qualifications, and procedures and fills the personnel positions with appropriately qualified personnel. Decisions regarding personnel needs
are driven by the college mission; for example, a new dean of institutional research was recently hired to ensure that the college continues to fulfill its mission to be “responsive to learning needs of our community.” Personnel decision-making is also a participatory process. A Faculty Hiring Committee (under the purview of the Academic Senate) has developed a protocol for analyzing data regarding full-time faculty position needs for the college, and the administration respects this process; this year only one alteration was made to the faculty committee’s full-time faculty hire recommendation list. Faculty members also play a primary and integral role in the selection of full- and part-time faculty, ensuring that qualified people with the appropriate discipline-based knowledge, skills, and credentials are hired. The development of job descriptions; advertisement of these positions; and recruitment, screening, and selection processes follow expected policies and procedures. Employment announcements for full-time faculty are clear and consistent among academic disciplines, and the information is broadly disseminated in order to attract a well-qualified and diverse pool of candidates.

A recent review of the part-time faculty hiring process revealed that there were some discrepancies in the Equivalency procedure, and a subsequent review of adjunct hires revealed that some adjunct faculty did not meet Equivalency requirements; as a result, those who were found deficient were not rehired. The Faculty Hiring Committee and the vice president of Human Resources collaborated to create a more clearly articulated protocol for reviewing Equivalency requests and applying the criteria consistency. Faculty credentials are published annually in the college catalog.

Evaluation processes exist, including criteria, processes, and procedures, for full-time faculty and classified staff. However, criteria and processes are not established for adjunct faculty, managers, and for those who teach Distance Education classes. Of particular concern is the admission within the Self Evaluation Report that “[i]nstability of the organizational structure has challenged the college in achieving its goal of regular assessment of staff, particularly the part-time faculty and the managers themselves”, followed by a self-determined “partially meets” for this Standard subsection. The shortcomings in this area have been verified and are substantial, heavily impacting the effectiveness of student learning given the significant role that adjunct faculty and managers play, as well as the growing demand for effective Distance Education classes. It is also of concern that some classified staff members have not received their scheduled evaluations, as revealed through a review of the evaluation cycle roster.

While the college is making efforts to ensure that one group in particular, probationary full-time faculty members, is evaluated annually in order to comply with the contractual tenure review process, the Self Study states that “SLO success is not a component of faculty evaluations” (206), and the lack of an ongoing assessment cycle of SLOs as well as a comprehensive and integrated program review process makes it difficult to validate this standard subsection’s requirement that faculty have “effectiveness in producing . . . learning outcomes” as a component of their evaluation.

As mentioned in the response to Recommendation 1 (above), the college does have a board-approved code of professional ethics that emphasizes the principles of excellence, fairness, and transparency. The code has formally been introduced to college employees through dedicated professional development (Flex) days although the college’s own self-evaluation admits that “[m]ore could be done to encourage widespread discussions about ethics for its employees”
(209). The Team concurs that the college could do more to demonstrate that the college is living out its core principles and to make all college constituents more aware of this ethics code.

Achieving and maintaining a sufficient number of qualified full-time faculty, staff, and in particular administrators necessary to support the institution’s mission and purposes is a challenge that the college acknowledges. Full-time faculty numbers have decreased by about 10% since 2007 (from 102 to 92), management has decreased by more than 20% (from 34 to 27), and the staffing ranks have seen a reduction of approximately 7% over the last 6 years. Added to this challenge is the lack of integrated and holistic program review tied to planning, budgeting, and hiring, which makes it difficult to determine exactly what is the “sufficient number” needed to achieve the college’s mission and learning outcomes for its students. The inconsistency of employee evaluations can be attributed in large part to an insufficient number of administrators to supervise and/or evaluate employees. In some cases, employees have no direct supervisor because the administrative or supervisory position is unfilled or has been added to the responsibilities of already overburdened administrators who find themselves overseeing areas that were not originally assigned to them.

The college policies with regard to ensuring fairness in all employment procedures are published on the college website, and government employment regulations are posted in the Human Resources office. All college policies currently are undergoing a review process. During this review process, the college should verify that its policies and procedures related to the entire Human Resources area are sufficient to ensure quality, fairness, and equity.

The CSEA (union) leadership meets monthly with the new college president and sets regular appointments with the vice president of Human Resources. A more casual arrangement exists for meetings between administrative leaders and the leadership of other constituency groups (i.e., the L-39 union). The team’s findings, however, that some full-time employees are not receiving regular and timely evaluation (e.g., one full-time employee noted that his only evaluation in his eight years at the college was during his probationary period in his first year of employment) calls into question “fairness”. The Human Resources office, currently in a trailer apart from the central area of the campus, seems to have the appropriate locks on the personnel files as well as the exterior and interior doors, and other security measures are in place to keep the physical personnel records confidential. The Information Technology Services staff members keep the Human Resources electronic data secure with a firewall and password protection.

The college works to attract diverse personnel and monitors the diversity ratio between the number of applicants for a position and those interviewed. A review of some of these documents shows that the college is mindful of diversity hiring and is making progress toward it although achieving ethnic and other diversity equity continues to be a challenge. Comparison of employee ethnicity from 2007 to 2011 shows gains in Latino employees which is appropriate given the community demographics. Additionally, all applicants for employment are required to provide a diversity statement as a part of the application process, and both the Human Resources office and the Faculty Development Committee sponsor various trainings that address diversity. Managers receive diversity training primarily through webinars with approximately two to three of the ten annual trainings focused on diversity issues. Finally, the college hosts celebrations on campus to honor diversity, e.g., Black History, Women’s History, etc. As evidence that the college demonstrates integrity in its treatment of all constituent groups, it provides a lengthy example of
how it handled the 2009 budget crisis and the ensuing negotiations over health and welfare benefits. The process was cited repeatedly by numerous people on campus, verifying that it was an inclusive process that garnered collegial respect among the college’s employee groups and between these groups and the college administration.

The college has done some excellent “home grown” professional development, much of it targeted at the whole college. For example, two Student Success Conference showcasing the innovative work being accomplished through the college’s many grant programs have been offered recently as part of the “Flex Program” professional development days. The Flex Program consists of five calendar days annually devoted to professional learning—three as dedicated in-service faculty days, with one of these three including classified and administrative staff; the other two of the five days allow for individualized professional growth plans for faculty. To date, 90 faculty members have gone through the Academy for College Excellence (ACE) institute, and a day-long Agriculture Tour for faculty and staff was recently offered. A standing Faculty Development Committee exists under Academic Senate. A college-wide staff development committee ceased in 2008, but this lack has been identified, and a new shared governance Staff Development Committee has just been re-established (Fall 2012). There is dedicated space for faculty development in the Faculty Resource Center and a fairly new faculty and staff lounge for other workshops. All professional learning events have embedded surveys. These surveys focus on how people perceive the workshop just attended. It is recommended that those responsible for providing professional learning opportunities should also consider assessing for effectiveness in the workplace or classroom, tying the professional development efforts to student, program, and institutional outcomes achievement. The college should work toward this through its integrated Human Resources Program Review.

At this point, Human Resource planning is not integrated with institutional planning and assessment. Human Resources staff members meet with various committees and the Executive Cabinet to identify needs and concerns, but the college admits that “some decisions were not the result of planning” and that “ad lib” decisions have been made. Program Review for the Administrative Services area, under which Human Resources falls, has not been undertaken, even though the college’s Self Evaluation Report asserts that it was to occur in Fall 2012.

**Conclusions**

The Human Resources area of the college with regard to hiring, retaining, and training employees has good intentions, but exhibits deficiencies impacting the college’s achievement of successful student learning. Employee evaluation criteria and processes need to be in place and consistently applied to all employee groups. Fairness in treatment to all employee groups is an issue because employees do not all evenly and equitably receive the benefit or regular evaluation reviews nor are they evenly and equitably provided with professional development opportunities to enhance their skills and ability to effectively do their jobs. Furthermore, staffing, especially in the administrative area, exhibits a state of constant flux, leaving the college with insufficient leadership to ensure the timely evaluation of employees and support the institution’s mission and purposes. Finally, lack of a specific Human Resources (as an area under Administrative Services) program review that is integrated with institutional planning, budgeting, and hiring precludes the systematic assessment of human resources and therefore the inability to acquire evaluation results to use as a basis for improvement.
Recommendations

Recommendation #7

In order to meet the standard, the team recommends that the college ensure that evaluation processes and criteria necessary to support the college’s mission are in place and are regularly and consistently conducted for all employee groups. The team further recommends that professional learning opportunities be formally and regularly offered to all employee groups to ensure equity in employee development opportunities. The team further recommends that faculty and others responsible for learning have as a component of their evaluation effectiveness in producing those student learning outcomes. Use the results of employee evaluations as a basis for continuous improvement. (Standard III.A.1.b, c; III.A.2; III.A.3.a; III.A.5.a)

Recommendation #8

In order to meet Eligibility Requirement 5, and in order to meet the Standard, the team recommends that the college establish a stable infrastructure of sufficient administrative personnel to better ensure a consistent level of services to support the institution’s mission and purpose. The team further recommends that the college expedite the process to fill vacant and interim positions. (Eligibility Requirement 5; Standards III.A.2, III.A.6; IV.B.).
Standard III.B: Physical Resources

General Observations

The college uses the 2008 Educational Facilities Master Plan (June 2008) to guide personnel through their planning and coordinated development activities. The 2008 Educational and Facilities Master Plan ensures the link between physical resource planning and institutional planning. Measure H monies were prioritized and subcommittees were formed to provide leadership for these building projects. Currently, the last of Measure H funds is being used to build the new science building.

Findings and Evidence

The Business Office, Human Resources, and Facilities Departments are in the process of building a comprehensive review to be finalized in May 2013.

The majority of the Measure H money was allocated to the Alisal Campus, the Library, and Admissions & Records. The Resource Allocation Committee (RAC) is an advisory committee consisting of seven members, both management and classified. The RAC's objective is to make recommendations regarding resource allocations for the upcoming year, utilizing data from the Salinas Valley Vision 2020 Project, high school enrollments, educational master plan, and program and services assessment to develop annual goals/outcomes. It is RAC's responsibility to assess goals and to put that information into what will be the final budget, making decisions based on the priorities of shared governance committee work; implemented through the shared governance system; and submitted to the Governing Board.

RAC works closely with the Financial Information Subcommittee, where fiscal information is shared. The Financial Information Subcommittee creates and maintains the financial transparency of the college, communicates all financial information on campus, reviews financial data and recommends resource allocation to the Institutional Action & Resource Committee, and evaluates budget spending variances on an ongoing basis.

Using the Salinas Valley Vision 2020 Project report as a guiding tool, the college uses one-time funds—either spent or saved—only for that purpose. If monies are not earned, then nothing is spent. The college continues to grow programs in addition to maintaining a reserve, and this is informed through an annual internal report of program data and a five-year cycle of in-depth program review. Programs have successfully completed the five-year report at least once; however, there is no evidence indicating reviews beyond the first five-year cycle.

The college continues to look at community needs through the Salinas Valley Vision 2020 Project, adds or enhances programs to meet those needs, and seeks funding to support goals (based on data from program success).

The college has a Facilities Master Plan that was developed in 2008 as a foundational facilities planning tool for all educational sites and campuses within the district. The plan carried through 2011 and since that time, there is no evidence of an extension of that plan or a new plan.
The purchasing order process is complete and thorough, running purchase orders through an electronic mode (Mercury Commerce) for one-time purchases and written hard copy forms for open recurring purchase orders (Datatel). Both processes also manage certain approved vendors. There are existing contracts with some vendors. This process has successfully been used for five years. Both systems interface, therefore, there is sequential numbering for all purchase orders regardless of whether they are electronic or hard copy.

The Facilities, Operations and Asset Management Department is responsible for all aspects of maintenance and operations of the college’s physical environment. There is a great need for more support staff. Facilities coordination is done with the RAC.

The institution has been constructing new facilities with bond funding. The Alisal Campus is mainly used for career technical training and has state-of-the art equipment, facilities and programs that reach out to the community at large and to students-at-risk. This showcase of equipment, classrooms, labs, offices, and buildings was made possible with monies from Measure H, VTEA funding, and generous donations from community members and businesses. Students at this campus have access to counseling, a cafeteria, Records & Admissions and some general education classes. Hartnell ensures access to its facilities with regular shuttle and bus services between campuses at reduced fares, by meeting all federal accessibility regulations, and by making additional improvements as scheduled maintenance funding allows.

Hartnell College addresses campus safety on a daily basis by the maintenance staff, custodians and the Hartnell Community College Campus Safety Office. There has been district-wide installation of code blue phones, external and internal notifications for emergencies, and internal classroom locks. Campus police are unarmed and are on all campuses 24 hours/7 days a week. Campus safety is reviewed and regulated on a continual basis ranging from the management of staff-initiated requests for maintenance and safety planning from a preventative and crisis response perspective (III.B.1). Online safety training, designed specifically for school employees, is provided to faculty and staff by Keenan Safe Schools.

The work-order system currently does not provide a way to return the work order to the facilitator once it has been filled. This is being studied and a better, more efficient work-order system is being explored.

Construction management is solely for the use of buildings using bond money. This is where space inventory is conducted on a yearly basis, and the results are reported to the Chancellor’s Office. The Construction Management Facilitator reports to the Director of Facilities, Operations and Asset Management. The Construction Plan integrates physical planning by determining the programs and activities needed to provide students a full college experience and to identify the needed physical facilities. There are in-depth monthly reports and an annual report. Physical resource planning is integrated to some extent with institutional planning. The 2008-2011 Facilities Master Plan allowed for physical resource planning, however, beyond 2011, there is no evidence of the continuation of a master plan.

Hartnell College conducts regular facilities evaluations and has a process through which college programs can request a large range of improvements, repairs and remodeling. When planning the space for new buildings and future programs, the end users, staff, instructors, deans and
maintenance personnel are involved. However, this process is not integrated with an overall college planning and assessment process.

Hartnell College has an Information Technology Services Department that interacts with a cross representation of campus employees to chart and prioritize upgrades needed in existing classrooms and the needs for new buildings and new programs. There is a Technology Master Plan being used as a blueprint for decision making.

The Information Technology Services Department is represented on the Technology, Human Resources and Facilities Committee (THRFC), which meets once a month; its members are representatives of the college at large, and receive input from academic and administrative constituents. The focus of this committee is the planning and logistics for major moves and determining how best to handle physical changes on campus, i.e., technical, personnel, etc. This committee reports as an advisory to the RAC (Resource Allocations Committee).

Conclusions

The college administrators (Administrative Services, Maintenance, Purchasing, and Construction) all recognize the teamwork involved in the planning of physical resources. They present a united front dedicated to the college’s success and are proud of the progress made thus far. The completion of attractive buildings, upkeep of grounds, upgrades at all locations where courses are offered, and access to the entire community demonstrate cohesive professional working relationships. Physical resources at all locations are maintained to assure access (shuttle buses and regular buses run regularly between campuses), safety, security, and a healthy and working environment. It important for Physical Resources to be assessed as part of the collegewide effectiveness review.

Recommendations

Recommendation #9

In order to meet the standards, the team recommends that the college ensure that program review processes are ongoing, systematic, and used to assess and improve student learning, and that the college evaluate the effectiveness of its program review processes in supporting and improving student achievement and student learning outcomes. The team further recommends that the institution:

- Review and refine its program review processes to improve institutional effectiveness;
- Use the results of program review to clearly and consistently link institutional planning processes to resource allocation, including physical resources. (Standards III.B.2.b III.D.1.a, b; III.D.2.e; III.D.3.h)
Standard III. C: Technology Resources

General Observations

The Self Evaluation Report indicates an overall optimism that the college is on the right track; the evidence for technology resources shows that this area is particularly engaged in developing a plan for systematic assessment and improvement. The Vice President of Technology and Information Systems position was filled over a year ago, and has led to a reinvigorated technology support service. The re-institution of a Dean of Institutional Planning and Effectiveness position may lead to integrated efforts with technology resources towards greater institutional effectiveness (IV.B.2.b).

Most commendable is the college’s demonstrated commitment to serving the needs of the student community; technology resources play an integral part in many of these efforts:

- The ongoing commitment to a “guaranteed class schedule” encourages student retention and success;
- The Library and Learning Resource center offers up-to-date facilities to support student learning;
- The Alisal Campus, with its Center for Advanced Technology, appears to meet the needs of a historically-underserved student population;
- An array of programs, including the Academy for College Excellence, Math Academy, STEM, New Media Center, Summer Bridge, etc., addresses a variety of student needs and interests.

Technology resources appear to be hampered by the lack of an demonstrated integrated planning and resource-allocation processes at the college. The Self Evaluation Report indicates all committees make resource-allocation recommendations to Resource Allocation Committee (RAC). The Self Evaluation Report also notes concerns that the RAC is too small a group to have such a decision-making responsibility. The Self Evaluation Report also clearly shows how the college has attempted to reorganize shared governance, and has created four large committees: PPA/SLOA (Program Planning and Assessment/Student Learning Outcomes and Assessment); Technology, Human Resources, and Facilities; Enrollment Management, Matriculation, and Student Policy; and Financial Information Subcommittee (FIS). However, the Self Evaluation Report offers conflicting information about the processes and procedures that drive resource-allocation and decision-making. It is further unclear how these processes are integrated, aside from the concept that everything flows through RAC. The Self Evaluation Report cites the budget crisis following 2008, in which a 2009-10 shortfall of $4.9 million “became a serious test for the shared governance process,” and the college pulled together to make communal decisions about necessary cuts. This example is laudable, but does not represent a systematic, ongoing process for making allocation decisions.

Findings and Evidence

To ensure that technology needs are systematically identified, prioritized, and allocated to meet learning and teaching needs, Hartnell intends to link resource allocation to its Program Planning and Assessment process. However, the Self Evaluation Report does not clarify the status and strength of this process. Terms such as "is strengthening" and "plans...need to be integrated" suggest that the current status is inadequate to meet needs identified by the college.
To guide technology decision-making, the college relies on a Technology Master Plan, completed March 2012 as a follow-up to a 2007-09 TNO and the Hartnell College High Level Strategic Direction report of 2011. The Technology Master Plan is an exemplary planning document, which includes input gleaned from an external review, completed in October 2010; it presents a thorough, complete blueprint outlining the College’s Technology needs, identifying areas of concern raised by the College community and strategies for action.

The Self Evaluation Report does not clarify how the framework detailed in the TMP has been or will be systematically implemented. However, interviews indicate a two-pronged approach is currently used to allocate resources: Information Technology Services funds support the ongoing upkeep of technology (used in classrooms, labs, etc.), as indicated in the Self Study; needs for new technology are brought to the attention of the VP of Technology through joint meetings with the VP of Academic Affairs—inform[ed] by requests from the Deans—and the Comptroller. In this regard, the Self Evaluation Report states that “deans and faculty are consulted so that appropriate computer equipment is ordered.” The process seems functional; however, it appears that this process is not directly linked to broader institutional planning. Allocation of technology resources is coordinated by the THRFC (Technology, Human Resources, and Facilities Committee), whose recommendations are forwarded to RAC (the Resource Allocation Committee). The language of the Self Evaluation Report is vague; THRFC meetings provide a “forum for informing...planning” and create “a platform for college decision-making.” Further, the Self Evaluation Report notes that “THRFC has been recently resurrected and is beginning to meet regularly;” this statement indicates that integrated planning is still in its infancy. The linking of technology resource allocation to student learning outcomes assessment and service area outcomes assessment remains incomplete.

Hartnell College has recently transitioned from eCollege to Etudes LMS to accommodate Distance Education needs. As indicated in interviews, in the transition to the new platform, all online faculty were required to complete training, either in person or through the online Etudes course. Given the relatively user-friendly quality of Etudes, faculty has been less reliant on Information Technology Services staff since this transition. All faculty, regardless of teaching modality, can utilize Etudes course shells; however, a very small percentage of non-DE instructors are utilizing this feature.

Adequate technology training for staff and students has been identified as an area needing improvement. The Technology Master Plan notes survey results in which services for Staff technical training and Student technical assistance was ranked “poor.” The Self Evaluation Report notes that “there still remains a gap between the need and the college's ability to develop its constituents at a satisfying level” and that “feedback from the college community reflects the need to increase training for several areas, including Datatel.”

The Self Evaluation Report is incorrect in stating that an instructional technology specialist “is available” to assist faculty. According to information supplied in interviews, it appears that this position has been vacant for over a year, with the webmaster responding to demands on-the-fly (as the webmaster’s office is proximate to the Faculty Resource Center). The Instructional Technology Specialist position appears essential for effective service and support. Interviews also suggest that the “two dedicated computer technology coordinators in the [sic] both the library and
two other in ITS...“ are inadequate to the needs of the College. To improve student success, the college should endeavor to provide greater technological training and support of faculty and students.

**Conclusion**

Language throughout the Self Evaluation Report seems contradictory, regarding whether a planning process is in place, or is still in process. For example, the self-evaluation for this section notes that “the college is evolving a structure for college wide planning and decision making for technology that includes the TTF, FIS and ultimately THRFC and RAC.” This statement appears to contradict previous statements about how the process currently works. Further, there are no indicators of how these committees will prioritize needs when making allocation decisions.

The planning agenda should include some indication of how and when the technology decision-making and allocation process (reflected in the Technology Master Plan) will be integrated with an institutional planning process.

**Recommendations**

See Recommendation #9 above
Standard III.D: Financial Resources

General Observations

It is not clear how sufficient funds have been identified through the Resource Allocation Committee process to align with program reviews. However, financial planning, review and assessment have played a role in resource allocation outside of the Resource Allocation Committee. For example the Hartnell College Technology Master Plan 2011 -2021 provides planning and rationale for the procurement of equipment and technology infrastructure within the consolidated project list for infrastructure. This list contains a source for funding. It is not clear whether this list is connected to the college strategic planning and program reviews. Evidence of prioritization for funding and implementation is contained in the Technology Master Plan.

Interviews with the Vice President of Administrative Services and the Vice President of Technology and Information Systems confirm that funds are being budgeted for technology in multiple ways guided by extensive planning and assessment, as evidenced within the Technology Master Plan but not through the institutional standards for program review. Additionally, Administrative Services does not have a completed program review but has been following a solid plan for revenues and expenses projection. Documents specific to creating program reviews have been finalized and are scheduled for completion prior to July 2013.

The college received audit findings and recommendations during the previous three years. The schedule of findings and questioned costs related to financial statements issued ending June 30, 2011 listed seven state compliance findings including financial and student enrollment issues. The college noted in its responses difficulty meeting, and subsequent application for exemption from, Education Code Section 84362--commonly known as the 50% Law. Categorical Funds from the State were reduced by over $1 million dollars. The college had chosen to maintain a substantive portion of these services using General Funds and did so by providing funds in excess of the required match. This finding and all other State compliance findings were resolved as of the external audit ending June 30, 2012. There were no findings or questioned costs related to financial statements for the year ending June 30, 2012. This audit contained one finding related to federal awards and six findings related to state awards. The District has implemented plans and procedures to assure full compliance with each finding.

The college fiscal trend analysis of actual unrestricted general fund revenues and expenses from 2008 to 2011 and budgeted for 2012 to 2013 reflects the college’s efforts to build adequate reserves and comply with Education Code Section 84362. The college projected deficit spending for 2012 – 2013 of just over $1.6 million. The projected ending fund balance maintains over 20% of budgeted expenditures.

The District passed $131 million in general obligation bonds in November 2002 for the construction and renovation of buildings and equipment throughout the District. The first series of $35 million was issued in April 2003 and the fourth series of $48.4 million was issued in September 2009. Proceeds were received in October 2009. As of June 30, 2012 69% of projects have been completed. The remaining projects are scheduled for completion within three years. A performance audit has been conducted for Measure H General Obligation Bond funds for the year ended June 30, 2012. The results of tests within the performance audit indicate that the
college (District) has properly accounted for the expenditures of funds held in the Bond Projects Fund and that such expenditures were made on authorized bond projects. At the end of the 2011-2012 fiscal year, the District had $139.2 million in bonds outstanding from the voter approved general obligation bonds and other long-term obligations. These bonds will be repaid annually through property taxes on assessed property within the Hartnell Community college District boundaries.

On April 14, 2009, the Board of Trustees adopted a resolution for the implementation of an Early Retirement Incentive for full-time faculty adding to the long-term liabilities for the District. A total of seven full-time faculty are participating. A payment of $80,974 was made during the 2011-2012 fiscal year. A payment of $78,612 is due during the 2012-2013 fiscal year with subsequent payment amount varying through 2017 – 2018. The total remaining liability has been reflected in the annual audit financial statements ending June 30, 2012. The net savings for the life of the plan is estimated at $945,000.

The District’s other post-employment benefit (OPEB) cost (expense) is calculated based on the annual required contribution of the employer (ARC), an amount actuarially determined in accordance with the parameters of GASB Statement 45. The ARC represents a level of fund that, if paid on an ongoing basis, is projected to cover normal costs each year and amortize any unfunded actuarial liabilities over a period not to exceed thirty years. As of October 1, 2010, the most recent actuarial valuation date, the plan was deemed unfunded because the District is using an assigned fund rather than an irrevocable trust to set aside resources for retiree health care costs. The unfunded actuarial accrued liability was $4,221,464. Although the plans have no segregated assets, the District does maintain a retiree benefits fund to assign resources for retiree health care costs. The fund’s assigned balance was $4,258,425 and $4,124,012 at June 30, 2012 and 2011, respectively.

Accumulated employee sick leave benefits are not recognized as a liability of the District. The District’s policy is to record sick leave as an operating expense in the period taken since such benefits do not vest nor is payment probable; however, unused sick leave is added to the creditable service period for calculation of retirement benefits when the employee retires and within the constraints of the appropriate retirement systems.

The team examined the college’s longitudinal data relative to the institution’s fiscal condition, including significant increases or decreases in enrollments and revenue.

Fiscal trend analysis for prior years reveals that the college has experienced significant reductions in revenue and enrollments since 2008-2009, a year in which significant budget issues had also been present.

In 2008-2009 the college’s actual combined credit and non-credit FTES totaled 7,697 and unrestricted general fund revenues totaled $37,834,103. In 2011-2012 the college’s actual combined credit and non-credit FTES totaled 7,127 and unrestricted general fund revenues totaled $36,642,927. This represents a reduction in enrollments and revenues of over 9%.

The college states that the reductions in enrollments and expenditures have been planned over time to stabilize the college’s budget in relation to assumptions of declining state
apportionments. Having noted this trend analysis the college has addressed the need to reduce expenditures and has maintained an adequate fund reserve as the College continues to refine enrollment management and develop new sources of revenue.

The Citizen’s Bond Oversight Committee meets regularly and posts minutes on the college’s website. The annual report was presented to the Governing Board for 2010 – 2011 and then posted the report to the college’s website.

The college has previously established business and financial policies including purchasing and contract policies that are contained within the collection of policies labeled as “old” as in evidence posted on the college’s website. New policies are also posted on the college’s website containing one updated business policy for construction and change orders. No other revised business policies are in evidence or posted.

Findings and Evidence

The college has made significant improvements to address, resolve, and significantly improve upon previous recommendations under Standard III.

The most recent financial audits reflect successful resolution of previous findings and contain no significant findings related to the financial statements.

The college budget process and the distribution of financial information in a timely way have improved as evidenced by posted presentations and testimonials of staff. Staff generally trusts that budget information is being presented in a transparent and timely manner.

The college has established a standard for program review and an allocation of resources for all areas of the college but has not yet implemented program review for most non-instructional areas. There is little to no evidence that the allocation of resources occurs through the use of the college’s RAC and program review nor is it linked to budget development.

Conclusions:

It is the conclusion of the team that Hartnell partially meets the standard. Financial resources are sufficient to support student learning programs and services to improve institutional effectiveness. The institution plans and manages its financial affairs with integrity and in a manner that ensures financial stability. The level of financial resources provides a reasonable expectation of both short-term and long-term financial solvency.

However, financial planning is not integrated with institutional planning. The lack of program reviews in most non-instructional areas make it difficult to assess if institutional planning reflects realistic assessment of financial resource availability. The development of financial resources, partnerships, and expenditure requirements are not documented in evidence of meeting the standard.

Recommendations
See Recommendations # 2 and #9 above

**Recommendation #10:** To fully meet the standard the team recommends that the college develop a process for regular and systemic evaluation of all Human Resources and Business and Fiscal Affairs policies. (Standard III.A.3.a; III.D.)
Standard IV
Leadership and Governance

Standard IV.A: Decision-Making Roles and Processes

General Observations

The district has had constant turnover in the past few years. There has been instability in the leadership of the college and no consistency in the organizational structure. The Board of Trustees hired a new president in 2006 which presented the district with the opportunity to improve the processes of decision-making, internal dynamics, re-establish effective leadership, and strategic planning. The board hired a new president in July 2012. The change in presidents has caused the district to have gone through a troubling period. Under the leadership of the new president, the district will work toward a united front for the good of the students and the community served.

In response to the previous recommendation, the Board of Trustees unanimously adopted the Code of Ethics policy that includes procedures for sanctioning members who violate those policies.

The college has a governance body called the Resource Allocation Council (RAC). The RAC was designed to have equal representation of the leadership or their designees of all constituencies: Superintendent/President, Academic Senate President, Hartnell College Faculty Association President, Classified Senate President, President of the CSEA, Chief Steward of the IUOES, and the President of the ASHC.

In the governance structure, the following committees report to RAC: Program Planning and Assessment; Technology, Human Resources and Facilities; Enrollment Management, Matriculation and Student Policy; the Financial Information Subcommittee; and through the Academic Senate, the standing committees of the Senate. RAC leaders shared that they make recommendations to the Board of Trustees; however, the College CEO asserted that the recommendations come through him.

Findings and Evidence

The policy and procedure review schedule has the timelines for approval of the APs and BPs. The completion of the several BPs and APs is July of 2013.

The Board self-evaluation was completed in the fall of 2012 with all members participating in the process. In the previous self-evaluation, there was limited participation from the membership. The self-evaluation process will be repeated in June. The new president plans to bring in a consultant to assist the membership in facilitating meaningful discussion at board meetings and retreats.

The new president has made the Board Development process an important task. The Board of Trustees is committed to having two meetings a month. One meeting is strictly for business and the second one is for development.
With the changes in the office of the President, the administrative structure has gone through several changes which resulted in the ineffectiveness of the shared governance committees. The President has a new administrative structure in a draft form. It is a work in progress and has gone through the RAC as an information item.

The following governance groups: Faculty/Staff Development Committee, BSI/Student Success Committee, RAC, BOT, and the Academic Senate have stated enthusiastically they are confident that the new president will move the college forward.

Each group noted that the instability in the administrative structure, constant changes in the presidency, lack of institutional support, and lack of communication has caused each group to function ineffectively.

An assessment of the college's governance model and structures was completed through a governance planning retreat held on November 19, 2012 that included participation from all constituent groups. The summary report is posted on the college's website. The next step in the continued assessment and review of the college's governance model and structures is the formation of a task force that will take into consideration the results from the retreat and other information in making recommended changes and improvements to the existing governance model. The goal of the restructuring is to implement a governance model and structures that facilitate decision-making and resource allocation.

The college has a governing board of seven trustees and one student trustee. They serve four-year terms and elections are held in odd-numbered years. The independent policymaking body holds monthly meetings open to the public, with notices and agendas posted in advance and subject to the Brown Act. This is in compliance with the ER 3.

Conclusions

The college has an environment for empowerment, innovation, and institutional excellence. It encourages faculty, staff, and students to participate in activities to improve the practices and programs of the institution. There is evidence (leadership retreats) to conclude that staff are participating in the governance processes of the institution and are encouraged to work to improve it. (IV.A.1)

Hartnell College establishes a written Board policy that provides faculty, staff, and students with the ability to participate in the decision-making processes of the institution. Staff is aware of their roles on the Resource Allocation Council and other shared governance groups. Several members of the various groups have expressed concern with the changes in the office of the President, changes in the administrative structure on campus, financial issues, and the lack of consistent communication from the administration has contributed to the ineffectiveness of the shared governance committees. Also, each group has stated that an internal evaluation on the effectiveness of their groups was completed. (IV.A.2.a.b)

As a result of the change in the President, the college has begun to focus on the review and revision of policies and procedures, development of an administrative structure, and revision of
shared governance committees. The RAC is an established governance structure that has worked well for the college but more effective participatory governance as well as a clear delineation of roles in the decision-making process from the employee level and all the way to the Board of Trustees is needed to fill the need on college.

The college has demonstrated honesty and integrity in its relationships with external agencies. The college meets its obligations to various other external agencies to the U.S. Department of Education by submitting its various grant reports in a timely and efficient manner. The reports are received by the Board of Trustees in public meetings. Written reports are available to the public.

The goal of the college is to restructure and implement a governance model and structures that facilitate decision-making and resource allocation.

**Recommendations**

**Recommendation #11:**

To fully meet the standards, the team recommends that the college implement and evaluate a governance model and establish a key participatory governance group to provide an avenue for meaningful input into decision-making including but not limited to resource allocation. (Standards IV.A.2; IV.A.2.a)
Standard IV.B: Board and Administrative Organization

General Observations

The governing board responded to address the probation status of the college. It adopted an Ethics policy. It also decided to make the evaluation of the board a regular activity, including the use of a facilitator. The board holds board development sessions where it delves into serious issues and provides to the College community the example of ongoing professional development. Furthermore, it was evident that the board participates actively in national as well as local professional activities. The board succeeded at hiring a new CEO as the previous one decided to retire. The governing board revised its policy prior to initiating a search for a new CEO. In interviews during the site visit, some pointed out the important role the policy played in a good outcome for the search. The board has taken its fiduciary responsibility seriously as it shepherded the institution through a turbulent period of economic uncertainly.

The board attends to the review of its policies and there is evidence that the policies are being reviewed regularly. While there is claim that the board acts as a whole, there is evidence that the board has not acted in the best interest of the institution as dissenters on some decisions appear to argue beyond a vote of the board and that is in violation of the expectations of boards. The board’s establishment of an ethics policy helps the board police itself. The fact that the board had to resort to the sanctions established in the ethics policy “from time to time,” may demonstrate that the board has not completely understood their actions or need to take steps to be fully in compliance with Standard IV. The board’s self-evaluation process does not seem to meet the needs of the board because of the lack of participation in implementation. While a thorough evaluation of the board is appropriate once a year, until much progress is made, it may be advisable that the board be surveyed on its responsibilities at least quarterly. Both of these steps have recently been implemented.

On March 15th, 2011, there was a presentation on “Effective and Ethical Governance.” The workshop dealt with the role of the board and the CEO. In particular, it outlined that the board establishes policies “… that ensures the quality, integrity and effectiveness of student learning programs and services …” Furthermore, it pointed out that the “Board acts as a whole once a decision has been made and focuses on allegiance toward the College and the community.” The workshop further stated that governing board members must “… support the decision of the board once it is made…”

By reviewing the minutes of the board, it shows that some board members arrive late or leave early. This practice may put into question the commitment of the affected board members.

Through the Self Evaluation Report and interviews with individuals, it is apparent that the new leader is respected and has the best interest of the College. There are key vacancies in Academic Affairs and managerial positions that need to be filled and that have gone unfilled for some time. There is evidence that the institution needs to ramp up its staffing and organization to be most effective. The reference to individuals being “tired” may be an expression of total participation by all and the lack of personnel.
Some board members feel that the arrival of the new CEO has fostered a better level of transparency at the College that has not been heretofore present. The board development sessions have helped the board better focus on issues prior to voting.

Findings and Evidence

It is not clear through the evidence or the interviews how much time the board has spent in addressing student learning outcomes issues. But, with the special sessions to learn more about the effective trusteeship, the issue of learning outcomes could be a topic of discussion led by college leaders.

The board shows a great deal of interest in issues of student achievement. This is verified through dialog with the board and college leaders. The California Student Success Taskforce implementation provides a great avenue for focus on student success. In the future, the board will need to be involved in ensuring that adequate resources are allocated for the goal of helping students succeed.

The board addressed the issue of Ethics policy addressed by the previous team. Evidence showed that the board approved a policy and included in the policy how to sanction board members who violated the policy. Evidence shows that the sanctions have been applied already. The board has also agreed to evaluate itself periodically. It has chosen to do so once a year as reported in the Self Evaluation Report. The board moved swiftly to ensure that it hired a CEO. He has been a welcome presence at the college. He has moved quickly to direct the activities of the college to be in compliance with accreditation standards.

Despite the Ethics policy and the existence of the self-evaluation process, the Self Evaluation Report, the evidence and interviews with members of the College community show that the board as a whole has not totally complied to the standard:

- Not speaking with one voice;
- Three out of seven board members not participating in the original board evaluation.
- Having a self-evaluation that lags too much in its frequency.

Conclusions

It is the conclusion of the team that Hartnell fails to meet Standard IV.B. While, there has been significant improvement in the board actions and behavior since the arrival of the new president, these are fragile and early steps in a long road to trusteeship recovery. Interviews with board members as well as the Self Evaluation Report clearly show that the board was divided, but is slowly making progress to be an effective board that focuses on policy while empowering its president to lead the institution; all board members are now fully participating in the board evaluation.

Staff and faculty members have pointed to the instability in leadership for the lack of progress in planning, student learning outcomes, program reviews and employee evaluation. The president is not only aware of the situation, but is committed to addressing them as quickly as he can.
It is important that each board member adhere to its Ethics policy and that all board members, incoming or existing, agree to adhere to the policy or modify it. While the board has made good progress, it is important that it be sustained and the Code of Ethics, along with due considerations for fellow board members will put the trustees in a good position to provide leadership for the college and support the CEO.

The board started the important task of evaluating itself. The first evaluation saw 3 out of seven board members not participating in the process. However, since the arrival of the new president, the evaluations have been more regular and the participation is 100%. It is important that the board self-evaluation be completed regularly and with full participation of each board member.

Recommendations

Recommendation #12:
In order to meet standards, the team recommends that:

- Each board member adhere to the Governing Board’s Ethics policy;
- The board self-evaluation continue to be done with full participation of each board member. (Standards IV.B.1.a-j; IV.B.2.a-e)
### Compliance with U.S. Department of Education (USDE) Regulations
**HEOA 2008 including 2010 and 2011 Regulations interpreted through July 2012**

<table>
<thead>
<tr>
<th>34 CFR Paragraph</th>
<th>Team Response</th>
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<tr>
<td>602.16(a)(1)(i)</td>
<td>The institution set standards for students’ satisfactory performance both in achievement and student learning. The institution provided data on student achievement for all types of credentialing offered. As noted in the Self Evaluation Report, “The college assures the high quality of all its courses and programs through college curriculum review processes which include an examination of the type of credit awarded, course content, instructional methodologies, methods of evaluation, delivery methods, and link to college mission.” The team found that Hartnell College is fulfilling its intended mission. (Board Policy: 4250)</td>
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<td>602.16(a)(1)(viii)</td>
<td>The college aligns its practice of awarding credit with the Carnegie Unit and with those of other systems of public higher education in California as determined through the examination of course outlines, syllabi, and the class schedule. The college does not offer classes that convert clock hours to credit hours. The team reviewed over five courses, including those in the categories listed. As stated in the Self Evaluation Report, Hartnell’s degrees require a total of 60 credits. Furthermore, Hartnell’s advisory committees, and the California Chancellor’s Office, as well as regional groups, play a role in helping to determine the length of certificates offered. Hartnell College provides information for transfer to students interested in transferring out or transferring into the institution. This information is available in the 2012-2013 College Catalogue. However, this information is not available on the website; in fact, the listed transfer handbook online has no information and is entirely blank. The institution has a policy on transfer, but it appears to specifically address students transferring out as opposed to students transferring into the College. It does, however, put emphasis on students from underrepresented groups in higher education. (Board policies: BP5120 (Transfer), 4050 (Articulation), 4220 (Standards of Scholarship), 4230 (Grading) – 2012-2013 College Catalog)</td>
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<tr>
<td>602.16(a)(1)(ix) and related 668.43</td>
<td>There were no complaints filed with the accreditation agency against Hartnell College. In its catalog and policies, Hartnell College gives students information about accreditation agencies’ relationship with the college. It lists the mailing address of ACCJC. It, however, did not identify the opportunity the public, students or potential students have to file a complaint with the accreditation agencies. The college provides ample opportunities for</td>
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students to file complaints, and students are directed to file complaints with the Office of Student Affairs. The team inquired about complaints and did not find any disturbing patterns of student or public complaints against Hartnell College.

Neither the website nor the Web Portal provides a means for students residing out of state to file a complaint in their resident state against Hartnell College.

602.17(f) Data provided in the context of the Self Evaluation Report were not sufficiently put in context to evaluate fairly the level of achievement of the institution vis-à-vis its students’ performance for courses or programs. The only exception is in Basic Skills, where it was stated that the college performs near or above state average. The Self Evaluation Report cites mathematics as one where the college continues to perform at 10% improvement regularly.

The team documented the lack of focus on planning and true assessment of learning at various levels of the institution. Consequently, standards will need to be set and achievement measured against those standards to meet accreditation standards.

602.17(g) The team examined online courses and determined that the courses offered online are legitimately online courses not requiring paperwork. While courses were in general of high quality, there are faculty members who have very little interaction with their students. With a new emphasis being put on the courses, and the transition to a new online learning management system (Etudes), the quality of delivery is likely to improve.

The team examined the authenticity of the system. Students are required to access the courses via a secure website with login information for each student.

602.19 (a-e) The team examined the long-term fiscal condition of the district and found it to be very sound with a 26% reserve. However, this reserve comes at the price of lack of institutional capacity.

The data-Hartnell presented to the team shows that it is striving to meet the educational needs of students. Indeed, the establishment of the Alisal Campus and the King City Education Center are two good examples of work the College is doing to support students’ achievement. In examining the data for student achievement, the team sees an institution that is trying to do its best. However, to fully meet the expectations of its constituents and accreditation standards, a lot of work needs to be done on assessment of learning outcomes at the course, program and degree or certificate levels.
ABOUT THE PUBLIC DISCLOSURE NOTICE

What is a Public Disclosure Notice (PDN)?
Federal regulations require that accrediting agencies recognized by the U.S. Department of Education provide to the public a brief statement summarizing the reasons an accreditor has taken action to impose Probation, order Show Cause, or terminate accreditation. The regulations also require the accreditor to provide to the public the institution’s official comments, if any, in response to the Commission’s action. The Commission is required to provide this notice regardless of whether the public, or any member thereof, requests the information. These regulations went into effect July 1, 2010 and apply to all Commission actions since that date.¹ In collaboration with the other regional accrediting commissions, the Commission is using a PDN format that is relatively consistent across all accrediting regions.

How is the Public Disclosure Notice made available to the public?
The Commission makes the Public Disclosure Notice available to the public by posting it with the institution’s entry in the online ACCJC Directory of Accredited Institutions located at www.accjc.org. If an institution provides a response to the PDN, that response is also posted in the same location. All Notices and institutional responses will be removed from the online ACCJC Directory when an institution is removed from Probation or Show Cause or one year after the institution’s accreditation has been terminated.

When must the institution provide its Response to the Public Disclosure Notice?
The Public Disclosure Notice and the institution’s response must be posted no later than 60 days following the Commission action. In order to achieve this deadline, the institution’s response must be received by February 28 for January Commission Meeting actions and by July 31 for June Commission Meeting actions. If the institution wishes to make an official response to the Public Disclosure Notice, the response should be sent by email attachment to accjc@accjc.org, or mailed to ACCJC, 10 Commercial Blvd. Suite 204, Novato, CA 94949.

¹ The U.S. Department of Education regulatory reference for public notification of accrediting agency actions on an institution’s accreditation status can be found at 34 C.F.R. § 602.26.

Rev. June 2012
Public Disclosure Notice
for
Hartnell College

July 3, 2013

This Notice has been developed for use in responding to public inquiries about accreditation status, consistent with the Commission’s policies on public disclosure. It should be read in conjunction with the Statement of Accredited Status for Hartnell College. This Notice has been reviewed by Hartnell College and the institution has been notified of the opportunity to submit a response to this notice. If the College has responded to the Public Disclosure Notice, an electronic link to the institutional response will be found on the ACCJC website at: www.accjc.org in the Directory of Accredited Institutions, with the information for Hartnell College.

Accreditation by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (the Commission or ACCJC) certifies that a college has been found to meet rigorous requirements for quality and that there are reasonable grounds for believing it will continue to meet them. The Commission's requirements can be found on the ACCJC website at: www.accjc.org under Eligibility Requirements & Standards (or click here). The accreditation process requires an institution to open itself to examination by a group of professionals who evaluate the degree to which an institution meets the Eligibility Requirements, Accreditation Standards, and Commission policies. The Standards set requirements for quality that cover many aspects of the college, including: instruction, student support services, library and learning resources, physical environment, technology services, financial management, institutional governance, institutional integrity and honesty, and achievement of institutional mission. Accreditation is awarded only after an institution demonstrates that it complies with Eligibility Requirements, Accreditation Standards and Commission policies. The Commission reviews the overall quality of each institution every six years. If an institution is found to need improvement, it may be required to undergo additional reviews and monitoring by the Commission.

Summary of Recent Commission Actions

The Commission imposed Probation on Hartnell College when the Commission, at its June 5-7, 2013 meeting, reviewed the institution’s adherence to the Eligibility Requirements, Accreditation Standards, and Commission policies as part of a comprehensive Educational Quality and Institutional Effectiveness Review. The institution remains accredited during this
period and is required to make improvements to address the Commission’s findings of non-compliance.

**Probation** is imposed when an institution deviates significantly from the Commission's Eligibility Requirements, Accreditation Standards, or Commission policies, but not to such an extent as to warrant a Show Cause order or the termination of accreditation, or fails to respond to conditions imposed upon it by the Commission, including a warning, the institution may be placed on probation. The Commission will specify the time within which the institution must resolve deficiencies. If probation is imposed as a result of the institution's comprehensive review, reaffirmation of accreditation is delayed during the period of probation. The accredited status of the institution continues during the probation period.

The Commission took this action because it determined that **Hartnell College** is out of compliance with elements of the Eligibility Requirements, Accreditation Standards, or Commission policies described below. The full text of the Eligibility Requirements and Standards can be found on the ACCJC website at: [www.accjc.org](http://www.accjc.org) under Eligibility Requirements & Standards (or [click here](http://www.accjc.org)).

**Eligibility Requirement 5, Administrative Capacity.** “The institution has sufficient staff, with appropriate preparation and experience to provide the administrative services necessary to support its mission and purpose.”

**Eligibility Requirement 10, Student Learning and Achievement.** “The institution defines and publishes for each program the program's expected student learning and achievement outcomes. Through regular and systematic assessment, it demonstrates that students who complete programs, no matter where or how they are offered, achieve these outcomes.”

**Eligibility Requirement 19, Institutional Planning and Evaluation.** “The institution systematically evaluates and makes public how well and in what ways it is accomplishing its purposes, including assessment of student learning outcomes. The institution provides evidence of planning for improvement of institutional structures and processes, student achievement of educational goals, and student learning. The institution assesses progress toward achieving its stated goals and makes decisions regarding improvement through an ongoing and systematic cycle of evaluation, integrated planning, resource allocation, implementation, and re-evaluation.”

**Standard IA, Mission.** “The institution has a statement of mission that defines the institution’s broad educational purposes, its intended student population, and its commitment to achieving student learning.”

**Standard IB, Improving Institutional Effectiveness.** “The institution demonstrates a conscious effort to produce and support student learning, measures that learning, assesses how well learning is occurring, and makes changes to improve student learning. The institution also organizes its key processes and allocates its resources to effectively support student learning. The institution demonstrates its effectiveness by providing 1) evidence of the achievement of student learning outcomes, and 2) evidence of institution and program performance. The
institution uses ongoing and systematic evaluation and planning to refine its key processes and improve student learning.”

**Standard IIA.1.c, Instructional Programs.** “The institution identifies student learning outcomes for courses, programs, certificates, and degrees; assesses student achievement of those outcomes; and uses assessment results to make improvements.”

**Standard IIA.2.a, Instructional Programs.** “The institution uses established procedures to design, identify learning outcomes for, approve, administer, deliver, and evaluate courses and programs. The institution recognizes the central role of its faculty for establishing quality and improving instructional courses and programs.”

**Standard IIA.2.b, Instructional Programs.** “The institution relies on faculty expertise and the assistance of advisory committees when appropriate to identify competency levels and measurable student learning outcomes for courses, certificates, programs including general and vocational education, and degrees. The institution regularly assesses student progress towards achieving those outcomes.”

**Standard IIA.2.e, Instructional Programs.** “The institution evaluates all courses and programs through an on-going systematic review of their relevance, appropriateness, achievement of learning outcomes, currency, and future needs and plans.”

**Standard IIA.2.f, Instructional Programs.** “The institution engages in ongoing, systematic evaluation and integrated planning to assure currency and measure achievement of its stated student learning outcomes for courses, certificates, programs including general and vocational education, and degrees. The institution systematically strives to improve those outcomes and makes the results available to appropriate constituencies.”

**Standard IIA.2.g, Instructional Programs.** “If an institution uses departmental course and/or program examinations, it validates their effectiveness in measuring student learning and minimizes test biases.”

**Standard IIA.2.h, Instructional Programs.** “The institution awards credit based on student achievement of the course’s stated learning outcomes. Units of credit awarded are consistent with institutional policies that reflect generally accepted norms or equivalencies in higher education.”

**Standard IIA.2.i, Instructional Programs.** “The institution awards degrees and certificates based on student achievement of a program’s stated learning outcomes.”

**Standard IIA.3, Instructional Programs.** “The institution requires of all academic and vocational degree programs a component of general education based on a carefully considered philosophy that is clearly stated in its catalog. The institution, relying on the expertise of its faculty, determines the appropriateness of each course for inclusion in the general education curriculum by examining the stated learning outcomes for the course.”
Standard IIB.1, Student Support Services. “The institution assures the quality of student support services and demonstrates that these services, regardless of location or means of delivery, support student learning and enhance achievement of the mission of the institution.”

Standard IIB.3, Student Support Services. “The institution researches and identifies the learning support needs of its student population and provides appropriate services and programs to address those needs.”

Standard IIB.4, Student Support Services. “The institution evaluates student support services to assure their adequacy in meeting identified student needs. Evaluation of these services provides evidence that they contribute to the achievement of student learning outcomes. The institution uses the results of these evaluations as the basis for improvement.”

Standard IIC, Library and Learning Support Services. “Library and other learning support services for students are sufficient to support the institution’s instructional programs and intellectual, aesthetic, and cultural activities in whatever format and wherever they are offered. Such services include library services and collections, tutoring, learning centers, computer laboratories, and learning technology development and training. The institution provides access and training to students so that library and other learning support services may be used effectively and efficiently. The institution systematically assesses these services using student learning outcomes, faculty input, and other appropriate measures in order to improve the effectiveness of the services.”

Standard IIIA.1.b, Human Resources. “The institution assures the effectiveness of its human resources by evaluating all personnel systematically and at stated intervals. The institution establishes written criteria for evaluating all personnel, including performance of assigned duties and participation in institutional responsibilities and other activities appropriate to their expertise. Evaluation processes seek to assess effectiveness of personnel and encourage improvement. Actions taken following evaluations are formal, timely, and documented.”

Standard IIIA.1.c, Human Resources. “Faculty and others directly responsible for student progress toward achieving stated student learning outcomes have, as a component of their evaluation, effectiveness in producing those learning outcomes.”

Standard IIIA.2, Human Resources. “The institution maintains a sufficient number of qualified faculty with full-time responsibility to the institution. The institution has a sufficient number of staff and administrators with appropriate preparation and experience to provide the administrative services necessary to support the institution’s mission and purposes.”

Standard IIIA.3.a, Human Resources. “The institution establishes and adheres to written policies ensuring fairness in all employment procedures.”

Standard IIIA.5.a, Human Resources. “The institution plans professional development activities to meet the needs of its personnel.”
Standard IIA.6, Human Resources. “Human resource planning is integrated with institutional planning. The institution systematically assesses the effective use of human resources and uses the results of the evaluation as the basis for improvement.”

Standard IIB.2.b, Physical Resources. “Physical resource planning is integrated with institutional planning. The institution systematically assesses the effective use of physical resources and uses the results of the evaluation as the basis for improvement.”

Standard IIC.2, Technology Resources. “Technology planning is integrated with institutional planning. The institution systematically assesses the effective use of technology resources and uses the results of evaluation as the basis for improvement.”

Standard IID, Financial Resources. “Financial resources are sufficient to support student learning programs and services and to improve institutional effectiveness. The distribution of resources supports the development, maintenance, and enhancement of programs and services. The institution plans and manages its financial affairs with integrity and in a manner that ensures financial stability. The level of financial resources provides a reasonable expectation of both short-term and long-term financial solvency. Financial resources planning is integrated with institutional planning at both college and district/system levels in multi-college systems.”

Standard IVA.2, Decision-Making Roles and Processes. “The institution establishes and implements a written policy providing for faculty, staff, administrator, and student participation in decision-making processes. The policy specifies the manner in which individuals bring forward ideas from their constituencies and work together on appropriate policy, planning, and special-purpose bodies.”

Standard IVB, Board and Administrative Organization. “In addition to the leadership of individuals and constituencies, institutions recognize the designated responsibilities of the governing board for setting policies and of the chief administrator for the effective operation of the institution. Multi-college districts/systems clearly define the organizational roles of the district/system and the colleges.”

Additional Information in Understanding this Notice

An accreditation team of professional peers has evaluated Hartnell College, written a report summarizing its findings, and provided recommendations to the institution to meet Eligibility Requirements and Accreditation Standards. This report and the action letter from the Commission, which specifies the next steps the institution must take, provide a detailed description of the reasons for Probation. All institutions are required to make the evaluation team reports and the action letters available to the public. This is usually accomplished by placing these documents on the college website, and the public is directed to seek these documents from the institution directly. Colleges are invited to prepare a response to this notice, and this information will be posted on the ACCJC website and may be posted on the college website.
Current Status and Expected Accreditation Activities

Hartnell College will be monitored by the Commission and is required to submit two Follow-Up Reports to the Commission, one in March 2014, and the other in March 2015. The Commission will conduct team visits to assess the institution’s compliance with the Eligibility Requirements, Accreditation Standards, or Commission policies. The Commission will review the 2014 institutional report and team report at its meeting in June 2014. If the Commission determines that Hartnell College has demonstrated sufficient compliance with the Eligibility Requirements, Accreditation Standards, or Commission policies, the Commission may act to remove Probation. If the Commission determines that sufficient progress to demonstrate compliance with the Eligibility Requirements, Accreditation Standards, or Commission policies has not been made, the Commission may take further action as permitted under the Commission’s “Policy on Commission Actions on Institutions.” The Commission policies can be found in the Accreditation Reference Handbook which is located on the ACCJC website at: www.accjc.org under Publications and Policies / All Commission Publications and Policies (or click here).

Helpful Resources for Understanding this Notice

The following resources provide additional information that may be helpful in understanding the Commission’s actions and the accreditation status of Hartnell College:

- A “Statement of Accreditation Status” for Hartnell College is available upon request from the Commission office.

- The Commission’s Accreditation Standards can be found on the ACCJC website at: www.accjc.org under Eligibility Requirements & Standards (or click here).


- The “Policy on Commission Actions on Institutions” lists the actions the Commission may apply to institutions under review. It is available in the Accreditation Reference Handbook which is located on the ACCJC website at: www.accjc.org under Publications and Policies / All Commission Publications and Policies (or click here).

- The “Policy on Public Disclosure and Confidentiality in the Accreditation Process” describes the Commission’s policy and procedures for making information available to the public. It is available in the Accreditation Reference Handbook which is located on the ACCJC website at: www.accjc.org under Publications and Policies / All Commission Publications and Policies (or click here).
Title
The Board of Trustees’ Role in Accreditation

Number
VI.

Area
Office of the Superintendent/President
Prepared by: Willard Lewallen
Superintendent/President

Status
Presentation

Reference
Strategic Priorities – All Accreditation Standards – All

BACKGROUND / SUMMARY

Dr. Barbara Beno, President of ACCJC, will provide a presentation on the accreditation standards with a focus on the governing board’s role in accreditation.

Dr. Beno, Ph.D., joined the Commission as President in August 2001. Prior to her appointment, she served as Commissioner for both the ACCJC and the Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges. Dr. Beno served as president of Berkeley City College (formerly Vista Community College) for twelve years, Assistant Chancellor of the San Mateo Community College District, Research and Planning Director for the Peralta Community College District, and a university faculty member in Sociology. Dr. Beno was Chair of the Council of Regional Accrediting Commissions from 2006 to 2009.

RECOMMENDATION

None, no action required by the Board of Trustees.
These questions and answers are meant to provide basic information about regional accreditation to college staff and students.

1. **What is regional accreditation?**

   Regional accreditation is a successful and robust, time-tested model of professional peer review that supports educational excellence. Accreditation is a voluntary process of quality review that institutions agree to undergo periodically. The accrediting commissions with responsibility for accreditation in various regions are legally recognized by the federal government. The public has come to value accreditation as a mark of quality.

   Accreditation is a system of self-regulation developed by higher education institutions to evaluate overall institutional quality and encourage continual improvement. Colleges and universities form membership associations to set up an accrediting agency and work with that agency to establish the quality standards used to rigorously evaluate the institutions. Accreditation Standards represent the best practices in higher education and set a high expectation for quality.

   There are six geographic regions under the U.S. system recognized by the federal government and one accreditor has exclusive responsibility for accreditation within each. There are other kinds of accreditation (national, programmatic) but regional accreditation status is regarded as the most comprehensive and rigorous for institutions to attain.

   The Accrediting Commission for Community and Junior Colleges (ACCJC) is part of the Western Association of Schools and Colleges (WASC) region. WASC operates in California, Hawai‘i and the Pacific Region that includes Guam, American Samoa, the Republic of Palau, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Commonwealth of the Northern Marianas Islands. Five other regional accreditors operate in and have names associated with other geographic regions of the United States.

2. **What authority do regional accreditors like ACCJC have to impose Accreditation Standards on institutions?**

   The regional accreditors are given the authority to apply their Accreditation Standards by the member institutions that have voluntarily joined a regional association to improve educational quality.

   The ACCJC and other regional accrediting bodies are also authorized to operate by the U.S. Department of Education through the Higher Education Opportunity Act. The USDE evaluates accrediting bodies every five years through a process called “recognition.” The USDE has several requirements that accrediting bodies must demonstrate they continuously meet, including integrity of the process, making the results of accreditation available to the public, and fairness in the even application of the Accreditation Standards to all institutions.
Accreditation from a U.S. Department of Education-recognized accreditor, such as the ACCJC, enables institutions to qualify for federal Title IV funds (financial aid for students) and other federal grants and contracts.

The Accreditation Standards of a recognized accrediting body such as the ACCJC are developed with some input from the Department of Education and Congress, which also asks each accreditor to encourage the active participation of all member institutions in a transparent and open process that assures educational quality.

3. What is the purpose of regional accreditation?
Accreditation is a proven method for assuring that a higher education institution has the ability to offer a quality education to the men and women who will lead their communities in the future, and to improve that quality over time. By establishing high standards and then being externally evaluated against those standards, colleges and universities can provide a degree or certificate that students and the community can trust.

In achieving and maintaining its accreditation a higher education institution assures the public that the institution meets standards of quality, that the education earned there is of value to the student who earned it, and that employers, trade or profession-related licensing agencies and other colleges and universities can accept a student’s credential as legitimate.

Just as important, the process provides a means for an institution to continuously improve educational quality and grow to meet the changing needs of students and society. Internal evaluation is a critical part of the accreditation process and through the various phases of an accreditation process colleges and universities are able to build on strengths and improve weaknesses so that they offer a better education.

4. How is the accreditation review conducted?
There are four phases to the accreditation process involving internal evaluation, external evaluation by professional peers, Commission evaluation, and institutional self-improvement to meet evolving regional and federal standards. Every six years ACCJC members have agreed to undergo the comprehensive process to determine whether they are meeting their established Accreditation Standards and to develop ways to improve their future ability to serve students.

Every accreditation review starts with an internal evaluation. An institution engages in comparing itself to Accreditation Standards, writes an internal (i.e., self) evaluation report, develops its own plans for improvement where needed, and submits the written analysis to its accrediting agency for review.

At the second phase, a trained team of education professional peers from member institutions conducts an external institutional evaluation. The external evaluation team, all volunteers, visits the institution, examines the institutional internal evaluation, examines institutional practices, and writes an evaluative report with recommendations for improvement.

The third phase occurs when the members of the regional accrediting commission evaluate all the information and make the decision on the accredited status of the institution. The Commission may also provide recommendations and direction for institutional improvement in areas where
improvement is needed. ACCJC Commissioners review institutional cases at meetings in January and June of each year.

Whether the institution meets the current Accreditation Standards or not, the fourth phase is about self-improvement and each institution uses the recommendations of the external evaluation team and the Commission to guide changes that make their educational quality better.

The goal is always to improve institutional performance before the start of the next six-year review. The Commission may monitor and advise an institution until it improves. If an institution is out of compliance with the Accreditation Standards, the Commissioners may require a follow-up report from the institution, or another team visit, and/or may impose a sanction and deadlines for the institution to come into compliance with all Accreditation Standards. A sanction signals the institution and the public that there are institutional issues that need to be addressed if quality is to be maintained. While on sanction, institutional accreditation continues and the institution works to resolve any such issues.

An institution seeking accreditation for the first time undergoes a similar process including an internal examination using the Accreditation Standards and an external team evaluation using the Accreditation Standards. It then will spend three to five years in pre-accreditation statuses of Eligibility and Candidacy as it demonstrates that it has the capacity to continuously meet Accreditation Standards. When the institution is found to meet all Accreditation Standards and policies, it is awarded “initial accreditation”, and thereafter is subject to a comprehensive review every six years.

5. What are the Accreditation Standards?
The Accreditation Standards are the basic tool used by member institutions to gauge their success in providing high quality education and in continually improving. The Accreditation Standards focus a good deal on institutional practices that support student completion of certificates and degrees, and student learning. Accreditation helps assure that students get a sound and useful education that is of lifelong value.

Accreditation Standards are established in collaboration with an accrediting association’s member institutions and discussed in public hearings with multiple opportunities for comment by the member institutions and the concerned public before they are adopted. Standards are reviewed, and changes are considered, every six years. In addition, Accreditation Standards are statements of expected practice that are developed by the Accrediting Commission, with input from the U.S. Department of Education that reflect Congressional guidelines and expectations for institutional quality. These federal requirements are increasingly more rigorous.

The Accreditation Standards describe good practices in areas of institutional operations, including institutional mission, institutional effectiveness (i.e., achieving stated mission, providing effective educational services), instruction, support services, library and learning resources, human resources, facilities and physical resources, information technology resources, fiscal resources and fiscal management, and governance and decision making.
6. **Who are the Commissioners?**

The ACCJC has nineteen Commissioners who serve voluntarily and represent the interests of the general public and the regional member institutions.

According to the ACCJC bylaws established by the member institutions:

- five Commissioners are faculty from member institutions;
- three represent the public interest and have no affiliation with any member institution, as required by federal regulations;
- two may be people who do not fit any of the other categories of members;
- three are administrators from member institutions; and
- six people each representing one of the following educational entities:
  - the California Community Colleges,
  - the University of Hawai‘i Community Colleges,
  - the Accrediting Commission for Senior Colleges and Universities of WASC,
  - the Accrediting Commission for Schools of WASC,
  - the Pacific Colleges other than Hawai‘i accredited by the ACCJC, and
  - private colleges accredited by the ACCJC.

7. **How are the members of the Commission elected?**

The Commissioner election process solicits nominations and applications for vacant Commissioner positions through a widely distributed announcement each year in February. Persons interested in becoming a Commissioner complete application materials. A Nominating Committee comprised of four sitting Commissioners and four persons from member institutions nominates a slate of candidates; chief executive officers of member institutions may add alternative candidates to the slate. The chief executive officers of member institutions then elect the new Commissioners. The Commissioner election process ensure that individuals with personal integrity and true commitment to higher education quality are elected to serve as Commissioners.

8. **Who serves on evaluation teams?**

Evaluation teams are comprised of eight to 12 volunteer education professionals from member institutions who have relevant expertise and are trained by the Commission staff to employ the ACCJC Accreditation Standards in evaluating institutional practices. They are administrators, faculty, and sometimes trustees of two-year colleges. They have experience in educational governance and administration, instruction, student services, research, facilities, learning resources, fiscal management, human resources and technology resources.

The Commission selects evaluation team members on the basis of their professional expertise and specializations (e.g., Distance Education experts are frequently needed), their experience with accreditation at their own campuses and their ability to apply the Accreditation Standards fairly and consistently. Work as a volunteer evaluator requires a substantial commitment of the evaluator’s time, and a team member participates in a four-to five-day long evaluation visit.

Evaluators must also be analytic and use evidentiary materials, have strong interpersonal skills, be able to apply Accreditation Standards to institutions objectively, be able to write well, use a computer for writing, and work well as members of the team. Evaluator training and experience help the team members enhance their skills, and so individuals willing to serve as team members for several years are desirable.
9. Are the institutions expected to meet all Accreditation Standards at all times?
Yes. Institutions that seek ACCJC accreditation agree to adhere to the Accreditation Standards established by the member institutions at all times. Since accredited status is a signal to the public that an institution satisfies all Accreditation Standards, institutions have to remain in compliance at all times. Anything short of that would diminish public confidence in accreditation as a means of assuring quality. When there is a major change in Accreditation Standards, the Commission sets a reasonable timeline for institutions to comply with them; for example, the 10 year timeline for implementing student learning outcomes.

However, institutional practices may change, and institutions sometimes don’t continuously meet all Accreditation Standards. The purpose of the six-year review is to provide the impetus for re-evaluation of institutional quality. Recommendations for improvement result if the evaluation concludes there are some institutional deficiencies to address or there are opportunities to improve and exceed the Accreditation Standards.

10. Does the Commission’s process help institutions improve, or just expose them to negative publicity when the institution is found not to meet all Accreditation Standards?
The accreditation process is very effective in helping institutions to improve their educational and institutional effectiveness. Accreditation Standards developed by the ACCJC are drawn from best practices within the member institutions as well as from best institutional practices nationally. The accreditation processes reinforces the institutional responsibility to implement these Accreditation Standards.

The institution is given a good deal of professional advice and support for improvement and opportunities to train faculty and staff on the Accreditation Standards. Professional peers who comprise the evaluation teams give good advice, tailored to the institution’s mission and other institutional characteristics. Professional peers on the Commission also provide advice and recommendations. Commission staff also gives advice, training and support to institutions that have been found out of compliance and are trying to make needed changes.

Except in the most egregious cases, the Commission gives institutions some time to implement the recommendations for improvement and to come into compliance with Accreditation Standards. Colleges report to the Commission that the accreditation findings and recommendations, and the time limit given for improvement, and even the sanctions given, help to focus institutions on what must be done to improve.

11. If found out of compliance, how long does the institution have to correct that situation? Is there a limit on the amount of time an institution will be given to improve?
Federal law requires higher education institutions that are found to be out of compliance to come into full compliance with all Accreditation Standards within two years. This is known as the “Two Year Rule.” The law requires the Commission to terminate accreditation if an institution fails to come substantially into compliance within this period unless there are some rare and extenuating circumstances.
12. **How does the Commission ensure that its decisions are fair and unbiased, and that its evaluation teams are unbiased?**

The Commission applies the Accreditation Standards in a consistent manner to all the institutions being accredited. The accreditation process is designed to be transparent and collaborative so that the institutions feel the accreditation process is fair and will yield accurate results. The Commission holds itself accountable for good practice by evaluating and assessing its own ability to make fair and unbiased decisions on accreditation. The evaluation encourages feedback so an institution’s views of the process or an evaluation team report can be heard by the Commission.

The Commission works to make sure the process is fair through the development of clear conflict of interest policies, effective training of evaluators, rigorous evaluation of team members by staff and member institutions, and by encouraging feedback by institutions undergoing evaluation.

The Commission’s policy on Conflict of Interest applies to Commissioners reviewing an institutional case as well as to evaluation team members and Commission staff. Commissioners with a conflict or potential conflict are not permitted to evaluate a case; team evaluators with a conflict or potential conflict are not permitted to serve on a team or are removed from an evaluation team if a conflict is identified by the individual, the institution or the Commission.

The Commission members undergo training on fairness and consistency. Commission meetings always begin with a review of the Policy on Conflict of Interest as well as a discussion of fairness and consistency in applying Accreditation Standards to all institutions.

All evaluation team members are trained prior to each comprehensive evaluation assignment. All members of comprehensive evaluation teams are evaluated by the team chair, and the ACCJC keeps data on those evaluations. Team members who receive critical evaluations are individually advised to correct behaviors, or are not asked to serve on future teams.

In addition to the extensive self-evaluations of these professional peer review teams, the accreditation process encourages feedback at all levels.

Colleges undergoing comprehensive evaluation are asked to evaluate the performance of the visiting evaluation team. That feedback may include general or specific statements about team members. These comments are also retained in the Commission’s data base and, if negative, may result in a decision not to ask the individual to serve on future teams.

The chancellor, president, or other top official of an institution undergoing accreditation review is given opportunity to respond to draft evaluation team reports in order to correct errors of fact. A college may also exercise its right to respond to a team’s findings and recommendations in writing or by appearing before the Commission when the case is being considered.
ACCREDITING COMMISSION FOR COMMUNITY AND JUNIOR COLLEGES
Western Association of Schools and Colleges

Accreditation Standards
Annotated for Continuous Quality Improvement and SLOs
(Adopted June 2002; Revised June 2012; Edited November 2012)

Blue type references assessment, research, planning, and continuous quality improvement
Violet type references responsibilities of the governing board.
Yellow highlights reference focus on teaching (instruction) and learning, and SLOs

Introduction: Shaping the Dialogue

The primary purpose of an ACCJC-accredited institution is to foster learning in its students. An effective institution ensures that its resources and processes support student learning, continuously assesses that learning, and pursues institutional excellence and improvement. An effective institution maintains an ongoing, self-reflective dialogue about its quality and improvement.

An institution-wide dialogue must be at the heart of the self-evaluation process for the college community to gain a comprehensive perspective of the institution. Although the Standards are presented in four parts, they work together to facilitate this dialogue on the institution’s effectiveness and on ways in which it may improve. The self evaluation provides the Commission with the institution’s assessment of itself as a whole.

The Standards

The institutional mission provides the impetus for achieving student learning and other goals that the institution endeavors to accomplish. The institution provides the means for students to learn, assesses how well learning is occurring, and strives to improve that learning through ongoing, systematic, and integrated planning (Standard I). Instructional programs, student support services, and library and learning support services facilitate the achievement of the institution’s stated student learning outcomes (Standard II). Human, physical, technology, and financial resources enable these programs and services to function and improve (Standard III). Ethical and effective leadership throughout the organization guides the accomplishment of the mission and supports institutional effectiveness and improvement (Standard IV).

A college-wide dialogue that integrates the elements of the Standards provides the complete view of the institution that is needed to verify integrity and to promote quality and improvement.
Standard I: Institutional Mission and Effectiveness

The institution demonstrates strong commitment to a mission that emphasizes achievement of student learning and to communicating the mission internally and externally. The institution uses analyses of quantitative and qualitative data in an ongoing and systematic cycle of evaluation, integrated planning, implementation, and re-evaluation to verify and improve the effectiveness by which the mission is accomplished.

A. Mission

The institution has a statement of mission that defines the institution’s broad educational purposes, its intended student population, and its commitment to achieving student learning.

1. The institution establishes student learning programs and services aligned with its purposes, its character, and its student population.

2. The mission statement is approved by the governing board and published.

3. Using the institution’s governance and decision-making processes, the institution reviews its mission statement on a regular basis and revises it as necessary.

4. The institution’s mission is central to institutional planning and decision making.

B. Improving Institutional Effectiveness

The institution demonstrates a conscious effort to produce and support student learning, measures that learning, assesses how well learning is occurring, and makes changes to improve student learning. The institution also organizes its key processes and allocates its resources to effectively support student learning. The institution demonstrates its effectiveness by providing 1) evidence of the achievement of student learning outcomes and 2) evidence of institution and program performance. The institution uses ongoing and systematic evaluation and planning to refine its key processes and improve student learning.

1. The institution maintains an ongoing, collegial, self-reflective dialogue about the continuous improvement of student learning and institutional processes.

2. The institution sets goals to improve its effectiveness consistent with its stated purposes. The institution articulates its goals and states the objectives derived from them in measurable terms so that the degree to which they are achieved can be determined and widely discussed. The institutional members understand these goals and work collaboratively toward their achievement.

3. The institution assesses progress toward achieving its stated goals and makes decisions regarding the improvement of institutional effectiveness in an ongoing and systematic cycle of evaluation, integrated planning, resource allocation, implementation, and re-evaluation. Evaluation is based on analyses of both quantitative and qualitative data.
4. The institution provides evidence that the planning process is broad-based, offers opportunities for input by appropriate constituencies, allocates necessary resources, and leads to improvement of institutional effectiveness.

5. The institution uses documented assessment results to communicate matters of quality assurance to appropriate constituencies.

6. The institution assures the effectiveness of its ongoing planning and resource allocation processes by systematically reviewing and modifying, as appropriate, all parts of the cycle, including institutional and other research efforts.

7. The institution assesses its evaluation mechanisms through a systematic review of their effectiveness in improving instructional programs, student support services, and library and other learning support services.
Standard II: Student Learning Programs and Services

The institution offers high-quality instructional programs, student support services, and library and learning support services that facilitate and demonstrate the achievement of stated student learning outcomes. The institution provides an environment that supports learning, enhances student understanding and appreciation of diversity, and encourages personal and civic responsibility as well as intellectual, aesthetic, and personal development for all of its students.

A. Instructional Programs

The institution offers high-quality instructional programs in recognized and emerging fields of study that culminate in identified student outcomes leading to degrees, certificates, employment, or transfer to other higher education institutions or programs consistent with its mission. Instructional programs are systematically assessed in order to assure currency, improve teaching and learning strategies, and achieve stated student learning outcomes. The provisions of this standard are broadly applicable to all instructional activities offered in the name of the institution.

1. The institution demonstrates that all instructional programs, regardless of location or means of delivery, address and meet the mission of the institution and uphold its integrity.¹
   a. The institution identifies and seeks to meet the varied educational needs of its students through programs consistent with their educational preparation and the diversity, demographics, and economy of its communities. The institution relies upon research and analysis to identify student learning needs and to assess progress toward achieving stated learning outcomes.
   b. The institution utilizes delivery systems and modes of instruction compatible with the objectives of the curriculum and appropriate to the current and future needs of its students.¹
   c. The institution identifies student learning outcomes for courses, programs, certificates, and degrees; assesses student achievement of those outcomes; and uses assessment results to make improvements.

2. The institution assures the quality and improvement of all instructional courses and programs offered in the name of the institution, including collegiate, developmental, and pre-collegiate courses and programs, continuing and community education, study abroad, short-term training courses and programs, programs for international students, and contract or other special programs, regardless of type of credit awarded, delivery mode, or location.¹²
   a. The institution uses established procedures to design, identify learning outcomes for, approve, administer, deliver, and evaluate courses and programs. The institution recognizes the central role of its faculty for establishing quality and improving instructional courses and programs.
   b. The institution relies on faculty expertise and the assistance of advisory committees when appropriate to identify competency levels and measurable student learning outcomes for courses, certificates, programs including general
and vocational education, and degrees. The institution regularly assesses student progress towards achieving those outcomes.

c. High-quality instruction and appropriate breadth, depth, rigor, sequencing, time to completion, and synthesis of learning characterize all programs.

d. The institution uses delivery modes and teaching methodologies that reflect the diverse needs and learning styles of its students.¹

e. The institution evaluates all courses and programs through an on-going systematic review of their relevance, appropriateness, achievement of learning outcomes, currency, and future needs and plans.

f. The institution engages in ongoing, systematic evaluation and integrated planning to assure currency and measure achievement of its stated student learning outcomes for courses, certificates, programs including general and vocational education, and degrees. The institution systematically strives to improve those outcomes and makes the results available to appropriate constituencies.

g. If an institution uses departmental course and/or program examinations, it validates their effectiveness in measuring student learning and minimizes test biases.

h. The institution awards credit based on student achievement of the course’s stated learning outcomes. Units of credit awarded are consistent with institutional policies that reflect generally accepted norms or equivalencies in higher education.³

i. The institution awards degrees and certificates based on student achievement of a program’s stated learning outcomes.

3. The institution requires of all academic and vocational degree programs a component of general education based on a carefully considered philosophy that is clearly stated in its catalog. The institution, relying on the expertise of its faculty, determines the appropriateness of each course for inclusion in the general education curriculum by examining the stated learning outcomes for the course.

General education has comprehensive learning outcomes for the students who complete it, including the following:

a. An understanding of the basic content and methodology of the major areas of knowledge: areas include the humanities and fine arts, the natural sciences, and the social sciences.

b. A capability to be a productive individual and life-long learner: skills include oral and written communication, information competency, computer literacy, scientific and quantitative reasoning, critical analysis/logical thinking, and the ability to acquire knowledge through a variety of means.

c. A recognition of what it means to be an ethical human being and effective citizen: qualities include an appreciation of ethical principles; civility and interpersonal skills; respect for cultural diversity; historical and aesthetic sensitivity; and the willingness to assume civic, political, and social responsibilities locally, nationally, and globally.
4. All degree programs include focused study in at least one area of inquiry or in an established interdisciplinary core.

5. Students completing vocational and occupational certificates and degrees demonstrate technical and professional competencies that meet employment and other applicable standards and are prepared for external licensure and certification.

6. The institution assures that students and prospective students receive clear and accurate information about educational courses and programs and transfer policies. The institution describes its degrees and certificates in terms of their purpose, content, course requirements, and expected student learning outcomes. In every class section students receive a course syllabus that specifies learning outcomes consistent with those in the institution’s officially approved course outline.

   a. The institution makes available to its students clearly stated transfer-of-credit policies in order to facilitate the mobility of students without penalty. In accepting transfer credits to fulfill degree requirements, the institution certifies that the expected learning outcomes for transferred courses are comparable to the learning outcomes of its own courses. Where patterns of student enrollment between institutions are identified, the institution develops articulation agreements as appropriate to its mission.

   b. When programs are eliminated or program requirements are significantly changed, the institution makes appropriate arrangements so that enrolled students may complete their education in a timely manner with a minimum of disruption.

   c. The institution represents itself clearly, accurately, and consistently to prospective and current students, the public, and its personnel through its catalogs, statements, and publications, including those presented in electronic formats. It regularly reviews institutional policies, procedures, and publications to assure integrity in all representations about its mission, programs, and services.

7. In order to assure the academic integrity of the teaching-learning process, the institution uses and makes public governing board-adopted policies on academic freedom and responsibility, student academic honesty, and specific institutional beliefs or world views. These policies make clear the institution’s commitment to the free pursuit and dissemination of knowledge.

   a. Faculty distinguish between personal conviction and professionally accepted views in a discipline. They present data and information fairly and objectively.

   b. The institution establishes and publishes clear expectations concerning student academic honesty and the consequences for dishonesty.

   c. Institutions that require conformity to specific codes of conduct of staff, faculty, administrators, or students, or that seek to instill specific beliefs or world views, give clear prior notice of such policies, including statements in the catalog and/or appropriate faculty or student handbooks.

8. Institutions offering curricula in foreign locations to students other than U.S. nationals operate in conformity with Standards and applicable Commission policies.
B. Student Support Services

The institution recruits and admits diverse students who are able to benefit from its programs, consistent with its mission. Student support services address the identified needs of students and enhance a supportive learning environment. The entire student pathway through the institutional experience is characterized by a concern for student access, progress, learning, and success. The institution systematically assesses student support services using student learning outcomes, faculty and staff input, and other appropriate measures in order to improve the effectiveness of these services.

1. The institution assures the quality of student support services and demonstrates that these services, regardless of location or means of delivery, support student learning and enhance achievement of the mission of the institution.

2. The institution provides a catalog for its constituencies with precise, accurate, and current information concerning the following:

a. General Information
   - Official Name, Address(es), Telephone Number(s), and Website Address of the Institution
   - Educational Mission
   - Course, Program, and Degree Offerings
   - Academic Calendar and Program Length
   - Academic Freedom Statement
   - Available Student Financial Aid
   - Available Learning Resources
   - Names and Degrees of Administrators and Faculty
   - Names of Governing Board Members

b. Requirements
   - Admissions
   - Student Fees and Other Financial Obligations
   - Degree, Certificates, Graduation and Transfer

c. Major Policies Affecting Students
   - Academic Regulations, including Academic Honesty
   - Nondiscrimination
   - Acceptance of Transfer Credits
   - Grievance and Complaint Procedures
   - Sexual Harassment
   - Refund of Fees

d. Locations or Publications Where Other Policies may be Found.
3. **The institution researches and identifies the learning support needs of its student population and provides appropriate services and programs to address those needs.**

   a. The institution assures equitable access to all of its students by providing appropriate, comprehensive, and reliable services to students regardless of service location or delivery method.¹

   b. The institution provides an environment that encourages personal and civic responsibility, as well as intellectual, aesthetic, and personal development for all of its students.

   c. **The institution designs, maintains, and evaluates counseling and/or academic advising programs to support student development and success and prepares faculty and other personnel responsible for the advising function.**

   d. The institution designs and maintains appropriate programs, practices, and services that support and enhance student understanding and appreciation of diversity.

   e. **The institution regularly evaluates admissions and placement instruments and practices to validate their effectiveness while minimizing biases.**

   f. The institution maintains student records permanently, securely, and confidentially, with provision for secure backup of all files, regardless of the form in which those files are maintained. The institution publishes and follows established policies for release of student records.

4. The institution evaluates student support services to assure their adequacy in meeting identified student needs. Evaluation of these services provides evidence that they contribute to the achievement of student learning outcomes. The institution uses the results of these evaluations as the basis for improvement.
C. Library and Learning Support Services

Library and other learning support services for students are sufficient to support the institution's instructional programs and intellectual, aesthetic, and cultural activities in whatever format and wherever they are offered. Such services include library services and collections, tutoring, learning centers, computer laboratories, and learning technology development and training. The institution provides access and training to students so that library and other learning support services may be used effectively and efficiently. The institution systematically assesses these services using student learning outcomes, faculty input, and other appropriate measures in order to improve the effectiveness of the services.

1. The institution supports the quality of its instructional programs by providing library and other learning support services that are sufficient in quantity, currency, depth, and variety to facilitate educational offerings, regardless of location or means of delivery.¹
   
   a. Relying on appropriate expertise of faculty, including librarians and other learning support services professionals, the institution selects and maintains educational equipment and materials to support student learning and enhance the achievement of the mission of the institution.

   b. The institution provides ongoing instruction for users of library and other learning support services so that students are able to develop skills in information competency.

   c. The institution provides students and personnel responsible for student learning programs and services adequate access to the library and other learning support services, regardless of their location or means of delivery.¹

   d. The institution provides effective maintenance and security for its library and other learning support services.

   e. When the institution relies on or collaborates with other institutions or other sources for library and other learning support services for its instructional programs, it documents that formal agreements exist and that such resources and services are adequate for the institution’s intended purposes, are easily accessible, and utilized. The performance of these services is evaluated on a regular basis. The institution takes responsibility for and assures the reliability of all services provided either directly or through contractual arrangement.

2. The institution evaluates library and other learning support services to assure their adequacy in meeting identified student needs. Evaluation of these services provides evidence that they contribute to the achievement of student learning outcomes. The institution uses the results of these evaluations as the basis for improvement.
Standard III: Resources

The institution effectively uses its human, physical, technology, and financial resources to achieve its broad educational purposes, including stated student learning outcomes, and to improve institutional effectiveness. Accredited colleges in multi-college systems may be organized such that responsibility for resources, allocation of resources and planning rests with the system. In such cases, the system is responsible for meeting standards on behalf of the accredited colleges.

A. Human Resources

The institution employs qualified personnel to support student learning programs and services wherever offered and by whatever means delivered, and to improve institutional effectiveness. Personnel are treated equitably, are evaluated regularly and systematically, and are provided opportunities for professional development. Consistent with its mission, the institution demonstrates its commitment to the significant educational role played by persons of diverse backgrounds by making positive efforts to encourage such diversity. Human resource planning is integrated with institutional planning.

1. The institution assures the integrity and quality of its programs and services by employing personnel who are qualified by appropriate education, training, and experience to provide and support these programs and services.

   a. Criteria, qualifications, and procedures for selection of personnel are clearly and publicly stated. Job descriptions are directly related to institutional mission and goals and accurately reflect position duties, responsibilities, and authority. Criteria for selection of faculty include knowledge of the subject matter or service to be performed (as determined by individuals with discipline expertise), effective teaching, scholarly activities, and potential to contribute to the mission of the institution. Institutional faculty play a significant role in selection of new faculty. Degrees held by faculty and administrators are from institutions accredited by recognized U.S. accrediting agencies. Degrees from non-U.S. institutions are recognized only if equivalence has been established.

   b. The institution assures the effectiveness of its human resources by evaluating all personnel systematically and at stated intervals. The institution establishes written criteria for evaluating all personnel, including performance of assigned duties and participation in institutional responsibilities and other activities appropriate to their expertise. Evaluation processes seek to assess effectiveness of personnel and encourage improvement. Actions taken following evaluations are formal, timely, and documented.

   c. Faculty and others directly responsible for student progress toward achieving stated student learning outcomes have, as a component of their evaluation, effectiveness in producing those learning outcomes.

   d. The institution upholds a written code of professional ethics for all of its personnel.

2. The institution maintains a sufficient number of qualified faculty with full-time responsibility to the institution. The institution has a sufficient number of staff and...
administrators with appropriate preparation and experience to provide the administrative services necessary to support the institution’s mission and purposes.

3. The institution systematically develops personnel policies and procedures that are available for information and review. Such policies and procedures are equitably and consistently administered.
   a. The institution establishes and adheres to written policies ensuring fairness in all employment procedures.
   b. The institution makes provision for the security and confidentiality of personnel records. Each employee has access to his/her personnel records in accordance with law.

4. The institution demonstrates through policies and practices an appropriate understanding of and concern for issues of equity and diversity.
   a. The institution creates and maintains appropriate programs, practices, and services that support its diverse personnel.
   b. The institution regularly assesses its record in employment equity and diversity consistent with its mission.
   c. The institution subscribes to, advocates, and demonstrates integrity in the treatment of its administration, faculty, staff and students.

5. The institution provides all personnel with appropriate opportunities for continued professional development, consistent with the institutional mission and based on identified teaching and learning needs.
   a. The institution plans professional development activities to meet the needs of its personnel.
   b. With the assistance of the participants, the institution systematically evaluates professional development programs and uses the results of these evaluations as the basis for improvement.

6. Human resource planning is integrated with institutional planning. The institution systematically assesses the effective use of human resources and uses the results of the evaluation as the basis for improvement.
B. Physical Resources

Physical resources, which include facilities, equipment, land, and other assets, support student learning programs and services and improve institutional effectiveness. Physical resource planning is integrated with institutional planning.

1. The institution provides safe and sufficient physical resources that support and assure the integrity and quality of its programs and services, regardless of location or means of delivery.
   a. The institution plans, builds, maintains, and upgrades or replaces its physical resources in a manner that assures effective utilization and the continuing quality necessary to support its programs and services.
   b. The institution assures that physical resources at all locations where it offers courses, programs, and services are constructed and maintained to assure access, safety, security, and a healthful learning and working environment.

2. To assure the feasibility and effectiveness of physical resources in supporting institutional programs and services, the institution plans and evaluates its facilities and equipment on a regular basis, taking utilization and other relevant data into account.
   a. Long-range capital plans support institutional improvement goals and reflect projections of the total cost of ownership of new facilities and equipment.
   b. Physical resource planning is integrated with institutional planning. The institution systematically assesses the effective use of physical resources and uses the results of the evaluation as the basis for improvement.
C. Technology Resources
Technology resources are used to support student learning programs and services and to improve institutional effectiveness. Technology planning is integrated with institutional planning.

1. The institution assures that any technology support it provides is designed to meet the needs of learning, teaching, college-wide communications, research, and operational systems.
   a. Technology services, professional support, facilities, hardware, and software are designed to enhance the operation and effectiveness of the institution.
   b. The institution provides quality training in the effective application of its information technology to students and personnel.
   c. The institution systematically plans, acquires, maintains, and upgrades or replaces technology infrastructure and equipment to meet institutional needs.
   d. The distribution and utilization of technology resources support the development, maintenance, and enhancement of its programs and services.

2. Technology planning is integrated with institutional planning. The institution systematically assesses the effective use of technology resources and uses the results of evaluation as the basis for improvement.

D. Financial Resources
Financial resources are sufficient to support student learning programs and services and to improve institutional effectiveness. The distribution of resources supports the development, maintenance, and enhancement of programs and services. The institution plans and manages its financial affairs with integrity and in a manner that ensures financial stability. The level of financial resources provides a reasonable expectation of both short-term and long-term financial solvency. Financial resources planning is integrated with institutional planning at both college and district/system levels in multi-college systems.

1. The institution’s mission and goals are the foundation for financial planning.
   a. Financial planning is integrated with and supports all institutional planning.
   b. Institutional planning reflects realistic assessment of financial resource availability, development of financial resources, partnerships, and expenditure requirements.
   c. When making short-range financial plans, the institution considers its long-range financial priorities to assure financial stability. The institution clearly identifies plans, and allocates resources for payment of liabilities and future obligations.
   d. The institution clearly defines and follows its guidelines and processes for financial planning and budget development, with all constituencies having appropriate opportunities to participate in the development of institutional plans and budgets.
2. To assure the financial integrity of the institution and responsible use of its financial resources, the internal control structure has appropriate control mechanisms and widely disseminates dependable and timely information for sound financial decision making.

   a. Financial documents, including the budget and independent audit, have a high degree of credibility and accuracy, and reflect appropriate allocation and use of financial resources to support student learning programs and services.

   b. Institutional responses to external audit findings are comprehensive, timely, and communicated appropriately.

   c. Appropriate financial information is provided throughout the institution in a timely manner.

   d. All financial resources, including short and long term debt instruments (such as bonds and Certificates of Participation), auxiliary activities, fund-raising efforts, and grants, are used with integrity in a manner consistent with the intended purpose of the funding source.

   e. The institution’s internal control systems are evaluated and assessed for validity and effectiveness and the results of this assessment are used for improvement.

3. The institution has policies and procedures to ensure sound financial practices and financial stability.

   a. The institution has sufficient cash flow and reserves to maintain stability, strategies for appropriate risk management, and develops contingency plans to meet financial emergencies and unforeseen occurrences.

   b. The institution practices effective oversight of finances, including management of financial aid, grants, externally funded programs, contractual relationships, auxiliary organizations or foundations, and institutional investments and assets.

   c. The institution plans for and allocates appropriate resources for the payment of liabilities and future obligations, including Other Post-Employment Benefits (OPEB), compensated absences, and other employee related obligations.

   d. The actuarial plan to determine Other Post-Employment Benefits (OPEB) is prepared, as required by appropriate accounting standards.

   e. On an annual basis, the institution assesses and allocates resources for the repayment of any locally incurred debt instruments that can affect the financial condition of the institution.

   f. Institutions monitor and manage student loan default rates, revenue streams, and assets to ensure compliance with federal requirements.

   g. Contractual agreements with external entities are consistent with the mission and goals of the institution, governed by institutional policies, and contain appropriate provisions to maintain the integrity of the institution.

   h. The institution regularly evaluates its financial management practices and the results of the evaluation are used to improve internal control structures.
4. Financial resource planning is integrated with institutional planning. The institution systematically assesses the effective use of financial resources and uses the results of the evaluation as the basis for improvement of the institution.
Standard IV: Leadership and Governance

The institution recognizes and utilizes the contributions of leadership throughout the organization for continuous improvement of the institution. Governance roles are designed to facilitate decisions that support student learning programs and services and improve institutional effectiveness, while acknowledging the designated responsibilities of the governing board and the chief administrator.

A. Decision-Making Roles and Processes

The institution recognizes that ethical and effective leadership throughout the organization enables the institution to identify institutional values, set and achieve goals, learn, and improve.

1. Institutional leaders create an environment for empowerment, innovation, and institutional excellence. They encourage staff, faculty, administrators, and students, no matter what their official titles, to take initiative in improving the practices, programs, and services in which they are involved. When ideas for improvement have policy or significant institution-wide implications, systematic participative processes are used to assure effective discussion, planning, and implementation.

2. The institution establishes and implements a written policy providing for faculty, staff, administrator, and student participation in decision-making processes. The policy specifies the manner in which individuals bring forward ideas from their constituencies and work together on appropriate policy, planning, and special-purpose bodies.

   a. Faculty and administrators have a substantive and clearly defined role in institutional governance and exercise a substantial voice in institutional policies, planning, and budget that relate to their areas of responsibility and expertise. Students and staff also have established mechanisms or organizations for providing input into institutional decisions.

   b. The institution relies on faculty, its academic senate or other appropriate faculty structures, the curriculum committee, and academic administrators for recommendations about student learning programs and services.

3. Through established governance structures, processes, and practices, the governing board, administrators, faculty, staff, and students work together for the good of the institution. These processes facilitate discussion of ideas and effective communication among the institution’s constituencies.

4. The institution advocates and demonstrates honesty and integrity in its relationships with external agencies. It agrees to comply with Accrediting Commission Standards, policies, and guidelines, and Commission requirements for public disclosure, self study and other reports, team visits, and prior approval of substantive changes. The institution moves expeditiously to respond to recommendations made by the Commission.

5. The role of leadership and the institution’s governance and decision-making structures and processes are regularly evaluated to assure their integrity and effectiveness. The institution widely communicates the results of these evaluations and uses them as the basis for improvement.
B. Board and Administrative Organization

In addition to the leadership of individuals and constituencies, institutions recognize the designated responsibilities of the governing board for setting policies and of the chief administrator for the effective operation of the institution. Multi-college districts/systems clearly define the organizational roles of the district/system and the colleges.7

1. The institution has a governing board that is responsible for establishing policies to assure the quality, integrity, and effectiveness of the student learning programs and services and the financial stability of the institution. The governing board adheres to a clearly defined policy for selecting and evaluating the chief administrator for the college or the district/system.

   a. The governing board is an independent policy-making body that reflects the public interest in board activities and decisions. Once the board reaches a decision, it acts as a whole. It advocates for and defends the institution and protects it from undue influence or pressure.

   b. The governing board establishes policies consistent with the mission statement to ensure the quality, integrity, and improvement of student learning programs and services and the resources necessary to support them.

   c. The governing board has ultimate responsibility for educational quality, legal matters, and financial integrity.

   d. The institution or the governing board publishes the board bylaws and policies specifying the board’s size, duties, responsibilities, structure, and operating procedures.

   e. The governing board acts in a manner consistent with its policies and bylaws. The board regularly evaluates its policies and practices and revises them as necessary.

   f. The governing board has a program for board development and new member orientation. It has a mechanism for providing for continuity of board membership and staggered terms of office.

   g. The governing board’s self evaluation processes for assessing board performance are clearly defined, implemented, and published in its policies or bylaws.

   h. The governing board has a code of ethics that includes a clearly defined policy for dealing with behavior that violates its code.

   i. The governing board is informed about and involved in the accreditation process.

   j. The governing board has the responsibility for selecting and evaluating the district/system chief administrator (most often known as the chancellor) in a multi-college district/system or the college chief administrator (most often known as the president) in the case of a single college. The governing board delegates full responsibility and authority to him/her to implement and administer board policies without board interference and holds him/her accountable for the operation of the district/system or college, respectively.

In multi-college districts/systems, the governing board establishes a clearly defined policy for selecting and evaluating the presidents of the colleges.
2. The president has primary responsibility for the quality of the institution he/she leads. He/she provides effective leadership in planning, organizing, budgeting, selecting and developing personnel, and assessing institutional effectiveness.

   a. The president plans, oversees, and evaluates an administrative structure organized and staffed to reflect the institution’s purposes, size, and complexity. He/she delegates authority to administrators and others consistent with their responsibilities, as appropriate.

   b. The president guides institutional improvement of the teaching and learning environment by the following:

   • establishing a collegial process that sets values, goals, and priorities;
   • ensuring that evaluation and planning rely on high quality research and analysis on external and internal conditions;
   • ensuring that educational planning is integrated with resource planning and distribution to achieve student learning outcomes; and
   • establishing procedures to evaluate overall institutional planning and implementation efforts.

   c. The president assures the implementation of statutes, regulations, and governing board policies and assures that institutional practices are consistent with institutional mission and policies.

   d. The president effectively controls budget and expenditures.

   e. The president works and communicates effectively with the communities served by the institution.

3. In multi-college districts or systems, the district/system provides primary leadership in setting and communicating expectations of educational excellence and integrity throughout the district/system and assures support for the effective operation of the colleges. It establishes clearly defined roles of authority and responsibility between the colleges and the district/system and acts as the liaison between the colleges and the governing board.7

   a. The district/system clearly delineates and communicates the operational responsibilities and functions of the district/system from those of the colleges and consistently adheres to this delineation in practice.

   b. The district/system provides effective services that support the colleges in their missions and functions.

   c. The district/system provides fair distribution of resources that are adequate to support the effective operations of the colleges.

   d. The district/system effectively controls its expenditures.

   e. The chancellor gives full responsibility and authority to the presidents of the colleges to implement and administer delegated district/system policies without his/her interference and holds them accountable for the operation of the colleges.
f. The district/system acts as the liaison between the colleges and the governing board. The district/system and the colleges use effective methods of communication, and they exchange information in a timely manner.

g. The district/system regularly evaluates district/system role delineation and governance and decision-making structures and processes to assure their integrity and effectiveness in assisting the colleges in meeting educational goals. The district/system widely communicates the results of these evaluations and uses them as the basis for improvement.
List of Policies Referenced in the Standards

1. Policy on Distance Education and on Correspondence Education

2. Policy on Principles of Good Practice in Overseas International Education Programs for Non-U.S. Nationals

3. Policy on Transfer of Credit; Policy on Award of Credit

4. Policy on Closing an Institution

5. Policy on Institutional Advertising, Student Recruitment, and Representation of Accredited Status


7. Policy and Procedures for the Evaluation of Institutions in Multi-College/Multi-Unit Districts or Systems
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Introduction

The Guide to Accreditation for Governing Boards is designed for use by college governing board members as an introduction to regional accreditation and the Accrediting Commission for Community and Junior Colleges (ACCJC), Western Association of Schools and Colleges (WASC) and as a guide to their roles and responsibilities in accreditation. Governing boards have leadership responsibilities for the college mission, institutional quality and improvement, institutional integrity, and, ultimately, student success. Accreditation Standards recognize the important role of governing boards in student success, holding them accountable for their leadership role. Governing boards carry out their responsibilities primarily through policy development and delegation of responsibility for institutional operations to the Chief Executive Officer (CEO), holding the CEO accountable for implementing governing board (Board) policies. Defining the policy role of governing boards and distinguishing that role from the delegated role of institutional operations is a fundamental principle that informs Accreditation Standards, and this Guide offers guidance to governing boards on that principle. This Guide is both supplement and companion to other guides and manuals published by ACCJC, all of which are cited in the last section.

Section one of this Guide begins with general information on regional accreditation, including history, purpose, and organizational structure. It describes the goals of accreditation. This section also introduces the purposes and structure of ACCJC.

Section two introduces Eligibility Requirements (ERs), Accreditation Standards and Commission policies, as well as an overview of ACCJC procedures and processes.

Section three focuses on the roles and responsibilities of governing boards in accreditation. This section looks at ACCJC Accreditation Standards and processes through the lens of governing boards and their distinct roles in college governance and leadership. The section emphasizes the leadership role governing boards play in defining college mission and policy, as well as their leadership roles in quality assurance, student success and governance.

Section four provides questions and answers (Q&A) on effective practices for governing boards.

Section five presents a list of ACCJC guides, manuals, and other resources that are important to accreditation, and offers governing board members comprehensive information on all aspects of regional accreditation and ACCJC.

The Appendices include the ACCJC NEWS publication entitled Twelve Common Questions and Answers about Regional Accreditation (Appendix A), the complete Eligibility Requirements for Accreditation (Appendix B) and Accreditation Standards (Appendix C).
Regional Accreditation and ACCJC

Regional Accreditation: History, Purpose and Structure

In the United States, accreditation is the primary process for assuring and improving the quality of institutions of higher education. Accreditation of approximately 3,000 colleges and universities is carried out through a process known as “regional accreditation”: seven commissions operate in six geographic regions of the country through nongovernmental, nonprofit voluntary associations. The Western Association of Schools and Colleges (WASC) chose to have two higher education accrediting commissions, one for associate degree-granting colleges and one for colleges and universities that award the bachelor’s degree or graduate degrees. The Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC/WASC) is one of the seven regional accrediting agencies and one of the two higher education accrediting agencies in the Western Region. The Accrediting Commission for Senior Colleges and Universities (ACSCU) is the other higher education accreditor in the WASC region, and accredits baccalaureate and graduate degree-granting institutions.

Accreditation in the United States is a based on a peer review process in which professional educators and persons representing the public interest evaluate an institution using rigorous standards for institutional good practice. These standards are developed with input from the higher education institutions affiliated with that commission. While each regional accrediting commission develops its own standards and policies, the ideas and content are broadly shared across the national higher education community, and lead to general acceptance of institutional credits and degrees across the country. Colleges are evaluated within the context of their institutional mission, and accreditation standards are written to be broadly applicable to a variety of institutional missions. Following a review by a team of peers, accrediting commissions determine the accreditation status of the institution and use a variety of means to ensure follow-up as appropriate. Additional evaluation occurs when an institution seeks accreditor approval for a substantive change.

All regional accrediting agencies are recognized by the U.S. Department of Education (USDE) and undergo a federal recognition review every five years. The USDE also sets regulations for institutional quality; some of these are incorporated in the accreditation standards of all recognized accrediting agencies, while others are enforced on institutions through the federal financial aid process.

Regional accreditation, which can trace its roots to 1885, is the proven method for assuring the public that a higher education institution meets established standards of quality and awards degrees, certificates or credits that students and the public can trust. The granting of accreditation by any regional accrediting commission enables an institution to qualify for federal grants, contracts, and to distribute federal financial aid.

Accreditation is a voluntary system for the regulation of higher education quality. Institutions agree to join an association and to uphold the accrediting association’s standards of quality and its policies. Regional accreditors conduct a comprehensive
evaluation of an accredited institution on a regular basis, which varies from six to ten years among regional accrediting associations.

While the standards of each regional accreditor might be organized differently or use different wording, the seven regional accrediting commissions follow very similar processes and have very similar standards of quality. Today's accreditation enterprise is based on decades of experience and refinement, both leading and reflecting the evolution of American higher education. Today's accreditation standards go beyond the historical emphasis on inputs and processes, for example, do students have access to learning resources and are they using them? There is growing emphasis on student outcomes as a measure of quality. Over the past decade, regional accreditation commissions have been leaders in assisting colleges and universities to develop valid and useful ways to understand what and how students are learning and completing courses, programs and degrees, and use that understanding to improve institutional effectiveness.

1.2 Accrediting Commission for Community and Junior Colleges (ACCJC)

The purposes of the ACCJC are to evaluate educational quality and institutional effectiveness and integrity and to promote institutional improvement. The ACCJC accreditation process assures the public that member accredited institutions meet the Eligibility Requirements (ERs -- standards to establish basic institutional quality), Accreditation Standards and Commission policies, and that the credentials earned at the institutions are of value to the students who earned them; of value to employers and trade or profession related licensing entities; and of value to other colleges and universities.

The ACCJC accredits public, private non-profit, and private for-profit associate degree granting institutions in California, Hawai'i, the Territories of Guam and American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated State of Micronesia, and the Republic of the Marshall Islands.

The ACCJC has two bodies. The 19 Commissioners make decisions on the accredited status of institutions and set policies and Accreditation Standards. Commissioners represent the interests of the public and the Commission's member institutions. Commissioners are elected for three-year terms and generally serve two terms. The Commission is led by a Chair who serves for two years. If elected to an officer position, a Commissioner may serve an additional term. The work of the Commissioners is part-time and voluntary.

The ACCJC also has staff that manage and support the accreditation activities mandated by federal regulations, ERs, Accreditation Standards and Commission policies. The President of the ACCJC is an employee of the Commission, who is responsible for administrative and support staff who serve the Commission and its institutional members. The President and the Chair of the Commission are the spokespersons for the Commission to institutions and the public.
2 Eligibility Requirements (ERs), Accreditation Standards and Commission Policies and Processes

2.1 ERs, Accreditation Standards and Commission Policies

The Accreditation Standards form the core of the accreditation process. The Eligibility Requirements (ERs), Accreditation Standards and Commission policies are developed, adopted, evaluated and revised by the Commission, with input from member institutions and outside experts in higher education. They are informed by effective practices derived from years of experience of member colleges, as well as sound educational research and practices across the nation. The Standards and Commission policies are also informed by federal regulations. All member institutions must maintain compliance with all the ERs, Accreditation Standards and Commission policies at all times.

The four Accreditation Standards for ACCJC are:

1. **Standard I: Mission and Institutional Effectiveness**
   - focus on mission and purposes of each institution and institutional effectiveness achieving the mission
   - focus on data-driven assessment and continuous quality improvement and student learning outcomes (SLOs)

2. **Standard II: Student Learning Programs and Services**
   - focus on instruction, student support, learning services and SLOs

3. **Standard III: Resources**
   - focus on capacity of human, physical, technological and financial resources to support achievement of mission and maintain institutional integrity

4. **Standard IV: Leadership and Governance**
   - focus on decision making and capacity of leadership to support and achieve mission and student success, including governance structure and roles of CEO and governing board, including leadership roles and responsibilities in multi-college districts or systems

In addition to the Standards, ACCJC member institutions must comply with the ERs and Commission policies. As a prerequisite to eligibility for accreditation, institutions must meet all ERs which are largely derived from the Standards. The ACCJC has defined 21 ERs listed in Section 5 of this Guide. Required by the USDE of all regional accreditors, Eligibility Requirements (ERs) not only are prerequisite to achieving accreditation, their compliance must be maintained by accredited institutions at all times. Ongoing compliance with ER's is validated periodically, usually as part of every institutional external evaluation process (six year cycles). Institutions that have achieved accreditation must include in the Institutional Self Evaluation Report information demonstrating continued compliance with the ER’s.
Commission policies, which can be found in the Accreditation Reference Handbook, represent additional ACCJC requirements and procedures related to the Standards, federal regulation, Commission actions and Commission operations. The Commission reviews and if necessary, adds, deletes, or revises its policies regularly in response to federal regulation, judicial action, or other Commission actions or findings. It is important to note that member institutions are held accountable for compliance with all Commission policies. Of particular note is the “Policy and Procedures for the Evaluation of Institutions in Multi-College/Multi-Unit Districts or Systems,” which is relevant to many member institutions.

Discussion of the Standards specifically related to the roles and responsibilities of governing boards is found in Section 3.

2.2 Accreditation Processes

2.2.1 Obtaining Initial Accreditation

Accreditation processes begin with initial accreditation. An institution wishing to seek accreditation for the first time must undergo an eligibility review to establish compliance with the Commission’s Eligibility Requirements. If the institution meets the ERs, it will be declared eligible to prepare an Institutional Self Evaluation Report for application for Candidacy status. If the institution meets Accreditation Standards it will be granted Candidacy status for at least two years and for no more than four years. During that time, the institution will prepare a second Institutional Self Evaluation Report in application for Initial Accreditation. When Initial Accreditation is granted the institution receives a reaffirmation visit by an External Evaluation Team in ongoing six year cycles and is subject to monitoring and reporting requirements. Once accredited an institution is eligible for federal student financial aid and well as federal grants and contracts.

2.2.2 Educational Quality and Institutional Effectiveness Review

ACCJC member institutions undergo an Educational Quality and Institutional Effectiveness Review every six years to determine whether they meet the ERs, Accreditation Standards and Commission policies. In addition, the review process validates that institutions are engaged in sustainable efforts to improve educational quality and institutional effectiveness. The review process has four steps: self evaluation, external evaluation, Commission review and accreditation action, and institutional continuous quality improvement.

For accredited institutions, the review begins when the institution conducts a self evaluation using the ERs, Accreditation Standards and Commission policies. The outcome of the institutional self evaluation process is the Self Evaluation Report of Educational Quality and Institutional Effectiveness (Institutional Self Evaluation Report), which is submitted to the ACCJC. The report should include the institution’s plans to address any weaknesses found through the self evaluation process, called improvement plans.

The Commission appoints a team of trained external peer reviewers which includes members of governing boards. All members of an External Evaluation Team are
selected on the basis of their professional expertise in higher education and areas of specialization.

The team examines the Institutional Self Evaluation Report, visits the institution to examine educational quality, and writes an External Evaluation Report of Educational Quality and Institutional Effectiveness (External Evaluation Report) that determines the institution's compliance with the ERs, Accreditation Standards and Commission policies. The External Team Report makes recommendations for improvement and commends excellent practice when appropriate. The team makes a confidential recommendation to the Commission on the action it should take on the institution's accredited status based on the verification of assertions made in the Self Evaluation Report.

The External Evaluation Team submits its External Evaluation Report to the Commission after the institution has had an opportunity to correct any errors of fact it finds in the draft Report. The Commission evaluates the Institutional Self Evaluation Report, the External Evaluation Report and the institution's historical performance in accreditation reviews, and makes a decision on the accredited status of the institution. The Commission may also give the institution additional recommendations and direction for improvement. The Commission may impose a sanction and define deadlines for the institution to resolve any noted deficiencies. (See the "Policy on Commission Actions on Institutions" in the Accreditation Reference Handbook.)

The Commission communicates its decisions on the status of accreditation via an action letter to the institution and public announcements from the Commission within 30 days following the Commission's January or June meetings. Member institutions are required to share the External Evaluation Report, the Institutional Self Evaluation Report and the Commission action letter with the college community and the public by posting these documents on the institution's website.

The final and ongoing step in the educational quality and institutional effectiveness review process is continuous quality improvement. The Commission expects the institution to resolve any deficiencies cited by the recommendations in the External Evaluation Report, and to do so in a timely manner. The Commission's standards also require institutions to implement processes for Internal Quality Assurance by practicing ongoing, evidence-based assessments of institutional effectiveness, and making improvements to quality as needed.

2.2.3 Other Reports and Evaluation Visits

The ACCJC requires institutions to submit a Midterm Report in the third year after the external evaluation visit to report on the progress made on improvement plans the college developed in conducting its Institutional Self Evaluation Report.

Institutions are required to remain in compliance with ERs, Accreditation Standards and Commission policies at all times. If an institution is out of compliance with any of the above, the Commission may require a Follow-Up Report and/or another external evaluation visit, at intervals determined by the Commission. The
Commission may impose a sanction and deadlines for the institution to resolve noted deficiencies.

Federal regulations require institutions to submit applications and receive approvals for substantive changes if they wish to make changes to mission, scope of programs, nature of student constituency, location (or geographical area serves), control of the institution, content of courses or programs (when changes are significant departure from current status), credit awarded for program or course completion or any other change the Commission deems substantive. A Substantive Change Proposal is submitted in accordance with the Commission’s “Policy on Substantive Change.” (See Substantive Change Manual.)
3 Roles and Responsibilities of Governing Boards in Accreditation

3.1 Governing Boards and ACCJC Standards

As noted in the first section of this Guide the purpose of regional accreditation is to assure and improve the quality of higher education to support student success. Governing boards have a primary leadership role and responsibility for guiding institutions to achieve the mission of student success, and governing boards fulfill this responsibility through institutional policies and by delegating responsibility for implementation of policies and pursuit of mission. Governing boards hold the CEO accountable for policy implementation and for fulfillment of the college mission. And, by extension, governing boards set policies that hold all constituencies of the institution accountable for performance relating to implementation of policies and pursuit of mission. While the governance role of the Board is centered on policy and delegation to the CEO and other institutional leaders and constituencies, the Board has responsibilities beyond governance - responsibilities for the mission and, ultimately, for the success of students.

The four Accreditation Standards describe the educational and institutional practices, organizational structures, resources, and institutional decision-making processes that are necessary conditions for a high quality institution and for student success. Standards I and IV describe some of the specific roles of governing boards in assuring that the institution produces high quality educational services and works to achieve and improve student success. However, the Board’s responsibility for institutional effectiveness is exercised through its policy making role and the delegation of policy implementation to college staff through the CEO. The governing board is responsible for adopting policy language that directs the institutional employees to good practice, and for examining how well the institution is meeting its goals for educational effectiveness and for student achievement and learning.

The governing board is also responsible for the fiscal integrity of the institution, and the Board exercises its responsibility in fiscal matters through policy and by its review of the annual external audit and approval of the institution’s annual spending plans. The governing board is responsible for developing the expertise needed to make sound budgetary decisions that support educational quality, including an understanding of an institution’s current and projected revenues and expenditures, and the institution’s long term obligations created through contractual agreements, borrowing or plans for institutional expansion.

Thus, the governing board should set policies that hold all leaders and constituencies accountable for performance. For example, such accountability would include faculty for work on data driven program review, faculty and others responsible for SLOs and assessment, the chief financial officer for sound fiscal management, and the Board itself for avoiding fiscal or policy commitments that could jeopardize institutional effectiveness, integrity or stability. The governing board is expected to engage in professional development activities to improve its capacity for high performance in the conduct of its own work.
Accreditation Standard IV.B defines expectations for the roles and responsibilities of governing boards, emphasizing responsibility for "establishing policies to assure the quality, integrity, and effectiveness of the student learning programs and services and the financial stability of the institution." The primary role of the governing board is policy leadership, and the primary responsibility of the Board is to create the policy environment that supports educational effectiveness. The governing board assures itself of strong institutional performance through its review of reports demonstrating how well the institution is achieving its mission. The Board holds the CEO and, as appropriate, other leaders and constituencies responsible for organizing and implementing the processes that accomplish mission. That accountability is manifested through Board policies that request information and data on institutional performance. Through policies, the Board should ask the institution to establish key metrics, or measures, by which the institution can assess and demonstrate - to the Board and to the public - achievement of its mission.

Setting standards of excellence and measuring performance tied to the mission of the institution connect the governing board with all four Accreditation Standards. For example, the Board is responsible for the mission of the institution, and the Standards require regular review of the institutional mission (Standard I.A). The Board is not concerned just with the review of the wording of the mission; it should be concerned with the institution's achievement of the mission. That assessment requires data on the outcomes achieved by the students defined in the mission. Similarly, the mission broadly defines the scope of programs and services offered by the institution, and the Standards require institutions to conduct regular program reviews of all programs and services to assess their effectiveness (Standard II. A). The governing board should have a policy on program review and require regular institutional reports on assessment results and on decisions for improvement based on program review and integrated planning.

By focusing on the what - mission, quality, outcomes, and improvement - and not the how - operations and means to outcomes - effective governing boards demonstrate their policy-and mission-directed leadership role and responsibility for institutional effectiveness and student success. The ACCJC promotes the use of common measures of institutional effectiveness, including course completion, persistence, completion of certificates and degrees, transfer and job placement, and mastery of learning outcomes. In addition, the Commission promotes setting goals, or targets, for student performance, based on institutional benchmarking. (Improvement is measured against the benchmark and goals.) Focusing on the what, governing boards should expect information and data that allow them to assess institutional effectiveness and achievement of mission. Thus, governing boards have roles and responsibilities related to the four Standards realized through policy and monitoring of policy implementation, holding the CEO and, through the CEO, other college leaders and constituencies accountable for institutional quality, improvement, integrity, stability, and student success.

3.2 **Governing Boards and ACCJC Processes**

Standard IV. B stipulates that "the governing board is informed about and involved in the accreditation process." Governing boards should receive training about the
accreditation process and ERs, Accreditation Standards and Commission policies. In addition, the Board has an appropriate role to play in the educational quality and institutional effectiveness review process and in the development of the Institutional Self Evaluation Report. Not only should the Board receive regular reports on the progress of the review process and development of the Report, the Board should give direct input on those areas of the Standards affecting the Board directly, e.g., Standard IV. B.

The governing board should be informed of institutional reports submitted to the Commission and of communication from the Commission to institutions, including recommendations given to their institutions. With knowledge of the Accreditation Standards, governing boards should act to demonstrate commitment to supporting and improving student outcomes through planning and resource allocation, as reflected in the Standards. In the end, Board action should indicate a commitment to implementing institutional improvement that has been planned as part of the institutional self evaluation and accreditation processes. Those improvement plans should take their place among important institutional priorities that the Board ensures are addressed and adequately resourced.

In multi-college/multi-unit districts or systems, the governing board has responsibility for institutional mission(s) and for policy, just as the governing board has in a single-college district/system. In a multi-college/multi-unit district or system, the CEO of the district or system is directly responsible to the governing board, while CEO's of the colleges/units within the district or system usually are responsible to the district/system CEO. In addition, the district/system has clearly defined roles of authority and responsibility between the colleges/units and district/system, and the district/system acts as liaison between the colleges/units and the governing board. In a multi-college/multi-unit district or system, the governing board should maintain and review policies that clearly articulate the delineation and distribution of responsibilities and authorities between the district/system and the colleges/units.

It is important to note that the Commission evaluates based on the Eligibility Requirements, Accreditation Standards and Commission polices regardless of organizational structure. All governing boards are required to meet Accreditation Standards, and to support the quality of the institutions they govern; all institutions are evaluated on the basis of their governing board's compliance with Accreditation Standards.

3.3 Governing Boards and Effective Leadership and Governance

The Standards delineate the roles and responsibilities of governing boards and the following principles summarize the expectations defined by the Commission for effective Board leadership and governance:

- **Governing Boards Act as a Unit** - The Board is a corporate body. It governs as a unit with one voice. This principle means that individual Board members have authority only when they are acting as a Board. They have no power as individuals to act on their own or to direct college employees or operations.
• **Governing Boards Represent the Common Good** - The Board exists to represent the public or, in the case of private institutions, its owners. The Board is responsible for balancing and integrating a wide variety of interests and needs into policies that benefit the common good and the future of its constituencies.

• **Governing Boards Set Policy Direction** - The Board establishes policies that give direction and guidance to the CEO and staff of the institution. A major Board responsibility is to define and uphold an institutional vision and mission that clearly reflect student and community expectations, as well as a realistic assessment of institutional resources necessary to accomplish the mission and related goals.

• **Governing Boards Employ, Evaluate and Support the CEO** - The successful Board fosters a good relationship between the Board and the CEO.

• **Governing Boards Set Policy Standards for Institutional and Board Operations** - The successful Board adopts policies that set standards for quality, ethics, and prudence in institutional operations and in the operation of the Board itself. Once institutional policy standards are established, the Board delegates authority to the CEO, allowing the CEO and college staff the flexibility they need to exercise professional judgment.

• **Governing Boards use Resources to Achieve Mission** - The successful Board assures that the institution’s mission is periodically evaluated and adequately funded. The successful Board also assures that its policies and resource allocations are linked and align with the educational priorities defined through the institutional mission and plans.

• **Governing Boards have Responsibility for Financial Integrity** - The successful Board regularly monitors financial performance and policy. The Board should require institutional leadership to maintain adequate reserves and to quickly address any issues discovered through external audits and reviews.

• **Governing Boards Monitor Performance** - The successful Board holds institutions accountable for student success and institutional effectiveness. The Board adopts the institution’s direction and broad goals as policy and then monitors the progress achieving those goals. Board policy should set expectations for the use of sound student outcome data in program and institutional reviews and planning. For example, if the Board adopts a policy goal that the institution will train workers for a particular industry, the Board should receive regular reports on progress toward that goal.

• **Governing Boards Create a Positive Climate** - The successful Board sets the tone for the entire institution. Through the behavior of Board members and the Board’s policies, the successful Board establishes a climate in which learning is valued, including learning by Board members, assessment and evaluation are embraced, and student success is the most important goal. Effective Boards are ethical and act with integrity, which also promotes a positive climate. The Board must have a code of ethics and a policy for dealing with behavior that violates its code.

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Roles and Responsibilities of Governing Boards in Accreditation

11
4 Q&A on Effective Governing Board Practices

4.1 Questions and Answers on Issues of Specific Interest to Governing Boards

As noted in earlier sections of this Guide, governing boards have roles and responsibilities that relate to all aspects of accreditation, and yet the Accreditation Standards specify both the scope and limits of those roles and responsibilities. Board members often pose questions to the Commission about appropriate roles and responsibilities, and the following question and answer section of this Guide features answers to some of the commonly asked questions.

1. What is the appropriate scope of policy responsibilities for governing boards?
   The governing board has responsibility for institutional outcomes and for limits on the means by which staff pursues outcomes. In addition, the governing board uses policy to define its relationship with the CEO and to define its own governance processes. The Board's most important policy role is to create a mission for the institution that defines the constituencies served, the programs and services offered to them, and the desired outcomes for them. Thus, the governing board uses policy to define the ends, or outcomes, for the institution. However, the Board also sets limits through policy on the means by which the institution operates. The limits are manifested through policies on principles of prudence and ethics that form a boundary of staff practices, activities, circumstances and methods. The Board also sets policies about how it relates to staff, which link the Board to the CEO. The CEO is the Board's link to staff, and the Board-CEO relationship is defined through policies on the CEO's role, delegation and accountability. Finally, the Board uses policy to define its own operations - its structure, its meeting protocols and the standards by which it operates, reflecting the Board's responsibilities for providing vision and ethical leadership.

2. How does a governing board act on its policies?
   The governing board holds itself, CEO and, as applicable and appropriate, other institutional leaders and constituencies accountable for Board policies. Recognizing that the Board is responsible for the 'what' of ends and outcomes and not the 'how' of means and operations, the Board asks for regular institutional reports and data on the status of achieving the institution's outcomes. In addition, the Board evaluates and revises its policies on a scheduled basis. By acting on its policies in this manner, the Board fulfills its leadership responsibilities.

3. How does a governing board demonstrate integrity in its operations?
   The governing board has responsibility for institutional outcomes and for limits on the means by which staff pursues outcomes. In addition, the governing board uses policy to define its relationship with the CEO and to define its own governance processes. The Board's most important policy role is to create a mission for the institution that defines the constituencies served, the programs and services offered to them, and the desired outcomes for them. Thus, the
governing board uses policy to define the ends, or outcomes, for the institution. However, the Board also sets limits through policy on the means by which the institution operates. The limits are manifested through policies on principles of prudence and ethics that form a boundary of staff practices, activities, circumstances and methods. The Board also sets policies about how it relates to staff, which link the Board to the CEO. The CEO is the Board's link to staff, and the Board-CEO relationship is defined through policies on the CEO's role, delegation and accountability. The Board uses policy to define its own operations - its structure, its meeting protocols and the standards by which it operates, reflecting the Board's responsibilities for providing vision and ethical leadership. Finally, the Board evaluates its processes to ensure quality and effectiveness.

4. How does the governing board monitor institutional mission, goals, and plans?

The governing board is responsible for the institutional mission, and, as required by the Standards, the institution must review its mission on a regular basis. It is important to note that review of the institutional mission is not simply a matter of reviewing and revising the mission statement. Regular review of the institutional mission involves monitoring of institutional outcomes to determine whether or not the institution is fulfilling its mission. Such monitoring includes regular reporting to the Board on outcomes relating to institutional goals, including measures of student success, and to implementation and evaluation of institutional plans. Again, the Board is responsible for the 'what' of institutional performance, not the 'how' of operations. Through regular monitoring of the status and outcomes relating to mission, goals, and plans, the Board appropriately fulfills its primary responsibility for the institutional mission and student success.

5. Are roles and responsibilities of the governing board different in multi-college/multi-unit districts or systems?

ACCJC Standard IV.B.3 and ACCJC “Policy and Procedures for the Evaluation of Institutions in Multi-College/Multi-Unit Districts or Systems” define accreditation requirements and expectations for multi-college/multi-unit districts or systems. In such districts or systems, the governing board has responsibility for institutional mission(s) and for policy, just as the governing board has in a single college district/system. In a multi-college/multi-unit district or system, the CEO of the district or system is directly responsible to the governing board, while CEO's of the colleges/units within the district or system usually are responsible to the district/system CEO. In addition, the district/system has clearly defined roles of authority and responsibility between the colleges/units and district/system, and the district/system acts as liaison between the colleges/units and the governing board. In a multi-college/multi-unit district or system, the governing board should maintain and review policies that clearly articulate the delineation and distribution of responsibilities and authorities between the district/system and the colleges/units. It is important to note that the Commission evaluates based on the Eligibility Requirements, Accreditation Standards and Commission policies regardless of organizational structure.
6. What is a ‘conflict of interest’ policy for a governing board?
   The governing board should have a policy on ‘conflict of interest’ that ensures the Board’s personal and professional interests are disclosed and that those interests do not conflict or interfere with the impartiality of governing board members or outweigh the greater duty to secure and ensure the academic quality and fiscal integrity of the institution. The policy should reflect the Board members’ commitment to resist temptation and outside pressure to use their position to benefit themselves or any other individual or agency apart from the interests of the institution.

7. How does the governing board execute its responsibilities for fiscal integrity of the institution?
   ACCJC Standard III.D defines expectations for maintaining the fiscal integrity of institutions, including adequacy and use of resources and the policies and processes employed to manage those resources with commitment to mission and integrity. The governing board adopts policy on institutional budgeting and it adopts institutional budgets that are balanced and focused on student success, reflecting institutional goals and priorities. The Board receives and reviews regular financial performance reports, and it validates fiscal accountability through review of annual financial audits.

8. How does the governing board build a sense of teamwork?
   Governing boards are corporate boards - individual Board members do not have individual authority for governance or policy. As a corporate entity, the governing board is most effective when its members work together. Critical to Board members becoming an effective team is maintaining a climate of trust and respect. The Institutional CEO is also a part of the team, and the effective Board team adheres to its role so that the CEO and staff can perform their roles.

9. How does the governing board grow from good to great?
   A good Board assures that the institution’s core mission is periodically re-evaluated and is adequately funded. A good Board protects its core mission by not creating unfunded liabilities for the institution. A great Board assures that its policies and budget allocations are linked and correspond to the educational priorities in the institutional mission and plans.

4.2 Twelve Common Questions and Answers about Regional Accreditation

Although this Guide covers many aspects of regional accreditation, the ACCJC has developed a publication entitled Twelve Common Questions and Answers about Regional Accreditation to provide basic information about regional accreditation purposes, principles, and practices. This information first appeared in the Special Edition February 2011 ACCJC Newsletter and is also available on the ACCJC website on the Newsletter page at: www.accjc.org/newsletter. (See Appendix A.)
5 ACCJC Resources on the Website

5.1 ACCJC Website

The ACCJC maintains a website at: www.accjc.org. The website contains all important reference documents and resources listed below. It also provides a calendar of upcoming accreditation related training events and copies of presentations made at some prior events. Board members are encouraged to explore the website as the best source of up to date reference documents.

Accreditation Basics is an online course available on the ACCJC website through the "Accreditation Basics" link in the “New on the Website” section of the home page. The 90-minute course focuses on the purposes of accreditation, the process used to accredit institutions, and the particular Standards used by the ACCJC to measure the educational quality and institutional effectiveness of member institutions. First-time External Evaluation Team members are required to complete the Accreditation Basics course. However, it is also a useful resource for individuals involved in accreditation at their institutions wishing to learn more about the process, and those wanting to increase their understanding of the basic principles of accreditation. The online course can be paused at any time and resumed to fit the scheduling needs of users. Quizzes assess the user's progress at regular intervals throughout the course, and an end-of-course exam must be completed at 90% mastery to be considered successful in the course. A certificate will be issued to all who qualify.

This Guide frequently cites the ACCJC Eligibility Requirements, Accreditation Standards and Commission policies, which form the foundation of regional accreditation. (See Appendix B and C.)

ACCJC also publishes a number of manuals, guides and other resources, all of which are available online through the ACCJC website at: www.accjc.org. Current ACCJC publications are listed below.

5.2 Eligibility Requirements (ERs) and Accreditation Standards

The ERs and Accreditation Standards are found on the ACCJC website on the Eligibility Requirements & Standards page at: www.accjc.org/eligibility-requirements-standards. The ERs, Accreditation Standards and all Commission policies can also be found in a single publication, the Accreditation Reference Handbook, which is found on the ACCJC website on the Publications & Policies page at: www.accjc.org/publications-policies.

The ACCJC publishes several manuals that are used by institutions preparing the Self Evaluation Report of Educational Quality and Institutional Effectiveness (Institutional Self Evaluation Report) and by the peer evaluation teams that visit an institution. The manuals listed below can be found on the ACCJC website on the Publications & Policies page at: www.accjc.org/publications-policies.
5.3 Guides and Manuals

- Accreditation Reference Handbook
- Eligibility, Candidacy, and Initial Accreditation Manual
- Guide to Evaluating Distance Education and Correspondence Education
- Guide to Evaluating Institutions
- Guide to Preparing Institutional Reports to the Commission
- Manual for Follow-Up and Special Visits
- Manual for Institutional Self Evaluation
- Substantive Change Manual
- Team Evaluator Manual

5.4 Other Resources

The ACCJC has published some supplementary materials used in institutional evaluations that are also found on the Publications & Policies page on the ACCJC website including:

- Institutional Financial Review and Resources
  - Required Evidentiary Documents for Financial Review
  - Explanatory Matrix of Auditor’s Opinions
  - Sample Schedule of Financial Trends Analysis
- Rubric for Evaluating Institutional Effectiveness

5.5 ACCJC Newsletter

The ACCJC also publishes a newsletter, ACCJC NEWS, which provides important current information about institutional quality issues. All issues of ACCJC NEWS can be found on the ACCJC website on Newsletter page at: www.accjc.org/newsletter. Please see the cover article from ACCJC NEWS Summer 2012 for important information regarding accreditation and governing board roles and responsibilities.
Institutional effectiveness and educational quality start with the administrators, staff and especially faculty, but depends upon the quality of the governing board. Excellent institutional performance requires well-defined roles and high performance from an institution’s governing board. In recent years, many external events have created challenges for colleges; funding reductions, changing public policy, turnover due to retirements, changing student populations and needs, and the accountability movement are among them. These are challenging times, and it is the job of a governing board to assure that an institution finds the way to adjust to the external and internal pressures without compromising educational quality and financial integrity. Strong and effective governing boards are critically important to institutional success and survival.

However, the ACCJC’s analyses show that governing board dysfunctions are increasing among member institutions, and that governing board difficulties provide opportunities for other organizational deficiencies to emerge or to go unaddressed, negatively impacting an institution’s adherence to good practices and likelihood of maintaining educational quality or even fiscal viability.

The Commission regularly examines trends in institutional performance with regard to the Accreditation Standards. Each summer, the ACCJC publishes “Top Deficiencies Causing Sanctions,” which describes trends at the institutions the ACCJC has sanctioned over the last few years. This year’s report shows that between 2009 and 2012, the percentage of institutions on sanction that had deficiencies in governing board performance rose from 46% to 71%. The data also show that institutions with governing board difficulties always have additional challenges, most often in financial management and stability, and in institutional assessment, planning and effectiveness. In fact, no institution that has been sanctioned for board issues identified by an accreditation team has only governing board problems!

The ACCJC presents below some things that governing boards can do to help prevent or remEDIATE governing board deficiencies (and related institutional deficiencies) most commonly seen by the ACCJC evaluation teams:

GET EARLY TRAINING, AND REGULAR RE-TRAINING, FOR EVERY BOARD MEMBER. The initial training should have sufficient breadth to provide a solid foundation in the fundamental roles and responsibilities of governing board members. Standard IV.B.1 states, "The governing board is responsible for establishing policies to assure the quality, integrity, and effectiveness of the student learning programs and services, and the financial stability of the institution."

See the data chart on page 11
All new board members should receive an early training to help them understand policy governance and the elements of good policy, the meaning and content of financial reports and budgets, and the metrics used to assess institutional effectiveness. All board members should receive at least annual training that will allow the board members to fully understand budgets, audit reports, associated financial terminology, and reports that indicate educational effectiveness on topics such as student achievement data, student learning outcomes data, and other forms of ongoing institutional assessment. Training at venues where other institutions' governing board members are present allows a board member to gain access to expert advice, as well as perspective on alternative ways of understanding important topics or alternative governing board solutions to policy issues. Board members should be required to participate in a regular program for development, and individual board members should expect this important responsibility to build their own capacity to be good board members. (Standard IV.B.1.f.)

Get Clear on the Policy Role of Governing Board Members. The board exercises its control over the institution’s quality and integrity by adopting policies to guide the actions of institutional members. These policies should be regularly evaluated and updated to remain useful. But governing board members are not practicing education experts; they are largely lay members of the public. If governing boards stick to their policy role and avoid becoming involved in college operations, they will be able to exercise the appropriate oversight of those operations by expecting, and reviewing, key reports and data analyses on institutional performance. Board members should not apply their own knowledge or skill to addressing operational issues. If there is a weakness or vacuum in the performances of key administrative staff, governing board members should assure that the vacuum is addressed with improved or new staff. Remember, the Board hires and evaluates the CEO, and delegates all operations and responsibility for implementing policy and institutional operations to that CEO. (Standard IV.B.1.j.)

Pay Serious Attention to External Financial and Accreditation Reports. Boards should be vigilant in expecting that external audit reports be completed on time every year, that the institutional staff respond fully and quickly to any audit findings and explain what they have done to the Board, and that the institution changes auditing firms every few years. Boards should be especially concerned if external audit findings go unaddressed for multiple years - this could be a neon alert to difficulties with the financial management system of the institution or worse. Boards should also read carefully and understand Accreditation Standards, ACCJC action letters and evaluation team reports. These documents frame the basic requirements for quality institutional practices. Boards should expect the institutional CEO to ensure that there is a full report to the board on any Commission action on the institution, and that the institution is timely in its resolution of any deficiencies identified by the ACCJC. Boards should be aware that the ACCJC, responding to federal regulations, announced in 2007 that there is a two-year time limit for institutions to resolve deficiencies or face possible loss of accreditation. Since the governing board’s role is to assure educational quality and fiscal integrity, governing boards are among those held accountable when institutions fail to address financial and accreditation concerns. (Standard I.B.1.C.)

Adopt and Enforce Strong Policies on Ethics and Conflict of Interest. “The governing board has a code of ethics that includes a clearly defined policy for dealing with behavior that violated that code.” (Standard IV.B.1.h.) The policy should have clear statements about conflict or potential conflict of interest that recuse board members from decisions where they have a conflict of interest. Most importantly, an ethics code is not useful if it is only voluntary. The board policy should define how governing board members who violate the code will be addressed. A suggested sequence is: new trustee training and mentoring, prompt feedback when violations occur, individual coaching, board warning, board censorship, legal action. Ethics violations by board members can threaten the integrity of an institution’s financial or educational processes and quality, and often also disrupt productive board functioning, leading to the inability of a governing board to perform its important and appropriate functions.

Remember an Institutional Governing Board Is Not a City Council. Many of the ACCJC-accredited institutions have elected governing board members. The political process provides a good deal of information to a board candidate on what the electorate desires and hopes for. However, once placed on a governing board, the board member must operate with the following bottom line: “The governing board is an independent policy-making body that reflects the public interest in board activities and interests. Once the board reaches a decision, it acts as a whole.” (Standard IV.B.1.a.)
Independence means the board member operates in the best interest of the overall institution, not in response to constituencies or special pleaders if those interests are not aligned with the basic mission, direction and resources of the institution, with the full board’s direction, and with the institution’s priorities that come from assessment and planning activities. City Councils often act to dole out “rewards” to their electorate; a college governing board member’s job is to focus on achieving educational effectiveness within the bounds of the institution’s mission and available resources. Finally, remember, no single board member has authority; the board as a body has authority. No trustee should be roaming a campus, giving direction to or attempting to influence college employees or governance committees. Trustees should not use their role on a college governing board to advance their own political careers and pet projects. A college board member should be a careful steward of higher education quality and integrity, and champion of student achievement and student learning.

**Actively Review and Adapt the Institutional Mission Statement**, and then require the institution to focus its efforts and resources on achieving that mission. “The institution’s educational mission is clearly defined, adopted and published by its governing board, and is appropriate to a degree granting institution of higher education and the constituency it seeks to serve. The mission statement defines institutional commitment to student learning.” (Eligibility Requirement 2) The mission statement should be reviewed on a regular basis. (Standard I.A.3.) That review should ensure that the institution examines the effectiveness of the educational learning programs and services the mission statement promises to provide, and wisely use, its resources in achieving that mission. Board policies should require that the institution has a defined process with valid metrics for ongoing assessments of educational effectiveness - an internal quality assurance process that requires data driven program review, analyses, priority setting, planning and implementation. Governing boards should receive annual reports on the institution’s educational effectiveness, goals, and priorities for improvement set through the institution’s planning processes. Governing boards should participate in setting targets and goals for improving educational performance. Finally, governing boards should beware of the tendency for college constituencies to hope their college can be “all things to all people.” It cannot, and in the current fiscal environment, every governing board should be identifying the core educational mission for their institution and avoiding commitments to other activities. Resources stretched too thin result in poor educational quality. The governing board is responsible for ensuring that the financial resources of the institution are used to provide sound educational programs, and these require adequate funding.

**Think Short Range and Long Range in Adopting the Institution’s Fiscal Plans.** Each year, the governing board adopts an institutional annual budget that reflects the ongoing commitments, priorities, and planned new expenditures for the institution. It is important that the board examine the budget proposed by the CEO with careful attention to short-term (current year) and longer-term (multiple out-years) consequences of expenditure plans and projected accelerating costs (e.g., planned salary or benefits costs, collective bargaining agreement costs, loan costs, possible revenue declines). In the area of contract negotiations alone, too often difficult discussions lead to a willingness to delay dealing with potential cost challenges until later, in “future years.” That ‘just kicks the can down the road.’ Certain kinds of borrowing vehicles have been enticing to boards of colleges that wish to spend now and pay later. Governing boards have a responsibility to assure the fiscal integrity, short- and long-term, for the colleges they govern. The region and the country have experienced a significant financial downturn since 2008, and current federal projects suggest “recovery” will not really happen for another 5 or 6 years. In the view of many, higher education is undergoing a significant restructuring that will last. Wise boards ensure resources match programming.

The ACCJC provides regular training on accreditation matters for governing board members every year at the California Community College Trustees annual conference, the Pacific Postsecondary Education Council’s events, and at individual or regional governing board workshops to which it is invited. The ACCJC is developing a new guide for governing board members, and a draft of it is available on the ACCJC’s website at [www.accjc.org](http://www.accjc.org).