

# **EXTERNAL ACCREDITATION REPORT**

**Palo Verde College**

**One College Drive**

**Blythe, CA 92225**

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 External Evaluation Team that visited  
Palo Verde College on March 10, 2014 through March 13, 2014.

Kathryn G. Smith, Chair

## Visiting Team Members

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Superintendent/President  
College of the Redwoods

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## Summary of the Report

INSTITUTION: Palo Verde College

DATE OF VISIT: March 10, 2014 through March 13, 2014

TEAM CHAIR: Kathryn G. Smith  
President/Superintendent, College of the Redwoods

A team of ten professional educators visited Palo Verde College March 10-13, 2014 for the purpose of evaluating the College's adherence to the ACCJC Accreditation Standards, Eligibility Requirements and Commission Policies. This report is presented to make recommendations to the College regarding quality assurance and methods of increasing institutional effectiveness, and to make a recommendation to the Commission regarding the College's accreditation status.

The visiting team members prepared in advance of the visit by attending team trainings, reviewing the College's Self-Evaluation Report, inspecting evidence provided by the College electronically, and preparing a draft report of their observations and findings based upon review of the Self-Evaluation Report and evidence. Their preparations also included compiling a list of College employees and constituent groups with whom team members would like to meet, and a list of additional evidentiary documents that they wished to review during the on-site visit.

The visiting team's initial review of the Self-Evaluation Report found the report to be complete regarding responses to all Accreditation Standards, Eligibility Requirements and appropriate Commission policies. However, the responses in some areas were lacking in depth and clarity, and the team found that the evidence to support some of the responses was not sufficiently strong or thorough. Additionally, as the team was drafting the team report and comparing the College's Self-Evaluation to the Accreditation Standards, it was discovered that the College had not used the most recent version of the Standards. As a result, the team chair requested, and the College promptly provided, revisions to Standard III.D in the Self-Evaluation.

The visiting team found the Superintendent/President, the faculty, and the staff at Palo Verde College to be very responsive and accommodating. The College facilities are exceptional, and the team work room was spacious and comfortable. The College also arranged for a team work room at the hotel, which was used each day for team meetings and as a place for team members to work together in the evenings.

The team initially met on the afternoon of Monday, March 10, in the team work room at the hotel. Following the meeting, the team members participated in a tour of the Blythe campus, preparing the team for the visit to take place on Tuesday, Wednesday and Thursday. On Tuesday morning, a general "meet-and-greet" took place on campus where the team was introduced to faculty, staff, administrators and two members of the Board of Trustees. For the remainder of Tuesday and all day Wednesday, team members met with over 100 faculty, staff and students in various meetings and interviews. One open forum was offered to all college constituents, giving them the opportunity to bring questions or concerns forward to the team

members. Two team members traveled to the Needles center and one team member visited the off-site child development center.

On Wednesday evening, the team held a lengthy review of the collective evidence and engaged in thoughtful conversation regarding the recommendations that should be made to the Commission and what evidence still needed to be reviewed on Thursday, the team's final day on campus. On Thursday morning, after a final review of evidence and final rewrite of various report sections, the team met one last time to confirm the areas of recommendations and commendations. At 11:00 on Thursday, March 13, 2014, the exit forum was held with about 50 employees and students in attendance. The team chair summarized the team report and the recommendations that would be forwarded to the Commission.

The entire visit was well organized and collegial. College employees were enthusiastically engaged in the work of educating and serving students. It was clear that the College places a high priority on engaging students both in their studies and in the life and governance of the College. The team was well received and was able to complete its scheduled review.

The visiting team found that the College has progressed significantly since the previous comprehensive visit in 2008, especially in light of the financial crisis that was uncovered in 2011. There are still some areas in which the College does not meet the Standards, but the plans it has put into place are solid and, if carried out in a timely manner, will ensure that the College reaches its goals and adheres to all Accreditation Standards.

## Introduction

Palo Verde College was founded on September 15, 1947 as part of the Palo Verde Unified School District. Its first home was with Palo Verde High School on a former Army Air Corp primary training base six miles from the center of Blythe known locally as Morton Air Academy. By 1950, the College's enrollment had reached 250 students.

In September 1958, the College moved to a Spanish-style building which had previously served as an elementary school and the high school on East Hobsonway in Blythe. At about that time, athletics began to develop at the College. By 1966, the College's last year on East Hobsonway, enrollment had grown to 472 students.

In September 1967, Palo Verde College moved to a new campus adjacent to the high school campus on the corner of Lovekin Blvd. and Chanslorway. On July 1, 1973, the Palo Verde Community College District with its own five-member Board of Trustees came into being and the College separated from the Palo Verde Unified School District. About this time the instructional program expanded to include vocational-technical, developmental and continuing education courses. Athletics remained an important part of Palo Verde College until 1978 when all sports programs were discontinued.

In 1998, the Palo Verde Community College District annexed the eastern part of San Bernardino County—an area coterminous with the Needles Unified School District—and added two seats to its Board of Trustees (bringing the total to 7) to represent the San Bernardino County portion of the District. At that time, the College staffed a center on the Needles High School campus. In 2005 the College created School Facilities District (SFID) Number 1 which encompasses the entire San Bernardino County portion of the Palo Verde Community College District. The voters of SFID Number 1 approved the issuance of bonds to remodel a former retail building in downtown Needles to serve as a community college center. Shortly after that, the California Post-Secondary Education Commission officially recognized the College's Needles Center. The Center moved into its own facility in downtown Needles in fall semester 2008.

In spring semester 2001, the College began a partnership with Ironwood State Prison, located in Blythe, to offer distance education instruction to incarcerated students. Since then the College's correspondence education program has grown. While most of those students are at Ironwood State Prison, the College's correspondence courses are now serving students at eleven other state penitentiaries.

In fall semester 2001 Palo Verde College moved to an entirely new campus at its current location six miles from the center of Blythe. In fall semester 2007 the College opened the Technology Building and in 2008, the Physical Education Complex. The Fine and Performing Arts Complex opened in October 2012. This newest facility includes a 400-seat theater, along with studios for music and art, and faculty offices.

The College also conducts a number of specialized instructional programs in police, fire and hazardous materials handling through instructional service agreements (ISAs) in areas

outside the district, with the approval of the community college districts serving those areas. The largest of the off-site providers is Industrial Emergency Council, or IEC. College officials inspect IEC facilities periodically, usually once per year to ensure the quality of the programs and facilities. ISA programs are managed by the Vice President of Instruction and Student Services. A counseling faculty member, whose primary assignment is advising incarcerated students and students at the Needles Center, is also available to provide counseling services to students enrolled in courses established through the College's ISAs.

As a result of the comprehensive accreditation visit in March 2008, the Accrediting Commission for Community and Junior Colleges (ACCJC) acted to place the college on warning status and require that it respond to three recommendations. The ACCJC required the College to submit a progress report in October 2009, which was followed by an evaluation team visit. This resulted in the College remaining on warning status. The ACCJC required another progress report in October 2010, which was followed by another evaluation visit. This visit resulted in the College being removed from warning status. The College was required to submit a follow-up report with their three-year midterm report addressing Commission Recommendation 2.

In the summer of 2011 fiscal concerns emerged that resulted in significant budget and staff reductions. The ACCJC was notified, and in December 2011, the College submitted a special report to address the financial condition of the institution. The ACCJC acted to impose probation on the College due to deficiencies associated with Standard III.D, Standard IV.B.1.c, and Eligibility Requirement 17. Two additional special reports were submitted by the College in 2012 which outlined short and long-term fiscal obligations and plans for fiscal stability. Each report was followed by a visit from representatives of the ACCJC.

In February 2013 the College was removed from probation by ACCJC. Two additional reports were filed with the ACCJC during 2013, a special report in April 2013 and a follow-up report in October 2013, both followed by visits of representatives of ACCJC. In January 2014, the College submitted its comprehensive self-evaluation report seeking reaffirmation of accreditation. This current team report is the result of a comprehensive team visit in March 2014.

## Commendations

**Commendation #1:** The team commends the College for the spirit of collegiality and cooperation which was exhibited throughout our visit. It is evident that the College staff, faculty, management, administration, and Board of Trustees are deeply committed to the success of Palo Verde College students. Of particular note are the efforts to provide access to all students in the District via distance and correspondence education, and the allocation of energy and resources invested in providing educational opportunities in the Needles community.

**Commendation #2:** The team commends the College for the dedication and willingness of District employees to engage collegially in the face of significant challenges. The team recognizes the significant effort that has been made to respond to the current fiscal crisis. The team commends the College community for coming together to address the problem and plan for the future, rather than focusing on mistakes of the past.

**Commendation #3:** The team commends the College for its commitment to and encouragement of student involvement in its governance structures and campus committees. A student-centric climate was evident throughout the campus.

**Commendation #4:** The team commends the College for its dedication to providing support services to all students, regardless of the modality of instructional delivery. The College has utilized a variety of service delivery modes to ensure that access to needed services is readily available to all students.

**Commendation #5:** The team commends the College for the high quality of technology that is available to staff and students, and for the technical support that is provided. Access and support for technology has been established where it is needed throughout the District.

**Commendation #6:** The team commends the College for the welcoming environment team members experienced while visiting College locations and for the cooperative assistance provided by College staff.

## Recommendations to Meet Standards

**Recommendation #1:** In order to meet the Standards and as noted in Team Recommendations #1 and #2 and Commission Recommendation #4 (2008), the team recommends the College create a complete blueprint for planning that includes regular review of the mission statement and current institutional plans that collectively describe how the College will achieve its goals. The mission statement should inform overarching plans, such as the education master plan or strategic plan. Overarching plans should drive other long-term institutional plans such as the technology plan and enrollment management plan. These long-term plans should include institution set standards for student achievement and be used to inform annual planning as part of the program review process. Assessment of student learning outcomes and related dialogue should be integral to the planning process, such as by embedding SLO dialogue into program review.  
(Standards I.A.3-4; I.B.1-6; II.A.2.f; II.B.1; III.C.2; III.D.1; ER.10; ER.19)

**Recommendation #2:** In order to meet the Standards, the team recommends that the College develop and implement a sustainable assessment plan that ensures the College completes a full cycle of student learning outcome (SLO) assessment that includes discussion of results and action planning at all levels [course SLOs, program SLOs, general education (GE) SLOs, and institutional SLOs] to move to the *Sustainable Continuous Quality Improvement Level* of the ACCJC Rubric for Evaluating Institutional Effectiveness. To complete a full assessment cycle, the College must accelerate its efforts to assess all student learning outcomes for every course, and must demonstrate the following:

- All SLOs included in official course outlines of record are the same SLOs being assessed by faculty and that assessment of all SLOs is completed on a regular basis.
- Faculty are engaged in ongoing dialogue about methods of assessment, results of assessment and plans for quality improvement based on assessment.
- The College maintains records of assessment tools and methods used, assessment samples, assessment results, assessment dialogue and action planning based on assessments, and makes these records easily available.
- Course, program, GE, and institutional SLO assessment data and analysis are integral parts of the program review process and drive efforts to improve course, program and institutional effectiveness.

(Standards I.B; I.B.2-3; II.A.1.a,c; II.A.2.a,b,e; ER.8; ER.10; ER.19)

**Recommendation #3:** In order to meet the Standards and as noted in Team Recommendations #1 and #2 and Commission Recommendation #4 (2008), the team recommends that the College regularly evaluate and assess all of its processes. Information about the processes used in planning and institutional improvement should be widely disseminated to the campus and community. Sufficient research support and delegation of responsibility is needed to inform the research and planning process and ensure regular implementation of all elements of the process, and to inform decision making at all levels of the College. (Standards I.B.1-6; II.A.1.a,c; II.A.2.a,e,f; II.B.4)



**Recommendation #4:** In order to meet the Standards, the team recommends that the College implement a data-informed process to systematically evaluate the methods of teaching of all courses and programs including all instructional modalities [distance education (DE), correspondence education (CE) and face-to-face] to ensure the student learning experience and outcomes are comparable regardless of the method of instruction or delivery. (Standards II.A.1.b-c; II.A.2.a,c,d,e,f)

**Recommendation #5:** In order to meet the Standards, the team recommends that the College implement a data-informed process to systematically evaluate the instruction methods for all instructional service agreement (ISA) courses and programs to ensure the student learning experience and outcomes meet college standards. (Standards II.A.1.b-c; II.A.2.a,c,d,e,f)

**Recommendation #6:** In order to meet the Standards and comply with the Commission's Policy on Distance Education and on Correspondence Education, the team recommends that the College establish a policy and process to authenticate the identity of students enrolled in distance education and correspondence education. The process should ensure that a student who registers and receives credit for a course is the same student who participates regularly in and completes work for the course. (Standards II.A.7.b-c; II.B.2.c; ACCJC Policy on Distance Education and Correspondence Education)

**Recommendation #7:** In order to meet the Standards, the team recommends that the College develop, implement and evaluate an effective part-time faculty evaluation process. (Standard III.A.1.b)

**Recommendation #8: Recommendation #8:** In order to meet the Standard, the team recommends that the College fully implement the agreed-upon process that faculty involvement in SLOs be included as part of the faculty evaluation process and that the College provide evidence that this self-disclosure is effective in producing student learning outcomes. (Standard III.A.1.c)

## **Evaluation of Institutional Responses to Previous Recommendations (2008)**

**Recommendation #1 (2008):** *The team recommends that the College engage in systematic educational program planning guided by strategic dialogue and data. This planning should include the following:*

- *Planning course offerings so students can complete a program in a timely manner (Standard II.A.2);*
- *Educational program planning based on data about community and student needs (Standard II.A.2);*
- *Clearly disseminating information about procedures to approve and evaluate courses and programs (Standards II.A.2.a; II.A.2.e).*

*With regard to Recommendation #1, the Commission is concerned that institutional planning is not anticipating the fiscal vulnerability of the College given the reliance on enrollment from correctional facilities and an Instructional Services Agreement (ISA) for in-service training provided in another college district. If that agreement were to be rescinded, a large portion of the College enrollment would be lost. The October 2008 Report should demonstrate that the College has developed an enrollment management plan that includes contingencies to address overreliance on ISA enrollments. Therefore, the Commission makes the following recommendation:*

**Commission Recommendation #1 (2008):** *The College should analyze and discuss the impact of current enrollment patterns, specifically the overreliance on a single ISA, on the fiscal stability of the College and develop a contingency plan for fiscal stability should the ISA be reduced or lost.*

The 2014 visiting team confirmed that the College has made progress in its planning processes, but has not fully addressed this recommendation or resolved the deficiencies. The College initiated a course scheduling process to meet student needs that appropriately involves faculty. In 2009, the College completed work on its Educational and Facilities Master Plan. However, the fiscal challenges and enrollment issues that the College faces, combined with a lack of continuity in institutional leadership, has prohibited the College from completely integrating its planning processes with budget decisions. The College has taken steps to reduce its reliance on FTES by programs supported by ISAs by expanding other delivery modes, including correspondence and online education, and continuing to seek new innovative sources of FTES.

See 2014 Recommendations #1 and #3.

**Recommendation #2 (2008):** *The team recommends that the College more systematically evaluate its processes using both quantitative and qualitative data. The following processes are especially in need of systematic assessment:*

- *Professional Development Programs (Standard III.A.5.b)*
- *Effective use of human resources – allocation of human resources (Standard III.A.6)*

- *Strategic Planning and Budgeting process (Standards I.B.6; III.D.2)*
- *Financial Management practices (Standard III.D.2.g)*

The 2014 visiting team confirmed that the College has partially addressed this recommendation and mostly resolved the deficiencies. The Human Resources department maintains reports on professional development programs and activities; the College has made changes in its staffing levels by offering retirement incentives and establishing a “base” minimum level of staff support; it has developed a budget allocation system with two pathways, one through the Budget Committee and one through the program review process; and it has implemented a new budgeting process for the 2012-13 fiscal year that closely ties budgeting to the program review process. The current fiscal crisis experienced by the College has led to renewed emphasis on the management of the College’s financial resources. Financial management is much better understood by the college community and the Board of Trustees due to increased transparency, distribution of information, and the creation of a Board of Trustees Audit and Finance Committee. To completely address this 2008 recommendation, the College should fully integrate its institutional plans to ensure that the college mission is the foundation for all decisions, and that the resources for institutional research are sufficient enough to provide the necessary data to inform decisions.

See 2014 Recommendations #1 and #3.

**Commission Recommendation #2 (2008):** *The College should provide evidence that faculty and others directly responsible for student programs toward achieving stated student learning outcomes have, as a component of their evaluation, effectiveness in producing those learning outcomes. (Standard III.A.1.c)*

The 2014 visiting team confirmed that the College addressed this recommendation by negotiating an amendment to the collective bargaining agreement that a Professional Self-Disclosure Statement regarding faculty involvement in SLOs be included as part of the faculty evaluation process for all faculty. Because this revision has just recently been implemented, there is no evidence that this self-disclosure has proven to be effective in producing student learning outcomes.

See 2014 Recommendation #8.

**Recommendation #3 (2008):** *As noted by the 2002 team, the College should ensure that the College catalog provides clear and precise program and course description information about their degrees and certificates in terms of their purpose, content, course requirements, and expected SLOs. (Standards II.A.6; II.B.2; ER 20)*

The 2014 visiting team confirmed that the College has revised its catalog to include program SLOs and to clearly delineate program degree and certificate requirements for students. The recommendation has been addressed, the deficiencies resolved and the Standards and ER have been met.

**Commission Recommendation #3 (2008):** *The College should ensure its compliance with standards relating to the evaluation of administrators. (Standards III.A.1.b;III.A.5;IV.B.j)*

The 2014 visiting team confirmed that the College developed a process for performance evaluations for administrators and detailed the process in board policies and administrative procedures. Evidence of regular evaluations of administrators was verified; however, interim administrators are not evaluated. The recommendation has been addressed, the deficiencies resolved and the Standards and ER have been met.

**Commission Recommendation #4 (2008):** *The College should demonstrate that its Program Review processes are fully integrated with the budget and planning processes and at the proficiency level as described in the Commission's Rubric for Evaluating Institutional Effectiveness Parts I and II. (Standards I.B.3; I.B.4; I.B.6; II.A.2.e; II.A.2.f; III.A.6; III.B.2.a,b; III.C.2; III.D.3)*

The 2014 visiting team confirmed that the College has continuously worked to improve its program review processes and integrate it with the budget and planning processes. Evidence indicates that the College integrated its planning processes by submitting all program reviews through the budget and planning processes for approval of funding. Although this process has been implemented and is widely used across the College, there is no evidence that the process is being reviewed for its support in improving student achievement and student learning outcomes, as defined in Parts I and II of the ACCJC's Rubric for Evaluating Institutional Effectiveness. The recommendation has been partially addressed, the deficiencies partially resolved, and the Standards partially met.

See 2014 Recommendations #1 and #3.

## **Eligibility Requirements**

### **1. Authority**

The visiting team confirmed that Palo Verde College is a public two year community college operating under the State of California, the Board of Governors of the California Community College System, and the Board of Trustees of the Palo Verde Community College District. Palo Verde is accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges.

### **2. Mission**

The visiting team confirmed that Palo Verde College's updated mission statement was adopted by the Board of Trustees on June 25, 2013. The mission statement is appropriate for a community college. It is published widely throughout the College including in the schedule of classes and the catalog and on the College's website.

### **3. Governing Board**

The visiting team confirmed that the governing board (Board of Trustees) is responsible for the quality, integrity, and financial stability of the institution. An over-reliance upon recommendations from college leadership without appropriate Board of Trustees oversight resulted in financial distress that was discovered in 2011 and calls into question the long-term sustainability of educational services as they are currently defined. A financial recovery plan was subsequently adopted by the Board of Trustees and includes components of planned significant enrollment growth (1,800 by 2015) and a potential local general obligation bond. The Board now clearly understands that it was not fully informed of the significant risk attached to the issuance of certificates of participation in 2008 and has assumed a more prominent and involved role with respect to its policy responsibilities.

### **4. Chief Executive Officer**

The visiting team confirmed that the Superintendent/President serves as the chief executive officer (CEO) of the District and is duly appointed by the Board of Trustees. The CEO is responsible for the administration of board policies. Changes in this position are duly reported to the Accrediting Commission for Community and Junior Colleges (ACCJC).

### **5. Administrative Capacity**

The visiting team confirmed that the institution has the administrative capacity to support its mission. The College has experienced significant administrative reorganization in response to the financial crisis that was discovered in 2011. Early retirement incentives and consolidation of responsibilities has resulted in fewer administrators with greater responsibilities. It will be incumbent upon the institution to evaluate the effectiveness of its current administrative structure to assure continued compliance with this requirement.

## **6. Operating Status**

The visiting team confirmed that the institution is operational, with students actively pursuing its degree programs. The team met with student representatives, attended classes and visited the Needles Center.

## **7. Degrees**

The visiting team confirmed that a substantial portion of the institution's educational offerings are programs that lead to degrees, and a significant proportion of its students are enrolled in them. The College does have a considerable number of students enrolled through instructional service agreements (ISAs) throughout California who are obtaining continuing education credits and not seeking degrees.

## **8. Educational Programs**

The visiting team confirmed that the College's principal degree programs are congruent with its mission and are of sufficient content, length and rigor appropriate to the degrees offered. Several degree programs offered are two academic years in length. While student learning outcomes have been identified and are in the process of being assessed, the team concludes that the College is at the *Development Level* of the ACCJC's Rubric for Evaluating Institutional Effectiveness - Student Learning Outcomes.

## **9. Academic Credit**

The visiting team confirmed that the College awards academic credits based on generally accepted practices in degree-granting institutions of higher education. The team reviewed course outlines of record and a sample of course syllabi to compare course requirements with academic credit awarded.

## **10. Student Learning and Achievement**

The visiting team confirmed that the programs and courses offered by the College via various modes of instruction are consistent in requirements and rigor. The College has not yet established institution set standards for student achievement. While student learning outcomes have been developed and some have been assessed, the College has not established a regular ongoing system of assessment that leads to improvements in student learning and achievement.

## **11. General Education**

The visiting team confirmed that the College defines and incorporates a substantial component of general education into its degree programs. All degree programs require at least 18 units of general education (GE), and GE units include demonstrated competency in writing and math and an introduction to some of the major areas of knowledge. The College has yet to develop comprehensive general education learning outcomes.

## **12. Academic Freedom**

The visiting team confirmed that the Board of Trustees has adopted board policy (BP) 4030 and administrative procedures (APs) 4030-0 and 4030-1 articulating academic freedom rights and responsibilities for faculty and for students.

## **13. Faculty**

The visiting team confirmed that the institution has a substantial core of qualified faculty with full-time responsibility to the institution and that faculty responsibilities include development and review of curriculum and assessment of learning outcomes.

## **14. Student Services**

The visiting team confirmed that the College has a well-defined student success and support program. Student success services are provided to all students regardless of location and mode of instructional delivery.

## **15. Admissions**

The visiting team confirmed that clear, accessible, and consistent admissions policies are publicized online, in the college catalog, in the schedule of classes, and in board policies.

## **16. Information and Learning Resources**

The visiting team confirmed that the institution provides access to information and learning resources and services to support its students and instructional programs regardless of location and instructional delivery mode.

## **17. Financial Resources**

The visiting team confirmed that the College has a funding base and financial resources to support student learning programs and services in the short term. Long-term financial stability and sufficient resources to improve institutional effectiveness is possible only if the College is able to restore its FTES to base levels, reduce its general fund debt service payments, or restructure the organization to fit existing revenues.

## **18. Financial Accountability**

The visiting team confirmed that the College annually undergoes and makes available its external financial audits. The team reviewed the audits for the prior two years. The team did confirm that the College has been able to balance its budget and maintain an adequate reserve in spite of its ongoing fiscal difficulties.

## **19. Institutional Planning and Evaluation**

The visiting team confirmed that the College has established a system of institutional planning and evaluation to make sure that it is accomplishing its purposes and achieving its stated goals. The College has only recently begun its assessment of student learning outcomes and has not yet established an ongoing and systematic cycle of evaluation, integrated planning, resource allocation, implementation, and re-evaluation.

## **20. Integrity in Communication with the Public**

The visiting team confirmed that the mission and goals of the College; course, program, and degree offerings; admissions requirements; fees and refund policies; requirements for degrees, certificates, graduation, and transfer; academic credentials of faculty and administrators; names of Board members; major policies; and related items are published in the catalog, class schedule, and also posted on the website.

## **21. Integrity in Relations with the Accrediting Commission**

The visiting team confirmed that the elected Board members and the Superintendent/President are committed to integrity and transparency in their relations with the Accrediting Commission. The institution complies with Commission requests and directives, and prepares complete and accurate reports for submission to the Commission.



## **Compliance with Commission Policies**

### **Policy on Distance Education and on Correspondence Education**

The College adheres to state and federal regulations and ACCJC policies regarding distance education (DE), correspondence education (CE), and interactive television courses (ITV). The institution ensures that the rigor, breadth, and student learning outcomes (SLOs) are equal in all courses, regardless of delivery mode, and the institution ensures that each approved course takes place within the College's education mission. The College accomplishes these things by requiring every official course outline of record to establish one set of SLOs for the course, regardless of delivery mode; by requiring faculty to describe in the official course outline of record how students will learn the course content and demonstrate the course outcomes for each mode of delivery; and by requiring curriculum authors to provide a narrative "justification of need" for each proposed course. Furthermore, a team review of Board Policy (BP) 4105: Distance Learning, Administrative Procedure (AP) 4020: Program and Curriculum Development, AP 4105-0: Distance Education, AP 4105-1: Distance Education Interactive Television Courses, AP 4105-2: Correspondence Education, and the College's official course outline of record template confirmed that the College has policies and procedures in place that require each DE, CE, and ITV delivery proposal to be reviewed and approved separately from other delivery modes. Also, in spring of 2012, the College's substantive change application was approved by the ACCJC, allowing the College to offer a number of associates degrees and certificates which may be earned entirely in correspondence education mode.

The College does not yet have an established policy or process for ensuring that a student who registers and receives credit for a course is the same student who participates regularly in and completes work for the course.

The College is partially in compliance with the ACCJC policy regarding DE and CE.

See Recommendation #6 (in Standard II.A).

### **Policy on Institutional Compliance with Title IV**

The College does not participate in the federal student loan program and, consequently, has no student loan default rate, has had no negative actions taken by the U.S. Department of Education regarding compliance with Title IV of the Higher Education Act, and has not had to respond to any directives to manage student loan default rates.

The College does participate in a variety of federal and state finance programs, including Pell Grant, Federal Supplemental Education Opportunity Grant (FSEOG), Federal Work-Study Program, Board of Governor's Fee Waiver (BOGW), and Cal Grant. BP and AP 5130: Financial Aid establish the College's commitment to ensuring its compliance with all state, federal, and other agency financial aid regulations related to these aid programs, to scholarships, and to all other grant programs in which the College participates. Furthermore, the college catalog offers detailed information on

the different types of aid the College offers, as well as aid eligibility standards and application procedures. The catalog also provides information regarding satisfactory academic progress and detailed instructions for filing financial aid appeals.

The College is in compliance with ACCJC policies regarding institutional compliance with Title IV.

### **Policy on Institutional Advertising, Student Recruitment, and Representation of Accredited Status**

The College's website and catalog, the two primary college publications, have educational programs and support services as the primary focus. The college catalog, which is available for download on the College's website, indicates the College's location, useful department contact information, and the College's mission and institutional learning objectives. The catalog also provides detailed information regarding its admission, registration, course withdrawal, and fee-payment/fee-refund processes; the College's programs, courses, prerequisites, and degree and certificate requirements; the College faculty and their earned degrees; and the variety of financial aid programs available to students through the College. Furthermore, the college catalog contains the student code of conduct as well as the student honor code, and it provides information about both the transfer of credits to the College from other institutions of higher learning and the transfer of credit earned at the College to other institutions. The catalog also identifies the members of the board of trustees and the College's status as an accredited institution.

The team found no evidence that suggests that college advisors, counselors, or other college personnel have misrepresented job placement rates, employment opportunities for students, program costs, or the abilities required to complete a program. Furthermore, the team found no evidence that suggests any college personnel have offered to any agency or individual money or other inducements in exchange for student enrollment.

Both the college catalog and the College's accreditation webpage include the following statement regarding the College's accredited status: "Palo Verde College is accredited by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges, an institutional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation and the U.S. Department of Education." The team found no evidence that the College indicates anywhere on its website or in its other publications any assertion of future accredited status.

The College is in compliance with ACCJC policies regarding institutional advertising, student recruitment, and representation of accredited status.

## **Policy on Institutional Degrees and Credits**

College policies (BP and AP 4100) establish that students must satisfactorily complete, with at least a 2.0 GPA, at least sixty semester units of college-level work to be eligible for an associates degree and that at least eighteen of the sixty college-level units must be in general education and at least eighteen units must be in a major listed in the Chancellor's Office *Taxonomy of Programs*. AP 4100 asserts the College's commitment to ensuring degree and credit information is easily available to students and requires that the College publish degree and credit information in the college catalog. A team review of the college catalog verifies that the College does this.

A team review of a sample of official course outlines of record, a schedule of classes, the college catalog, and AP 4010 academic calendar confirms that the College's formula for establishing credit hours and educational programs is compliant with ACCJC policies regarding clock-to-credit-hour conversion.

The College is in compliance with ACCJC policies regarding institutional degrees and credits.

## **Policy on Institutional Integrity and Ethics**

The College has a number of approved policies that ensure that all college employees and representatives exhibit integrity and high ethical standards. BP 3050: Institutional Code of Ethics provides a list of thirteen ethical behaviors expected of all board members and college employees and asserts that deviations from any of the thirteen behaviors may result in disciplinary action. BP 2715: Code of Ethics/Standards of Practice describes additional expectations of integrity and ethical behavior for board members, establishes a process by which a member of the public can lodge a complaint of unethical behavior against a board of trustees member, and empowers the board of trustees to investigate such complaints. Furthermore, BP and AP 2710: Conflict of Interest and AP 2712: Conflict of Interest Code establish clear expectations of behavior and prohibitions of conflicts of interest for board of trustees members as well as processes for addressing alleged breaches of ethics.

Through the college catalog and the College's website, the College provides clear, accurate information regarding its mission, its programs, its admissions requirements, its student services, its tuition and other fees, its financial aid programs, its policies regarding transcripts, and its policies regarding transfer of credit and refunds of tuition and fees. The College also maintains a comprehensive webpage that provides links to all ACCJC reports and action letters, and all college self-evaluations and follow-up reports.

Finally, the College has demonstrated its commitment to work cooperatively with the ACCJC and its site visit team by submitting timely reports and welcoming visiting team members with a spirit of collegiality.

The College is in compliance with ACCJC policies regarding institutional ethics and integrity.

### **Policy on Award of Credit**

The College has a number of established policies and procedures that ensure that the awarding of credit for educational experiences is based on achievement of stated student learning outcomes, is comparable to the expectations of peer institutions, is appropriate for the degree programs and/or certificates offered, and is reflective of the generally accepted norms in higher education. All course outlines of record identify specific student learning outcomes (SLOs) that students must demonstrate through assessment, and a team review of a sample of course syllabi confirmed that students must meet standards of quality that are consistent from course section to course section and that are congruent with institutional standards of quality as defined in the college catalog. Additionally, a team review of BP 4220: Standards of Scholarship and AP 4203-0: Grading and Academic Symbols confirms that the College complies with both Title 5 standards of evaluation and ACCJC policy.

The College is in compliance with ACCJC policies regarding the awarding of credit.

### **Policy on Transfer of Credit**

The College has in place policies and procedures that provide for the consideration of transfer of credit to PVC from other institutions of higher learning. The section titled “Credit from Other Institutions” in the PVC College Catalog describes these procedures and also identifies the documents students must submit for consideration of transfer credit. The college catalog stipulates that only passing grades in lower-division course work from institutions accredited by one of the six regional accrediting agencies may be accepted as transfer credit for graduation purposes. The catalog also describes the process by which students may request consideration of transfer of credit from international institutions of higher learning, and stipulates that any evaluation of transfer credit from international institutions must be performed by “an international evaluating agency acceptable to Palo Verde College.” The college catalog also describes the procedure by which such an evaluating agency may submit a transfer credit evaluation to the College.

The College is in compliance with ACCJC policies regarding the transfer of credit.

### **Policy on Contractual Relationships with Non-Regionally Accredited Organizations**

The College conducts a number of specialized instructional programs in police, fire and hazardous materials handling in areas outside of the District. Contractual relationships have been established with off-site providers, the largest of which is Industrial Emergency Council (IEC). The curriculum and materials used by these off-site providers is reviewed by college faculty and administration, and at least annually, members of the administration visit the off-site programs in person to ensure that the programs meet the quality and integrity of the District. The contracts between the District and the off-site providers adhere to the “ISA Agreement Guidelines for Community College Districts and Public Agencies” and establish an understanding between the entities regarding the work to be performed and the period of the agreement.

The College is in compliance with ACCJC policies regarding contractual relationships with non-regionally accredited organizations.

**Policy on Student and Public Complaints Against Institutions**

Palo Verde College has student grievance and public complaint policies that are reasonable and adequately publicized. The visiting team reviewed the file of student complaints held in the Superintendent/President's office and found a minimal number of insignificant complaints on file. The ACCJC provided written notification to the team that no student or public complaints had been filed with the Commission since the time of the last comprehensive review.

The College is in compliance with ACCJC policies regarding student and public complaints against institutions.

## **Standard I – Institutional Mission and Effectiveness**

### **Standard I.A – Mission**

#### **General Observations**

The current version of the mission statement for Palo Verde College was originally written in 2002, reviewed in 2004, and most recently updated in 2013. The current mission statement describes the College's educational mission and student population in broad terms.

The mission statement serves as a guide for the strategic plan, is included in program review, and appears on the College web site. While the College has reviewed the mission statement since the last comprehensive accreditation visit, there is not a regular schedule of review.

#### **Findings and Evidence**

Palo Verde College's mission statement defines broad educational purposes focused on an "exemplary learning environment," "high quality educational programs" and a "diverse community of learners." The College mission and vision statements emphasize the focus of the College in meeting the needs of the community and all interested in learning. The broad definition of student population is appropriate for the remote and dispersed population that characterizes the district. (Standard I.A)

Palo Verde College has established programs and modes of delivery appropriate for the needs of its district and the low density population dispersed across the large geographic area. The College has made significant investments in technology to support distance learning as well as to connect to the Needles Center. The creative combinations of "smart classrooms" and interactive television (ITV) with joint scheduling of courses help to both provide service to Needles and to maintain the connection between the two locations for faculty, staff and students. An emphasis on transfer, vocational, and English as a second language (ESL) programs are all appropriate for the needs of the community. Learning is assessed through the institutional student learning outcomes (SLOs) and through the course SLOs, though evidence of actual assessment results and discussion of results is weak. (Standard I.A.1)

Evidence shows that the College has a published mission statement on the College web site, in the course catalogue and in the schedule of classes. (Standard I.A.2)

Evidence is provided that the College has a mission statement originally adopted in 2002, reviewed in 2004 and most recently reviewed and modified in 2013. The College may be conducting regular reviews of the mission statement, but the evidence beyond 2004 and 2013 is lacking. (Standard I.A.3)

The 2013-2016 Integrated Strategic Plan, approved by the College Council in May 2013, includes the mission statement. The College provided evidence that the Program Review Guide - 2009 and the Template for Instructional Program Review - October 2010 include the mission statement as well. The Annual Report Pilot - 2013 does include a link to strategic

initiatives, thus linking planning back to the mission. The College has provided evidence that the mission is included in the planning process, primarily through program review. (Standard I.A.4)

## **Conclusion**

The College partially meets the Standard. Institutional effectiveness could be improved by implementing a regularly scheduled review of the mission statement, engaging in dialogue regarding how planning and decisions are linked to the mission and documenting the dialogue and actions taken to improve linkages.

## **Recommendations**

**Recommendation #1:** In order to meet the Standards and as noted in Team Recommendations #1 and #2 and Commission Recommendation #4 (2008), the team recommends the College create a complete blueprint for planning that includes regular review of the mission statement and current institutional plans that collectively describe how the College will achieve its goals. The mission statement should inform overarching plans, such as the education master plan or strategic plan. Overarching plans should drive other long-term institutional plans such as the technology plan and enrollment management plan. These long-term plans should include institution set standards for student achievement and be used to inform annual planning as part of the program review process. Assessment of student learning outcomes and related dialogue should be integral to the planning process, such as by embedding SLO dialogue into program review.

(Standards I.A.3-4; I.B.1-6; II.A.2.f; II.B.1; III.C.2; III.D.1; ER.10; ER.19)

## **Standard I – Institutional Mission and Effectiveness**

### **Standard I.B – Institutional Effectiveness**

#### **General Observations**

The College demonstrates a conscious effort to produce and support student learning. Use of SLOs to assess learning is fairly recent and has not yet been through a full cycle. Dialog coupled with some key mechanisms such as program review supports the College's efforts to improve student learning, but assessment data is sparse and evidence of actions stemming from assessment results is lacking.

The College demonstrates a conscious effort to produce and support student learning measures as evidenced by the course outlines of record (CORs), program review reports and class syllabi. The College assesses institutional SLOs but, according to the College's self-evaluation, a wide scale assessment of SLOs just began in fall 2012. The cycle started in 2012-13 and will be completed in 2014-15, followed by a review of SLOs in 2015-16. The College has not provided evidence that it is in an ongoing cycle of assessment - only that it has started a cycle of assessment.

#### **Findings and Evidence**

In fall 2012, the College reinitiated a campus wide, data-driven system to measure and evaluate learning. A three-year cycle of assessment began in 2012-13. The campus concluded that many of the course SLOs were in fact course objectives and thus courses had too many SLOs for meaningful evaluation. During summer 2012, the interim vice president (VP) of instruction identified two SLOs per course for evaluation to begin the process on a campus wide basis. (Standard I.B.1)

A series of workshops were identified that reflected opportunities for dialogue about learning. The processes used to evaluate effectiveness of programs and student learning are: program review, the new process to integrate budget with program review and strategic planning, and an updated integrated strategic plan. (Standard I.B.1)

The College appears to be sincere in its efforts to discuss and improve student learning. The College provided evidence that self-reflective dialogue about improvement and SLOs occurs in flex events. The College provided evidence of self-reflective dialogue and improvements for the program review process through Program Review Guides - 2008, 2009 and 2012, the "snapshot" process and Program Review Committee minutes (May 5, 2009). (Standard I.B.1)

Goals have been established and are articulated at multiple levels in the strategic plan. The College provided evidence of goals in the 2013 Integrated Strategic Plan document. Goals were discussed in the College Council/ Strategic Planning Steering Committee meetings, but more detailed minutes are needed to provide clear evidence. No evidence was presented either in the self-evaluation or during the site visit that the College has established institutionally set standards for student achievement. The Student Success Scorecard has



been reviewed and discussed, but the College has not distinguished standards from goals and determined institutionally set standards for student success. The College is clearly moving to collaboratively set goals, but is relatively early in the process. (Standard I.B.2)

The self-evaluation focused on instances of process evaluation and resulting change. As stated above, it did not address institutionally set standards and efforts to improve effectiveness based upon assessment of standards. Examples of self-improvement were provided whereby dialogue resulted in change, such as the faculty equivalency process and the reinstatement of the Learning Skills Center. Examples also refer to the draft of the new “Shared Planning and Decision Making Handbook.” The primary evidence the College provided of assessing institutional processes was its ongoing modification and evaluation of the program review process. The College also provided evidence of ongoing review and modification of the mission development process and the budgeting process, though the evidence needed to show it is truly cyclical is lacking. (Standard I.B.3)

The self-evaluation provided information about the various committees that participate in planning or provide input to planning. Seven committees and their roles were described in the self-evaluation. The evidence is not always clear as to how the College reaches its final decisions, such as what new facility to build. The College did provide evidence in the form of two reports and meeting minutes that the hiring of the music and ESL instructors were data-based decisions; however, the path that was taken to reach a final decision was not clear. (Standard I.B.4)

The College provided evidence that College Council is broad based and representative and offers opportunity for input from constituents. This was evidenced by committee membership and meeting minutes. The College also provided evidence through the committee membership list that the Accreditation Team (A-Team) is broad based. The committee meets bimonthly and provides ample opportunity for input. It should be noted, however, that the two student positions on the A-team are vacant. Discussion with the Associated Students Board (ASB) indicated that the College is flexible in timing and dates of meetings and conducts significant outreach in an effort to get student participation on all committees, but clearly the small number of students makes participation challenging. (Standard I.B.4)

The College has evidence of communicating evaluation results of its goals for 2012-13; however, that effort is new and not yet an established cycle. The college website provides data and information from the various reports, such as program review and SLO reports. The evidence shows that the College publishes the program reviews and accreditation reports on the College website. The Accountability Report for Community College (ARCC) and the Student Success Scorecard, both Chancellor’s Office generated assessments, are published on the campus website. Evidence that these accountability reports have been presented and discussed at public Board meetings was not provided. There is also no evidence that student achievement standards have been established. The College reports survey data on student attitudes and satisfaction from the Noel-Levitz survey completed in 2011. The College communicates analysis and reports via the webpage and places a very heavy reliance on the website for communication of results. (Standard I.B.5)

The self-evaluation report provided examples of changes and improvements based on college planning. The report indicated that several changes occurred based on evaluation of programs and services and resource allocation, such as an administrative reorganization, reinstatement of the Learning Skills Center, improvement of the program review process and improvement of the integration of the budget process with program review and strategic planning. (Standard I.B.6)

The College has provided evidence of ongoing evaluation and modification of its program review process through various versions of the program review process from 2006, 2009 and 2013. While some of the changes have been recent (evidence was presented regarding the 2013 decision to increase the frequency of reports), the College has established an ongoing process of improvement of the program review process. The College also provided evidence of further integration of program review, budget, and strategic planning, primarily in closing the loop between the Budget Committee prioritization and allocation and the actual expenditures being reported back to the Budget Committee. The College has demonstrated efforts to improve its planning processes and to align budget with these systematic processes. The College is at the *Proficiency Level* of the ACCJC Rubric for Evaluating Institutional Effectiveness – Program Review. (Standard I.B.6)

The self-evaluation report describes key mechanisms to evaluate college programs, namely the program review process and SLO assessments. The College states that it evaluated the program review process and altered the frequency. Elsewhere in the report, the College notes that it incorporated the “snapshot” in addition to program review, but that did not work as planned. As noted above, the College has provided evidence of ongoing modifications to the program review process, though the systematic part is debatable. The College has also provided evidence showing that it is making efforts and some progress in SLO assessment. However, evidence shows that the evaluation mechanism, while in place and functional, is not currently proven to be regular and ongoing. (Standard I.B.7)

## **Conclusion**

The College partially meets this Standard. While the College can document that it has evaluated and assessed planning processes, programs and courses, it has not made it a routine, systematic review of institutional effectiveness.

## **Recommendations**

See Recommendation #1.

**Recommendation #2:** In order to meet the Standards, the team recommends that the College develop and implement a sustainable assessment plan that ensures the College completes a full cycle of student learning outcome (SLO) assessment that includes discussion of results and action planning at all levels [course SLOs, program SLOs, general education (GE) SLOs, and institutional SLOs] to move to the *Sustainable Continuous Quality Improvement Level* of the ACCJC Rubric for Evaluating Institutional Effectiveness. To

complete a full assessment cycle, the College must accelerate its efforts to assess all student learning outcomes for every course, and must demonstrate the following:

- All SLOs included in official course outlines of record are the same SLOs being assessed by faculty and that assessment of all SLOs is completed on a regular basis.
- Faculty are engaged in ongoing dialogue about methods of assessment, results of assessment and plans for quality improvement based on assessment.
- The College maintains records of assessment tools and methods used, assessment samples, assessment results, assessment dialogue and action planning based on assessments, and makes these records easily available.
- Course, program, GE, and institutional SLO assessment data and analysis are integral parts of the program review process and drive efforts to improve course, program and institutional effectiveness.

(Standards I.B; I.B.2-3; II.A.1.a,c; II.A.2.a,b,e; ER.8; ER.10; ER.19)

**Recommendation #3:** In order to meet the Standards and as noted in Team Recommendations #1 and #2 and Commission Recommendation #4 (2008), the team recommends that the College regularly evaluate and assess all of its processes. Information about the processes used in planning and institutional improvement should be widely disseminated to the campus and community. Sufficient research support and delegation of responsibility is needed to inform the research and planning process and ensure regular implementation of all elements of the process, and to inform decision making at all levels of the College. (Standards I.B.1-6; II.A.1.a,c; II.A.2.a,e,f; II.B.4)

## **Standard II – Student Learning Programs and Services**

### **Standard II.A – Instructional Programs**

#### **General Observations**

The College mission statement asserts that the College “supports an exemplary learning environment with high quality educational programs and services” and that the College “promotes student success and lifelong learning for a diverse community of learners.” The College offers instructional programs in career technical education, basic skills and college preparation, transfer education, and non-credit education. In addition, the College offers workforce training and professional certification and recertification courses through instructional service agreements (ISAs) with various external professional and governmental agencies.

Since the last self-evaluation report in 2008, the College has made some effort to develop student learning outcomes (SLOs) and to use assessment data in program review and integrated planning. In general, evidence suggests that the College has not yet developed the processes necessary to ensure that SLOs are regularly assessed and that assessment results are documented, discussed, and used in the College’s planning and budgeting processes.

Additionally, while the College now includes SLO development and assessment as a part of the faculty evaluation process, the College has not demonstrated that it is actually evaluating faculty participation in SLO development and assessment. Furthermore, the College has not yet developed the evaluation tools and processes necessary to ensure the quality of instruction and consistency of standards in distance education (DE) courses and correspondence education (CE) courses. Finally, the College has not developed a process to ensure that part-time faculty are regularly evaluated.

#### **Findings and Evidence**

The team reviewed class schedules and visited the College’s main campus in Blythe and its education center in Needles and verified that credit and non-credit courses are offered in both locations. The College offers courses in a variety of delivery modalities: traditional face-to-face/on-ground; distance education (DE); correspondence education (CE); interactive-television (ITV); and hybrid. Through review of documents and meeting minutes and through numerous interviews with college staff, faculty, and administrators, the team found that courses and programs are approved by the College’s Curriculum Committee and are reviewed and evaluated for academic and professional integrity and alignment with the College’s mission through the program review process. A team review of a randomly-selected sample of course syllabi for face-to-face, DE, CE, and ITV courses, and team member visits to face-to-face and online courses indicate that faculty use a wide variety of teaching methods and a wide variety of methods for evaluating student learning. (Standard II.A.1)

The College assesses students’ academic preparedness by using Accuplacer for English and math at both the Blythe Campus and the Needles Education Center. Students incarcerated at

Ironwood State Prison and Chuckawalla Valley State Prison enrolled in CE courses complete a paper and pencil version of the Accuplacer assessments. Course prerequisites and co-requisites are established by the Curriculum Committee on the recommendations of discipline faculty and are listed in the college catalog. Co-requisites and prerequisites are not, however, listed in the schedule of classes. (Standard II.A.1.a)

The institution utilizes a variety of delivery systems and modes of instruction, including face-to-face/on-ground, DE, CE, and ITV. The College's course outline of record form requires curriculum authors to indicate all proposed modes of delivery for each course in the College's curriculum inventory and to identify how students will learn course content and demonstrate student learning outcomes (SLOs) in each mode of delivery. The team did not find evidence of a systematic data-collection process that would facilitate assessment of and dialogue about the effectiveness of different delivery/instruction modes. (Standards II.A.1.b-c)

The College recently revised its official course outline of record to differentiate course objectives from student learning outcomes, and all course outlines of record are available on the College's Curriculum Committee website. The team reviewed a random sample of official course outlines of record available on the College's website and determined that the vast majority of course outlines have not been revised to distinguish course SLOs from course objectives. Meeting minutes of the Curriculum Committee and the Academic Senate indicate that faculty are working to develop a shared understanding of how exactly course objectives are different from course SLOs. Furthermore, most course outlines contain a very large number of course objectives/SLOs, making it difficult for faculty to assess all course SLOs during the College's three year assessment cycle. The team found no evidence that the disciplines, departments, and programs have developed assessment plans to ensure that all SLOs are assessed within the College's three-year SLO assessment cycle. (Standard II.A.1.c)

While the SLOs listed on the examined course syllabi agree to the SLOs listed on the approved course outlines of record, the team found evidence that the course SLOs being assessed by faculty are frequently different from the SLOs indicated on the syllabi and the approved course outlines of record. The College's Curriculum Committee website includes a link to current course outlines of record, as well as a link to a page titled "PVC SLOs." Every course offered by the college is included on the "PVC SLOs" page, and every course lists two SLOs. However, the SLOs listed on the "PVC SLOs" page do not match in number or content the SLOs listed on the official course outline of record. For example, for one specific course examined by the team, there are only two SLOs listed on "PVC SLOs" page, but the official course outline for the same course lists seventeen learning outcomes. Furthermore, the two SLOs listed on "PVC SLOs" page are not contained in the list of seventeen outcomes included in the course outline of record. (Standard II.A.1.c)

According to interviews conducted by the team, faculty assess the SLOs listed on the "PVC SLOs" page, but do not necessary assess the outcomes listed on the official course outline of record. Furthermore, the team received testimony that individual faculty frequently modify SLOs outside of the curriculum review process and then conduct assessments of the modified

SLOs. In fact, the team discovered evidence that college faculty are encouraged to modify SLOs outside of the curriculum review process in order to make SLO assessment easier. In a document titled “Guidelines for Completing Assessments for ACCJC Requirements by March 15, 2013,” faculty are advised to “review the SLOs on the website [i.e. the “PVC SLOs” page] for each course.” The directions continue: “Check the entry for accuracy and typos. If the entry needs correction, contact Esther Rice. *If a faculty member wants to modify an SLO, contact Esther and she will make the changes on the website*” (emphasis ours). In follow up interviews with college staff and faculty, the team verified that the directive quoted above reflects current practice at the college.

As a result of the above described practice, the team determined that the College does not have a process in place that ensures SLO assessment and student performance data reliably inform program review action planning, program assessment and effectiveness, and student performance trend analysis. The team concludes that the College is at the *Development Level* of the ACCJC’s Rubric for Evaluating Institutional Effectiveness - Student Learning Outcomes. The team encourages the College to seek guidance and assistance from professional colleagues at peer institutions that have successfully developed an effective system for evaluating SLOs and integrating SLO assessment into the planning process. (Standards II.A.1.c; II.A.2.a; II.A.2.b,e-i)

The college catalog includes a statement of “Philosophy of Education,” and this statement reflects the principles of the College’s board policy (BP) and administrative procedure (AP) 4025: Philosophy and Criteria for Associate Degree and General Education. The statement of “Philosophy of Education” in the catalog and the content of BP/AP 4025 both affirm the College’s commitment to principles and skill sets typically associated with general education, but neither the statement of “Philosophy of Education” nor BP/AP 4025 is expressly identified as a philosophy of general education that establishes the criteria to be used by faculty to determine which courses are to be included in the general education curriculum of academic and vocational degree programs. (Standards II.A.3.a-c)

A team review of the college catalog verified that all degree programs include focused study in at least one area of inquiry or in an established interdisciplinary core. (Standard II.A.4)

The program review template requires authors of vocational and occupational program reviews to assess completing-students’ ability to meet employment competencies, to be prepared for licensure, and to be prepared for certification by external agencies. (Standard II.A.5)

A team review of the college catalog verifies that the College provides students clear, accurate information about course and program requirements and transfer policies. In the catalog, the College provides clear descriptions of the purpose, content, course requirements, and expected student learning outcomes. A review of a randomly-selected sample of course syllabi indicates that students are provided with student learning outcomes consistent with those indicated on the course outline of record. As discussed on the previous page, however, while the SLOs on the course outlines of record and the course syllabi are in agreement, these are not always the SLOs being assessed. (Standard II.A.6.a)

The College does have a policy that addresses program elimination (BP/AP 4020: Program and Curriculum Development: Review, Approval and Discontinuance of Instructional Programs). However, nothing in BP or AP 4020 describes procedures for approving or discontinuing instructional programs, and nothing in BP/AP 4020 or any other BP or AP establishes procedures regarding notification and advising of students when programs are eliminated or program requirements significantly change. The College did eliminate a “fast-track” LVN program in spring 2011 when it was discovered that the program had not been approved for offering by the Chancellor's Office. The College apparently did not use any established process or procedure for eliminating this program, and nursing faculty were not involved in the decision to eliminate the program. When the College ceased to offer this program, student applicants were sent a letter advising them to contact the College to discuss alternative program options. (Standard II.A.6.b)

The College has a number of publicly available BPs and APs that establish the College’s commitment to student and faculty academic freedom and responsibility as well as to student academic honesty. The policy on academic honesty, however, does not address the authentication of identity for students enrolled in distance education and correspondence education. (Standard II.A.7.a-c)

The college does not offer curricula in foreign locations to students other than U.S. nationals. (Standard II.A.8)

## **Conclusion**

The College does not meet this Standard. The College has not yet developed the processes necessary to ensure that SLOs are regularly assessed and that assessment results are documented, discussed, and used in the College’s planning and budgeting processes. Additionally, the College has not yet developed the evaluation tools and processes necessary to ensure the quality of instruction and consistency of standards in DE and CE courses, and the College has not developed a process to ensure that part-time faculty are regularly evaluated.

## **Recommendations**

See Recommendations #1, #2 and #3.

**Recommendation #4:** In order to meet the Standards, the team recommends that the College implement a data-informed process to systematically evaluate the methods of teaching of all courses and programs including all instructional modalities [distance education (DE), correspondence education (CE) and face-to-face] to ensure the student learning experience and outcomes are comparable regardless of the method of instruction or delivery. (Standards II.A.1.b-c; II.A.2.a,c,d,e,f)

**Recommendation #5:** In order to meet the Standards, the team recommends that the College implement a data-informed process to systematically evaluate the instruction methods for all instructional service agreement (ISA) courses and programs to ensure the student learning experience and outcomes meet college standards.  
(Standards II.A.1.b-c; II.A.2.a,c,d,e,f)

**Recommendation #6:** In order to meet the Standards and comply with the Commission's Policy on Distance Education and on Correspondence Education, the team recommends that the College establish a policy and process to authenticate the identity of students enrolled in distance education and correspondence education. The process should ensure that a student who registers and receives credit for a course is the same student who participates regularly in and completes work for the course. (Standards II.A.7.b-c;II.B.2.c; ACCJC Policy on Distance Education and Correspondence Education)



## **Standard II – Student Learning Programs and Services**

### **Standard II.B – Student Support Services**

#### **General Observations**

Palo Verde College (PVC) supports the learning and success of its students by offering an array of student services that are delivered to students through various methods on campus, at its offsite center in Needles and at local penitentiaries. Student support services are staffed with dedicated personnel. Due to recent budgetary constraints, the College has implemented some limited services and made staffing reductions.

Since the College encompasses a large geographical area and includes a site in Needles and students incarcerated at several prisons, the College has implemented processes that meet the needs of students at these various locations. The College provides a variety of instructional delivery modes for the diverse population it serves. It has demonstrated commitment to providing student services to its students regardless of location, including online students, correspondence students who may be incarcerated, and students at the site in Needles.

While many support programs have been implemented to address the recognized needs of the diverse populations, assessing the needs of the students and potential students and evaluating results is not done systematically.

#### **Findings and Evidence**

Palo Verde College provides a matriculation plan and pathway that support student learning. The matriculation plan is defined in the college catalog and on the college website. Student learning outcomes (SLOs) have been defined for each component of student services. However, there is limited assessment data and no evidence of evaluations of assessments. The last program review for these areas occurred in 2010. The College has developed a three year cycle for program review, so the program review for student services should have been updated by the date of this report. (Standard II.B)

The College requires assessment tests for students who plan to take reading, writing or math. Students who are not taking these courses are also encouraged to take the placement test. Incarcerated students take the pen and paper assessment test at the prison under the supervision of a trained proctor. The counselor for the correspondence program meets with the inmates to provide academic counseling to aid in the preparation of the students' educational plans. (Standard II.B)

The College provides many services such as disabled student programs and services (DSPS), extended opportunity programs and services (EOPS), California work opportunity and responsibility to kids (CalWORKs), tutoring, library services, career and transfer advisement, and more. Due to budget cuts, the Learning Skills Center closed approximately two years ago but has been reopened and is now called the Student Learning Center. Also due to these budgetary constraints, the College has implemented some limited hours of service and made

staffing reductions. As a result, some staff manage or oversee several programs. For example, the director of CalWORKs and associated student government (ASG) is now the student development and Civic Center/events manager. Also, the librarian conducts workshops and mini seminars and oversees the reinstated Student Learning Center. (Standard II.B)

The director of the Needles site is a counselor and, in addition to administrative duties, provides academic counseling. Students at the Needles site have access to financial aid and EOPS services and tutoring services in English and mathematics. The College's noncredit program relocated to the Blythe campus and provides the same level of services. There was a lack of evidence, such as SLO assessments or student satisfaction surveys, that demonstrated the institution evaluated the level of student support services for correspondence education as comparable to face-to-face classes. However, efforts have been made to provide support services, such as library, tutoring, and EOPS, to all students. (Standard II.B.1)

The College's self-evaluation was poorly written in the area of Standard II.B.2. The catalog pages listed in the self-evaluation are the correct pages in the catalog, although there was minimal explanation of the standard. Also, no reference was made as to the location of formal board policies affecting students and how they relate to those described in the catalog. Additionally, the policy on academic honesty does not address the authentication of identity for students enrolled in distance education and correspondence education. (Standard II.B.2)

Most of the student service areas have not utilized tools to determine the support needs of the students. The librarian was the exception. She surveyed faculty and students to identify needs and now offers workshops and mini seminars based on the response. She also oversees the reinstated Student Learning Center. The self-evaluation reports that two new associate degrees were created based on transfer model curriculum (TMC). The program review document for student services from 2010 lists these support services: admissions and records, CalWORKs, counseling, DSPS, EOPS, financial aid, outreach and events, transfer and career center. The College refers to the Noel-Levitz survey from 2010-2011 as a resource for identifying needs. No surveys have been done since 2010. (Standard II.B.3)

The self-evaluation describes the services provided to the incarcerated students, including library research performed by the librarian for these students, visits by counselors to the sites, and academic counseling provided by trained prison counselors. Assessment tests are given to incarcerated students and monitored by a proctor. Services to students in the noncredit classes were not described. To assist in academic counseling at some prison sites, counselors either visit the prison or train prison counselors and proctors to provide services to inmates. Tutoring is provided at the prisons by inmates who have successfully completed their associate degrees. The website lists programs and services available to students at the Needles site, including tutoring, assessment, and some counseling. (Standard II.B.3.a)

A full-time staff member, the student development and Civic Center/events manager, provides leadership for student life. An institutional SLO, "To promote community and

global awareness and personal growth,” is supported by campus life. Student activities described include such as associated student government (ASG), adopt a family and advancement via individual determination (AVID). (Standard II.B.3.b)

The College uses an effective performance evaluation for non-instructional faculty. The student services area did an extensive program review in 2010 which included strengths and weaknesses and recommendations for improvement. The report includes this goal: Conduct faculty and staff training on cultural diversity and disability issues. The report supports this goal by stating that EOPS and DSPS have presented at campus events such as flex days and training activities. (Standard II.B.3.c)

The self-evaluation reports that the Faculty and Staff Diversity Committee plans the multicultural festival and supports other events and programs, such as Cinco De Mayo and Black History Month. (Standard II.B.3.d)

The student success and support program (formerly the Matriculation Committee) evaluates admission and placement instruments and practices. The matriculation plan from 2010 provides priority registration to the state required groups: DSPS, EOPS and veterans. The plan also included a goal to improve the online admissions process. The Matriculation Plan has not been updated since 2010 so the impact the Student Success Act of 2012 has on the matriculation process has not been addressed. The College’s self-evaluation acknowledges awareness of the Student Success Act and the increased emphasis on orientation, educational plans, and counseling. Dialog has occurred since the committee name changed; however, minutes from these meetings have not been provided. The self-evaluation states that English and math faculty adjust cutoff scores on the assessment placement when needed. Evidence at the College indicates that the cutoff scores have not been reviewed for some time. Assessment is given to all students enrolling in a math, English, or reading classes. There has not been recent dialog on evaluating the cut scores for assessment or validating their admissions processes. (Standard II.B.3.e)

Student records are maintained under the direction of the admissions and records director and the information technology director. The information technology director backs up student records. Student records are secured in fireproof file cabinets within a fireproof vault. In 2012, a digital imaging system was purchased to assist with the need to go paperless. The digital copy of the student records is attached to records maintained in Datatel. There is a Board of Trustees policy, Records Retention and Destruction, which addresses this standard. The admissions and records office has an internal office security system and all staff are required to go through Family Educational Rights and Privacy Act (FERPA) training. (Standard II.B.3.f)

The self-evaluation reports that effectiveness of student support services is evaluated through meetings and dialog, the 2010 matriculation plan, SLOs that are currently being assessed, the program review from 2010, categorical program assessment reports, and job performance evaluations. Although these processes are critical, there is a lack of evidence that they contribute to the achievement of student learning outcomes. Although SLOs have been identified and are found on the web, only a few have been assessed and there is no evidence

of evaluation of services and subsequent improvement based on evaluation. Also, student services and support are not using point of service surveys to either assess SLOs or gather information to improve services. (Standard II.B.4)

### **Conclusion**

The College partially meets this Standard. The services provided reflect a concern for student access, progress, learning, and success in each of the learning modalities. The staff and faculty express an attitude of pride in the college and concern for student success. However, the College has not implemented practices that assure the quality of student services and support and measure their effectiveness at meeting students' needs. The College has identified SLOs for each of the service areas but has not provided evidence for the cycle of assessment, evaluation and improvement.

### **Recommendations**

See Recommendations #1 and #3.

## **Standard II – Student Learning Programs and Services**

### **Standard II.C – Library and Learning Support Services**

#### **General Observations**

Palo Verde College's Harry A. Faull Library and Student Learning Center provides support for students' learning and success. The library is responsible for providing instructional support to face-to-face students, distance education, correspondence and students at the Needles center. The library has been able to develop effective services to meet the students' needs.

Recently, the librarian assumed the responsibility of the renamed Student Learning Center in addition to the library. The librarian also attends the Academic Senate and Curriculum Committee meetings as time and schedule permits. As a part of the curricular process for course outlines of records (CORs), the librarian is responsible for evaluating the textbook and need for acquisition of books.

#### **Findings and Evidence**

Working collaboratively with the instructional faculty, the librarian selects books and materials, whether hard copy or electronic, to help students learn to think critically, succeed in their courses and become life long learners. At least twice a semester, the librarian sends an email to each faculty member requesting lists of recommended book purchases, subscriptions, and databases. (Standard II.C.1.a)

In fall 2013, the Student Learning Center was reopened after a two year lapse due to a retirement. During this interim period, math tutorial assistance continued for students. The librarian has been assigned to the temporary coordination of the center which includes the assessment process for matriculation service. With this increased responsibility, the librarian also has the support from an admissions and records staff member as well the correspondence counselor/coordinator with the proctoring of the Accuplacer assessment test. (Standard II.C.1.a)

Due to the significant number of course offerings in correspondence delivery mode, the librarian is required to respond to the students' research needs through the assistance of an admissions and records staff member and the correspondence education coordinator. Distance education students and students from off campus locations must use the student login system to access library services. Through the library services, students are offered library information workshops and individual consultations with the librarian. Due to the current fiscal status of the College, the hours of operation for the library and Student Learning Center have been reduced to 40 hours a week which is down from 56 hours in the 2011-12 academic year. (Standards II.C.1.b,c)

The College provides for effective maintenance and security for the library. There is one exit and one entrance to both the Student Learning Center and the library. In addition, the library

maintains a 3M security machine which is installed at the entrance to both programs.  
(Standard II.C.1.d)

The College's library contracts with the online computer library center (OCLC) which is a worldwide library cooperative to provide cataloging records for its collection. Through the state Chancellor's Office, the library participates in the Community College Library Consortium and the Council for Chief Librarians which is a great supplement for services for faculty and students. (Standard II.C.1.e)

Program review has been completed by the library and learning resources program. Included in the program review are the faculty and student assessments of services, which were conducted in fall 2013 using pre and post survey testing of information knowledge of the programs.  
(Standard II.C.2)

### **Conclusion**

The College meets the Standard. The library and learning support services are sufficient to meet the needs of the students regardless of location or mode of delivery.

### **Recommendations**

None

## **Standard III - Resources**

### **Standard III.A - Human Resources**

#### **General Observations**

Palo Verde College (PVC) identified a fiscal crisis in mid-2011 and as a result offered retirement incentives and voluntary separations. It was charged to develop a long-range staffing plan that would identify critical institutional needs and positions to support those needs, and to prioritize the needs. The comprehensive staffing plan is essential to ensure the continued stability and viability of the College. PVC has worked diligently to build their staffing to meet the needs of the college mission, meet student needs, and maintain fiscal stability and compliance with laws and regulations. It has re-evaluated its administrative structure, needs of full-time faculty positions, and a classified support structure to meet these needs and benchmarked its staffing levels against other colleges of similar size across the state. This data suggests staffing levels are sufficient to meet the needs of 1800 full time equivalent students (FTES), but the College only attained FTES of just under 1400 resulting in less funding and creating a concern for long-term sustainability. The College supports diversity; however, it has minimal opportunities for hiring new positions due to its fiscal challenges. PVC has developed creative ways to provide professional development to all constituents within a tight budget.

#### **Findings and Evidence**

The College had a special follow up visit in November 2013 to address the ACCJC's recommendations in regards to stabilizing human resources and developing a long-range staffing plan that would identify critical institutional needs and staff to support those needs. The College developed, with input from the various constituency groups, a "snapshot program review" that identifies positions and prioritization of needs. (Standard III.A)

The College assures the integrity and quality of its programs and services by employing personnel who meet the minimum qualifications and can satisfy the job duties and functions. Evidence indicates that candidates are thoroughly screened and evaluated through the human resource (HR) process, then forwarded to the screening committee for interview. (Standard III.A.1)

The College has hiring practices in place to hire qualified personnel that include the development of job descriptions and hiring processes that are inclusive of constituency groups. Job descriptions are written to address institution mission and goals, as well as accurately reflect the subject matter. The College strives to hire qualified staff and faculty that have the potential to contribute to the mission of the College, which is evidenced in its hiring practice of having potential candidates address their ability to meet the College mission in their cover letter. (Standard III.A.1.a)

Evaluation practices and processes have been established for all constituency groups. Evidence of these timely evaluations is maintained securely in the HR department. A new faculty evaluation was negotiated through the collective bargaining process and was approved by the Board. The part-time faculty evaluation process was found to be ineffective and actions were taken to evaluate and improve the process for completion in December

2013. However, this process has not been completed to date; therefore, the College partially meets this standard. (Standard III.A.1.b)

As a follow up to previous Commission Recommendation #2, faculty and staff directly responsible for student progress toward achieving SLOs now have a component in their evaluations regarding effectiveness in producing learning outcomes. This new component is a self-evaluative statement that faculty must address during the evaluation process. This process has not been in place long enough to produce evidence that it is effective in measuring faculty involvement in the SLO assessment and improvement cycle. The team encourages the College to use the new faculty evaluation component to ensure the faculty effectively participates in the development and assessment of student learning outcomes. (Standard III.A.1.c)

Board policies 2715 and 3050 address a code of professional ethics for employees and members of the Board. (Standard III.A.1.d)

The College has developed a “Snapshot Program Review” identifying positions and priorities in hiring to meet the needs of maintaining a sufficient number of qualified faculty and staff necessary to support the institution’s mission and purpose. This abbreviated program review was developed involving all constituency groups within the College. Benchmarks were evaluated from other colleges of comparable size to determine in general if the number of staff was comparable. Additionally, the College has evaluated positions to effectively meet student enrollment, programs and services, and department workload at budgeted FTES levels. There is concern that the drop in FTES will result in being overstaffed for the College’s funding level. Reducing staff further could result in creating a staffing level that is below a long-term sustainable level, therefore impacting the effectiveness of personnel and the institution. Currently, the College meets this standard. (Standard III.A.2)

The College equitably and consistently administers personnel policies which are posted on the College website. Additionally, the College updates and maintains policies and practices consistent with California Education Code. (Standard III.A.3)

There is evidence to support that the College has written policies ensuring fairness in all employment procedures as indicated in collective bargaining agreements with the faculty and classified staff, the Management Handbook, and various board policies and administrative procedures as they relate to hiring practices. (Standard III.A.3.a)

Personnel records are securely maintained in locked file cabinets in the HR director’s office. Personnel files are available for review by personnel by making an appointment to view. (Standard III.A.3.b)

PVC’s commitment to diversity is evident in its mission statement, Board Policy 7100 - Commitment to Diversity, and Board Policy and Administrative Procedure 3420 - Equal Employment Opportunity. The College is fair and equitable in its treatment of all staff, as evidenced in various board policies and administrative procedures. Although the commitment is evident for diversity, the College continues to be challenged by the remoteness of its



location and the fiscal challenges that have minimized the need for additional hiring.  
(Standards III.A.4, III.A.4.a,b,c)

The College has historically been challenged with providing professional development for staff and faculty, which resulted in a team recommendation from the last comprehensive accreditation evaluation. The College's HR department maintains reports of professional development programs to present to College Council/Strategic Planning Steering Committee for review. Although there are no records of attendance, there is evidence that the College holds monthly "all-staff" meetings to inform employees about areas within the College such as finance, accreditation issues, and decision-making processes. Additionally, PVC holds four flex days and two institute days for faculty professional development. These programs are used to evaluate the College and its programs for effectiveness. A fee waiver program was implemented in spring 2013 that encourages staff to take courses at the College to fulfill their educational goals. Moreover, some staff engage in professional development and incur the costs personally. The team finds that the College meets this standard. By bringing the training sessions to the campus or utilizing web based training, PVC is able to provide professional development to reach more constituents at a greatly reduced cost. The team suggests that the College utilize the services from the state Chancellor's Office for professional development and also reach out to other community colleges within the area to share best practices and inquire about areas of question or concern.  
(Standards III.A.5, III.A.5.a,b)

The College has continuously worked to improve its program review processes which include identifying human resource needs. The ACCJC recommended in its previous report that the College should demonstrate that it is at the *Proficiency Level* in integrating its program review processes with the budget and planning processes. The College has addressed this recommendation by submitting all program reviews through the budget and planning processes for approval of funding. While this process is widely used across the College, there is no evidence that the process is being reviewed and evaluated to ensure that it improves student achievement and student learning outcomes as defined in Parts I and II of the ACCJC Rubric for Evaluating Institutional Effectiveness. The College should demonstrate and provide evidence that it is at the *Sustainable Continuous Quality Improvement Level* for program review and planning. (Standard III.A.6)

## **Conclusions**

The College partially meets this Standard. The College has not completed the evaluation and improvement of the part-time faculty evaluation process. There is also concern that long-term staff sustainability is threatened by the financial crisis and the challenge to maintain needed levels of FTES. The current levels of staffing may not be affordable in the future.

## **Recommendations**

**Recommendation #7:** In order to meet the Standards, the team recommends that the College develop, implement and evaluate an effective part-time faculty evaluation process.  
(Standard III.A.1.b)

**Recommendation #8: Recommendation #8:** In order to meet the Standard, the team recommends that the College fully implement the agreed-upon process that faculty involvement in SLOs be included as part of the faculty evaluation process and that the College provide evidence that this self-disclosure is effective in producing student learning outcomes. (Standard III.A.1.c)

## **Standard III - Resources**

### **Standard III.B - Physical Resources**

#### **General Observations**

Palo Verde College offers programs and services at three locations: the Blythe main campus, the Needles Center and the Child Development Center. The Blythe campus is new with all buildings constructed since 2000. The Needles Center is located in a newly renovated building and the Child Development Center is located in town next to the high school in an older but suitable building. All three facilities appear safe and well maintained. Discussion with faculty, staff and students indicate a general satisfaction with the safety and cleanliness of facilities. Members of the team visited the Needles Center and were favorably impressed with the facility, classrooms, technology and general upkeep. The College developed a combined Educational and Facilities Master Plan in 1996 and updated it in 2009. These plans guided the successful construction of five buildings and the renovation of the Claypool building in Needles. All facilities are ADA (Americans with Disabilities Act) compliant. The College has a five-year deferred maintenance program that it reviews and updates annually. A small maintenance and operations staff maintains the Blythe campus with the assistance of local trades people brought in on an as needed basis. The custodians at the Needles campus and the Child Development Center provide basic maintenance at those facilities.

#### **Findings and Evidence**

The College's Integrated Strategic Plan 2013-16 sets out the following objective as part of Initiative 5 - Financial and Operational Stability: Develop and implement comprehensive facility maintenance, sustainability and replacement plans. Responsibility for facilities planning and scheduled maintenance planning rests with the chief business officer as the College does not have a permanent full-time maintenance and operations director. The College developed a very successful facilities master plan in 1996 that was updated in 2009. Discussions are currently underway with an external firm to prepare an updated educational and facilities master plan. The Blythe campus has excellent classrooms and laboratories that assure the quality of programs and services. A visit to the Needles campus and the Child Development Center verified the adequacy and quality of those facilities. Safety at the campus is provided by staff during the day and by a security company at night. Inspections by the Liability Insurance JPA also assures a safe and healthy work environment. (Standard III.B.1)

The College has successfully planned and built a new campus in Blythe and a renovated center in Needles since 2001. Consequently its facilities are excellent, current and functional. While extensive maintenance and upgrades to facilities are not an immediate concern, routine maintenance is becoming a challenge as resources are reduced to balance the budget. The College does not have a permanent full-time manager of maintenance and operations, and the maintenance and custodial staffs are stretched thin. This hampers the development of a routine maintenance and upgrade plan. The staff is to be complemented for how well they maintain and clean the three district sites. (Standard III.B.1.a)

All existing facilities at the three sites meet ADA access requirements. Regular safety inspections are conducted and emergency contact phone numbers and evacuation plans are posted in classrooms and hallways. A third party insurance carrier provides regular information on improving the College's safety programs. The Facilities Committee and Security Task Force have both long been dormant, but the Facilities Committee has recently been reactivated to provide input into the safety, security and healthful learning and working environment of the College. The College has closed a number of toilet stalls and sinks in order to reduce the cost of custodial care. (Standard III.B.1.b)

The College is in the process of approving a contract to update its educational and facilities master plans with an emphasis on improving the utilization and effectiveness of existing classrooms and labs. Ongoing assessment of its facilities and their use is done through the activities of the Administrative Council and the College Council/Strategic Planning Steering Committee. Because the College lacks a regular full time manager of maintenance and operations, the College does not have a schedule to determine the need for upgrades, repairs and replacements. These are handled on an as needed basis. (Standard III.B.2)

The College's Facilities Master Plan was last updated in 2009. The College is relying on current organizations and committees for planning and evaluating the use of the new facilities recently placed into service. The College, equipped with a new budgeting model, is engaged in budgeting for the total cost of ownership for facilities and equipment. The current fiscal crisis limits the College's ability to fund total cost of ownership. (Standard III.B.2.a)

Physical resources planning is an element of the Integrated Strategic Plan (Initiative 5) and the maintenance and operations department develops a program review report every three years. These, along with the deferred maintenance plan, form the basis for the integration of physical resource planning with institutional planning. A new educational and facilities master plan will enhance this process. (Standard III.B.2.b)

## **Conclusions**

The College meets this Standard. Palo Verde College has remarkable facilities for a college its size. The facilities are currently being underutilized due to the current fiscal crisis. The College has the ability to comfortably grow in FTES if it can resolve its fiscal problems so as to provide the resources to properly maintain and care for its facilities. To improve effectiveness, the team suggests that someone with experience and training, other than the CBO, be assigned on a permanent basis to manage the maintenance and operations department.

## **Recommendations**

None

## **Standard III - Resources**

### **Standard III.C - Technology Resources**

#### **General Observations**

The College's Integrated Strategic Plan 2013-16 includes technology support as a key initiative that calls for state-of-the-art information technology and media to be used by a highly-skilled college community (Initiative 4 - Technology Support). The Information Technology (IT) Department has the primary responsibility for developing, maintaining, and improving the College's technology and addressing Initiative 4 of the Strategic Plan. In 2009 the College finished the major portion of the Datatel implementation and in 2013 completed a Title III grant related to technology. A campus user group, called Core, is the forum for resolving operational requirements needed for federal and state reporting and for institution wide goals and plans. In 2010 the Instructional Technologies Committee was reinstated to provide better communications among campus technology users. The IT department maintains the computers, software and projection systems located in all classrooms and the library at the Blythe Campus and Needles Center, as well as the interactive television systems at both locations. The IT department has one part-time and six full-time employees and the Office of Instruction and Student Services provides two part-time instructional aides.

#### **Findings and Evidence**

The College's technology resources are adequate to meet the current needs of students and personnel. The IT department receives funds through the College's budget process, the state's instructional equipment program, and through a Title III grant in support of a "virtual campus." The construction of new facilities over the past six years has also provided funds for classroom and administrative equipment and infrastructure. The College provides and maintains an interactive television (ITV) system between the Blythe and Needles campuses. The College is moving towards increased distance education opportunities and supports a comprehensive communications system (telephone, voice mail, email, website and internet) as well as audio visual equipped class rooms. The IT department is currently testing systems for a proposed online program at the local prisons. The implementation of Datatel has significantly improved opportunities for faculty-student communication through portal technology, facilitates online teaching and improved opportunities for institutional research. The IT department staff and the two part-time instructional aides provide adequate staff for the College's IT needs. (Standard III.C.1.a)

The College has identified training of the college community in technology and media as a goal in its Integrated Strategic Plan. Emphasis in the past has been on training for the use of Datatel. The College has used its Title III grant to train staff in its online course management system as well as newly installed classroom and ITV equipment. The IT department has two help desk technicians who provide training and technical support. Beginning in spring 2014 an online orientation session will be used to orient students in a variety of student support services. The College uses flex days and faculty-staff meetings to provide training in such topics as Grade Pro, Microsoft Exchange, Outlook and information literacy. Technology

course work and training is also available through the Staff Development Committee, and the classified staff professional growth fund. (Standard III.C.1.b)

The College has in the past developed extensive and comprehensive technology plans. However, the last plan was developed in 2004. While technology planning was continued under the Title III grant, the College recognizes it does not have a current plan nor a formal process governing technology evaluation and replacement to meet Goal #9 of its Technology Master Plan. The IT Director has begun work on a new technology plan through reviewing technology plans at other institutions. While the College does not systematically plan, the IT staff has an inventory of equipment, switches and other components that indicates awareness of 'end of life' for equipment and warranties. Equipment is replaced when necessary. (Standard III.C.1.c)

College programs and services are well-served by technology resources and the operations of the Technology Department. The IT director is a member of the Administrative Council and College Council/Strategic Planning Steering Committee and chairs the Instructional Technology Committee where issues related to technology are discussed with faculty, staff, and administrators. The new Datatel system, the use of smart classrooms, and instructional television indicates that the College makes effective use of technology in the classroom, for student services and for administration. (Standard III.C.1.d)

The College has not updated its Technology Plan (developed in 2004) but does systematically assess the use of technology resources through the use of program review and active participation in governance. The IT department develops a program review report every three years. Information technology planning is integrated with College planning through the IT director's participation on the Administrative Council and the College Council/Strategic Planning Steering Committee. The College has incorporated a technology support section in its Strategic Master Plan. The IT director has begun the process to update the Technology Master Plan. (Standard III.C.2)

## **Conclusion**

The College partially meets this Standard. The College continues to benefit from the construction of new facilities that have provided funding for classroom technology and infrastructure. The College has also benefited from the Title III grant for a "virtual campus" and from the successful implementation of the Datatel enterprise system. IT staffing and technology training appear acceptable given the College's overall fiscal picture. An updated technology plan is important to the continued success of technology at the College.

## **Recommendation**

See Recommendation #1.

## **Standard III - Resources**

### **Standard III.D - Financial Resources**

#### **General Observations**

Palo Verde College (PVC) has demonstrated significant efforts to achieve and maintain fiscal stability and become compliant with the 50% law. It has made changes to its planning process that is intended to help the institution maintain its fiscal stability in future years. This plan is reliant on the College achieving FTES targets, which were not achieved in 2013-14. The College has identified new populations of students to increase its enrollment; however, this work is not yet complete, which causes concern for meeting future FTES targets. Additionally, the planning process remains in its infancy, but evidence indicates that the process was implemented successfully. The College has developed budget plans with options that address actions to be taken at three levels of FTES, which is a prudent method of planning.

PVC has committed to continuing to support its financial stability by including Initiative 5 - Financial and Operational Stability in its 2013-2016 Integrated Strategic Plan with the college goal to “Enhance district fiscal and physical resources with strategic and transparent stewardship.” The plan also includes a Board goal of “Through conscientious collegiality and transparency, ensure that the College District’s budget effectively addresses the current fiscal crisis, provides fiscal stability to maintain instructional, student support, and operational integrity, and provides planning for long-term financial stability.”

The College relies on the Riverside County Galaxy financial management system. The Galaxy system is accessible by all members of the college community. Oversight of financial management practices is accomplished by the Budget Committee, College Council, Administrative Council and the Board of Trustees. A Board of Trustees Audit and Finance Committee was formed in 2012 to help Board members be better informed of ongoing financial problems the College has faced. The lack of college wide oversight of the College’s finances and a lack of transparency helped create the financial crisis that came to light in 2011 and which the College has been struggling with ever since. The College continues to develop and refine its budgeting process through linkages with program review. The College leadership, faculty, staff and management have been actively involved in developing this process and in working through the current fiscal crisis. Management of college resources in support of various externally funded programs, financial aid, and auxiliary organizations is acceptable, and the management and oversight of contracts is appropriate. Annual audits indicate that the College is maintaining adequate records and is in compliance with standard accounting principles.

#### **Findings and Evidence**

The College has worked collaboratively and diligently to maintain a financially stable, safe, and effective learning and working environment. The fiscal crisis that was first identified in 2011 has focused the College’s attention on the need to fully understand its finances and how they directly support the production of FTES. The College has reevaluated its budget processes creating a process that is closely linked to the program review process. The goals and objectives outlined in the College’s Integrated Strategic Plan have been revised several

times since it was initially adopted. A review of minutes of the Budget Committee, Program Review Committee and College Council, as well as discussions by the team with committee members, confirms that the College has developed a collaborative and transparent budget process linked to program review and which meets the needs of the College to place instruction and student services first in its resource allocation. The integration of financial planning with institutional planning is evidenced by the use of the College Council as the final reporting committee for both budgeting and program review. The College faculty and staff express satisfaction that this governance model effectively integrates the various planning activities. (Standards III.D.1, III.D.1.a)

In response to its fiscal crisis, the College had to become more accurate in developing realistic assessments of its financial resources. In response to various special team visits to the College, the chief business officer, working with the Budget Committee, developed a number of funding scenarios and alternative budgets to reflect the uncertainty of its ability to restore FTES. An open and transparent environment of fiscal reporting and planning has resulted in a more informed college community that has greater trust in its finance projections and budgeting process. The College is aggressively exploring ways to improve its FTES position through new face-to-face programs, the expanded use of distance education and the return to a more robust instructional service agreement (ISA) program. (Standard III.D.1.b)

The College has had a history of addressing its long-range financial priorities as it develops short-range financial plans. This is evident in its commitment to fund its Other Post-Employment Benefits (OPEB) and its early supplemental early retirement program (SERP) obligation. Most significantly, the College has been struggling to fund its long-term debt obligation created by a certificate of participation (COP) used to complete construction projects and fund technology. The College has hired a consultant with expertise in public finance and an experienced retired chief business officer to assist it in meeting this obligation. The College has expended a great deal of effort to develop its response and share it with the college community and the general public. (Standard III.D.1.c)

The College's budget guidelines are outlined in administrative policy (AP) 6200. A review of Budget Committee minutes indicates that these guidelines are followed by the chief business officer and the Budget Committee. The Board does not have either board policies or administrative policies that address the newly established budget process that ties budgets to program review. A review of Budget Committee minutes and discussions with various college constituencies indicates that all constituencies have appropriate input into the process. (Standard III.D.1.d)

Faculty, staff and the various governance committees are of the opinion that appropriate financial information is available through the Galaxy system to anyone interested. Information is also shared at faculty and staff meetings and during flex days, and minutes of the Budget Committee and College Council are made available to all employees. A review of the minutes of the Budget Committee and College Council verifies the detail of information shared with the college community. A review of the annual independent audits for the past two years indicates that college management responds to all comments in a



timely and comprehensive manner. The use of financial resources to support student learning is evidenced by the use of program review documents in budget allocation decisions, the coordination of the budget through various college committees, and the priority given to instruction and student services during the recent fiscal crisis. (Standards III.D.2.a-c)

A review of annual audits and program review documents, where appropriate, as well as discussions with the chief business officer and program directors indicates that financial resources are managed with integrity and for the intended purpose of the funding sources. There is one exception to this conclusion which is the College's use of Certificates of Participation (COPs). In January 2007 the College issued COPs for \$18.6 million to mitigate problems with the cash flow on the physical education building and for several capital projects – an appropriate use of such funds. In June 2008 they refinanced these COPs and borrowed additional funds (totaling \$31.995 million) for the purpose of earning sufficient interest income on the surplus funds to help pay off the debt. As the College now recognizes, this was an improper use of debt financing and contributed to the College's current fiscal crisis. New board policies and a new board Audit and Finance Committee should effectively prevent a recurrence of this type of misuse of funds. (Standard III.D.2.d)

The College's external audit, program reviews and an effective chief business officer have improved the internal controls of the College. The chief business officer has recently completed training in internal controls and as a result, according to the College, a pattern of errors in judgment and a lack of following all requirements was discovered in the veterans' program. As a result, further internal audits were conducted, and potential mismanagement in the financial aid office was prevented. (Standard III.D.2.e)

The College has demonstrated that it exercises appropriate risk management strategies through its purchase of insurance and insurance services from an insurance joint powers authority (JPA) and its ability to maintain an acceptable level of reserves through its current fiscal problems. The College manages its cash requirements through internal borrowing from its capital fund and from the account it holds in the Local Agency Investment Fund (LAIF). The College insures that it properly manages this internal borrowing through appropriate resolutions filed with the County of Riverside which monitors the annual repayment of cash. The College maintains such records as are necessary to insure that it could issue Tax and Revenue Anticipation Notes (TRANS) through Riverside County if cash flow becomes a problem. (Standard III.D.3.a)

A review of independent audits and state reports indicates that the college business office effectively oversees the finances of the financial aid office, various specially funded programs (EOPS, CalWORKs), the Palo Verde College Foundation, Associated Student Body and the Child Development Center. An internal review of controls in the veterans' affairs and financial aid programs uncovered irregularities that resulted in the dismissal of two employees. Auxiliary activities, fundraising efforts and grants are used in a manner consistent with the College's mission and goals as evidenced by a review of these programs and the use of program review. (Standard III.D.3.b)

The College has made a good faith effort to allocate the appropriate resources for the payment of its OPED obligation, vacation accruals and compensated absences. The current fiscal crisis has reduced the College's ability to fully reserve its obligations, but the College recognizes its fiscal responsibility to do so and makes an effort each year to set aside some funds for this purpose. The College contracts with an independent third party to prepare an actuarial plan for its other post-employment benefits. (Standard III.D.3.c-d)

The College annually budgets for the payment of both COPs and a local general obligation (GO) bond for the Needles Campus. While the GO bond obligation is paid by local property taxes, the COPs are an obligation of the General Fund. The repayment of the COPs debt, estimated by the College at seven percent of its annual budget, has become a serious problem for the College and is a major contributor to the current fiscal crisis. The College has contracted with a third party to assist in dealing with the current debt services as well as with a well-respected retired chief business officer who is assisting in its efforts to reduce the impact of this debt on the College's operating budget. The College has a well thought out plan to refinance its debt to reduce its annual obligation to a level that can be funded from its current operating budget. (Standard III.D.3.e)

The College does not provide student loans. (Standard III.D.3.f)

Contractual agreements are consistent with the mission and goals of the College. Policies and procedures regarding contracts are developed and implemented in compliance with the appropriate state codes. Contractual agreements are monitored by the office or department that issued the contract as well as the chief business officer. A review of the contract with the Industrial Emergency Council (IEC) for instructional services indicates the care taken to protect the integrity of the College and the instructional programs. (Standard III.D.3.g)

The College regularly evaluates its financial management processes through the use of program review, annual audits, and the oversight of the budget and other committees. The College utilized the services of a respected retired chief business officer to oversee the review of its management processes and suggest improvements. The recent review of the budget development process and its linkage to program review is an example of the ongoing evaluation of the College's financial processes. (Standard III.D.3.h)

## **Conclusion**

The College, through its success in annually balancing its budget and maintaining its reserves by making difficult operational and staffing decisions, currently meets this Standard. However, long-term sustainability is threatened by its inability to restore FTES to its base funding level and the issue of refinancing its long-term debt in order to get its annual debt service obligation down to a manageable level supported by its annual operating budget.

The College has made significant improvements to its financial management process since the fiscal crisis came to light in 2011. The current chief business officer has brought a level of transparency and respectability to the College's financial system. The College is to be commended for reaching out to a retired CBO to assist it in bringing its financial management into line with acceptable business practices.

## **Recommendations**

See Recommendation #1.

## **Standard IV – Leadership and Governance**

### **Standard IV.A – Decision-Making Roles and Processes**

#### **General Observations**

Planning and decision-making roles and processes became of great general concern to the College constituencies in the aftermath of the discovery in 2011 of the great financial distress under which the District was operating. In consideration of this discovery, significant changes have occurred. The College has developed planning procedures that include broad-based participation, including well-defined roles for representatives of each of the constituent groups. The established processes are formally described in College planning documents and include pathways for the advancement of initiatives from each of the constituencies for consideration by the College Council. Current planning processes have only recently been engaged and have not yet gone through an evaluation cycle.

#### **Findings and Evidence**

The evidence provided in support of compliance with this Standard includes the development of the College 2013-16 Strategic Plan, including review of the mission, vision and values; the existence of an Institutional Code of Ethics; and organizational and committee structures that encourage and provide for broad-based participation and collegial governance. The self-evaluation narrative presents the strategic plan, the code of ethics, employee evaluation criteria, and organizational structures as evidence of the effort to encourage College wide participation.

The institution provides evidence in the form of strategic plan initiatives, a code of ethics, evaluation criteria and organizational structures that encourage collegial governance in support of compliance with this standard. (Standard IV.A)

The College superintendent/president has established governance processes that provide for broad-based participation. Faculty, staff, administrators and students are encouraged to participate in the governance process and to take action for improvement of the practices, programs, and services in which they are involved. Ideas for improvement that have policy or institution wide implications are advanced utilizing systematic participative processes. (Standard IV.A.1)

Policies and procedures supporting participation in governance activities and defining constituent roles are in place and readily available. Reliance upon the Academic Senate on matters of student learning programs and other educational matters is articulated in board policy. (Standard IV.A.2)

Policy and procedures are in place clearly defining faculty and administrator roles in institutional governance. In addition, students and staff have well-defined mechanisms for providing input into institutional decisions. Processes for establishment of full-time faculty positions have not been followed in all instances, particularly with respect to the three most recent full-time faculty hires. (Standard IV.A.2.a)

Faculty roles and responsibilities are clearly articulated and functional with respect to development and implementation of SLOs, program reviews and curriculum development. The collective bargaining agreement contains language in the Professional Development Self-Disclosure Statement regarding the regular assessment of student learning outcomes. In addition, the Administrative Evaluation: Overall Assessment document, also contained in the current collective bargaining agreement, provides for administrative verification of this requirement. (Standard IV.A.2.b)

The Board of Trustees provides ample opportunity during regularly scheduled meetings for faculty, students and staff to provide input directly. Meeting time is devoted to constituent group reports as well as a public comment section. In addition, the integrated strategic plan invites participatory governance in planning and decision making of the institution. Members of the Board must be mindful of their role with respect to policy and avoid involvement in operational details that should be delegated to the Superintendent/President. (Standard IV.A.3)

The College uncovered and experienced significant financial difficulties in 2011. This resulted in a significant response including changes in senior administration, encouragement of early retirement, voluntary employee separation, significant reductions in expenditures, and the reassignment of student services personnel. These circumstances have been fully disclosed. The ability of the College to fulfill its commitment to accreditation standards, policies and guidelines must be continually assessed in light of the significant “belt tightening” that has been required by its financial distress. (Standard IV.A.4)

The standard requires the College to regularly evaluate its governance and decision making processes. In response, the self-evaluation articulates program review, the accreditation process, administrator job evaluation processes, student and staff satisfaction surveys, periodic updates of policies related to collegiality, and periodic updates of the integrated strategic plan as action in support of this requirement. Evaluation on a regular and ongoing basis of the effectiveness of the organizational structures that have been established will be required in order to continue the progress that has been demonstrated in addressing institutional issues. (Standard IV.A.5)

## **Conclusion**

The College meets this Standard. The team suggests that the College increase its efforts to inform all constituencies about the processes that have been established and about the institutional expectation that these processes be implemented to address issues of significance.

## **Recommendations**

None

## **Standard IV – Institutional Mission and Effectiveness**

### **Standard IV.B – Board and Administrative Organization**

#### **General Observations**

Evidence of compliance with the standard is readily available. Board policy and procedures are in place and appropriately delegate authority and provide guidance to the institution. The organizational structure is contained in a variety of institutional documents, including board policy and the strategic plan. Collegial governance structures are in place and are utilized to address institutional issues.

#### **Findings and Evidence**

The College can document compliance with this standard through its policies and procedures articulating the authority of the Board, its role as an independent policy-making body, the appropriate delegation of authority to the Superintendent/President, and annual self evaluation by Board members. (Standard IV.B.1)

The Board acts as an independent body serving in the public's interest in accord with appropriate standards of conduct. The Board has established in board policy and adheres to standards of ethical conduct. (Standard IV.B.1.a)

The Board adopted the College mission statement and incorporated the statement as part of its policies. The Board has delegated appropriate authority to the Academic Senate to assure the integrity of its programs. An ongoing review of the ability of the Board to provide adequate resources to support college programs will be necessary in light of the financial distress the institution has experienced. (Standard IV.B.1.b)

The Board consults collegially with the Academic Senate on academic and professional matters, but appropriately retains ultimate responsibility for the integrity of its programs. The Board is authorized through its policies to retain legal counsel as required in fulfillment of its obligations. (Standard IV.B.1.c)

Board bylaws and policies are published on the College website. These bylaws and policies contain specifics related to Board membership, duties, responsibilities, structure and operating procedures. (Standard IV.B.1.d)

The evidence indicates that the Board generally acts in accord with its adopted policies and bylaws including annual self-evaluations. To improve effectiveness, the Board should include a process of evaluation of the effectiveness of its policies and procedures, including the opportunity for constituent representatives to be involved in the evaluation process. (Standard IV.B.1.e)

A review of board policy and administrative procedures indicates an apparent conflict. Whereas AP 7250-0 indicates that the Board may interview all final candidates for administrative positions, BP 2430 addresses appropriate delegation of authority to the Superintendent/President. The practice of Board members meeting informally with or

interviewing finalists for administrative positions other than the Superintendent/President is not consistent with an appropriate delegation of authority. (Standard IV.B.1.e)

Board policy exists that directly addresses Board development. The Superintendent/President is responsible for maintaining, updating and providing new members with a Board Professional Development Binder. (Standard IV.B.1.f)

Board members engage in a self-assessment of their performance once each year in accordance with Board Policy (BP) 2745. (Standard IV.B.1.g)

The Board has established and published its code of ethics that includes defined policy for addressing behavior that violates this code. (Standard IV.B.1.h)

The Board is fully informed of and involved with the accreditation process. A variety of evidence supports this assertion including review of Board meeting minutes and interviews with three of the Board members. (Standard IV.B.1.i)

Board policy and administrative procedures contain provisions establishing the Board's authority to select and evaluate the District's chief administrator. Full authority is delegated to this individual to implement and administer board policies without undue influence from the Board. A review of all board policies should be conducted to ensure there is no conflict with this delegation of authority. (Standard IV.B.1.j)

Authority is delegated by the Board to the superintendent/president to fulfill duties and responsibilities supportive of the obligation to enhance the quality of the institution. Participation as the chair of significant planning and governance bodies, as well as involvement in a variety of aspects of internal and external institutional activities, provide the superintendent/president the knowledge necessary to effectively lead the organization. (Standard IV.B.2)

The superintendent/president operates within a supportive management structure that includes a chief instructional/student services officer, a chief business officer, a director of human resources, and a director of information technology. (Standard IV.B.2.a)

The superintendent/president operates within a structure of collegial governance that is inclusive of broad-based participation. A faculty member serves as the researcher for the institution and also serves as the accreditation liaison officer (ALO). (Standard IV.B.2.b)

The chief business officer (CBO) chairs the Budget Committee. Incorporation of information related to "Snap Shot" and regular program reviews has been established. Evaluation of the effectiveness of this planning and budgeting model will occur upon the completion of the next cycle of allocations planned for this spring. (Standard IV.B.2.b)

The superintendent/president engages in activities that provide information about new and anticipated regulatory or policy developments. This information is shared with members of the Board and the Administrative Council. In addition, the superintendent/president maintains a high level of accessibility to faculty, staff and administrators in both formal and

informal settings. The College Council serves as the primary forum for the sharing of information related to operations. (Standard IV.B.2.c)

The superintendent/president reviews monthly expenditures and cash flow statements; participates in the collective bargaining process; approves purchases, travel requests, contracts and other agreements; and reviews the independent auditor's reports. The College's significant debt remains a concern that will require ongoing attention. (Standard IV.B.2.d)

The superintendent/president is actively engaged in community relations as evidenced by membership in local civic organizations and participation in a variety of community activities. (Standard IV.B.2.e)

### **Conclusion**

The College meets this Standard. Evaluation on a regular and ongoing basis of the effectiveness of the organizational structures that have been established will be required in order to continue the progress that has been demonstrated in addressing institutional issues. This evaluation process must also include ongoing monitoring of the recovery plan developed by the College subsequent to the financial crisis discovered in 2011.

### **Recommendations**

None