

Peer Review Team Report

Palo Verde College
One College Drive
Blythe, CA 92225

This report represents the findings of the peer review team that visited
Palo Verde College from March 2 - 5, 2020.

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Team Chair

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**Palo Verde College
Comprehensive Evaluation Visit**

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Summary of Evaluation Report

INSTITUTION: Palo Verde College

DATES OF VISIT: March 2 – 5, 2020

TEAM CHAIR: Eva Bagg

A ten-member accreditation peer review team visited Palo Verde College (PVC) March 2 to March 5, 2020, for the purpose of determining whether the college continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and USDE regulations. The team evaluated how well the college is achieving its stated purposes, providing recommendations for quality assurance and institutional improvement, and submitting recommendations to the Accrediting Commission for Community and Junior Colleges (ACCJC) regarding the accredited status of the college.

In preparation for the visit, the team chair attended a team chair workshop on December 3, 2019. The team chair and team assistant conducted a pre-visit to the campus on February 3, 2020. During the visit, the chair met with campus leadership and key personnel. The entire peer review team received team training provided by staff from ACCJC on February 5, 2020.

The peer review team received the college's self-evaluation documents (ISER) and supporting evidence several weeks prior to the site visit. Team members found the ISER to be a comprehensive, well written document detailing the processes used by the college to address Eligibility Requirements, Commission Standards, and Commission Policies, although some critical evidence was not made available until the site visit due to storage of assessment data in files available only from within the college's network. The team confirmed that the ISER was developed through broad participation by the entire college community including faculty, staff, students, and administration. The team found that the college provided an accurate picture of the college through the ISER which contained several self-identified action plans for institutional improvement. The college also prepared a Quality Focus Essay (QFE), for which the team has provided comments.

Prior to the visit, team members completed their team assignments, identified areas for further investigation, and provided lists of interview requests and specific evidence that was not provided as part of the ISER. On March 2, team members spent the morning discussing their initial observations drawn from the ISER and supporting evidence. Palo Verde College hosted an introduction reception the afternoon of March 2, 2020.

During the visit, team members met with approximately 40 students, faculty, classified staff and administrators in formal meetings, group interviews, and individual interviews. Team members also met with representatives from the Palo Verde Community College District Board of Trustees. Some team members made informal observations of campus activities. Two open forums provided college stake holders and community members an opportunity to meet with members of the evaluation team. These well-attended open forums had representation from

faculty and staff, including staff who were video-conferenced to main campus from the Needles Center.

The team found the college well prepared for the team visit and the team felt welcomed by the entire campus community. For some standards, the team experienced some difficulty obtaining the evidence required due to apparent misunderstanding about precisely what the team needed to assess compliance with those standards. Aside from this, the outstanding support provided to the team during its visit was acknowledged by the entire team.

The team noted the college's exceptionally unified and dedicated commitment to serving a highly distinctive student population and its extraordinary efforts to continuously improve the processes and practices that it employs to serve these students and to expand its correspondence education program to serve an even broader reach of incarcerated students. The team found that the college satisfies all Standards, except where noted in the recommendations section, Eligibility Requirements, Commission Policies and USDE regulations.

In addition to the commendation noted in this report, the team recognized the college's highly inclusive approach to its local community and for being proactive in building relationships with and in support of its educational and community partners.

Major Findings and Recommendations of the 2020 Peer Review Team

Team Commendations

Commendation 1: The team commends the institution for fulfilling its mission by innovatively aligning its education programs and support services to meet the needs of its distinctive student population (I.A.3).

Team Recommendations

Recommendations to Meet Standards:

Recommendation 1: In order to meet the Commission's policy, the team recommends the institution widely communicate its formal student grievance process so that all students are aware of their rights and responsibilities (Policy on Student and Public Complaints Against Institutions).

Recommendation 2: In order to meet the Commission's policy, the team recommends the institution establish a policy defining regular and substantive instructor-initiated contact with students for Distance Education courses. The college must provide professional development opportunities for faculty teaching online to ensure Distance Education courses include regular and substantive instructor-student interaction (Policy on Distance Education and Correspondence Education).

Recommendation 3: In order to meet the standard, the team recommends the institution regularly assess student learning outcomes for course, program and institutional levels and use assessment data to support student learning and achievement (I.B.2. I.B.4, II.A.3).

Recommendation 4: In order to meet the standard, the team recommends the institution consistently use institution-set standard data to address student achievement gaps (I.B.3).

Recommendation 5: In order to meet the standard, the team recommends the institution assess accomplishment of its mission through program review by consistently and systematically evaluating programs and services (I.B.5, II.A.2, II.C.1).

Introduction

Palo Verde College is located in the agricultural Palo Verde Valley of southeastern California. In 1947, the college opened to fewer than 20 students as part of the Palo Verde Unified School District. At that time, the college occupied a former Army Air Corps training base, Morton Air Academy, located six miles from the center of Blythe. In 1950, college enrollment grew to 150 students, and by the end of that decade, the college moved to a former high school located on East Hobsonway. In 1967, with almost 500 students, the college relocated to a new campus at the corner of Lovekin Boulevard and Chanslorway. In 1973, the college separated from the Palo Verde Unified School District to establish the Palo Verde College District, with its own five-member Board of Trustees.

By 1999, the district service area expanded to include part of San Bernardino County and the City of Needles; two trustees were added to represent the San Bernardino County territory. Instruction in Needles started at the high school, and by 2009, a Needles Center, operating in the renovated Claypool Building, was officially recognized as an educational center. Approximately 100 students enroll at this center.

In 2001, the main campus moved to its current location on the mesa overlooking the City of Blythe. At this time, the college began a partnership with two local state prisons, Chuckawalla and Ironwood, located about 20 miles west of the Blythe campus, to offer correspondence courses to incarcerated students. Due to inmates' transfer from prisons in Blythe to other locations, the college has responded over the past nineteen years by expanding its correspondence program to students at twenty-five other California Department of Corrections facilities. To this day, the college continues to embrace the challenges of serving the needs of this unique population of students.

At the main campus in Blythe, the college opened the Technology Building in fall 2007, the Physical Education Complex in 2008, and the Fine and Performing Arts Center in 2012. In 2014, voters approved Measure P, a \$12.5 million district bond that provided greater fiscal stability for the college. In 2019, the college launched an intercollegiate athletics program, the first for the college in numerous years. A Veterans Support Center and Student Success Center were also added to the Blythe campus in 2019.

Eligibility Requirements

1. Authority

Palo Verde College is authorized by the California Community College Board of Governors to operate as a post-secondary educational institution and to award degrees as required by the jurisdiction in which it operates. The college is accredited by the Accrediting Commission for Community and Junior Colleges (ACCJC) and maintains continuous accredited status without sanction. Governance of the college resides with the Palo Verde Community College District Board of Trustees.

Conclusion: The college meets ER1.

2. Operational Status

The institution is operational, with students actively pursuing its degree and certificate programs.

Conclusion: The college meets ER2.

3. Degrees

A substantial portion of the college's educational offerings are programs that lead to degrees that are of two academic years in length, and a significant proportion of its students are enrolled in them.

Conclusion: The college meets ER3.

4. Chief Executive Officer

Dr. Donald G. Wallace, Superintendent-President, serves as the chief executive officer of Palo Verde College. The Palo Verde Community College District Board of Trustees delegates to the Superintendent-President the executive responsibility for administering the policies adopted by the Board and executing all decisions of the Board that require administrative action.

Conclusion: The college meets ER4.

5. Financial Accountability

The college engages an external certified public account to conduct annual financial audits. Evaluation of compliance with state and federal requirements is part of the annual audit process. It was confirmed that annual audit reports are presented to and accepted by the governing board, submitted to appropriate public agencies, and made available on the college's website.

Conclusion: The college meets ER5.

Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies

The evaluation items detailed in this Checklist are those which fall specifically under federal regulations and related Commission policies, beyond what is articulated in the Accreditation Standards; other evaluation items under ACCJC standards may address the same or similar subject matter. The peer review team evaluated the institution's compliance with Standards as well as the specific Checklist elements from federal regulations and related Commission policies noted here.

Public Notification of an Evaluation Team Visit and Third Party Comment

Evaluation Items:

<input checked="" type="checkbox"/>	The institution has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive evaluation visit.
<input checked="" type="checkbox"/>	The institution cooperates with the evaluation team in any necessary follow-up related to the third party comment.
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the <i>Commission Policy on Rights and Responsibilities of the Commission and Member Institutions</i> as to third party comment.

[Regulation citation: 602.23(b).]

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative

Notification of the accreditation team visit was posted on the college Accreditation website on September 12, 2019, which meets the requirement for providing notice of an accreditation visit to the public six months before the visit. The completed ISER was posted to the college website on December 13, 2019 for public review and comment. The link to the ACCJC Third-Party Comment form was also posted to the college website:
<http://www.paloverde.edu/accreditation/default.aspx>

The team was informed of no third party comments related to this visit.

Standards and Performance with Respect to Student Achievement

Evaluation Items:

<input checked="" type="checkbox"/>	The institution has defined elements of student achievement performance across the institution, and has identified the expected measure of performance within each defined element. Course completion is included as one of these elements of student achievement. Other elements of student achievement performance for measurement have been determined as appropriate to the institution's mission. (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards)
<input checked="" type="checkbox"/>	The institution has defined elements of student achievement performance within each instructional program, and has identified the expected measure of performance within each defined element. The defined elements include, but are not limited to, job placement rates for program completers, and for programs in fields where licensure is required, the licensure examination passage rates for program completers. (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards)
<input checked="" type="checkbox"/>	The institution-set standards for programs and across the institution are relevant to guide self-evaluation and institutional improvement; the defined elements and expected performance levels are appropriate within higher education; the results are reported regularly across the campus; and the definition of elements and results are used in program-level and institution-wide planning to evaluate how well the institution fulfills its mission, to determine needed changes, to allocating resources, and to make improvements. (Standard I.B.3, Standard I.B.9)
<input type="checkbox"/>	The institution analyzes its performance as to the institution-set standards and as to student achievement, and takes appropriate measures in areas where its performance is not at the expected level. (Standard I.B.4)

[Regulation citations: 602.16(a)(1)(i); 602.17(f); 602.19 (a-e).]

Conclusion Check-Off (mark one):

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

The team verified that the college has developed relevant Institution-Set Standards for mandated elements of student achievement performance, and reports show data comparing actual college performance to those Institution-Set Standards. However, the team did not find evidence of a

systematic process to initiate improvement plans when performance results drop below the identified standard. The team suggests that the college formalize responsibility for following up on results of the Institution-Set Standards to ensure that the college identify steps to take to remedy any noted deficiencies.

Credits, Program Length, and Tuition

Evaluation Items:

<input checked="" type="checkbox"/>	Credit hour assignments and degree program lengths are within the range of good practice in higher education (in policy and procedure). (Standard II.A.9)
<input checked="" type="checkbox"/>	The assignment of credit hours and degree program lengths is verified by the institution, and is reliable and accurate across classroom based courses, laboratory classes, distance education classes, and for courses that involve clinical practice (if applicable to the institution). (Standard II.A.9)
<input checked="" type="checkbox"/>	Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition). (Standard I.C.2)
<input checked="" type="checkbox"/>	Any clock hour conversions to credit hours adhere to the Department of Education's conversion formula, both in policy and procedure, and in practice. (Standard II.A.9)
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Institutional Degrees and Credits</i> .

[Regulation citations: 600.2 (definition of credit hour); 602.16(a)(1)(viii); 602.24(e), (f); 668.2; 668.9.]

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

Palo Verde College awards academic credits based on generally accepted practices for degree-granting institutions of higher education. The Course Outlines of Record, degrees, and certificates are reviewed by the Curriculum Committee, under the direction of the Academic Senate, to ensure that the credit hours and units comply with the regulations set forth in the California Community Colleges Chancellor's Office Program and Course Approval Handbook. The college has in place written policies and procedures for determining a credit hour that meet accepted academic expectations. Tuition is clear and consistent across all degree programs.

Transfer Policies

Evaluation Items:

<input checked="" type="checkbox"/>	Transfer policies are appropriately disclosed to students and to the public. (Standard II.A.10)
<input checked="" type="checkbox"/>	Policies contain information about the criteria the institution uses to accept credits for transfer. (Standard II.A.10)
<input checked="" type="checkbox"/>	The institution complies with the Commission <i>Policy on Transfer of Credit</i> .

[Regulation citations: 602.16(a)(1)(viii); 602.17(a)(3); 602.24(e); 668.43(a)(ii).]

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

Transfer policies for Palo Verde College are appropriately disclosed and available to students on the college website and other locations. The information contained in the policies explains transfer requirements to 4-year public and private colleges and universities. The transfer policies comply with the Commission Policy on Transfer of Credit.

Distance Education and Correspondence Education

Evaluation Items:

For Distance Education:	
<input type="checkbox"/>	The institution demonstrates regular and substantive interaction between students and the instructor.
<input checked="" type="checkbox"/>	The institution demonstrates comparable learning support services and student support services for distance education students. (Standards II.B.1, II.C.1)
<input checked="" type="checkbox"/>	The institution verifies that the student who registers in a distance education program is the same person who participates every time and completes the course or program and receives the academic credit.
For Correspondence Education:	
<input checked="" type="checkbox"/>	The institution demonstrates comparable learning support services and student support services for correspondence education students. (Standards II.B.1, II.C.1)
<input checked="" type="checkbox"/>	The institution verifies that the student who registers in a correspondence education program is the same person who participates every time and completes the course or program and receives the academic credit.
Overall:	
<input checked="" type="checkbox"/>	The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings. (Standard III.C.1)
<input type="checkbox"/>	The institution demonstrates compliance with the <i>Commission Policy on Distance Education and Correspondence Education</i> .

[Regulation citations: 602.16(a)(1)(iv), (vi); 602.17(g); 668.38.]

Conclusion Check-Off (mark one):

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and found the Institution does not meet the Commission's requirements.
<input type="checkbox"/>	The college does not offer Distance Education or Correspondence Education.

Narrative:

The college offers ten or fewer distance education courses per term. Student authentication is addressed through password protected logins. The prisons where correspondence education is offered have appropriate policies in place for student authentication. The team found sufficient

evidence indicating that the processes in place offer comparable services to students in the correspondence education program. In a discussion with the division chairs and faculty leadership and a separate conversation with the administration, the team noted that the college does not have established standards for “regular and effective contact” for online courses. In general, the distance education courses that were reviewed by the team varied considerably and did not consistently meet the requirements for federal compliance regulation 602.17(g), meaning, several courses did not meet the minimum expectations for regular and substantive contact. Administrative Procedure 4105 (Distance Education) states, “Professor Contact: Each section of the course that is delivered through distance education will include regular and effective contact between the professor and students,” but does not clarify the expectations for “regular and effective contact.”

Student Complaints

Evaluation Items:

<input checked="" type="checkbox"/>	The institution has clear policies and procedures for handling student complaints, and the current policies and procedures are accessible to students in the college catalog and online.
<input type="checkbox"/>	The student complaint files for the previous seven years (since the last comprehensive evaluation) are available; the files demonstrate accurate implementation of the complaint policies and procedures.
<input type="checkbox"/>	The team analysis of the student complaint files identifies any issues that may be indicative of the institution's noncompliance with any Accreditation Standards.
<input checked="" type="checkbox"/>	The institution posts on its website the names of associations, agencies and governmental bodies that accredit, approve, or license the institution and any of its programs, and provides contact information for filing complaints with such entities. (Standard I.C.1)
<input type="checkbox"/>	The institution demonstrates compliance with the <i>Commission Policy on Representation of Accredited Status</i> and the <i>Policy on Student and Public Complaints Against Institutions</i> .

[Regulation citations: 602.16(a)(1)(ix); 668.43.]

Conclusion Check-Off (mark one):

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

The college catalog and website provide in-person and online students clear policies and procedures for complaints, guided by Board Policy and Administrative Procedure 5530. The team found that incarcerated students do not have access to the college website. The team was unable to confirm that these students are receiving information regarding their rights and due process. The college is working towards providing this information, including the Student Grievance Form, to all incarcerated students.

The team found that when student complaints/grievances are submitted to the Office of the Vice President of Instruction and Student Services according to the college's process, the office receives the information but does not have a system in place to document and track the concerns. The college was unable to produce evidence that student complaint files are stored and

documented for seven years. The college is working towards putting systems in place to ensure student complaint files are stored and tracked appropriately.

Institutional Disclosure and Advertising and Recruitment Materials

Evaluation Items:

<input checked="" type="checkbox"/>	The institution provides accurate, timely (current), and appropriately detailed information to students and the public about its programs, locations, and policies. (Standard I.C.2)
<input checked="" type="checkbox"/>	The institution complies with the Commission <i>Policy on Institutional Advertising, Student Recruitment, and Policy on Representation of Accredited Status</i> .
<input checked="" type="checkbox"/>	The institution provides required information concerning its accredited status.(Standard I.C.12)

[Regulation citations: 602.16(a)(1)(vii); 668.6.]

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

The college makes known its accreditation status and provides essential information about its educational programs and support services through the website and the College Catalog.

Title IV Compliance

Evaluation Items:

<input checked="" type="checkbox"/>	The institution has presented evidence on the required components of the Title IV Program, including findings from any audits and program or other review activities by the USDE. (Standard III.D.15)
<input type="checkbox"/>	If applicable, the institution has addressed any issues raised by the USDE as to financial responsibility requirements, program record-keeping, etc. If issues were not timely addressed, the institution demonstrates it has the fiscal and administrative capacity to timely address issues in the future and to retain compliance with Title IV program requirements. (Standard III.D.15)
<input type="checkbox"/>	If applicable, the institution’s student loan default rates are within the acceptable range defined by the USDE. Remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range. (Standard III.D.15)
<input checked="" type="checkbox"/>	If applicable, contractual relationships of the institution to offer or receive educational, library, and support services meet the Accreditation Standards and have been approved by the Commission through substantive change if required. (Standard III.D.16)
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Contractual Relationships with Non-Regionally Accredited Organizations</i> and the <i>Policy on Institutional Compliance with Title IV</i> .

[Regulation citations: 602.16(a)(1)(v); 602.16(a)(1)(x); 602.19(b); 668.5; 668.15; 668.16; 668.71 et seq.]

Conclusion Check-Off:

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

The college engages an external certified public accountant to conduct annual financial audits. Evaluation of compliance with state and federal requirements is part of the annual audit process.

The team confirmed that annual audit reports are presented to and accepted by the governing board, submitted to appropriate public agencies, and made available on the college’s website.

Standard I

Mission, Academic Quality and Institutional Effectiveness

I.A. Mission

General Observations:

The College's ISER and the evidence examined by the team depict an institution with a strong commitment to its mission that has shaped its programs and services in distinctive ways. The mission statement undergoes periodic review and is widely published and posted across the campus. The program review process includes multiple levels of review with achievement data and results from assessment of student learning shared with internal constituencies, presented to the Board of Trustees, and published on the college website. Ongoing review of processes has brought about enhancements to program review as the college seeks to further integrate data into planning and decision-making processes.

Findings and Evidence:

The mission statement, which was revised in 2019, specifies the college's purpose as the personal and professional growth of its students, and identifies the student goals it addresses, including basic skills, career preparation, degree and certificate achievement, and transfer. Consistent with its mission, the college offers a purposeful mix of programs and services that meet the educational needs of residents of the district. Alignment of programs and services with the mission statement is reflected in Program Review and in the 2017-20 Strategic Plan (I.A.1).

The mission exemplifies the college's dedication to serving several distinct populations, including incarcerated students, firefighters, and traditional community college students, and the commitment to student equity to support all these students. The commitment to this mission is lived out through the design of programs and services and the integration of correspondence instruction into the curriculum, which is offered primarily for the benefit of incarcerated students. This program was initiated with two local corrections facilities and has greatly expanded the college's enrollment, serving over 1400 individuals housed there as well as reaching an additional 1500 students at institutions across the state. The Quality Focus Essay recognizes correspondence education for the inmate populations as an area where further innovation and improvement can support the college's mission.

The college's Integrated Planning Manual (2015) lays out the relationship between planning, budgeting, and assessment. Interviews with faculty division chairs and administrators articulated the connection between program review and the resource allocation process. The college's 2017-20 Strategic Plan defined goals, strategies, and tasks prioritized by the college for that time frame. Strategies and objectives in the plan are referenced in program review reports in support of mission attainment. Assessment of student learning outcomes and program learning outcomes

is also cited as evidence that the college gathers data to determine how effectively the college meets the educational needs of its students (I.A.2).

Program Review requires each program to provide an update of progress made on prior goals and new goals for the program, which must be tied to the college goals. The Program Review Guide clearly prompts for statements that demonstrate how program goals support the college mission. The team verified that extensive linkages between the purpose of programs and the mission of the college are well documented in individual program reviews.

At the level of college programs as well as at the institutional level, the team observed that across the college there is cohesive and concerted focus through planning, evaluation, and resource allocations to instructional and support services to a growing and increasingly dispersed population of incarcerated students at two local prisons and another seventeen at different California Department of Corrections facilities. The team noted through document review, interviews, and open forums during the site visit, that correspondence education is a key element of the college's identity and implementation of its mission. Continuous improvements have been realized through the efforts of many different college departments. For example, the process for the distribution of research materials and for providing peer tutoring and proctoring services has been modified to better serve incarcerated students. Applications and course registrations are processed via mail in the Admissions and Records Department. Student course work and faculty feedback on that work is physically transported between the prisons and the college through a highly elaborate and labor-intensive mail delivery system that has been continuously refined for efficiency and effectiveness. Support services' representatives from programs such as EOPS are sent regularly throughout the semester to meet with incarcerated students individually to discuss their academic progress and student educational plans. The challenges presented by the limitations that prison facility restrictions place on contact and communication with incarcerated students are significant, but the staff and faculty of Palo Verde College have clearly demonstrated an extraordinary commitment to its mission by leveraging college processes of evaluation and improvement and resources toward ensuring that the needs of this special student population are met to every extent possible (I.A.3).

The mission statement is published on the college website and in the College Catalog and is an integral part of planning documents. Board Policy 1200 requires that the mission statement be evaluated and revised on a regular basis. Records of Board meetings document that this review has occurred approximately every three years since the early 2000s. The mission statement was last revised and approved by the Board of Trustees on February 12, 2019. The revision process included input from the community through an online survey (I.A.4, ER 6).

Conclusions:

The college meets Standard I.A and related Eligibility Requirements.

Commendation 1: The team commends the institution for fulfilling its mission by innovatively aligning its education programs and support services to meet the needs of its distinctive student population (I.A.3).

I.B. Assuring Academic Quality and Institutional Effectiveness

General Observations:

The team observed that the college's institutional processes support ongoing dialog about issues of academic quality and institutional effectiveness. To a large extent, instructional programs demonstrate a high degree of engagement in a comprehensive Program Review process with broadly shared results. Recent changes have been made for non-instructional areas that are intended to ultimately improve the process but are still in a transition phase. The connection among planning, program review, and resource allocation processes is well-understood, and the team found examples illustrating how needs for human, physical, technological, and financial resources were articulated, justified, and addressed.

Findings and Evidence:

The team found evidence of extensive engagement in dialog relating to both Program Review and course and program SLO/SAO assessments. The newly instituted (Fall 2019) annual snapshot reports supplement the four-year Program Review cycle for academic divisions. These snapshots include student course completion data disaggregated by several student groups identified as a focus of equity efforts, including gender, ethnicity, veteran status, students with disabilities, and inmates. Programs are asked for the most significant findings, as well as conclusions and next steps. A review of Flex Day agendas for the past five years shows that faculty dialog has taken place on a number of issues that relate to academic quality: student equity issues, guided pathways, SLO assessment, and faculty evaluations.

Engagement with data about student outcomes and academic quality is embedded in the program review process. The Program Review Guide provides templates for topics to be addressed (purpose, students served, accomplishments and goals, etc.). Through interviews with faculty, the team confirmed that faculty engage in extensive discussions about student outcomes and academic quality in department and division meetings, and the reports reflect this dialog, though formal meeting notes are not kept. The Program Review Committee provides feedback to each program submitting information, and faculty interviewed by the team described their expectation to receive substantive feedback, an additional source of collegial dialog. The snapshot reports seem to have been developed as an improvement effort to share program review information, promote awareness of equity issues, and streamline the budget request process, but they were added recently, and it is too soon to observe any feedback cycles (I.B.1).

Student learning outcomes are assessed within instructional programs at the course and program levels. Course SLO assessments are scheduled on a 4-year cycle; the results are compiled and mapped to assess attainment of program SLOs. Documentation of SLO reports was difficult to access and was inconsistent. Faculty that were interviewed were able to explain the assessment cycle, how results were used, and how assessments were documented, but the observable documentation indicates that this is not consistent for all instructional programs and student and learning support services. Recent changes have been instituted for learning support program review processes that shift these programs from a four-year to an annual cycle. Templates have been revised to incorporate terminology that is more reflective of the types of outcomes aligned with student services areas. College personnel reported that these changes were initiated to help

make the process more meaningful to non-instructional areas. As the first areas are completing the new process this year, it has yet to be fully institutionalized, and interviews revealed some possible gaps regarding consultation with student services areas in the development of the new approach. The team also observed that the completed reports available do not align with the published schedule; multiple program reports were out of date (I.B.2, ER 11).

The team reviewed data on the Institution-Set Standards as published in the ACCJC Annual Report. Until 2017, the college used the IEPI Indicators compiled by the California Community College Chancellor's Office as the framework for the Institution-Set Standards; as these are no longer being updated in favor of new state metrics, the college has been producing data locally. Standards are defined for student achievement (course completion, certificates and degrees earned) and post-enrollment outcomes (transfer, licensure examination, and job placement for CTE completers). The Vice President for Instruction and Student Services, with support from the Director for Institutional Research, is making data on student achievement more accessible and supportive to organizational units and governance groups to engage in more regular and substantive discussions of data. The team did not find evidence of a systematic process to initiate improvement plans when performance results drop below the identified standard. The team suggests that the college formalize responsibility for following up on results of the Institution-Set Standards (I.B.3, ER 11).

The college has published an Integrated Planning Manual documenting how institutional planning and assessment processes work together to support student learning and achievement. The main process for reporting the assessment of student learning at the course and program level is through Program Review, which is scheduled to be completed every four years for academic programs and annually for Learning Support Programs. The process includes both SLO/PLO assessment, assessment of student achievement outcomes (completion and retention rates, degrees and certificates earned) and the evaluation of past goals. The Annual Snapshot implemented for Academic Programs in Fall 2019 includes information about actions undertaken as the result of SLO/PLO assessment. As noted above, faculty that were interviewed were able to articulate the assessment cycle, how results were used, and how assessments were documented, but the observable documentation revealed inconsistency in alignment between completed reports and the published schedule. Documentation such as the Program Review Guide has not been updated to reflect recent revisions. Given the college's reliance on Program Review for gathering and using assessment data, these gaps affect the institution's capacity to use assessment data in support of student learning and achievement. (I.B.4, ER 11).

Program review reports also examine retention and successful completion rates by instructional modality (face-to-face, correspondence, and online). Completion rates are assessed against the Institution-Set Standards. Programs are also requested to comment on 4-year degree/certificate completions, 3-year enrollment trends, and program expenditures (budgeted vs. actual). As of Fall 2019, an annual "Snapshot" was introduced in Academic Programs to focus on completion data by groups (gender, ethnicity, inmate, disabled, foster youth, and veterans), resource requests, and improvements made based on SLO assessments. At the same time, the Program Review process for learning support services was changed to require an annual report be submitted. The team found that available evidence of completed Program Review reports did not follow the published schedule, without an established process to follow up with those areas that

have fallen behind. Recent changes in the cycle and process made it difficult to determine whether there was a shared understanding of expectations that would support consistent and regular assessment (I.B.5).

In the Program Review, divisions are asked to describe their student population, including any special populations served. Depending on the program, this may include students who are incarcerated and other students needing additional support, including first-generation college students, displaced workers, high school dropouts, and unemployed/underemployed individuals. They are also asked to identify other populations they should be serving and any plans to serve these students. The open-ended nature of this prompt results in a range of strategies to address student needs, which included the development of a Summer Bridge Program, professional development plans, and outreach efforts.

Disaggregation of student achievement data by instructional modality is an established practice in recognition of the high proportion of instruction delivered via correspondence education. The new annual snapshots include course completion data disaggregated by student characteristics. Recent efforts coordinated by the Director of Student Success and Equity have supported a variety of strategies to address student achievement gaps including establishment of a student success lab, summer bridge programs for incoming students, and workshops to assist students on academic probation (I.B.6).

The team found evidence that the college regularly evaluates its policies and practices across all areas of the institution. The Integrated Planning Manual provides a model by which board policies, administrative procedures, resource management, instructional and student support programs are all included within a comprehensive framework of planning and evaluation. Governance committees have ownership to develop and evaluate the plans and associated policies and practices embedded in those plans. The team confirmed this for the Budget and Planning Committee. Similarly, instructional and student support programs as well as administrative departments all conduct evaluation of policies and practices followed within their specific units through the process of Program Review. One example, is the modification of criteria used by the Disabled Student Programs and Services (DSPS) unit to expand services to more students whose learning disabilities fall within the modified set of eligibility criteria (I.B.7).

The team found that assessment and evaluation activities are broadly communicated. Key performance indicators are updated annually and posted on the Institutional Effectiveness website. Assessment outcome information is shared through Program Review and the Annual Institutional Effectiveness reports. Planning documents, other than the Comprehensive Master Plan, include processes but not specific outcomes data. Program review documents are accessible from the Program Review website; in addition, the reports are shared with College Council, and the originators present their findings to the Board of Trustees. Some of these systems and processes are in transition. The team experienced challenges in accessing SLO assessment results from the shared folder system designed to house documentation completed by faculty for course and program assessments. This information will ultimately be moved to eLumen, which has been implemented for curriculum management, but at the time of the visit, the current system did not adequately support sharing of assessment results directly (I.B.8).

The college's Educational Master Plan, with components that address facilities planning and technology planning, provides long-range guidance. These plans were developed with the guidance of a consultant to incorporate internal and external scans, labor market analysis, and opportunities for new programs, initiatives, and facilities. The Educational Master Plan and Technology Plan provide a foundation for operational planning. The Five-Year Capital Outlay Plan, which is submitted to the state every year, provides budgets for immediate construction and maintenance needs.

The Strategic Plan provides a detailed action agenda on a short-term (three to four year) timeline. The Integrated Planning Manual describes the process by which these plans are operationalized through program review activities within individual programs and services. Program Review activities lead to two types of resource requests: the Budget Request, which assumes level funding for ongoing costs, and the Budget Enhancement Request, which provides an opportunity to request new resources for needs identified through Program Review. These requests are submitted each spring following completion of Program Review and are reviewed by a technical workgroup of the Budget Committee. The team found this process to be widely understood.

Planning cycles at the institutional level have had recent revisions that are not yet reflected in the documentation available to the peer review team. The 2015 Integrated Planning Manual states that the College Council serves as the steering committee for strategic planning, and that progress toward implementing the Strategic Plan is reviewed and monitored by the Budget and Planning Committee. The recent restructuring of committees has created a separate Strategic Planning Committee that will be convened by the Superintendent/President to lead the planning process; this group will report to College Council. The Budget and Planning Committee is now focusing on budget and resource allocation, with cycles coordinated to established planning timelines and milestones. A draft summary report of actions taken to address the objectives and strategies in the 2017-20 Strategic Plan was provided but has not yet been presented to College Council. Evidence of intermediate progress reports discussed at all-staff meetings was also shared with the team. Strategic plan goals are embedded in individual Program Review reports as appropriate, also documenting follow-up actions. The Facilities Plan extends through 2030 and is discussed regularly by the Facilities Committee. The VP of Administrative Services reported that the Technology Plan will be updated, most likely in the next year. Documentation, including the Integrated Planning Manual, needs updating to incorporate these revisions to structures and processes (I.B.9, ER 19).

Conclusions:

Recommendation 3: In order to meet the standard, the team recommends the institution regularly assess student learning outcomes for course, program and institutional levels and use assessment data to support student learning and achievement (I.B.2, I.B.4, II.A.3).

Recommendation 4: In order to meet the standard, the team recommends the institution use institution-set standard data to address student achievement gaps (I.B.3).

Recommendation 5: In order to meet the standard, the team recommends the institution assess accomplishment of its mission through program review by consistently and systematically evaluating programs and services (I.B.5, II.A.2, II.C.1).

I.C. Institutional Integrity

General Observations:

Palo Verde College provides accurate and timely information to the public and its students through a variety of print and electronic sources regarding awards, total cost of education, and its commitment to education and learning. The college reviews its policies, procedures and publications on academic freedom, honesty, responsibility and integrity while complying with accreditation standards and external accrediting agencies. Standards 1.C.11, 1.C.14, and parts of 1.C.10 are not relevant to the college.

Findings and Evidence:

The college's Integrated Planning Manual provides the highest level of guidance on how the college conducts regular review of all areas across the institution. Ownership of specific information published in a variety of documents and locations on the college website rests with those departments responsible for producing those documents. The team confirmed that the Curriculum and Catalog Specialist, under the direction of the Associate Dean of Instruction and Student Services, the Dean of Instruction and Student Services, and the Vice President of Instruction and Student Services, solicits input every year at the beginning of the spring semester from all appropriate managers, directors, and faculty to update the College Catalog. Similarly, the Manager of Student Life and Development, under the Direction of the Vice President for Instruction and Student Services, solicits input from appropriate department heads every year in January to update the Student Handbook. In both of these instances, as modifications and updates are being incorporated into the College Catalog and Student Handbook, the review process continues with appropriate constituents reviewing the changes throughout the spring semester until final approval by the Vice President of Instruction and Student Services in May. These processes assure the currency, clarity, accuracy, and integrity of information to students and all college constituents (ER 20, 1.C.1).

The college annually publishes an online version of its catalog, with limited printed copies. The catalog contains the mission statement, requirements for admission, degrees, certificates, transfer information, policies affecting students, all courses and services, and all other "Catalog Requirements" (ER 20, 1.C.2).

Academic programs conduct SLO assessment according to a four-year cycle, with results reported by individual faculty members and then discussed within the Academic Divisions. While not all of the CLO Data Collection worksheets were accessible in the shared folders, summarized results were analyzed in the Program Reviews and team meetings with Division Chairs confirmed the existence of regular dialogue regarding results. Course learning outcomes are mapped to program learning outcomes in the Program Review documents. The schedule of

Program Review reporting and completed Program Reviews and updates are available on the Program Review website. Evaluation of student achievement are provided in the Program Review reports and Annual Institutional Effectiveness Reports, respectively, which are available on the college website (ER 19, 1.C.3).

The College Catalog describes the purpose, course requirements, and Program Learning Outcomes for each degree and certificate (1.C.4).

The Integrated Planning Manual provides the timeline and steps for reviewing and updating the mission statement, comprehensive master plan, program review, the resource allocation process, the strategic plan, college goals, and the overall planning process for the college. The team confirmed that the Integrated Planning Manual specifies, for example, that the mission is to be reviewed every three years, the comprehensive master plan is to undergo comprehensive review on a ten-year cycle, whereas the college's Strategic Plan is updated every four years. Programs now conduct annual reviews that align with the development of resource allocation recommendations every year. The 2015 version of the Manual has been superseded by recent changes (1.C.5).

Information for students regarding the total cost of education, including tuition, fees, and other required expenses, including textbooks, is available on the Financial Aid web page under the title "Standard Student Budgets," in the Catalog, in the class schedule, and in the student handbook/planner (1.C.6).

This information is provided in the Catalog under "Academic Freedom." Board Policy and Administrative Procedure 4030 provide a definition of Academic Freedom for faculty and the duties correlative with rights. Section 1 of Administrative Procedure 4030 addresses academic freedom for students (ER 13, 1.C.7).

BP 3050 provides the institutional code of ethics for all trustees, officers, and personnel of the district. Disciplinary action by the district is stated in BP 3050 as a potential consequence for violation of the college's Institutional Code of Ethics, the Code of Ethics/Standards of Practice for the Board, or the Conflict of Interest Code. The expectations for students are provided in the Catalog under "Student Rights and Responsibilities." In addition, the college affirms the importance of integrity and ethics as one of its college Values (1.C.8).

Faculty responsibility to present information objectively and to acknowledge the existence of and respect for opposing opinions is included in the college's Academic Freedom policy, as presented in the catalog, and in AP 4030 (1.C.9).

The only code of conduct specified by the college is related to ethics, integrity, and academic freedom, as defined in Board Policies and Administrative Procedures. The college does not seek to instill any specific world view or beliefs (1.C.10).

The college does not operate any programs in foreign locations (1.C.11).

The college has responded to the requirements presented by ACCJC in prior accreditation reviews, reports its accreditation status to the public, and complies with all eligibility requirements (ER 21, 1.C.12).

Board Policy and Administrative Process 3200 define the college's obligation to the Accreditation Agencies, with the responsibility for enforcement assigned to the Superintendent/President (1.C.13).

The college does not have a relationship with any external organization or investors that create any conflicts with its commitment to student learning and achievement (1.C.14).

Conclusion

The college meets Standard I.C and related Eligibility Requirements.

Standard II

Student Learning Programs and Support Services

II.A. Instructional Programs

General Observations:

Palo Verde College's instructional programs are aligned with the college's mission and accepted standards for higher education.

There are two noteworthy themes that resonate throughout the ISER that relate to Palo Verde's commitment to its mission and values, namely:

- A commitment to providing opportunities for a diverse community of learners through varied instructional delivery modes.
- A renewed commitment to providing quality instructional programs and services through regular and systematic evaluations using disaggregated data.

The college has policies and formal and informal procedures in place to assess programs and use results to improve services and educational outcomes, but some programs have not completed program reviews or updated learning outcome assessments according to the published schedules.

Findings and Evidence:

Palo Verde College reviews its mission and values on a three-year cycle with recent updates in 2013, 2016, and 2019. The evidence outlined in the ISER, College Catalog, Program Review Guide, Program Reviews, and Annual Snapshots, suggests that regardless of location or delivery mode, the college ensures comparable services and that program offerings are consistent with its mission and appropriate for higher education. General education requirements are outlined in the catalog for associate degrees, and IGETC and CSU-GE certification. Palo Verde College offers twelve associate of arts or science degrees, five associate degrees for transfer, and thirty-four certificates of achievement and proficiency. All courses and programs offered by the college culminate in attainment of identified student learning outcomes, which are documented in program reviews and made available on the college website. The college has established Administrative Procedures (4105, 4105-1, and 4105-2) which specify that each course require separate approval to be offered in distance education, interactive-television, and correspondence modality (II.A.1).

Course Outlines of Record specifically call out information pertaining to instructional delivery modes (addressing expectations for instructor-student contact) and suggests that the college has

established faculty-driven processes to ensure that course content and methods of instruction meet the academic and professional standards and expectation of higher education. The faculty teaching correspondence education to inmate students are provided with training materials and are offered professional development through California Department of Corrections and Rehabilitation (CDCR) orientation sessions, Flex sessions, and peer mentorship. The evaluation team reviewed a sample of correspondence education courses. The team also reviewed the correspondence education manual (Teaching Correspondence Modality) and discussed the specifics of the correspondence education program with the staff. Although the team did not find a current correspondence education program review, correspondence education is addressed in other program reviews and incremental program improvements have been made (II.A.1).

The faculty exercise shared ownership of the curriculum development and review process through the Curriculum Committee and Technical Review Committee as outlined in the Curriculum Guide. Comprehensive program reviews are scheduled on a four-year cycle (two-year cycle for career training program) with recently added annual updates. Outcomes assessment is an integral part of the established program review process and all instructional units have program reviews available on the college website. Despite having detailed processes and procedures, some programs have not recently completed program reviews. For example, the Fire Science Technology program completed a comprehensive review in 2008-2009 with the last update in 2012-2013; the most recent Correspondence Education program review was completed in 2013; 2015 for Nursing; and 2014 for Child Development, Building Construction Technology, Psychology, and Sociology. Learning outcomes assessment tracking is also problematic. The evidence suggests that some program and institutional competencies are discussed in multiple venues (division meetings, College Council, Flex activities, and monthly Board reports) and that the ensuing dialog informs decision-making and improves instructional effectiveness. Part-time faculty are encouraged to attend meetings and Flex activities and they are paid an hourly rate for up to four hours per semester to participate (II.A.2).

The evidence suggests that there is some college-wide discussion about learning outcomes. Course level outcomes are available on the college website, course outline of record, and course syllabi, while program and institution level outcomes are published in the catalog and available on the college website. All courses are mapped to program and applicable institution-level outcomes. A review of a sample of course outlines of record, syllabi, and program review reports from the Business Management; Alcohol and Drug Studies; Math and Science; History, Social & Behavioral Sciences; and Language Arts and Communication divisions indicate that the college has appropriate processes that support outcomes assessment and the use of results to improve instructional practices. However, the team did not find evidence of systematic adherence to the college's established outcomes assessment policies. The current college outcomes repository is a collection of electronic folders with incomplete or missing course and program outcomes assessment information for several programs. In addition, for many

programs, outcome assessments results are presented in Program Review documents, but the team did not find evidence of the assessment in the outcomes repository (II.A.3).

Evidence found in the catalog and course outline of record indicates that Palo Verde College has established policies and processes for distinguishing (course numbering) and offering pre-collegiate courses from college-level courses. In order to comply with recent California legislation (AB-705), the college has developed new processes, courses (e.g., ENG 100), and support services (e.g., Student Success Center opened Fall 2019) for students who are no longer placed into pre-collegiate courses. A review of the catalog and pre-collegiate curriculum indicates clear pathways from pre-collegiate coursework to college-level coursework. The college also offers adequate support services (e.g., peer tutoring and online tutoring with Brainfuse) to ensure that students in pre-collegiate courses acquire the necessary skills to succeed in more advanced courses (II.A.4).

Palo Verde College maintains articulation agreements and transfer agreements which serve as one source of evidence that the college's practices and its programs meet the expected rigor and standard for higher education. As evidenced in the catalog and BP/AP 4100 (General Education Requirements), the college offers certificates and associate degrees in accordance with State regulations. Each associate degree has a minimum of sixty semester credits, a minimum of eighteen credits in a major/area of emphasis, and the general education course selection are in accordance with established CSU-GE and IGETC protocols. Course sequencing and time to completion are discussed in the program review reports but are not easily accessible to students and the public. The Curriculum and Technical Review Committees maintain procedures including the use of the Development Criteria, Narrative and Documentation Report (for applications to approve new credit program and applications to approve non-substantial changes to existing programs) to make recommendations that ensures appropriate depth, rigor, breadth, and adherence with State guidelines (II.A.5) (ER 12).

Palo Verde College schedules courses using multiple instructional modalities and with enough frequency to offer students the opportunity to complete their course of study in a timely manner. The schedule development process includes considerations for student demand. Evidence of the analysis to determine if course offerings meet the needs of the student population is available in program review documents, and the college has processes in place to offer independent study as an option to assist students with timely program completion. Students may use the Education Planning Template to determine which courses they need to complete, but missing from the template are recommendations for course sequencing (II.A.6) (ER.9).

Palo Verde College uses varied instructional delivery modalities and teaching methodologies to offer instructional services to a widely dispersed student population that includes a growing incarcerated student population at nineteen California Department of Corrections facilities.

Consequentially, distance and correspondence education are important elements of the college's identity and implementation of its mission. To promote student success, faculty members are offered Canvas and correspondence education training; course outlines address each delivery modality; courses are approved separately for each delivery mode; and the recent program reviews include outcome analysis for each instructional delivery modality. Students at the main campus have access to faculty and peer tutoring through the Library/Learning Skills Center and Student Success Center while online tutoring is available through Brainfuse. To serve incarcerated students in the correspondence education program, the college has modified the process for the distribution of research materials and arranged peer tutoring and proctoring services. Faculty are teaching an increasing number of face-to-face courses to incarcerated students at two correctional facilities that are close to Blythe (II.A.7).

Palo Verde College does not use departmental course or program exams. As outlined in Standard II.C.7, the college discontinued the use of placement exams in accordance with State regulations (II.A.8).

Palo Verde College uses credit-based hours as demonstrated on course outlines. The college has appropriate policies (BP 4020 Standards of Scholarship) and procedures for ensuring that the college awards credit consistent with accepted norms for higher education and that credits are awarded based on student attainment of the stated learning outcomes at the course, program, and degree level. The catalog provides appropriate information regarding the awarding of academic credit (II.A.9) (ER.10).

Palo Verde College has established policies and procedures for awarding and accepting degree, certificate, and transfer credits. The policies are published in the catalog and are available to students via the college website. The college offers university transfer counseling and students may also review course articulation using assist.org. The college has an Articulation Officer who regularly submits new and revised course outline of records for CSU-GE and IGETC certification approval. Transfer policies are reviewed annually when the catalog is updated. Outlined in the catalog are a dual admission agreement and a guaranteed admission agreement with CSU San Bernardino and transfer admissions guarantees with UC Riverside and UC Davis. Articulation agreements and the transfer of credits are the same for face-to-face, distance, and correspondence education courses (II.A.10) (ER.10).

The college has procedures outlined in the Program Review and Curriculum Guides to ensure that each course has student learning outcomes that are correlated to program and institutional learning outcomes - which are published in the catalog and available on the college website. A review of the catalog revealed that all degrees and certificates have learning outcomes tied to one or more of the following institutional competencies: critical and creative thinking, communication, community and global awareness, personal and professional development, information competency, and technological competency (II.A.11).

Palo Verde College has a Philosophy of Education statement in the catalog which assures that general education courses are selected from a variety of disciplines to ensure that students achieve comprehensive learning outcomes. Students may meet the requisite general education requirements by following the CSU-GE, IGETC, or a local general education pattern. The college's local general education outcomes are outlined in the catalog and emphasize the requisite breadth of experience and depth of knowledge across disciplines, and focus on six areas:

- *Communication*
- *Natural Sciences*
- *Mathematics*
- *Humanities*
- *Social Sciences*
- *Lifelong Understanding and Self-Development*

The general education curriculum spans the breadth of expected knowledge for a higher education degree. Discussions surrounding course assignment for general education are faculty driven and occur during the curriculum review process through the Curriculum and Technical Review Committees (II.A.12) (ER 12).

A review of the catalog indicates that all degree programs include a focused area of study within relevant disciplines. In addition, all degrees are packaged using recognized competencies and practices from higher education. Each degree program has one general education outcome and one program-specific outcome (II.A.13).

Palo Verde College has one program that requires external licensure, namely, the Vocational Nursing program, approved by the Board of Vocational Nursing and Psychiatric Technicians. The college is in the process of applying for certification by the American Welding Society and the Automotive Society of Excellence. All career training programs are scheduled for biennially review as outlined in the Program Review Guide and AP 4020, and discussions surrounding curricular trends occur at local advisory committee meetings and Inland Empire/Desert Regional Consortium meetings (II.A.14).

Palo Verde College has established policies (AP 4020) for program discontinuance/elimination. As noted in Standard II.A.6, the college has processes in place to offer independent study as an option to students who may be affected if a program is discontinued. The college has not recently discontinued any programs (II.A.15).

Palo Verde College has a detailed program review process that is faculty driven and outlined in the Program Review Guide. Instructional programs are scheduled for reviewed on a four-year cycle with two-year reviews for career education programs. Beginning Fall 2019, all academic teaching programs are required to conduct an annual Snapshot review. The Program Review Guide serves as a template to ensure that standards are met and that the faculty address the program's strengths, relevance, accomplishments, gaps in outcomes assessment, resource requests, and strategies for improvement. While some units have not recently completed program reviews, the evidence indicates that for the units that are compliant, the program review results are used in conversations by faculty and staff, which leads to the development of plans for improving the instructional programs or courses. Distance education and correspondence education courses are evaluated in the same manner as face-to-face courses (II.A.16).

Conclusions:

The college meets Standard II.A and related eligibility requirements with the exception of standard IIA.2 and II.A.3.

Recommendation for Compliance

Recommendation 3: In order to meet the standard, the team recommends the institution regularly assess student learning outcomes for course, program and institutional levels and use assessment data to support student learning and achievement (I.B.2, I.B.4, II.A.3).

Recommendation 5: In order to meet the standard, the team recommends the institution assess accomplishment of its mission through program review by consistently and systematically evaluating programs and services (I.B.5, II.A.2, II.C.1).

II.B. Library and Learning Support Services

General Observations:

Palo Verde College embraces its responsibility to support student learning and achievement by providing a Library/Learning Center which includes library services, such as peer tutoring, online tutoring, assistance with online orientations, and proctoring of correspondence tests. The Library/Learning Center provides students copies of current textbooks, along with electronic and print books. They also provide 80 computers for student use, a study room, and study areas. Recently, in Spring 2019, a Student Success Lab was opened in another building on campus to provide additional study space for students; Umoja students utilize the lab, and Math and English tutors are available to assist students.

Findings and Evidence:

The College supports student learning and achievement by providing appropriate library and support services. The Library/Learning Center is open during the semesters and provides digital subscription resources for all students, including students taking online courses, those at the Needles Center, and correspondence students. The hours of operation for the library are adequate to meet student needs. The librarian dedicates considerable time responding to incarcerated students' research requests; she conducts the research, prints the information, and then sends it to the students in a timely manner. Additional services provided by the librarian include in-person workshops for students regarding library resources and research strategies. Free tutoring is offered in-person and online via Brainfuse; both student peers and instructors serve as tutors. Tutoring services are advertised to students via the college website and posters throughout the campus. The newly opened Student Success Lab creates an additional space, with six computer stations, for students to study and receive learning support (II.B.1).

The Library/Learning Center maintains educational equipment and materials to support student learning. The facility provides computer stations, internet access, study areas, and a copier. The librarian is involved in reviewing all new and revised course outlines of record to ensure appropriate resources are available. The librarian regularly dialogues with faculty regarding resource needs for current and new courses. Equity funds have been used to ensure textbooks are available in the Library (II.B.2).

The librarian provides workshops to students in conjunction with courses and specifically for probation students. The probationary workshops include information on campus resources, focusing on tutoring services, in person and online. SLO assessments based on pre and post-tests are used to evaluate learning. Surveys are used to evaluate student need and analysis is provided in the program review. While the survey instruments are effective, they yield very low response rates. The Brainfuse statistics provide total number of hours utilized for online tutoring services, but not total number of unduplicated students. The college recognizes surveys need to be administered to online and incarcerated students but has not had time to administer these surveys; it is included in their program review improvement plan. The Library/Learning Services program review report includes a goal of assessing the effectiveness of the tutoring services and the challenges related to this. Tracking success rates for students who did and did not utilize tutoring services is one method of evaluating the efficacy of the services (II.B.3).

The Library is a member of the California Community College Library Consortium. EzProxy is used to authenticate off-campus students. The college uses Brainfuse to provide online tutoring 24/7 to all students. Kanopy is the video documentary subscription used by the college to provide students with additional resources for research (II.B.4).

Conclusions:

The college meets Standard II.B.

II.C. Student Support Services

General Observations:

The college primarily uses program review and SAOs to assess how they are responding to student needs. The college has a main campus, as well as the Needles Center and two local prisons. The college successfully provides comparable services to all students, despite the multiple locations and modalities. On the main campus, the college recently opened the Student Success Lab and the Veterans Resource Center. The college provides counseling and advising services to students in various ways, including in person, online, via email, mail, and phone.

Findings and Evidence:

The college evaluates the support services and how they are meeting student needs primarily through program review and Service Area Outcomes (SAOs). Comprehensive program reviews are conducted on a four-year cycle. While most of the student services programs are working on completing their annual program review reports, many comprehensive program reviews have not been completed since 2014 and 2015. SAOs are assessed each term by each student service department/program. The results of the program review and SAO analysis are discussed in department meetings and are used to inform changes in practices. One example of a change implemented based on SAO assessment is in DSPP; DSPP showed students the different assistive technologies available to them, rather than merely describing them. This led to an increase in students requesting these accommodations due to an increase in comfort level of using them. The program review template aligns each program with the college's mission, includes analysis of SLOs/SAOs, strengths and weaknesses, and accomplishment of goals. Another improvement that resulted from program review is the hiring of two educational advisors to provide academic advising and support counseling (II.C.1, II.C 2).

The college has a main campus, as well as the Needles Center and the incarcerated students at the two local prisons. The college provides equitable access to support services in person, via email, or via phone on the main campus. For the Needles Center, DSPP, EOPS, and counselors travel two to three times per semester and make themselves available via the phone and email. The college has increased its staffing to meet the growing needs of the incarcerated student population. Applications and course registrations are processed via mail in the Admissions and Records Department. Counselors provide in-person orientation and educational plans. Tutoring and proctoring of exams are provided by the prison, not the college. EOPS sends a team, three

times a term, to meet with students individually and discuss their academic progress and student educational plans (II.C.3).

The college's co-curricular programs and athletics programs, though fairly new, are suited to the institution's mission and contribute to the social and cultural dimensions of the educational experience of its students. In Fall 2018, the college launched Umoja, a co-curricular program, and is exploring creating a Puente Program. Cultural events have increased on campus, including celebration of Black History Month, Hispanic Heritage Month, and Women's History Month. The college launched its first season of intercollegiate basketball in Fall 2019, which was initiated by students. The students mobilized and successfully worked with the administration to realize this goal. The ESL, Nursing, and Mecha clubs are the most active on campus. The Associate Student Government (ASG) meets weekly and publishes a monthly newsletter to inform all students of upcoming events and activities. The college does not collect a college service charge from the sale of the ASG card, which is \$10/term or \$18/year. Therefore, the ASG's revenue sources are primarily from the sales of the card and from their own fundraising efforts (II.C.4).

The college has seven full-time counselors; these counselors are designated to CTE, EOPS, DSPS, Transfer, and Correspondence Courses. Counselors attend the UC, CSU, and ETS conferences to stay current with changes in an effort to better inform their practices and advising of students. However, funding is not guaranteed, therefore, the ability to attend conferences is largely dependent on each counselor identifying and securing a funding source. Counselors also keep abreast of updates through the American Counseling Association website. Students are able to make counseling appointments in advance or drop-in. Counseling sessions are typically 30 minutes in length and can be extended to one hour for a comprehensive educational plan. Counselors offer in-person workshops twice a month to students on probation as well as to the general student population and are highly involved in campus-wide events and activities (II.C.5).

The college has adopted and adheres to admission policies consistent with its mission. The policies can be found in the college catalog, schedule of classes, student planners, and college website under admissions. The institution defines and advises students on clear pathways to complete degrees, certificates, and transfer goals. These pathways are defined in the catalog and college website (II.C.6). The college has discontinued placement tests in order to comply with AB 705 (II.C.7).

The college maintains student records permanently, securely, and confidentially, and securely backs up all files, as described in BP/AP 3310. The college publishes and follows established policies for release of student records, as described in BP/AP 5040 (II.C.8).

Conclusions:

The college meets Standard II.C., except for II.C.1

Recommendation 5: In order to meet the standard, the team recommends the institution assess accomplishment of its mission through program review by consistently and systematically evaluating programs and services (I.B.5, II.A.2, II.C.1).

Standard III

Resources

III.A. Human Resources

General Observations:

The college has policies and procedures in place to recruit, hire and evaluate faculty, staff, administrators, and managers and to adhere to stringent fair practices and equal opportunities for all employees. Board members utilize a self-evaluation protocol to examine their effectiveness. The college aligns its hiring processes with the institution's mission and promotes diversity in all human resources endeavors. Board policy establishes the requirement to evaluate the Superintendent/President, faculty, classified staff, and board members. While BP7262 states that administrators are evaluated periodically, AP7262 gives the complete timeline for administrator evaluations, and all administrators are evaluated annually per AP7262. All employees of the college, including administrators and managers, are evaluated annually, and all these evaluations are on file in Human Resources. The college is comfortable with the number of employees at this time and no new hires are being pursued. The college has mechanisms in place to ensure that personnel files are confidential and secure. Professional codes of conduct for all employees and academic honor code for students are visible via the college's website and other pertinent documents. Professional development opportunities are available to faculty, staff, and administrators with the intent that they provide the vehicle for them to be the best at their jobs.

Findings and Evidence:

Through Board Policy 7000, the college formalizes the integrity and quality of its employees to ensure that the highest standards of academic and institutional excellence are upheld. BP/AP7120 is the overarching document which describes recruitment and selection of PVC's employees which closely aligns with the mission through its focus on student success and diversity. In particular, hiring criteria and qualifications for the superintendent-president are reported in BP2431; permanent full-time faculty in BP/AP7210-0; classified employees in BP/AP7230-0; and educational administrators in BP/AP7250-0. The college has recently implemented a new application process and system (NEOGOV) which ensures the anonymity of applicants during the screening process (III.A.1).

To ensure the college recruits and hires high-quality faculty and administrators, AP7211 and BP/AP 7210-0 describe qualifications for all faculty (III.A.2, ER14). To support faculty and students during the educational processes and to promote student success, administrators and other employees adhere to BP/AP7250-0 and BP/AP7230-0 during the recruitment and hiring processes (III.A.3). During the screening process, degrees from accredited institutions are

documented, and BP4130 delineates the procedures used to validate degrees from foreign institutions (III.A.4).

All employees are evaluated through a variety of means. Board of Trustees use a self-evaluation process (BP2745); the Superintendent-President is evaluated annually using BP/AP2435; Administrators are evaluated periodically using BP/AP7262; full and adjunct faculty are evaluated per the latest CTA agreement; classified employees are evaluated per the latest CSEA agreement; and classified management and confidential employees are evaluated using information reported in the handbook (III.A.5).

Currently, the college has sufficient number of full and adjunct faculty to meet instructional needs. When additional faculty are needed, requests are reported in the program review document. The Academic Senate reviews staffing requests annually (III.A.7, ER14). To ensure a smooth induction process for adjunct faculty, orientation and peer support by key personnel is provided along with information furnished in the PVC Services User Guide. The college has a procedure to evaluate adjunct faculty, and these individuals are financially compensated for the mandatory orientation, office hours, and instruction (III.A.8). At this time, the college has sufficient staff to meet the needs of the institution (III.A.9, ER8). The college hired a Dean of Instruction and Student Services in 2016 and more recently the Interim Athletic Director, both serving in administrative roles (III.A.10, ER8).

Board and administrative policies, documented on the college's website, are applied universally and fairly to all employees. Personnel files are kept confidential (BP7145) and individuals have access to their individual files for review (III.A.11).

Aligning with the college's mission to support diversity, the institution has board policies which describe the equal opportunities for employees (BP7120), non-discrimination actions (AP3410), and the institution's commitment to diversity (BP7100). These documents have been reviewed in 2014, 2016, and 2009 respectively (III.A.12).

Professional and institutional code of ethics are documented in two board policies (BP 2715 and BP 3050) and describe the appropriate actions for employees as individuals and as part of the institution. The code of conduct for students is described in the Academic Honor Code presented in the college catalog. In addition, the two unions supporting classified and certificated employees (CSEA and CTA) also have code of ethics which is documented in the formal agreements each union has with the district (III.A.13).

Professional development opportunities are available to faculty, administrators, and staff. For administrators and staff, professional development is typically attending conferences, meetings, and workshops off-campus. When appropriate, professional development offerings are held on campus in order to meet the needs of several employees from the same area and not to negatively impact the operations for that area. Classified staff are compensated for attending professional development activities when attendance is beyond their required work hours. For full-time

faculty and per the negotiated contract, attendance at four flex days is required. According to BP 2510, the Flex Committee reports to the Academic Senate and coordinates with the Staff Development Committee about the professional development activities on campus, how funds are allocated as well as the submission of reports to the Chancellor's Office (III.A.14).

The college has established two board policies (BP/AP 3310 and BP/AP 7145) describing the district's obligation to keep personnel records secure and confidential (III.A.15).

Conclusions:

The college meets Standard III.A. and related Eligibility Requirements.

III.B. Physical Resources

General Observations:

Palo Verde College is a single-college district with a service area that encompasses portions of Riverside County and San Bernardino County in southeastern California. The main campus has six buildings located on 200-acres in Blythe. The college operates two offsite facilities, the Child Development Center in Blythe and an educational center located in Needles. District facilities total over 220,000 gross square feet. The college has implemented adequate policies and procedures to ensure that all physical locations are operated in a safe and efficient manner, and it regularly evaluates the needs and effectiveness of its facilities.

The college's 2016 Comprehensive Master Plan includes both an Educational Plan and a Facilities Master Plan to help ensure coordination between instructional programs and physical resources. The college's institutional planning process includes physical resource planning to ensure adequate facilities are available to support offerings.

Findings and Evidence:

M&O employees and Keenan & Associates inspect the college's facilities to ensure compliance with fire, safety, security, and sanitary codes and regulations. A report issued by Keenan & Associates in February 2018 concluded that no high priority items were noted and the campuses were in good condition. In addition, employees and students may report safety hazards to M&O. The Facilities / Safety Committee reviews, evaluates, and prioritizes safety issues. Hazardous issues are addressed by M&O staff. The 2016 Comprehensive Master Plan includes enrollment projections and load ratios as the basis for identified facility needs (III.B.1).

The 2016 Comprehensive Master Plan includes both an Educational Plan and a Facilities Master Plan to help ensure coordination between the college's instructional programs and physical

resources. The college's physical resource planning process is integrated with institutional planning through program reviews. The college also completes an annual Five-Year Capital Outlay Plan that includes identified capital projects. All capital projects are designed to meet Division of State Architect (DSA) standards for fire, life, and safety compliance requirements. The college passed Measure P, a \$12.5 million facilities bond, in 2014 to help fund renovation projects and other college needs (III.B.2, III.B.3).

Processes and evaluations are completed to identify long-range capital plans that support institutional goals and reflect the total cost of ownership. Input from various operating disciplines is used to inform long-range capital plans. The college engaged Cambridge West to conduct a total cost of ownership analysis accounting for and understanding all the costs associated with owning and occupying a facility over the entire lifecycle (III.B.4).

Conclusions:

The college meets Standard III.B.

III.C. Technology Resources

General Observations:

The institution has a college-wide and robust technology plan well suited for the faculty, staff, administrators, and students at Blythe Campus, Child Development Center and the Needles Center. The institution provides appropriate hardware, software, and infrastructure to meet the needs of its constituents. The college is diligent in establishing and implementing necessary security as safeguards to ensure that access, data, and information is reliable and secure. The institution provides ongoing and vigorous assistance and instruction through a variety of modalities to faculty, staff, administrators, and students to support teaching and learning at all the localities. The technology plan which is a component of the college's strategic plan provides the landscape and the tasks to ensure that all aspects of technology supports teaching and learning and meets the needs of all stakeholders. In light of the regulations of the state's prisons, no internet access or technology is used in the education of incarcerated students.

Findings and Evidence:

The Palo Verde College Technology Plan 2017-2019, housed in the Comprehensive Master Plan, provides the landscape and tasks to ensure that all aspects of technology are adequate and support teaching and learning. A director, four full-time staff at the Blythe campus, one full-time staff at the Needles Center, and one permanent part-time employee are responsible for implementing the technology efforts at the sites. Several technologies have been institutionalized to streamline some of the educational efforts on campus. For example,

Ellucian-Colleague has been put in place to improve the work done by admissions and records, human resources, and the financial aid office, and Canvas and eLumen are currently used for curriculum management and will be used for SLO data and findings and Program Review documents (III.C.1).

The Technology Plan provides a detailed description of updating and replacing software and hardware in a timely fashion. In particular, 25% of the desktop computers and servers are replaced each year. The College has implemented a variety of innovations with the intent to maintain a high level of security and safeguards for employees and students. The college has well-established contingency plans to address potential disruptions to the use of technology for administrators, faculty, staff, and students. The contingency plans are routinely reviewed and updated as needed (III.C.2).

The personnel responsible for technology are mindful and diligent in ensuring that all aspects of technology are adequate for the Blythe campus, Child Development Center, and the Needles Center, which includes trainings and a help desk. IT personnel routinely conduct a “walk about” where they stop by the desks of administrators, faculty, and staff to determine if their IT needs are being met. Any requests that can be serviced on the spot are completed and others are forwarded as formal requests for services (III.C.3).

To ensure that technology is appropriate and robustly used to promote excellence in teaching and learning, the college provides a variety of support services for faculty, staff, administrators, and students. These include online training, flex day and staff meetings, professional development, a computer information system, and a help desk (III.C.4).

Two board policies (BP 3720 and BP3725) guide the use of technology for all constituents (III.C.5).

Conclusions:

The college meets Standard III.C.

III.D. Financial Resources

General Observations:

The college has financial planning and budgeting processes that are well defined and followed, with appropriate opportunities for input and participation from stakeholders. Financial updates are provided on a regular basis in a transparent manner. The college demonstrates good financial stewardship and has set aside funding for future obligations. Sound internal controls are in place

as demonstrated by consistent unqualified opinions on recent fiscal, compliance and performance audits. Appropriate procedures are in place related to procurement and contracting.

Findings and Evidence:

The college demonstrates prudent management over financial resources in a manner that supports sustainable resources to support programs and services and has a resource allocation model to identify program needs. The team found that the college plans for ongoing expenses needed to sustain current and new programs and sites. Payroll and benefits costs account for 60% of the unrestricted general fund expenditures leaving a reasonable amount for operating costs, debt service and transfers. During FY 2016/17 through FY 2018/19, the college maintained unrestricted reserves ranging from 21.88% to 39.66%. The FY 2019/20 adopted budget includes an unrestricted reserve of 15.09%. The college has not been required to rely on TRAns financing for operations during recent years, further demonstrating sound management of available resources and sufficient cash flow and reserves to maintain stability (III.D.1).

The financial planning and budget development processes of the college are well defined and based on the foundation of the college's Mission, Vision, and Values. The college disseminates financial information regularly in a transparent manner. Updates regarding the budget are provided on a regular basis to the Board of Trustees and Budget and Planning Committee. The college has a Strategic Plan that was Board approved on 9/12/17 and is a guiding document through FY 2019/20. The college's 2016 Comprehensive Master Plan includes both an Educational Plan and a Facilities Master Plan to help ensure coordination between instructional programs and physical resources and serves as a guiding document for financial planning. Based on a review of evidence, the college defines and follows its guidelines and processes related to financial planning and budget development in a transparent manner. The guidelines are documented in the college's Integrated Planning Manual, Board policy and administrative procedures, the budget development and funding decision processes, and the Resource Allocation Process. The college has sound practices and policies that support financial stability as demonstrated by reserve balances maintained in recent years (FY 2016/17 – FY 2019/20) (III.D.2, III.D.3).

The college's institutional planning includes realistic assessments of available resources and input from all stakeholders. The college includes potential resources during planning including funding from the State, bonds, and grants. The budget is reviewed regularly with regular updates and projections provided to the Board of Trustees. Adjustments to the adopted budget are made as needed. The college is proactive in its approach to minimize costs and setting aside resources earmarked for liabilities such as the OPEB liability. The college set up its OPEB irrevocable trust in October 2019 and fully funded it November 2019 with \$970,647, as required by the GASB74/75 actuarial study (III.D.4, III.D.6).

Evidence demonstrates that the college has a sound internal control structure resulting in the financial integrity and credibility of financial documents. Annual audits are conducted by an

external audit firm. The audit for FY 2019 included clean, unmodified opinion without findings. The FY 2018 audit report included a finding and recommendation that was satisfactorily addressed in a timely manner. In addition, the college disseminates budget and fiscal information to the Board of Trustees and internal constituency groups. Board Policy 6300 requires financial statements and supplementary information to be prepared and reported to the Board at least quarterly (III.D.5, III.D.6, III.D.7, III.D.8).

The college maintains sufficient cash flow and reserves to maintain stability and meet unforeseen occurrences. The college's finances are well managed in a manner that supports sustained student programs and services. Per Board Policy 6200, the college is to maintain unrestricted general reserves no less than 5%. In addition, Board Policy 6200 provides that changes in the assumptions upon which the budget is based shall be reported to the Board in a timely manner and that budget projections address long-term goals and commitments. The college is proactive in planning for liabilities and long-term commitments for items such as the OPEB liability and Certificates of Participation. Evidence reviewed by the team demonstrates sound management of available resources and sufficient cash flow and reserves to maintain stability (III.D.9).

The college's Board Policies and Administrative Procedures are the foundation of financial planning that supports the Vision, Mission, and Values of the institution. The long-term financial position of the institution is healthy with reserves maintained above the Board Policy limit and resources set aside to meet long-term liabilities and commitments. Actuarial studies for the OPEB liability are prepared by an independent third party and used as a guide for setting aside resources. The college also has effective oversight grants, contractual relationships and auxiliary organizations. The PVC Foundation is a separate 501(c) (3) corporation, which is managed by the Office of the Superintendent-President and is audited annually. (III.D.10, III.D.11, III.D.12, III.D.13).

The college has policies and procedures in place to ensure financial resources are used with integrity and the intended purpose of the funding source. The college has secured State and Federal grants to enhance student programs and services. Grants must be approved by the Board of Trustees and reviews are conducted as required by individual grants. In addition, the college received voter approval for a \$12.5 million General Obligation Bond (Measure P) in 2014 to upgrade classrooms and to improve and repair facilities, among other things. A Citizens' Oversight Committee monitors bond fund compliance as well as an annual audit by an external audit firm. The audit report for the year ended June 30, 2019 expressed an unqualified opinion without findings (III.D.14).

The college does not have a student loan program (III.D.15).

The college has systematic processes in place, including board policies and administrative procedures, to govern the integrity of contractual agreements including conformance with the California Public Contract Code, and specific board policies and administrative procedures that address conflict of interest (III.D.16).

Conclusions:

The college meets Standard III.D. and related Eligibility Requirements.

Standard IV

Leadership and Governance

IV.A. Decision-Making Roles & Processes

General Observations:

Palo Verde College has established and follows a governance process that allows for appropriate participation by its constituent groups. Input from faculty, staff, administrators, students, and the governing board is utilized to promote student success, sustain academic quality, fiscal stability, and ongoing improvement of the college.

Findings and Evidence:

The team reviewed the college Statement of Mission, Vision, and Values in the PVC catalog, and it found that the institutional leaders work from principles that create and encourage innovation leading to institutional excellence. Further evidence, Board Policy/Administrative Procedure 3050 Institutional Code of Ethics—suggests that the college has policies in place to ensure that administrators, faculty, staff, and students, no matter what their official titles, take initiative for improving the practices, programs, and services in which they are involved. The PVC Strategic Plan: 2020 Vision likewise indicates a college-wide commitment to improvement and innovation. Documentation of the job evaluation process at the college also establishes an institutional dedication to participative processes that are in place for effective planning and implementation (IV.A.1).

The team reviewed BP 2510: Collegial Consultation and the PVC Strategic Plan: 2020 Vision and found that the institution is committed to establishing and implementing policy and procedures that authorize administrator, faculty, and staff participation in decision-making processes. The team found further that established policy makes provisions for participation and consideration of student views, chiefly via fostering the formal involvement of the Associated Students in those matters for which students have a direct and reasonable interest. The team also noted that PVC policy and strategic plans lay out how individuals and constituencies bring forward ideas and work together on appropriate policy, planning, and special-purpose committees (IV.A.2).

The team reviewed the institution's detailed List of Organizations and Committees to find that PVC has constructed a framework that sets out substantive and clearly defined roles in institutional governance. It further found that, in combination with current policy and planning documents, the institution has a formal commitment to encouraging all stakeholders to play, as is appropriate to their respective areas of responsibility and expertise, a substantial role in institutional policies, planning, and budget. Through interviews, the team was able to find College Council meeting minutes from November 19, 2019 that are representative evidence of

the way in which stakeholders “exercise a substantial voice” in institutional plans, policies, and curricular change (IV.A.3).

The team reviewed, among other documents, AP 4020: Program and Curriculum Development, and concluded that the college has in place policy, procedures, and well-defined structures that ensure that faculty and academic administrators bear responsibility for making recommendations regarding curriculum and student learning programs and services. The team found that a clearly presented sample workflow chart further establishes the attention the institution gives to making certain curriculum review is performed in a timely, efficient, and appropriate manner (IV.A.4).

In reviewing BPs 2015, 2345, 2510, and 3050, the team found that the institution, through its system of board and institutional governance, strives to ensure the appropriate consideration of relevant perspectives; decision-making aligned with expertise and responsibility; and timely action on institutional plans, policies, and curricular change. The college agendas standing reports from vital constituent groups — including the senates, associated students, and collective bargaining units — at its regular board meetings, another way to promote the consideration of multiple relevant perspectives in its operations and decision-making processes. College Council minutes establish widespread participation in decision-making processes (IV.A.5).

The team reviewed the aforementioned board policies and relevant meeting minutes posted to Board Docs to ascertain that the processes for decision-making and the resulting decisions are documented and widely available across the institution (IV.A.6).

The team reviewed college evaluation policies, procedure manuals, and forms, as well as Program Review and Curriculum Guides, and found that regular evaluation of leadership roles and the institution’s governance and decision-making policies, procedures, and processes is conducted to ensure overall integrity and effectiveness. Through postings to Board Docs the institution widely communicates the results of these evaluations, when not limited by privacy concerns in personnel matters, and has committed to using them as the basis for improvement (IV.A.7).

Conclusions:

The college meets Standard IV.A..

IV.B. Chief Executive Officer

General Observations:

The Superintendent-President appropriately derives his authority from Board Policy and maintains effective and continuous contact with the Board. He delegates authority well in order to parcel out important functions to his qualified subordinates. This allows him to concentrate on

those issues appropriate to his role. He encourages participation in governance by all the constituencies of the college. Additionally, he maintains contact with the surrounding community by engaging in community functions and activities.

Findings and Evidence:

The Superintendent-President derives his authority to administer the college from BP 2430 Delegation of Authority, which specifically delegates to the Superintendent-President the “executive responsibility for administering the policies adopted by the board and executing all decisions of the board requiring administrative action.” The Superintendent-President is the chief advisor to the Board of Trustees, Chair of the Full Administrative Council, Chair of the College Council/Strategic Planning Steering Committee, Secretary to the Palo Verde College Foundation, which supports students through scholarships. He is a key representative of the college in community organizations, Supervisor of the President’s office and the three Vice Presidents of the college, and presides over monthly gatherings of faculty, staff and administrators. He also provides guidance and leadership to ensure that Board policies are reviewed and updated. As CEO, he has also guided and administered the PVC Strategic Plan 2017-2020 and the Comprehensive Master Plan (Fall 2016) (IV B.1).

The Superintendent-President delegates authority to qualified and effective subordinates — the vice presidents of instruction and student services, administrative services, and human resources — in order to administer college programs and services effectively. He does not try to overextend his duties or authority and as a result has the impact of creating a college culture that is collaborative and efficient (IV B.2).

The CEO encourages participation in college governance at all levels from students to staff and faculty up to his administrative subordinates. He seeks to empower all college constituents in order to “maintain an exemplary learning environment.” The Superintendent-President is committed to research-based allocation of resources and assessment of student achievement as evidenced by his creation in 2016 of the position of Director of Institutional Research. Through his guidance, the college focuses heavily on student achievement and completion and ties those research indicators to completion of its mission. His research-based approach has led to the creation of many new campus services and programs such as a Correspondence Education Counselor, Education Advisors, new faculty positions, new Student Success Center and Veterans Resource Center (Fall 2019), and new upgraded position of Associate Dean of Instruction (2019) (IV.B.3).

In accordance with BP 3200 Accreditation, the Superintendent/President has delegated appropriate authority to the “A-Team” — Vice President of Instruction and Student Services as the Accreditation Liaison Officer — who appointed faculty, staff and administrators to ensure compliance with accreditation standards and to lead the institution in a comprehensive institutional self-evaluation and preparation of the ISER. The team located a grid setting out the membership in four accreditation standard teams — with administrators, faculty, and staff all included — that establishes the diverse participation in developing the college’s ISER (IV B.4).

The Superintendent-President seeks to maintain ongoing accreditation by staying informed on statewide developments and staying in constant contact with the Board, faculty and staff. He maintains control over the budget by reviewing monthly expenditures with the Vice President of Administrative Services, by periodically reviewing cash flow statements and other budget reports, reviewing all contract items to take into account ongoing and anticipated financial obligations of the college, personally approving all purchase orders, travel requests, contracts and other agreements (IV B.5).

The Superintendent-President is active in the Blythe community by being a member of the Blythe Rotary Club, working closely with the Palo Verde Unified School District and the City of Blythe, and participating in many community events. On the visit the team received evidence exemplifying the President's work in the community; an article in the *Palo Verde Valley Times* dated February 12, 2020, features Don Wallace and PVC Trustee George Thomas on a visit to a nursing home. The Superintendent-President also ensures that the college's Needles Center reaches out to the community by maintaining an active presence right in the community (IV B.6).

Conclusions:

The college meets Standard IV.B.

IV.C. Governing Board

General Observations:

Palo Verde College has a seven-member elected Board and one Student Trustee elected annually by the Associated Student body. The seven elected Board members serve four-year terms. Five of the trustees are elected at-large from the part of the District in Riverside County. Two of the trustees are elected at large from the part of the District in San Bernardino County. The Board of Trustees demonstrates an understanding of their authority and acts cohesively to serve district constituents.

Findings and Evidence:

The college's Board of Trustees derives its authority over the CEO and the college by virtue of Education Code Section 70902, which is restated in the college's Board policy, BP 2429-PVC Board Authority. The Board recognizes its responsibility to represent the public interest, establish policies, hire and evaluate the CEO, delegate appropriate authority to the CEO, assure fiscal health and stability, monitor institutional performance and educational quality and advocate and protect the district (BP 2200 Board Duties and Responsibilities). Pursuant to BP 2510, the Board has agreed to "consult collegially" through "mutual agreement" with faculty on issues pertaining to designated academic and professional matters (IV.C.1).

BP 2715 Code of Ethics/Standards of Practice requires that each Trustee “abide by and uphold the final majority decision of the Board” (IV.C.2).

BP 2431 Selection of the Superintendent/President establishes a search process for selecting the CEO that “shall be open and fair and comply with relevant regulations.” The Board provides for annual written evaluations of the Superintendent/President in BP 2435 Evaluation of the Superintendent/President. The stated purpose of the annual evaluations is to “maintain high quality District and college administrative leadership.” The Board evaluation instrument was updated in Fall 2019 (IV.C.3).

BP 2710 Conflict of Interest helps to ensure independence by requiring members to file a conflict of interest statement maintaining integrity with regards to outside influence. Additionally, board members must follow the provisions outlined in the code of ethics in BP 2715 Code of Ethics/Standards of Practice. This code of ethics seeks to ensure that board members are committed to serve the interests of the college, district and community rather than their own. This same code of ethics protects the college from undue influence from outside entities whatever they might be (IV.C.4).

BP 2200 Board Duties and Responsibilities establishes the board’s commitment to quality and integrity. BP 2429-PVC Board Authority further establishes the boards commitment to the improvement of student learning. The board recognizes the importance of evaluating and maintaining quality educational programs and its legal and fiscal responsibilities in BP 2715 Code of Ethics/Standards of Practice and BP 2429-PVC Board Authority (IV.C.5).

All Board bylaws and policies are published on the college website, including BP 2200 Board Duties and Responsibilities, organizational structure in BP 2010 Board Membership, BP 2015 Student Member, BP 2210 Officers, and BP 2220 Committees of the Board. Board operating procedures are likewise published on the college website (IV.C.6).

The team reviewed BP 2410 and found that the governing board has a formal commitment in place to act in a manner consistent with its policies and bylaws. The board asserts that it assesses on an as-needed basis its policies and bylaws, regularly supplemented by updates from the Community College League of California, for their effectiveness in fulfilling the college/district/system mission and revises them as necessary (IV.C.7).

The team reviewed representative examples of the institution’s program review documents and found that the governing board is provided with information that will help it to ensure PVC is accomplishing its goals for student success by examining key indicators of student learning and achievement and institutional plans for improving academic quality. Further, the governing board has access to all the Scorecard data the institution publishes via the State Chancellor’s Office Data Mart, another means by which trustees can assess the institution’s effectiveness in accomplishing its goals (IV.C.8).

The team reviewed BPs 2740, 2100, and 2110 and found that the governing board has policies in place to encourage ongoing training programs for board development, including new-member orientation. Policies further offer a mechanism for providing for continuity of board membership

and staggered terms of office. Interviews with members of the board also confirmed that they take advantage of professional development opportunities provided by the Community College League of California (IV.C.9).

The team reviewed BP 2745: Board Self Evaluation, which sets out policies that clearly establish a process for board evaluation. The team also reviewed the board's 2018-19 self-evaluation report (fall 2019), which assesses the board's effectiveness in promoting and sustaining academic quality and institutional effectiveness. The governing board, via its established policies, evaluates its practices and performance, including full participation in board training, and makes public the results through Board Docs. Through interviews on site, the team learned that the governing board uses the results to improve performance, academic quality, and institutional effectiveness, as evidenced by, e.g., an August 12, 2017, special board meeting/retreat on bettering board practices; an October 23, 2018, AB 705 study session; and regular attendance at conferences and professional development workshops (per roster of trustee attendance at relevant 2018-19 events) (IV.C.10).

The team reviewed BP 2715: Code of Ethics/Standards of Practice, and found that the governing board has in place a code of ethics and conflict of interest policy; the ISER also asserts that individual board members adhere to the code. The team saw that the board has a clearly defined policy for dealing with behavior that violates its code and understands that it implements such policies when necessary. The ISER notes that a majority of the board members have no employment, family, ownership, or other personal financial interest in the institution, and that interests are disclosed and do not interfere with the impartiality of governing body members or outweigh the greater duty to secure and ensure the academic and fiscal integrity of the institution (IV.C.11).

The team reviewed BP 2430 Delegation of Authority to Superintendent/President, BP 2200 Board Duties and Responsibilities, and BP 2715 Code of Ethics/Standards of Practice, and established that the governing board has put in place policies that call for the board to delegate full responsibility and authority to the CEO to implement and administer board policies without board interference; the BPs further make it clear that the CEO is to be held accountable for the operation of the college (IV.C.12).

The team reviewed BP 3200 Accreditation, which holds that the governing board is to be informed by the college CEO and ALO about Eligibility Requirements, Accreditation Standards, Commission policies, accreditation processes, and the college's accredited status. The team further sees that the board is bound by policy to support college efforts to improve and excel, and to participate in evaluation of governing board roles and functions in the accreditation process (IV.C.13)

Conclusions:

The college meets Standard IV.C.

IV.D. Multi-College Districts or Systems

Palo Verde Community College District is a single college district so this standard does not apply.

Quality Focus Essay

Given that approximately forty-five percent of enrollments (including over 3,000 incarcerated students) are in the college's correspondence education program and because of the recent growth of this program, the college's decision to highlight and address the challenges with correspondence education that are outlined in the Quality Focus Essay is indicative of its commitment to improving the quality of its instructional offerings.

Palo Verde College is uniquely suited to initiate a research study to closely examine its correspondence education, and how this program can develop a system for continual examination and analysis to improve academic quality. Four projects shape this research study: the structure, design and logistics of correspondence education; substantive student contacts; training for faculty teaching correspondence courses; and innovative approaches to improve student learning. Correspondence education plays a significant role in the educational endeavors at the college and has the potential to impact not only incarcerated students but also those who choose to utilize correspondence education to achieve their academic goals. This incarcerated student correspondence program has the potential to be transformative both for the college and its students and serves as a model to other institutions.

The peer review team offers an assessment of the proposed research study, both from the perspective of its strengths and areas where improvements could be made.

Strengths of the Quality Focus Essay

1. Correspondence education aligns with the mission of the college and reflects the diversity of the student population. This program also reflects the importance that the institution plays in the community, and how it enriches the lives of students it serves.
2. Correspondence education, which first made its debut in 2001 for the college, continues to evolve and grow, and it is evident that changes that have been made reflect the ongoing cycle of reflection and improvement.
3. Design and logistics, substantive contact, innovation, and training for faculty are thoughtful areas of exploration, and the indicators used to collect data during the research study are well defined and appropriate.
4. Recently the prisons eliminated tutoring services for incarcerated students, so the college made efforts to address this situation by examining alternative ways to meet the needs of the prison students to ensure that comparable services were made available to all of Palo Verde's students.

Suggestions for Improvement of the Quality Focus Essay

Specific data should be collected and included for each of the four projects.

1. There is limited explanation about the sample size of each of the groups in the research study, including incarcerated students, non-incarcerated students, and face-to-face students, and how the differences in the numbers of each type of student will be addressed during data collection and analysis. There is also limited information about how data will be collected and analyzed and how the resultant findings will be reported.
2. There is limited information about how the findings from the research study will be used to make informed decisions about improvements to the correspondence education program.

The peer review team acknowledges that correspondence education is an important part of the college's endeavors; therefore, investigating ways in which correspondence education can be improved to best serve its students is commendable. The peer review team believes that the research study should be enhanced with a well-constructed research model, including appropriate research questions, and a cohesive research agenda. This would ensure that the data collected and analyzed and the findings reported would be of the quality that could be useful to improve the program.