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ACCREDITING COMMISSION FOR COMMUNITY AND JUNIOR COLLEGES

CORE INQUIRIES

Palo Verde Community College District
1 College Drive
Blythe, CA 92225

The Core Inquiries are based upon the findings of the peer review team that conducted Team ISER Review on October 19, 2026.

Dr. Dyrell Foster
Team Chair

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Palo Verde College

Peer Review Team Roster

Team ISER Review
October 19, 2026

CHAIR	**VICE CHAIR**
Dr. Dyrell Foster Las Positas College President	Dr. Gilbert Contreras San Bernardino Valley College President
TEAM MEMBERS	
Ms. Carrie Bray Los Rios CCD Vice Chancellor, Human Resources,	Ms. Julie Gamberg Glendale Community College Instructor
Mr. Alton Wang Pasadena City College Trustee	
ACCJC STAFF LIAISON	
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Summary of Team ISER Review

INSTITUTION: Palo Verde College

DATE OF TEAM ISER REVIEW: October 19, 2026

TEAM CHAIR: Dr. Dyrell Foster

An accreditation peer review team conducted Team ISER Review of Palo Verde College on October 19, 2026. The Team ISER Review is a one-day, off-site analysis of an institution's self-evaluation report and supporting evidence. The peer review team received the college's Institutional Self-Evaluation Report (ISER) and related evidence several weeks prior to the Team ISER Review. Team members found the report to be a comprehensive document detailing the college's alignment to the 2024 Accreditation Standards, Eligibility Requirements, and Commission policies. The College provided a thoughtful report, reflecting on the institution's transformational processes, equitable student outcomes, and planning for continuing institutional improvement.

In preparation for the Team ISER Review, the team chair attended a team chair workshop on August 4, 2026, and held a pre-review meeting with the college CEO on August 19, 2026. The team chair and vice chair also met with the newly appointed CEO, Dr. Castillo-Garrison on October 5, 2026. The entire peer review team participated in a team workshop provided by staff from ACCJC on August 27, 2026. Prior to the Team ISER Review, team members completed their assessment of the college's alignment to the Accreditation Standards and policies, identified areas for further clarification, and provided a list of requests for additional evidence to be considered during Team ISER Review.

During the Team ISER Review, team members spent the morning discussing their initial observations and their preliminary review of the written materials and evidence provided by the College for the purpose of determining whether the College meets Accreditation Standards, Eligibility Requirements, and Commission policies. In the afternoon, the team further synthesized their findings to validate the excellent work of the college and developed Core Inquiries to be pursued during the Focused Site Visit, which will occur during the week of March 8 through March 13, 2027.

Core Inquiries are a means for communicating potential areas of institutional noncompliance, improvement, or exemplary practice that arise during the Team ISER Review. They describe the areas of emphasis for the Focused Site Visit. During the Focused Site Visit, the team will tour the facilities, conduct scheduled meetings and an open forum, gather additional information to further their analysis to determine whether all standards are met, and accordingly finalize their Peer Review Team Report, which will identify commendations or recommendations. The college should use the Core Inquiries and time leading up to the Focused Site Visit as an opportunity to gather more evidence, collate information, and to strengthen or develop processes in the continuous improvement cycle. During the Focused Site Visit, the ACCJC staff liaison will review new or emerging issues that might arise out of the discussions on Core Inquiries.

Core Inquiries

Based on the team's analysis during the Team ISER Review, the team identified the following Core Inquiries that relate to potential areas of clarification, improvement, or commendation.

Core Inquiry 1:

The team seeks to better understand how the College bridges its existing and developing planning and evaluation tools to then make ongoing and future decisions in resource allocation, in making improvements or innovations, and in closing gaps. The team wants to understand how these systems and processes inform each other for a more integrated and comprehensive planning process and continuous improvement across the institution.

Standards or Policies:

Standards 1.3, 1.4

Description:

The evidence shows the beginnings of a structure for an ongoing systematic planning and evaluation process to connect the College's work to its mission. Clear institution-set standards, strong examples of program reviews across Sociology, Fire Science, and Math and Science, as well as meaningful disaggregated data demonstrate the College's work to collect and review data and conduct reviews to evaluate existing programs. The team did not find evidence on how these reviews, data, and processes such as zero-based budgeting or program review identification of needs inform actual plans for implementing improvements, for closing potential gaps, or for comprehensive and systematic planning that integrates this information to inform resource allocation, decision-making, or whether this planning occurs on a regular basis.

Topics of discussion during interviews:

How do program reviews, disaggregated data, and institutional surveys inform plans for implementing improvements, innovation, or other actions in response to the data?

How do institutional systems for comprehensive planning integrate with information from program planning to inform processes for resource allocation, decision-making, and operational planning?

Do institutional systems for planning occur on a regular basis and with participation from institutional constituencies?

Request for Additional Information/Evidence:

Documentation and/or examples of ongoing planning, program reviews and data inform making improvements across the College. What actions had/does the college take in response to the data, beyond a limited number of programs.

Documentation and/or examples of procedures/processes that show how planning processes are integrated across decision-making, resource allocation, and other institutional/operational planning.

Documentation and/or examples of how planning occurs on a regular basis with participation from relevant institutional constituencies.

Evidence that this work leads to innovation and improvement in support of student achievement.

Request for Observations/Interviews:
Individuals involved with broader planning and improvement across the college community.

Faculty and staff involved in program review.

Core Inquiry 2:

The Team would like to further understand how the institution ensures regular and substantive interaction (RSI) between students and instructors in distance education courses.

Standards or Policies:

Standard 2.6: The institution uses delivery modes and teaching methodologies that meet student and curricular needs and promote student learning and achievement.

Policy: Distance Education and Correspondence Education

Description:

The Team reviewed a random sample of 41 distance education sections from the spring term of 2026 and found that fewer than 85% of sections demonstrated RSI between students and instructors.

Topics of Discussion During Interviews:

- How does the college define, communicate, and ensure RSI in distance education courses within and outside of the learning management system?
- How are online courses reviewed for RSI compliance and instructional quality?
- What are the faculty, dean, coordinator, and instructional designer roles in supporting and verifying RSI?
- Instructor and student experiences in participating in online education?
- How does the college identify, and address gaps or concerns related to student success and RSI in online courses?

Request for Additional Information/Evidence:

The team requests the college to provide a complete list of spring 2026 courses (synchronous or asynchronous) so that a random sample can be pulled. Upon provision of the selected sample, the team requests access to the sample set as soon after the semester ends as possible but no later than January 10, 2027. Once the sample is identified, the team requests the college provide any additional evidence not present it the Canvas LMS to assist in demonstrating alignment with the RSI rubric. This additional evidence should be provided no later than February 1, 2027.

Request for Observations/Interviews:

- Interviews with faculty involved in distance learning
- Interviews with instructional leadership
- Individuals (coordinators etc.) - involved with ensuring RSI
- Other members of the college community who can address RSI and the student experience (i.e., counselors, instructional designers, etc.)
- Students who participate in online education

Core Inquiry 3:

The team would like to learn how the College analyzes disaggregated achievement data in academic programs, support services, and learning support resources. Specifically, how do instruction, learning support, and student services engage in guide program improvement, institutional goal setting, and the effectiveness of college efforts to address academic and non-academic needs of students.

Standards or Policies:

Standards 2.7 and 2.9.

Description:

The team reviewed the ISER narrative and evidence for Standards 2.7 and 2.9 and the additional evidence the College provided in October 2026. The ISER describes a four-year program review cycle and identifies learning outcomes assessment as an area requiring significant redevelopment. Most course learning outcomes are assessed once per cycle; program outcome mapping varies by discipline, and the College does not yet have a defined structure for using institutional learning outcome results in planning.

The 2025-2026 Math and Science program review disaggregates completion by modality, gender, and race/ethnicity; however, the Fire Science program review reports that its data cannot be disaggregated by modality. The Math and Science review also proposes improvements that the ISER describes as still at the proposal stage.

For student services, the College provided service area reviews for Counseling, the Library, and Fiscal Services. The Counseling review identifies the need for standardized data collection, and no evidence was provided for most student services areas.

The team would like to clarify how the College follows established processes that include analysis of data related to student learning (i.e., outcomes assessment results) and achievement, disaggregated for student subpopulations and/or learning modalities as appropriate, and how it systematically collects and analyzes disaggregated data to evaluate the effectiveness of its support services and learning support resources and uses the results for planning and improvement.

Topics of discussion during interviews:

- The plan, leadership, and timeline for redeveloping learning outcomes assessment as described in the ISER.
- How faculty and other educators discuss disaggregated learning and achievement data, and how results inform planning and institutional goal setting
- How improvements proposed in program reviews are implemented and evaluated
- How service area outcomes are measured, including progress on standardized data collection
- Examples of how other student services program areas are reviewed.

Request for Additional Information/Evidence:

- The plan or timeline for redeveloping learning outcomes assessment as noted in the ISER.
- Minutes of the Accreditation and Assessment Committee discussing program review findings
- Examples of improvements implemented as part of program review or service area review cycle
- Service area outcome results, disaggregated by student population
- Reviews or assessments of programs funded by the student equity and achievement program
- Evidence of governance constituencies or committee activities that meet this standard?

Request for Observations/Interviews:
Individuals involved with elements of this core inquiry across the college community. For example, but not limited to:

- Accreditation and Assessment Committee
- Student services administrators
- Counseling faculty
- Academic Senate president
- Library staff
- Student equity and achievement program lead
- Office of reporting and institutional effectiveness
- Instructional faculty involved in this area

Core Inquiry 4:

The team would like to learn more about how the institution implements and regularly evaluates its employment practices and what changes have resulted from those evaluations.

Standards or Policies:

Standard 3.1

Description:

The review of evidence included Board Policy, Administrative Procedures, EEO Plan, Integrated Planning Manual, and Budget Planning Committee documents. The review included documented processes for fair and equitable hiring from recruitment through interviews; resource allocation process connecting program review and institutional objectives to decisions about staffing, including a detailed justification process for new positions; the review of the effectiveness of the prior three years of resource allocations at the beginning of each new allocation cycle. Earlier challenges with the systematic use of outcomes assessment and the effectiveness of program review were noted as remaining unresolved.

Topics of discussion during interviews:

How does the institution evaluate employment practices? What changes does the institution make based on the evaluations?

Request for Additional Information/Evidence:

Additional information on how the College regularly evaluates its employment practices and what changes have resulted from those evaluations.

Request for Observations/Interviews:

Administrators and other individuals involved with elements of this core inquiry across the college community.

Core Inquiry 5:

The team seeks to determine whether the College's administrative, Board, and participatory governance decision-making structures are consistently and effectively implemented and support meaningful participation, collaboration, transparency, innovation, and mission-focused decision-making that advances successful outcomes for students.

Standards or Policies:

4.3. The institution's decision-making structures are used consistently and effectively. Institutional decision-making practices support a climate of collaboration and innovation that advances the mission and promotes successful outcomes for all students.

Description:

The ISER and additional evidence provide examples of established governance processes, including program review, policy development, and College Council deliberation. Additional evidence included draft minutes from the first College Council meeting with the new Superintendent/President demonstrating that program review and revised Board policies continue to move through established governance structures.

The evidence reflects progress; however, the College's Special Report documented recent governance disruption, distrust, ineffective communication, and challenges involving Administrative and Board decision-making. The Commission specifically directed the peer review team to determine whether Administrative and Board processes, deliberations, and decisions support a climate of collaboration and innovation that advances the mission and promotes successful outcomes for all students. Therefore, the team seeks to determine whether recent improvements are consistently practiced across governance bodies, whether decision-making processes are understood and trusted by constituencies, and whether the College evaluates and improves the effectiveness of its governance processes.

Topics of discussion during interviews:

- How recommendations move through governance structures and how constituencies understand their roles and responsibilities.
- How significant decisions are communicated back to constituent groups and how the feedback loop is closed.
- Whether opportunities are created for faculty, classified professionals, administrators, and students to experience substantive participation.
- How governance effectiveness is evaluated and what improvements have resulted in.
- Progress in strengthening communication, reducing silos, and rebuilding institutional trust.
- Whether recent improvements are sufficiently institutionalized to continue through leadership or Board transitions.

Request for Additional Information/Evidence:

- College Council and representative key governance committee minutes from Fall 2026 through the period preceding the Focused Site Visit.
- Any governance surveys, committee evaluations, or other assessments of governance effectiveness completed since the Team ISER Review.
- Examples in which stakeholder input or differing perspectives resulted in modification of a recommendation or decision.
- Examples demonstrating how significant decisions were communicated to the broader College community.
- Evidence of improvements in response to governance evaluation or stakeholder feedback.

Request for Observations/Interviews:
Individuals involved with elements of this core inquiry across the college community. Including, but not limited to:

- Superintendent/President.
- College Council representatives.
- Academic Senate leadership.
- Classified professional representatives.
- Student representatives.
- Administrators and governance committee chairs.

Core Inquiry 6:

The team seeks to clarify how the Governing Board consistently exercises policy-level oversight of institutional quality, progress toward institutional goals, and fiscal health, and how information provided to the Board supports informed and effective decision-making.

Standards or Policies:

4.4. Acting through policy, the governing board takes responsibility for the overall quality and stability of the institution and regularly monitors progress towards its student achievement goals and fiscal health.

Description:

The ISER provides evidence that the Governing Board monitors institutional quality and stability through review of institutional goals, enrollment and student outcome data, fiscal reports, budget information, external audits, and the Comprehensive Educational Plan. The Board has also participated in goal setting, self-evaluation, and professional development. The team's initial review found that these structures support the requirements of Standard 4.4.

Although Standard 4.4 was not specifically identified in the March 2026 Action Letter, the Commission's concerns regarding Administrative and Board decision-making, appropriate delegation to the CEO, and effective collective governance provide relevant context for assessing Board oversight. Therefore, the team seeks to confirm that the Board regularly receives sufficient, accurate, and timely information to monitor institutional performance and fiscal health, and that it exercises this responsibility through policy-level oversight while maintaining appropriate separation between Board governance and institutional operations.

Topics of discussion during interviews:

- How does the Board identify the institutional performance and fiscal information it needs for effective oversight.
- How frequently does the Board review progress toward institutional goals and student outcomes.
- How trustees determine when additional information or follow-up is necessary.
- How does the Board distinguish appropriate oversight from involvement in day-to-day operations.
- Whether trustees believe they receive complete, timely, and understandable information necessary to fulfill their fiduciary responsibilities.

Request for Additional Information/Evidence:

- Board reports used to monitor institutional goals, student outcomes, enrollment, and fiscal health since Fall 2026.
- Recent Board agendas/minutes demonstrating discussion of institutional performance and fiscal condition.
- Current institutional and Superintendent/President goals and evidence of Board monitoring of progress.
- Most recent budget presentations, fiscal projections, and audit reports presented to the Board.
- Any regular calendar or schedule identifying when key institutional performance and fiscal information is presented to the Board.

Request for Observations/Interviews:
Individuals involved with elements of this core inquiry across the college community. Including, but not limited to:

- Governing Board members.
- Board President.
- Superintendent/President.

Core Inquiry 7:

The team seeks to determine whether the Governing Board consistently delegates appropriate authority to the Superintendent/President to implement Board policies, ensure effective institutional operations, and fulfill the College's mission, while maintaining appropriate boundaries between policy-level governance and day-to-day administration.

Standards or Policies:

4.5. The governing board selects and evaluates the institution's chief executive officer (CEO). The governing board gives the CEO full authority to implement board policies and ensure effective operations and fulfillment of the institutional mission.

Description:

The additional evidence included current BP/AP 2430, the presidential profile, and the Superintendent/President contract, strengthening the documentary evidence that authority is formally delegated to the CEO. The Special Report, however, described prior Board involvement in personnel actions, staff direction, disciplinary matters, and requests for operational information outside established CEO channels. The Commission specifically directed the peer review team to determine whether the Board appropriately delegates authority to the CEO to implement Board policies and ensure effective operations and fulfillment of the institutional mission.

The inquiry therefore focuses on whether formal delegation is consistently reflected in current practice, whether individual trustees and the Board collectively respect established role boundaries, and whether the CEO has sufficient authority to effectively manage institutional operations.

Topics of discussion during interviews:

- Current understanding among trustees and institutional leadership of Board versus CEO roles and responsibilities.
- How trustees request information, action, or follow-up are handled?
- Whether operational, personnel, and disciplinary matters are consistently directed through the Superintendent/President.
- The Superintendent/President's authority to make and implement administrative and personnel decisions.
- Whether the delegation of authority remains effective when the Board is addressing difficult, controversial, or high-profile institutional matters.
- How does the CEO inform the Board about significant institutional matters while maintaining appropriate administrative authority.
- How concerns regarding possible Board involvement in operational matters are identified and resolved.
- Whether recent Board development, trustee onboarding, and leadership transition have resulted in clearer and more consistent role boundaries; if so, how.

Request for Additional Information/Evidence:

- Board meeting minutes from Fall 2026 through the period preceding the Focused Site Visit demonstrating policy-level oversight and delegation to the Superintendent/President.
- Any current Board/CEO communication protocols, operating agreements, or role-clarification documents developed since the new Superintendent/President began.
- Any additional Board training or development materials related to Board/CEO roles completed after the August 2026 retreat.
- Current Superintendent/President goals and evaluation process.
- Examples, if available, demonstrating how trustee requests for institutional information or action are routed through the Superintendent/President.

Request for Observations/Interviews:
Individuals involved with elements of this core inquiry across the college community. Including, but not limited to:

- Superintendent/President.
- Board President.
- Governing Board.
- Constituency (senates, students) and labor union leaders.
- Executive Cabinet.

Core Inquiry 8:

The team seeks to determine whether the Governing Board consistently functions as a collective entity in the best interest of the institution, acts independently of undue influence, adheres to established ethical and conflict-of-interest requirements, and effectively self-governs when conduct does not align with Board policies or expectations.

Standards or Policies:

4.6. The governing board functions effectively as a collective entity to promote the institution's values and mission and fulfill its fiduciary responsibilities. The governing board demonstrates an ability to self-govern in adherence to its bylaws and expectations for best practices in board governance.

Policy on Institutional Integrity and Ethics, Item 4

Description:

The additional evidence included materials from the August 2026 Board retreat addressing self-evaluation, training, goal setting, and Board development, as well as relevant Board Policies and Administrative Procedures, evidence of recusals, ethics training, and meeting documents. This strengthens the documentary record supporting the Board's corrective efforts.

The Commission specifically directed the peer review team to determine whether the Board follows its established Board Policies and Administrative Procedures, functions ethically as a collective entity in the best interest of the institution and independent of undue influence, follows documented procedures for self-governance, and appropriately addresses behavior that does not align with its policies. The Commission also directed the team to examine whether institutional policies effectively prevent conflicts of interest in Board decision-making and provide appropriate due-process protections.

Given the recent history of Board division and governance concerns, together with third-party comments raising concerns regarding conflicts of interest, Board influence, confidentiality, and retaliation, the team seeks to determine what corrective actions have been taken to meet the Standard and its results.

Topics of discussion during interviews:

- How trustees understand and practice their responsibility to act as a collective governing body.
- What established safeguards effectively identify, disclose, and manage actual or perceived conflicts of interest and undue influence.
- How Board disagreements are resolved and how trustees support Board decisions after action is taken.
- How does the Board maintain independence from conflicts of interest or other undue influence as required by the Standard or Board Policy.
- How conduct inconsistent with Board policies, bylaws, or ethical expectations is identified and addressed.
- How closed session confidentiality and institutional trust are protected.
- How employees are afforded appropriate due-process protections when Board-related conflicts or concerns arise.
- How BP 7310 Nepotism and related conflict-of-interest policies are implemented in hiring, supervision, evaluation, promotion, discipline, and other employment decisions.
- How employees or administrators can raise concerns regarding nepotism, favoritism, or undue influence without fear of retaliation.
- How recusals or other safeguards are documented when a potential conflict exists.
- Actions taken in response to the Board self-evaluation and August 2026 retreat.

- Whether recent Board development and training have produced sustained changes in Board behavior and functioning.
- How does the Board evaluate whether its own governance practices are effective.

Request for Additional Information/Evidence:

- Updated status of the goals/action items resulting from the August 2026 Board self-evaluation and retreat.
- Board meeting minutes from Fall 2026 through the period preceding the Focused Site Visit demonstrating collective decision-making and implementation of ethical/conflict-of-interest expectations.
- Any additional documented recusals, disclosures, or conflict-of-interest actions occurring after the evidence already submitted.
- Current procedures for addressing trustee behavior that does not align with Board policy, bylaws, or ethical expectations.
- Evidence of current Form 700 compliance.
- Any documentation demonstrating how concerns involving potential Board conflicts, influence, or ethical violations are reviewed and resolved.
- Evidence demonstrating implementation of employee due-process protections in matters involving Board or governance concerns.
- Any subsequent assessment or follow-up evaluating the effectiveness of Board development activities undertaken since August 2026.

Request for Observations/Interviews:

Individuals involved with elements of this core inquiry across the college community. Including, but not limited to:

- Governing Board collectively.
- Board President.
- Superintendent/President.
- Executive leadership.
- Human Resources leadership.
- Academic Senate leadership.
- Classified professional leadership.

Core Inquiry 9:

Progress on implementing the recommended actions identified in response to complaints regarding questionable accounting practices or activities to control potential fraud, waste, and/or abuse of fiscal resources.

Standards or Policies:

Policy on Institutional Integrity and Ethics, Item 7 from the Special Report (related to 3.4 & 3.6 of ISER)

Description:

In the May 23, 2026, District Response to the Action Letter, Item 7, the District convened an ad hoc workgroup to evaluate institutional compliance with the Policy on Institutional Integrity and Ethics. This workgroup developed a timeline for reviewing and revising the Board Policy and Administrative Procedure (7700) on Whistleblower protection. Also included in the timeline are developing a complaint management framework, training, and reporting hotline.

Topics of discussion during interviews:

Who will address complaints received and ensure follow up occurs as well as any needed changes implemented?

What is the status of the efforts identified in the response (Due dates are from December 2026 through Juny 2027)?

Request for Additional Information/Evidence:

Status update on implementation of structure.
Examples of submissions reporting concern and follow-up/resolution taken.

Request for Observations/Interviews:

Individuals involved with elements of this core inquiry across the college community. Including, but not limited to:
Ad Hoc Workgroup
Superintendent/President
Constituency (senates, students) and labor union leaders.

Core Inquiry 10:

Several required documentation items were missing from the ISER. The team is requesting these items.

Standards or Policies:

Standards 1,2,3,4 Required Documentation

Description:
The team reviewed the ISER for the required documentation. Several items are missing, and the team is requesting those items. The list can be found below.

Topics of discussion during interviews:
The team does not anticipate needing to hold interviews related to this core inquiry. Rather team is hoping these items can be provided to the team as soon as possible so that this can be removed from the list.

Request for Additional Information/Evidence:

1. Documentation of institution's authority to operate as a post-secondary educational institution and award degrees (e.g., degree-granting approval statement, authorization to operate, articles of incorporation) (ER 1)

2. Procedures/practices for periodic review of mission/mission-related statements, including provisions for revision (if/when revisions are needed) that allow for participation of institutional stakeholders, as appropriate for the character and context of the institution

3. Documentation that the institution's transfer of credit policies includes the following:

   - Any established criteria the institution uses regarding the transfer of credit earned at another institution
   - Any types of institutions or sources from which the institution will not accept credits

4. Official college catalog contains required elements (ER 20). The team did not find the catalog attached as evidence.

5. Documentation of institution's:

   - Procedures for verifying that the student who registers in a course offered via distance education or correspondence education is the same person who participates in the course and receives academic credit
   - Policies and/or procedures for notifying students of any charges associated with verification of student identity (if applicable)
   - Policies regarding protection of student privacy

6. Documentation that the institution's student loan default rates are within the acceptable range defined by ED, or – if rates fall outside the acceptable range - documentation of corrective efforts underway to address the issue

Request for Observations/Interviews:
The team does not anticipate additional observations or interviews.