President's Professional Development Day Presentation 8.10.17

Material on Issues of Substance
Pertaining to Accreditation Standard Deficiencies

- West Hills College Coal,inga Governance Structure Draft/Concept Spring 2017
- College Council -Agendas/Minutes
- Institutional Effectiveness & Accreditation Committee -Agendas/Minutes
- Presidents Executive Cabinet -Agendas/Minutes
- President's Message (March & April)
- West Hills Community College District Facilities Master Plan & Educational Master Plan Schedule
- Tableau Data Dashboards
- West Hills College Coalinga EMP Leadership Team Kick-off Meeting Attendance Roster.
- Education Master Plan - Coalinga & North District Center Campus Leadership Kick-off Meeting
- Faculty Evaluations Tracking Spreadsheet
- Activities Towards Progress QFE Action Project #1 Institutional Effectiveness (SLOs)
- Activities Towards Progress QFE Action Project #2 Education Pathways
- 2017 Committee Communication & Effectiveness Survey
- Institutional Effectiveness & Accreditation Committee Participatory Governance Committee forms & Evaluation(s)

Letter from the Accrediting Commission for Community and Junior Colleges (ACCJC) dated June 23, 2017, which included the Commission's decision for reaffirmation of accreditation based on the reports filed by the evaluation team.

- WHC Coalinga-delay reaffirmation of accreditation, issue a warning, and require a follow-up report by October 1, 2018.

Warning

An institution has been determined by the Commission not to meet one or more standards, the deficiencies lead to serious noncompliance with the Standards, and Reaffirmation for 18 months is not warranted. When the Commission finds that an institution is out of compliance with the Commission's Standards to an extent that gives concern to the Commission, it may issue Warning to the institution to correct its deficiencies, refrain from certain activities, or initiate certain activities, and meet the standards.

The Commission may also issue Warning if the institution has acknowledged within its Institutional Self Evaluation Report or Special Report the deficiencies leading to serious noncompliance, and has demonstrated affirmative steps and plans to fully resolve the deficiencies within twelve months. The Commission will specify the time within which the institution must resolve the deficiencies and demonstrate compliance, generally twelve to eighteen months.

During the Warning period, the institution will be subject to reports and visits at a frequency to be determined by the Commission. **If Warning is issued as a result of the institution's comprehensive review, reaffirmation is delayed during the period of Warning. The accredited status of the institution continues during the Warning period.**

In the following circumstances, institutions may not submit a substantive change application:

- In the six-month period preceding a comprehensive evaluation team visit.
- During the period that an institution is on a sanction such as Warning, Probation, or Show Cause until the conditions that resulted in a sanction have been resolved and the Commission has reaffirmed accreditation. If the sanction includes a specific recommendation which cites as a non-compliance the institution's failure to seek substantive change approval of an existing program, delivery mode, or location, then, to the extent of that recommendation only, the institution may proceed with a substantive change application.
- If the institution is subject to withdrawal of accreditation, pending the outcome of administrative remedies.

Changes classified as Substantive Changes Substantive changes include, but are not limited to, the following:

E. Change in Courses or Programs or their Mode of Delivery that Represents a Significant

Departure from Current Practice:

- Change in the mode or location of courses when the change constitutes 50% or more of a program, degree or certificate. This includes the following:
  - Courses offered at a new or different location,
  - Courses offered through distance education or correspondence education;
  - Course additions that constitute 50% or more of a program.

- Addition of courses or programs that represent a significant departure from existing offerings of educational programs or methods of delivery from those offered when the institution was last evaluated

- Addition of programs at a degree or credential level different from that which is included in the institution's current accreditation.

- *WHCC received 5 Compliance Recommendations and 9 Recommendations for Improvement*

- *All deficiencies outlined in the compliance recommendations must be resolved prior to October 1, 2018 and be addressed in the colleges' 18 month Follow-up Report.*

- *In addition, the college is expected to report actions taken to address* ***both*** *the compliance and the improvement recommendations in the March 2021 Midterm Report.*

- *The District received 1 Compliance Recommendation to be addressed in the 18 month Follow-up Report*

The Commission finds the college out of compliance with Standards:

- 1.8.3 and I1.A.1 (Recommendation 4)
- 1.8.1, I1.A.1, I1.A.2, I1.A.3, I1.A.6, I1.A.11 and I1.A.16 (Recommendation 9)
- I1.A.3 (Recommendation 10)
- II1.A.5 (Recommendation 12)
- IV.A. 7 (Recommendation 14)
- IV.C. 7 (District Recommendation 2)

Coalinga Compliance Recommendation

Recommendation 4

- In order to meet the Standards, the team recommends that the College publish institution-set standards for student achievement, appropriate to its mission, assesses how well it is achieving them in pursuit of continuous improvement, and has a sustained and collegial dialogue about this information.

Steps - Recommendation 4

Action Plan Overview
Institutional Effectiveness & Accreditation Committee

College Council

- Publish 2017 Institution Set Standards (ISS)
- Assess 2017 ISS
- Establish 2018 ISS
- Publish 2018 ISS
- Assess 2018 ISS
- Sustained & Collegial Dialogue

Coalinga Compliance Recommendation

Recommendation 9

- In order to meet the Standards, the team recommends that the College maintain an on-going sustainable process of assessing student learning outcomes at the course, program, certificate, and degree levels; promote widespread dialogue on the results; and use assessment results to improve programs and institutional processes including resource allocations. Additionally, the team recommends that the College:
  - include student learning as one component in assessing institutional effectiveness;
  - fully and meaningfully assess all courses, certificate and degree programs using student learning outcomes assessment to improve student learning and ensure that faculty and staff fully engage in the student learning outcome assessment process;
  - develop a streamlined process and accountability measures for student learning outcomes and assessment.

Steps - Recommendation 9

Action Plan Overview
Institutional Effectiveness & Accreditation Committee

SLOC & Outcomes Committee

- WHCC SLO Assessment Plan
  - Processes & cycle
  - Review Course Learning Outcomes (CLOs), Program Learning Outcomes (PLOs), and Service Area Outcomes (SAOs)/Area Unit Outcomes (AUOs)
  - Map CLOs, PLOs, and SAOs/AUOs to Institutional Student Learning Outcomes (ISLOs)
  - Document learning outcomes and mapping in eLumen
- Fall 2017 Assessment
- Spring 2018 Assessment
- Fall 2018 Assessment
- Outcomes Assessment Dashboard(s)
- Evaluate and Refine Program Review
- Professional Development AUOs/SAO's/assessment/eLumen
- Sustained & Collegial Dialogue

Coalinga Compliance Recommendation

Recommendation 10

- In order to meet the Standards, the team recommends that the College ensure that all course syllabi include the approved student learning outcomes and that the officially approved course outlines contain student learning outcomes.

Steps - Recommendation 10

Action Plan Overview
Institutional Effectiveness & Accreditation Committee

Instruction Office

- Review of all course syllabi
- Review of all Course Outlines of Record (CORs)

Coalinga Compliance Recommendation

Recommendation 12

- In order to meet Standards, the team recommends that all personnel are systematically evaluated at stated intervals in accordance with the collective bargaining agreements and board policies.

Steps - Recommendation 12

Action Plan Overview
Institutional Effectiveness & Accreditation Committee

President's Office

- Implement Faculty Evaluation Tracking System
- Implement Staff Evaluation Tracking System
- Implement Administrative Evaluation Tracking System

Coalinga Compliance Recommendation

Recommendation 14

- In order to meet Standards, the team recommends that the College, as it notes in its Quality Focus Essay (QFE), evaluate the governance and decision making procedures and processes, including the *Participatory Governance and Integrated Planning Manual 2011* to assure their effectiveness.

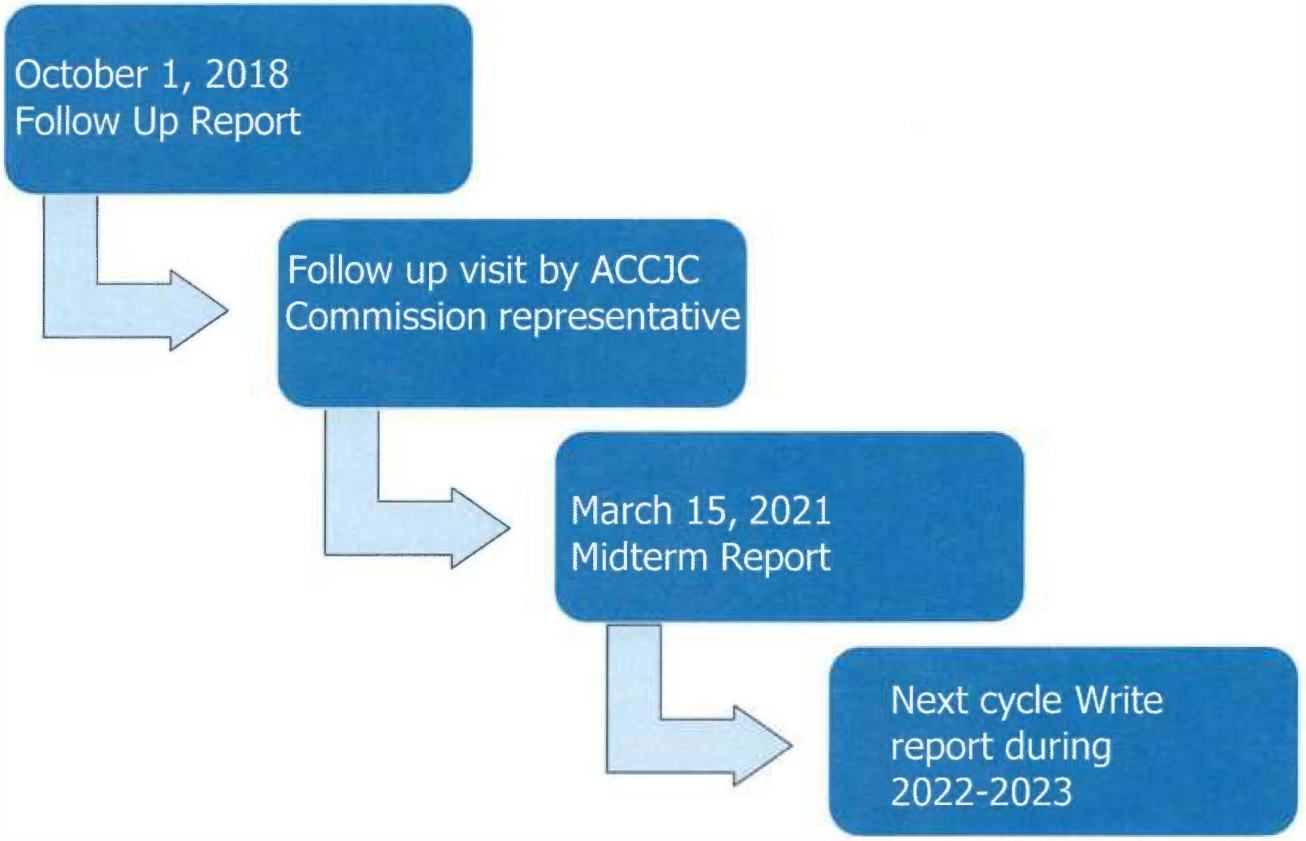
Steps - Recommendation 14

Action Plan Overview
Institutional Effectiveness & Accreditation Committee

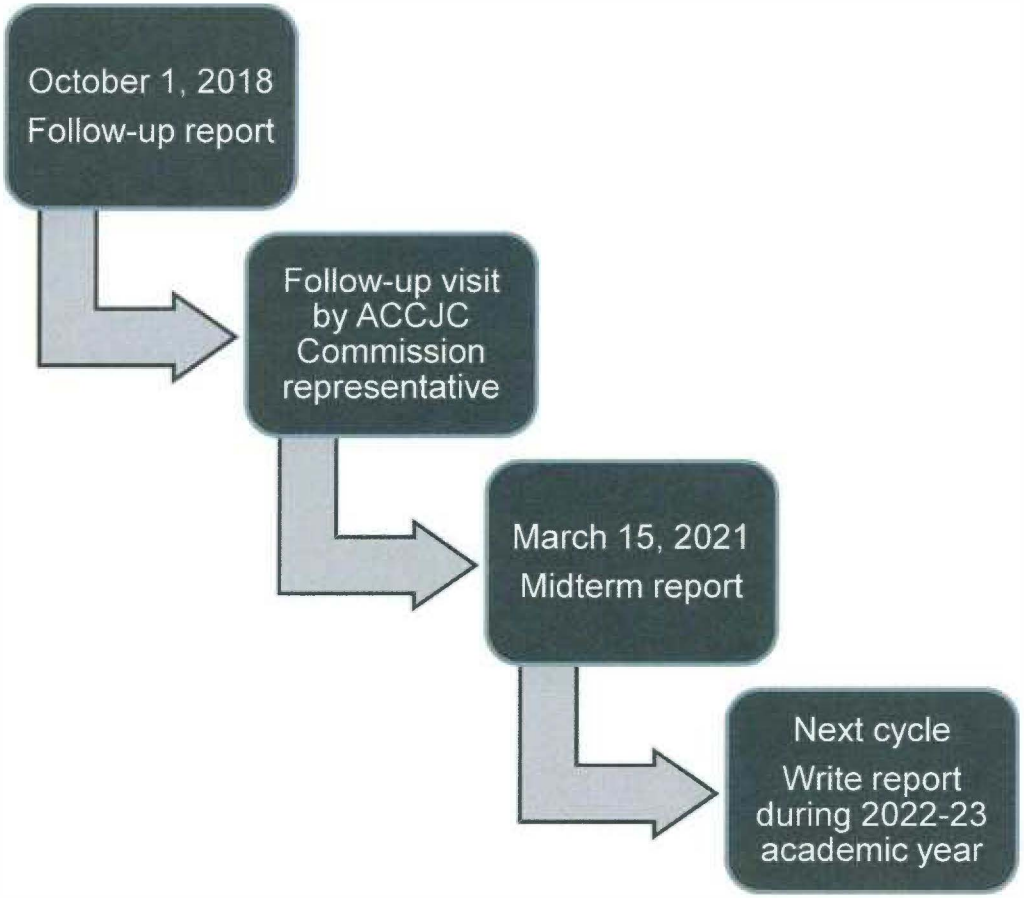
College Council
- Review and revise Governance & Planning Manual
- Evaluate governance and decision making

IEAC & Budget Committee
- Assess and revise program review process to include resource allocation tied to assessment/outcomes (Fall 2017 for 2018 budget)

ACCJC Timeline - WHC Coalinga



Six Year Accreditation Cycle Timeline



Action Plan Overview - IEAC

Recommendation 4

CC

- Publish 2017 ISS
- Assess 2017 ISS
- Establish 2018 ISS
- Publish 2018 ISS
- Assess 2018 ISS
- Sustained & Collegial Dialogue

Recommendation 9

SLOC & Outcomes Committee

- WHCC SLO Assessment Plan -
  - processes & cycle
  - Course Learning Outcomes (CLOs). Program Learning Outcomes (PLOs), and Service Area Outcomes (SAOs) with appropriate measures
  - Map CLOs, PLOs, and SAOs to Institutional Student Learning Outcomes (ISLOs)
  - Map CLOs, PLOs, and SAOs to Institutional Student Learning Outcomes (ISLOs)
  - Load learning outcomes and mapping to Elumen
- Fall 2017 Assessment
- Spring 2018 Assessment
- Fall 2018 Assessment
- Outcomes Assessment Dashboard(s)
- Evaluate and Refine Program Review
- Professional Development AUOs/SAO's/assessment/Elumen
- Sustained & Collegial Dialogue

Recommendation 10

Instruction Office

- Review of all course syllabi
- Review of all CORs

Recommendation 12

Presidents Office

- Implement Faculty Eval tracking sys
- Implement Staff Eval tracking sys
- Implement admin eval tracking sys

Recommendation 14

CC

- Review and revise Governance & Planning Manual
- Evaluate governance and decision making

IEAC & Budget Committee

- Assess and revise program review process to include resource allocation tied to assessment/outcomes . (Fall 2017 for 2018 budget).

Spring 2018 Assessment
Fall 2018 Assessment
Evaluate governance and decision making

2017-2019 Focus Areas

- Accreditation
- CC identify 3-5 KPI's for Institutional Effectiveness Benchmarks
- Enrollment Management & Student Retention Plan(s)
- 5 yr Residence Halls/Resident Life Operational Plan
- Expand CTE in response to SWP
- Expand Non-Credit
- Enhance Community Education/Partnerships
- Enhance K-12 Partnerships/expand dual enrollment w/focus on development of STEM pipeline

Creating Opportunities for Success

- Examine institutional data including disaggregated data on our students
- Identify gaps
- Identify lag measures
- Identify and act on lead measures
- Examine our structures, processes, and practices
- Build collaborations across academic and student service areas
- Prioritize the alignment of resources to reach the targeted goals
- Establish a way to monitor our progress in a way that is very visible to everyone on campus
- Create systems to hold each other accountable for exercising leadership and producing results
- Creating opportunities for professional development