

# **EXTERNAL EVALUATION REPORT**

**Victor Valley College  
18422 Bear Valley Road  
Victorville, CA 92395**

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

**This report represents the findings of the External Evaluation Team that visited  
Victor Valley College March 6 – March 10, 2017**

**Kevin G. Walthers, Ph.D.  
Chair**

**NOTE: this page shall be added to the team report noted below, immediately behind the cover page, and shall become part of the final evaluation report associated with the review.**

DATE: June 23, 2017

INSTITUTION: Victor Valley College  
18422 Bear Valley Road  
Victorville, CA 92395

TEAM REPORT: Comprehensive Evaluation Report

This report represents the findings of the evaluation team that visited College March 6 – 9, 2017.

SUBJECT: Commission Revisions to the Team Report

The comprehensive External Evaluation Report provides details of the team’s findings with regard to the Eligibility Requirements, Accreditation Standards, and Commission policies, and should be read carefully and used to understand the team’s findings. Upon a review of the External Evaluation Report sent to the College, the College’s Self-Evaluation Report, and supplemental information, oral testimony evidence provided by the College and the District, the following changes or corrections are noted for the Team Report:

1. Change Recommendation 7 to a Recommendation to Improve Effectiveness.

## Table of Contents

<b>EXTERNAL EVALUATION REPORT .....</b>	<b>1</b>
<b>Table of Contents.....</b>	<b>3</b>
<b>List of College Team Members.....</b>	<b>4</b>
<b>Summary of the External Evaluation Report .....</b>	<b>5</b>
<b>Major Findings and Recommendations of the 2017 External Evaluation Team .....</b>	<b>7</b>
<b>Introduction .....</b>	<b>9</b>
<b>Eligibility Requirements .....</b>	<b>10</b>
<b>Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies .....</b>	<b>11</b>
<b>STANDARD I: MISSION, ACADEMIC QUALITY AND INSTITUTIONAL EFFECTIVENESS, AND INTEGRITY.....</b>	<b>19</b>
Standard I.A: Mission .....	19
Standard I.B: Assuring Academic Quality and Institutional Effectiveness .....	21
Standard I.C: Institutional Integrity .....	25
<b>STANDARD II: STUDENT LEARNING PROGRAMS AND SUPPORT SERVICES ...</b>	<b>28</b>
Standard II.A: Instructional Programs .....	28
Standard II.B: Library and Learning Support Services .....	32
Standard II.C: Student Support Services .....	35
<b>STANDARD III: RESOURCES.....</b>	<b>38</b>
Standard III.A Human Resources .....	38
Standard III.B: Physical Resources.....	41
Standard III.C: Technology Resources .....	45
Standard III.D: Financial Resources .....	47
<b>STANDARD IV: LEADERSHIP AND GOVERNANCE.....</b>	<b>52</b>
Standard IV.A: Decision Making Roles and Processes .....	52
Standard IV.B: Chief Executive Officer .....	55
Standard IV.C: Governing Board .....	56
<b>Quality Focus Essay Feedback .....</b>	<b>58</b>

## List of College Team Members

Dr. Kevin G. Walthers (Chair)  
Superintendent/President  
Allan Hancock College

Dr. Bernadette Anayah  
Faculty Member, ESL  
Folsom Lake College

Mr. Brent Calvin  
Vice President for Student Services  
College of the Sequoias

Ms. Carmen Camacho (Team Assistant)  
Executive Assistant to the President  
Allan Hancock College

Dr. Ryan Cornner  
Vice Chancellor for Institutional Programs  
and Effectiveness  
Los Angeles Community College District

Mr. Henry Hua  
Dean, Business and CIS  
Cypress College

Dr. Celia Huston  
Faculty Member, Library Services  
San Bernardino Valley College

Dr. Nancy Jones  
Dean of Instruction, Business & CTE  
Coastline Community College

Dr. Mia Terrez Kelly  
Faculty Member, Nursing  
Merritt College

Mr. Lee Lindsey  
Vice President of Administrative Services  
College of the Redwoods

Ms. Diana Rodriguez  
President  
San Bernardino Valley College

## Summary of the External Evaluation Report

INSTITUTION: Victor Valley College

DATES OF VISIT: March 6 – March 9, 2016

TEAM CHAIR: Dr. Kevin G Walthers

An eleven-member team visited Victor Valley College (VVC) March 6 – March 9, 2017 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.

The evaluation team received the college's self-evaluation document and related evidence in a timely manner, a few weeks prior to the site visit. Team members found it to be a generally acceptable document that adequately described some of the processes used by the College to address Eligibility Requirements, USDOE requirements, Accreditation Standards, and Commission Policies. Other areas of the document were less complete, requiring significant effort on the part of the team to corroborate the report's assertions. College faculty and staff were able to fill in the gaps and worked diligently to assist the team in our work.

The team confirmed that the self-evaluation report was compiled through broad participation by the entire College community including faculty, staff, students, and administration. Further, it contained several self-identified action plans for institutional improvement as part of the Quality Focus Essay.

During the evaluation visit, team members conducted dozens of formal meetings, interviews, and observations involving College employees, students, and board members. Other, less formal interactions with students and employees took place outside of officially scheduled interviews, as did observations of in-session classes and other learning environments. Three open forums provided the community members and College personnel opportunities to meet with members of the evaluation team

The team reviewed numerous materials supporting the self-evaluation report in the team room and electronically, including documents and evidence supporting the Standards, Eligibility Requirements, Commission Policies, and USDE regulations. Evidence reviewed by the team included, but was not limited to, documents such as institutional plans, program review procedures and reports, student learning outcomes evidence, distance education classes, College policies and procedures, enrollment information, committee minutes and materials, and College governance structures. Said evidence was accessed via hard-copy in the team room and electronically via provided flash drives, internal College systems (e.g., eLumen, CurricuNet), and the College's internal and public website pages.

The team greatly appreciated the enthusiasm and support from College employees throughout the visit. The team appreciated the assistance of key staff members who assisted with requests for individual meetings and other needs throughout the evaluation process. College staff met every request.

The team noted that the College fell short of compliance with Eligibility Requirements 11 and

20. The team also issued recommendations concerning compliance issues related to Commission Policies and Standards in regard to assessment of processes and distance education.

The team found a number of innovative and effective practices and programs resulting in a number of commendations to the College. It also issued several recommendations to increase effectiveness.

## **Major Findings and Recommendations of the 2017 External Evaluation Team**

### **Commendations**

*Commendation 1:* The team commends the college for the development and ongoing success of the K-16 High School Bridge Program.

*Commendation 2:* The team commends the college for its commitment to student success for the planning and development of a centralized Tutorial Center combining tutoring, the writing center, and math lab.

*Commendation 3:* The team commends the college for developing a culture focused on integrated planning and creating a robust instructional program review that integrates student learning and achievement data, institutional planning and identification of programmatic needs for use in the institutional planning and resource allocation processes.

*Commendation 4:* The team commends the College for its partnerships with local cities and businesses in the development and success of their Aviation Technology Maintenance Program and Regional Public Safety Training Center.

*Commendation 5:* The team commends the college for its innovative approach to professional development for classified staff.

*Commendation 6:* The team commends the college and the facility committee for its award winning utility saving projects, including landscaping to reduce water usage and waste, solar voltaic projects, an updated energy management system, boiler replacements, LED lighting retrofits, power management systems, and integrating Savings by Design into facilities planning

*Commendation 7:* The team commends the college for creating a culture of mutual respect and student support. The team found campus-wide appreciation for the leadership of President Roger Wagner. The team also recognizes the positive shift in culture evidenced by VVC constituent groups.

## **Recommendations for Improvement and Compliance**

*Recommendation 1 (Compliance)* In order to meet standards, the team recommends that the college complete the learning assessment process for programs (PLOs) and service areas (SAOs), integrate these assessments into the existing program review process and complete the development of a process to systematically analyze learning outcomes data by meaningful demographic disaggregation (Standard I.B.2, I.B.3, I.B.6, II.B.3 and ER 11).

*Recommendation 2 (Effectiveness)* In order to improve effectiveness, the team recommends that the college develop a process for addressing deficiencies in achieving Institutional Set Standards, including integrating the standards into the program review process, and creating comprehensive improvement plans (Standard I.B.3, ER 11).

*Recommendation 3 (Compliance)* In order to meet standards, the team recommends that the college strengthen its integrated planning process by reviewing the impact of funding decisions and formalizing the cycle of evaluation for its planning processes, policies, procedures and governance structures to ensure that the continuous improvement loop is closed. (Standards I.B.7, I.C.6, IIA.3, II.C.1, II.C.2, III.D.1, and IV.A.7).

*Recommendation 4 (Compliance)* In order to meet standards, the team recommends that the college develop a transfer of credit policy that describes the criteria through which credit from other institutions of higher education will be accepted and publish this policy broadly, including in the college catalog. (Standards I.C.2 and ER 20)

*Recommendation 5 (Effectiveness)* In order to improve effectiveness, the team recommends that the College increase student support services (i.e. Counseling, Financial Aid, Veterans Services) at off-site locations and for online students. (II.C.1., II.C.3., ER 15)

*Recommendation 6 (Effectiveness)* In order to improve effectiveness, the team recommends that the college examine the organizational structure and staffing of its executive level to ensure that the college maintains a sufficient number of administrators (III.A.10).

*Recommendation 7 (Compliance)* In order to meet the standards, The team recommends that the college ensures regular and effective contact in online courses and refine policies, procedures and processes as needed to ensure that there is evidence that all online courses have regular and effective contact (II.A.2, II.A.7 and DE Checklist).



## **Introduction**

Victor Valley College was established by authority of the voters in 1960 with the first classes offered in 1961. The College's main campus is located 90 miles north of Los Angeles in the High Desert of Southern California and covers a geographic service area of approximately 2,200 square miles. The College also has the Regional Public Safety Training Center located in Apple Valley — approximately 15 miles northeast of the main campus.

In the beginning, the College had one feeder high school and served a population of roughly 70,000 residents. Today the College has 20 feeder high schools and diploma-granting institutions, serving a population base of nearly 400,000 people. This translates into approximately 14,000 students per semester and an annual FTES of approximately 9,500.

Since 1961, the College has progressed far beyond its humble beginnings to become a major institution of higher learning offering a complex schedule of educational opportunities to meet the changing needs of this growing region. Communities served by the District include Adelanto, Apple Valley, Helendale, Hesperia, Spring Valley Lake, Lucerne, Oro Grande, Phelan, Piñon Hills, Victorville, and Wrightwood.

## **Eligibility Requirements**

### **1. Authority**

The team confirmed that Victor Valley College is authorized to operate as a post- secondary, degree-granting institution based on continuous accreditation by the Accrediting Commission for Community and Junior Colleges (ACCJC) of the Western Association of Schools and Colleges (WASC). The ACCJC is a regional accrediting body recognized by the

U.S. Department of Education and granted authority through the Higher Education Opportunity Act of 2008.

The College meets the ER.

### **2. Operational Status**

The team confirmed that the College is operational and provides educational services to more than 11,000 students enrolled in degree applicable, credit courses.

The College meets the ER.

### **3. Degrees**

The team confirmed that the vast majority of courses offered lead to a degree and/or transfer. A majority of the College's students are enrolled in the 34 AA/AS degrees, or 11 Associate Degree for Transfer programs offered by the College.

The College meets the ER.

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

The District's current chief executive officer is highly qualified for the position and has served as superintendent/president since Fall, 2014. His full-time responsibility is to the District; he possesses the requisite skills and authority to provide leadership for the District.

The Superintendent/President of Victor Valley College reports directly to the District Board of Trustees. The Superintendent/President does not serve as a member of the board nor as the board president. Since the last full accreditation visit, there was a change in the Superintendent/President position that was appropriately reported to the ACCJC.

The College meets the ER.

### **5. Financial Accountability**

The District Office Accounting Office staff oversees District wide audits and is responsible for coordination of all site visits. The District also has a Central Financial Aid Unit that monitors and helps control the Perkins Loans default rates. The College demonstrates compliance with Federal Title IV regulations, and maintains its loan default rates within acceptable limits defined by the USDE.

The District annually undergoes an external financial audit by a certified public accountant which is made available to the public. Evidence shows that the audits were completed and are available to review on the District's website. Reports were available for the years ending June 30, 2001 through 2015.

The College meets the ER.

## Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies

### **Public Notification of an Evaluation Team Visit and Third Party Comment Evaluation Items:**

- The institution has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive evaluation visit.
- The institution cooperates with the evaluation team in any necessary follow-up related to the third party comment.
- The institution demonstrates compliance with the Commission *Policy on Rights and Responsibilities of the Commission and Member Institutions* as to third party comment.

[Regulation citation: 602.23(b).]

### **Conclusion Check-Off (mark one):**

- The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
- 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.
- The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

### **Narrative:**

The team confirmed that the College solicited third-party comment via open forums, email communication, website postings and public comment during a Board of Trustee meeting. The team found no third party comment related to this visit.

**Standards and Performance with Respect to Student Achievement Evaluation Items:**

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.

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.

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.

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.

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

**Conclusion Check-Off (mark one):**

The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.

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.

The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:**

The College provided evidence that it has established institution-set standards for course completion, job placement rates for instructional programs, and licensure passage rates for instructional programs. Plans are in place for monitoring these student achievement measures and for communicating results. The college set aspirational goals rather than minimum standards. This should require the college to develop action plans for the areas where goals are not met. At this time, those plans are not available. The team believes that the college should set ISS goals as minimal standards in accordance with department of education rules.

**Credits, Program Length, and Tuition Evaluation Items:**

- Credit hour assignments and degree program lengths are within the range of good practice in higher education (in policy and procedure).
- 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).
- Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition).
- Any clock hour conversions to credit hours adhere to the Department of Education’s conversion formula, both in policy and procedure, and in practice.
- The institution demonstrates compliance with the Commission *Policy on Institutional Degrees and Credits*.

[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):**

- The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
- 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.
- The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

**Narrative:**

The technical review committee as well as the curriculum handbook has established a protocol for the review of all courses for length, depth, breadth, rigor, course sequencing, time to completion, synthesis of learning and minimum degree requirements. The institution does not have clock hour programs. The institution is mindful of scheduling courses to meet the needs of the students in all of its programs. The distance education subcommittee has established a protocol for the review of distance education courses. The institution has an infrastructure that is sufficient to maintain and sustain its distance education. The program review handbook is used to guide faculty and others to develop a comprehensive program review document. (Standard II.A.3, II.A.5, II.A.6, ER 9, ER 12, [Regulation citations: 600.2; 602.16(a)(1)(viii); 602.24(e), (f); 668.2; 668.9.], 602.16(a)(1)(iv), (vi); 602.17(g); 668.38.)

**Transfer Policies Evaluation Items:**

- Transfer policies are appropriately disclosed to students and to the public.
- Policies contain information about the criteria the institution uses to accept credits for transfer.
- The institution complies with the Commission *Policy on Transfer of Credit*. [Regulation citations: 602.16(a)(1)(viii); 602.17(a)(3); 602.24(e); 668.43(a)(ii).]

**Conclusion Check-Off (mark one):**

- The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
- 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.
- The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:**

Awarding credit for college coursework completed at another institution requires a student to submit official transcripts showing successful completion of lower-division courses at an accredited institution. The transcript review process includes evaluation of the course description or/and syllabus from the originating institution. The process for requesting the evaluation of outside transcripts is not easily accessible. While it is described on the Counseling FAQ webpage and provided to entering students as part of the orientation process, it is not currently included in the College catalog or clearly described in the Schedule of Classes. (See College Recommendation 2)

**Distance Education and Correspondence Education Evaluation Items:**

- The institution has policies and procedures for defining and classifying a course as offered by distance education or correspondence education, in alignment with USDE definitions.  
  
There is an accurate and consistent application of the policies and procedures for determining if a course is offered by distance education (with regular and substantive interaction with the instructor, initiated by the instructor, and online activities are included as part of a student’s grade) or correspondence education (online activities are primarily “paperwork related,” including reading posted materials, posting homework and completing examinations, and interaction with the instructor is initiated by the student as needed).
- The institution has appropriate means and consistently applies those means for verifying the identity of a student who participates in a distance education or correspondence education course or program, and for ensuring that student information is protected.
- The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings.
- The institution demonstrates compliance with the Commission *Policy on Distance Education and Correspondence Education*.

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

**Conclusion Check-Off (mark one):**

- The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
- 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.
- The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

**Narrative:**

The team recommends that the college ensures regular and effective contact in online courses and refine policies, procedures and processes as needed to ensure that there is evidence that all online courses have regular and effective contact (II.A.2, II.A.7 and DE Checklist).

**Student Complaints Evaluation Items:**

- 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.
- The student complaint files for the previous six years (since the last comprehensive evaluation) are available; the files demonstrate accurate implementation of the complaint policies and procedures.
- The team analysis of the student complaint files identifies any issues that may be indicative of the institution's noncompliance with any Accreditation Standards.
- 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.
- The institution demonstrates compliance with the Commission *Policy on Representation of Accredited Status* and the *Policy on Student and Public Complaints Against Institutions*.

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

**Conclusion Check-Off (mark one):**

- The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
- 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.
- The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:**

The institution has clear procedures for student complaints and has a systematic process for using this feedback for continuous improvement. The procedures are outlined in the College catalog, website, and in publications within the Student Services division. Complaints are logged (and maintained) within the Student Services division and shared appropriately with concerned parties.



**Institutional Disclosure and Advertising and Recruitment Materials Evaluation Items:**

- The institution provides accurate, timely (current), and appropriately detailed information to students and the public about its programs, locations, and policies.
- The institution complies with the Commission *Policy on Institutional Advertising, Student Recruitment, and Representation of Accredited Status*.
- The institution provides required information concerning its accredited status as described above in the section on Student Complaints.

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

**Conclusion Check-Off (mark one):**

- The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
- 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.
- The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:**

- Information about programs, locations, and policies is communicated to students and the public via the College Catalog, the Schedule of Classes, and/or the College website. The College website provides information about research and data gathering, planning, and the status on accreditation, including annual reports. The College does not misrepresent program costs or job placement and employment opportunities, offer money in exchange for enrollment, or guarantee employment in order to recruit students. Scholarships are awarded based on specified criteria to support students in the pursuit of their educational goals.

**Title IV Compliance Evaluation Items:**

- 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.
- 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.
- 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.
- 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.
- The institution demonstrates compliance with the Commission *Policy on Contractual Relationships with Non-Regionally Accredited Organizations* and the *Policy on Institutional Compliance with Title IV*.  
[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:**

- The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
- 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.
- The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

**Narrative:**

The College demonstrates compliance with Federal Title IV regulations.

# **STANDARD I: MISSION, ACADEMIC QUALITY AND INSTITUTIONAL EFFECTIVENESS, AND INTEGRITY**

## **Standard I.A: Mission**

### **General Observations**

Victor Valley College has a clearly defined and mission statement, approved by the Board of Trustees in August, 2012. The mission statement drives institutional planning and is regularly assessed through the Program Review Allocation and Institutional Strategies for Excellence (PRAISE) process. The processes in place ensure that the mission is at the forefront of decision-making and is aligned with programmatic missions and goals. The college is in the process of reviewing and revising its mission and proposed revisions improve the specificity of the broad educational purpose by defining degrees and credentials awarded by the college. The mission statement is publicized throughout the college through the catalog, and the PRAISE processes.

### **Findings and Evidence**

The College is in the process of updating its mission to better meet accreditation standards. The last major revision to the mission was approved by the Board of Trustees in August of 2012. The mission, at that time, defined the broad educational purpose of the institution as creating exceptional and accessible lifelong learning opportunities that lead to knowledge and skills needed for success in a global economy. The mission embeds a focus on educational innovation, multiculturalism and social responsibility. While the mission is appropriate to an institution of higher learning and demonstrates a commitment to student success, it did not explicitly define the student population, nor did it address the types of degrees, credentials and certificates that the institution offers. The college noted the need for including the types of awards in the mission, but indicated that the population is defined in the vision.

The draft updated version of the mission includes associate degrees, transfer preparation, and workforce development as part of the broad educational purpose. The draft does not include the intended population and the inclusion of workforce development does not clearly articulate that the college awards workforce certificates. The Board has reviewed the draft revisions and the mission has been referred back to the campus for further review. The college intends to bring the final revisions for Board review and approval in spring 2017. (Standard I.A.1)

The college has developed processes for analyzing how well it is meeting its mission through the implementation of its Program Review Allocation and Institutional Strategies for Excellence (PRAISE) process. A review of this process demonstrates that the college regularly reviews the relevance of the mission and that each program is required to align its programmatic mission with that of the college. Furthermore, the process utilizes student achievement and student learning outcomes to guide programs through an analytical review leading to planning goals. The process allows programs to demonstrate that contributions to the overall success at meeting the college mission. Institutional outcomes are reviewed on an annual basis through the college scorecard, which indicates changes in achievement outcomes related to the college mission and goals. (Standard I.A.2)

The college mission, vision and core values are used throughout the college in the decision-making process. The mission drives the college Educational Master Plan goals, which is used as the central planning document for the college. Each program includes its own mission and goals

in the Educational Master Plan, which align with the college mission and goals. The team confirmed that the PRAISE process serves as the basis for integrated planning and the commitment of resources. Minutes and documents from shared governance committees demonstrate that the college provides resource augmentations through a system of prioritization built on the relevance to the institutional mission and Educational Master Plan goals. (Standard I.A.3)

The Board of Trustees approved the current mission statement in August, 2012 after it was vetted through the college's participatory governance approval process. The mission is in the process of review and has incorporated accreditation standards and the PRAISE results in the evaluation. The mission is prominent in the college catalog, on the college website and used throughout the planning and PRAISE processes. (Standard I.A.4, ER 6)

### **Conclusion**

The College meets the Standard and ER 6. The team encourages the college to consider more explicitly labeling workforce certificates and the intended student population during the mission revision process. The college has defined triggers for review of the mission, however, the college would benefit from integrating its review cycles and making explicit the period for the evaluation and revision of the mission.

## **Standard I.B: Assuring Academic Quality and Institutional Effectiveness**

### **General Observations**

The college has a culture of evaluation. The team found evidence that all constituents are invested in the PRAISE process and have worked to improve the integrated planning process. The college effectively uses student achievement and learning outcomes to identify areas in need of improvement and to guide the college's planning and resource allocation process. The college should continue this work by completing the Program Learning Outcome assessment cycle and by putting in place procedures to disaggregate learning outcomes by student demographic. The college effectively reviews its PRAISE processes on an annual basis, but lacks a defined, systematic and regular cycle of evaluation of planning and governance processes, and its policies and procedures.

### **Findings and Evidence**

Victor Valley College has developed a culture built on integrated planning with the PRAISE process serving as the central driving force for dialog on institutional improvement. PRAISE provides a venue for faculty and staff dialog on student learning and achievement outcomes. The analysis, dialog and needs assessments are then condensed to program goals and resource requests which are vetted through administrative and shared governance groups. This processes pushes dialog across the college, including the Student Success Committee, Finance and Budget Committee, Facilities Committee, Technology Committee and College Council. The college also reports annually on the success of the Educational Master Plan through a student success scorecard, which is presented to the Board of Trustees and the College Council. The results of the dialog include the development of a taskforce to improve tutoring services, the creation of new facilities to support the welding program and a continued focus on improving critical thinking as an Institutional Learning Outcome. (Standard I.B.1)

The college has developed extensive support of student learning outcomes at the course level. Through the leadership of the Academic Senate and the SLO Assessment Committee, the college has developed standards resources to support the development, assessment and use of learning outcomes. Learning outcomes at the program level are housed in the curriculum inventory system, but have yet to be fully assessed. The college has used an authentic assessment to measure Institutional Learning Outcomes and identified critical thinking as an area of improvement. Following the evaluation, improvement plans have been implemented and a re-evaluation is in the planning stages for next year. While mapping has been used to align course, program and institutional learning outcomes, few authentic assessments have been conducted at the program level. In addition, the Service Area Outcomes (SAOs), which are used to assess student support services are incomplete and little assessment has been conducted. The team confirmed the statement in the self-evaluation that the college has not closed the loop on program learning outcomes. The timeline for completion of the program learning assessments has passed and the college is working to complete these tasks. The assessments that have been completed for course, program, and service area outcomes, are included in the PRAISE process and used as part of a regular review of instructional and support programs. (Standard I.B.2, ER11)

The development of Institutional set standards (ISS) of student achievement is a new process for the college and were established in 2016. The process for developing the ISS included dialog and analysis with the academic senate. The process aligned with efforts to set goals through the

statewide IEPI process and institutional planning. The college chose to set standards above what has been historically achieved. The reasoning offered is that this will push the college to focus on institutional improvement. Unfortunately, the process is new to the college and there are no processes for developing improvement plans for those areas falling below the standard as required by Department of Education rules. Some outcome levels are currently below the standard and there is no evidence of specific improvement plans. The college has plans to add the ISS to the PRAISE process, but to date this has not been completed. This process will also allow the programs to respond to the specific achievement related to job placement and license pass rates, which also have outcomes falling below the ISS. (Standard I.B.3)

The college's PRAISE process integrates assessment of learning outcomes, analysis of achievement data and the programmatic planning. The Office of Institutional Effectiveness provides data on student enrollment and achievement outcomes that includes disaggregation by specialty programs, such as honors, distance education, and, more recently, student demographics. This program review process is integrated with the annual resource allocation process and feeds into shared governance committees throughout the institution. The process occurs on a three year cycle with all programs having the ability to provide annual updates to demonstrate improved outcomes and support additional needs. The PRAISE cycle includes a tiered review process to identify programmatic and institutional need and utilizes an institutional rubric for prioritizing resources. Those resources best justified in the PRAISE process and with the greatest alignment to the college Educational Master Plan receive the highest prioritization.

In addition to the PRAISE reports, achievement data is used throughout the college to annually review the Educational Master Plan, SSSP and Equity Plans. Dialog on student achievement occurs through all shared governance groups and has led to strategies for improved student outcomes. Student equity gaps have been identified in the college equity plan and there are strategies identified for addressing these gaps and improving outcomes for those populations with lower achievement rates.

The team found that program faculty and staff analyze and discuss student learning and achievement data within the context of the PRAISE process and to justify program resources and plans for improvements. The college noted concerns about the data integrity and the need for growth in understanding and use of data. The college has requested support to address these issues from the state IEPI and will have a support team arriving in late March. Learning outcomes have not yet been disaggregated and the college has not established a process to complete this level of disaggregation. Disaggregation has occurred through achievement data in the PRAISE system and provides programs with the opportunity to review and analyze data to identify equity gaps and areas of improvement. The improvements in the system should allow the college to increase the use of data to perform such analysis and planning. Additionally, the college's separation of instructional and non-instructional programs has led to varying quality and support between the two groups. The college would benefit from reviewing the support for non-instructional units in the PRAISE process. (Standard I.B.4, I.B.5, I.B.6)

The college does not have a defined process of regularly and systematically reviewing its planning process. The planning process resulting in the Educational Master Plan does not indicate a concrete timeline or evaluation process. The PRAISE process and associated resource allocations processes integrated with PRAISE are evaluated annually through a system of surveys and institutional dialog. The college could benefit from institutionalizing the evaluation process in their very detailed administrative procedures and from using the PRAISE evaluation

process as a best practice for systematic and inclusive review. As the college has already developed a taskforce to review and revise the Educational Master Plan, there is an opportunity to build the evaluation of the planning process into this groups defined tasks. The team also identified the need to create a cycle of evaluation of its governance processes, including a regular review of Board Policies, Administrative Procedures, committees and governance processes. Committees differing processes for evaluating the effectiveness of the committee structures and work and would benefit from the establishment of a standard process to ensure all processes and governance structures are regularly evaluated. The college has a culture of evaluation and the development of a defined cycle in these areas would further this culture and efforts for institutional improvement. (Standard I.B.7)

The team found evidence to indicate that the college communicates the results of its assessment and evaluation activities and values participation in the governance process. The college annually reports out to the Board of Trustees and the governance committees on progress made toward achieving the Educational Master Plan goals through college's scorecard. Additionally, the PRAISE process provide learning and achievement data, analyzed and evaluated at the program level, to administrators and various planning committees for review in the resource allocation process. The college has a strong web presence for SLOs, program review (PRAISE), and other institutional effectiveness indicators. The team confirmed that participation in the college's processes have led to robust discussions on institutional improvement. As previously described, the college has sought additional support in expanding data capacity and integrity through the statewide IEPI process. (Standard I.B.8)

The college demonstrates a continuous, broad-based program review and integrated planning process. There is evidence of integration between planning and resource allocation that leads to accomplishment of its mission and improvement of institutional effectiveness and academic quality. The PRAISE process is the prime vehicle for integrating program review, evaluation of student needs, program planning, resource allocation, and the fulfillment of the Educational Master Plan. The goals of the Educational Master Plan and the college mission are integrated into program review and require program level evaluation and planning to align with these goals. Additionally, each program's specific goals are noted in the Educational Master Plan in support of the institutional-level goals. The process ensures that all programs planning is in support of the mission and Educational Master Plan. The completed planning and evaluation is provided to committees throughout the campus to feed into facilities and technology planning. As an example, the results of a 2011 Welding PRAISE report led to the development of improved instructional facilities and equipment for that program. Hiring of classified staff and faculty are also driven by this process. (Standard I.B.9, ER 19)

### **Conclusion**

The college meets the Standards I.B.1, 4, 5, 6, 8, 9 and ER 19. The college does not meet the standard for Standards I.B.2, I.B.3, I.B.7 and ER 11.

While the college has completed all of the course learning outcomes process, it has struggled with program learning outcomes and service area outcomes. The college has evaluated less than half of the program learning outcomes and the service area outcomes are ill-defined and have not been fully assessed. The college has developed institutional set standards, but has not developed a process for addressing instances when the college falls below the standard. This has become problematic, as the college set their standards higher than they currently achieve. The college has developed and implemented a successful and widely supported integrated planning process, but

has not yet developed a cycle for regular evaluation of governance processes, committees, policies and procedures. The college does review and evaluate some of these processes in pieces, but it has not done so in a systematic manner on a set review cycle.

**Recommendations for Improvement and Compliance**

See Recommendations 1 and 3 (Compliance) and Recommendation 2 (Improvement).



## **Standard I.C: Institutional Integrity**

### **General Observations**

The College demonstrates institutional integrity through a variety of means, including maintaining appropriate relationships with Federal, State, and other agencies. The college has processes in place to review and publish accurate information for students and the public. The college catalog contains much of the required information and the college website provides information on the college programs, including student achievement data. Board Policies, Administrative Procedures and other documents are posted online and used to support the integrity of the institution.

### **Findings and Evidence**

Information pertaining to the College's mission statement, educational programs, and support services is provided to the campus community and the public through a variety of means, including the College Catalog, Schedule of Classes, course syllabi, and the college websites. The accredited status of the College and its programs is provided on the College website, and in the College Catalog.

In addition, the Office of Institutional Effectiveness collects and publishes information related to student success and the achievement of the college's Educational Master Plan. Annual scorecards are made available to the public to demonstrate the results of institutional effectiveness efforts. Additional data at the program level are provided through the program review PRAISE process and include data and evaluations of student learning and achievement outcomes. These data and reports are available internally to the committee and employees through a SharePoint system. Students have access to course level student learning outcomes on the course syllabus. However, program level outcomes and learning outcomes results are not available publicly. (Standard I.C.1)

The college has college catalogs and schedules of classes available online for students. The catalog is fully updated every two years and has addendums annually to address changes in curriculum. The college has a systematic process for the review and development of the catalog. The process includes all divisions across the institution, as well as faculty in academic programs. Currently the catalog fails to list program and course learning outcomes. The Institutional Self-Evaluation Report indicates that this is due to space constraints. However, the posting of the catalog in an online format should allow these outcomes to be listed through a standard print or interactive format. The catalog indicates that there are some restriction on transferring credit to the institution in some programs, but there is not a clear policy on transfer of credit available to students in the catalog or any other publicly available format. (Standard I.C.2, ER 20)

The college has a systematic process for the evaluation of learning outcomes at the course and program level. However, a majority of programs have failed to assess the program level learning outcomes. Course level learning outcomes have been fully evaluated and the program review process provides venues for evaluation and use of student achievement and learning outcome results. Student achievement data is widely available to the public. The college learning outcome results are available only to the internal campus constituents. (Standard I.C.3 and ER 19)

The college catalog provides information on courses and programs. The team found that the course descriptions listed in the catalog were aligned with the curriculum system (Curricunet)

with some exceptions. There is need for the college to continue its work to improve the curriculum documentation processes and to further align courses and programs in the various systems of record. All educational programs are listed in the catalog and identify the program requirements. Student learning outcomes are provided to students through the course syllabus. (Standard I.C.4)

The team confirmed that the college regularly reviews most policies and procedures. In some cases, Board Policies and Administrative Procedures have not been updated recently. The college is in the process of addressing this issue and has a timeline for reviewing many of the policies that have not been reviewed in some time. The college has built much of its shared governance, decision-making and planning processes around PRAISE and has annually evaluated this process leading to many improvements. The team noted that faculty, staff and administrators were widely aware of policies and procedures and work to effectively implement them in the regular course of work. (Standard I.C.5)

Information about tuition and student fees is listed on the college website. The college catalog and schedule of classes provides information on fees related to student activities and student government, but does not include the enrollment fee and tuition schedule. The catalog includes information on fee payment process. Additionally, the college provides information on total cost of CTE programs through gainful employment reports on the college website. (Standard I.C.6)

The team confirmed that the college has approved Board Policies and Administrative Procedures defining academic freedom. The Policy has been established for more ten years and has been revised through the years, with the most recent revision occurring in 2009. The policy focuses on a free inquiry and the responsibility of faculty in the curriculum development process. Academic honesty and integrity is defined in Board Policy, which provides clear guidelines for student conduct. The policy also includes consequences for failing to follow the policy. (Standard I.C.7, I.C.8 & ER 13)

Based on Board Policy, faculty members are expected sustain the optimal learning environment and allow for the free exchange of ideas. The policy on academic freedom calls for faculty and students to responsibly identify opinions as opinions. The team confirms the college's assessment that further enhancement of ethical standards regarding personal conviction be investigated. (Standard I.C.9)

The college does not require conformity to specific codes of conduct other than the standards of student conduct and the ethics policies noted, and does not offer courses or programs in foreign locations. (Standard I.C.10, I.C.11)

The team found that the college has a culture of assessment and integrated planning. Triggered by previous accreditation findings, the college has worked continuously to improve institutional effectiveness and comply with all accreditation standards and eligibility requirements. For example, the annual review of the PRAISE process has included dialog on what is missing to meet standards. The college in the current review cycle is planning to integrate institutional set standards into the program review process. The team found the college to be incredibly responsive to commission and team requests. The college has completed required substantive changes regarding aviation and distance education and has submitted required documentation to the commission as requested. The College discloses appropriate information as required by the Commission, including displaying its accredited status on its website and in printed materials such as the College Catalog.

The team confirmed that the college accurately describes itself to and maintains honest forthright relationships with outside agencies. The college is in good standing with California Community College Chancellor's Office and provides required reports through MIS and as requested. The college has reported some issues with data submission to the State and has since contracted with a third party to ensure that all state reporting is accurate and timely. The college constituents has indicated that these changes have been effective in addressing concerns regarding state reporting. Additional state reporting related to reports and budgets such as those required for the Student Success and Support Program (SSSP) and Student Equity funding.

The college also submits all required reports to the U.S. Department of Education, external agencies, and accrediting agencies. This includes all required data for IPEDS reporting and Federal Title IV regulations affecting the administration of financial aid programs. The college submits all audits required by state, federal and external agencies in a timely manner. These audits, reports and all correspondence from the Commission are posted on the webpage, including the college self-evaluation and follow-up reports and the associated evidence. (Standard I.C.12, I.C.13, ER 21)

The team confirmed that the College does not have investors, related, or parent organizations requiring financial support, or external interests. The college's integrated planning system places educational quality and student need at the center of decision-making and financial decisions. (Standard I.C.14)

### **Conclusion**

The College meets the Standard and ER 13, 19 and 21, except I.C.2, I.C.7 and ER 20

The college has a number of policies and administrative regulations in place to promote honesty, responsibility, ethical conduct, and academic integrity that apply students and employees. The college catalog does not include a transfer of credit policy and no such policy can be found in Board Policy or Administrative Procedures. College forms indicate that not all credits will be accepted and there are additional programmatic stipulations, but no general policy exists.

### **Recommendations for Improvement and Compliance**

See Recommendations 3 and 4 (Compliance).

## **STANDARD II: STUDENT LEARNING PROGRAMS AND SUPPORT SERVICES**

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

#### **General Observations**

The Instructional Programs at Victor Valley College encompass a comprehensive community college with a wide array of offerings in basic skills, noncredit, general education, and career and transfer courses that includes degrees and certificates. The College has made significant investments to better identify the needs to serve students with academic support services like the expansion and consolidation of the Math Success Center, Basic Skills Lab, and Writing Center as a centralized support in the Advanced Technology Building. Through the interview process, the College has increased the participation of students in academic support services and encouraged faculty investment in developing strategies to assist students in Math, Basic Skills and English course work. The College needs to clearly identify its intended student population as it is derived from the mission and needs to continue to develop and implement campus strategies to adequately meet the needs of its students through a more comprehensive improvement process. The team had some concerns with the lack of sufficient evidence in the narrative, but through the interview process, was able to be provided the full depth of information on campus procedures.

#### **Findings and Evidence**

The College has established academic programs and support services sufficient in size and breadth to support its students. The College utilizes an inclusive and comprehensive procedures through their curriculum committee structure to develop and maintain academic programs and related policies. All faculty, including part time, work with their division and subject expert colleagues to develop and revise course content and prerequisites. Faculty improve courses through course and curriculum review, with all instructional programs undergoing a complete review and assessment every five years to ensure relevancy. There are strong ties through different sub-committees that ensure curriculum and catalog content are consistent with each entity. All instructional programs are offered in fields of study consistent with VVC's mission. Faculty-driven approval processes that include the Academic Senate, Curriculum, SLOAC Committee participate in content development before final approval by the board and the Chancellor's Office.

The College has developed a comprehensive array of academic, vocational, and noncredit programs to serve a diverse student population. The College utilizes standards appropriate to higher education as they pertain to Chancellor's Office Program and Course Approval Handbook while also what is set forth by ACCJC. New program proposals are established through local and regional advisory structure to meet the needs of industry while also assisting in meeting the demands of their student population. The Curriculum committee is responsible for ensuring that instructional content and methods of instruction meet appropriate standards and are aligned with the mission. The program review process includes reflection and analysis of learning outcomes and captures programmatic improvement plans. The college utilizes the Distance Education Advisory Council (DEAC) that establishes the campus-wide general status, purpose, and vision for DE coursework. Interviews with members of the DEAC clarified the College's DE presence. The College has policies pertaining to DE course content, teacher certification training through @ONE, but it is looking into development of campus-developed Faculty training and Student

Orientation for guidance on how to be successful in online courses. The College is hoping to increase their DE offerings over the next couple of years. (II.A.1, II.A.2, ER 9, ER 11)

The College has made great strides in developing and establishing student learning outcomes and measuring them through TracDat. In addition to TracDat, student learning outcomes (SLOs) are identified in CurricUNET and also in syllabi of each section to the student. The College has completed a vast amount of tracking SLOs at the course level, but still lacks sufficient review and analysis for continuous improvement of courses. The College's current priority concerning SLO assessment is focused solely on the course level and does not account for the disaggregation of student attainment of learning outcomes. The College has been challenged with establishing Program Learning Outcomes for all programs as well as assessment instruments for analysis and review. (II.A.3)

The College provides pre-collegiate coursework in English and Math that also includes sequences of courses in noncredit ESL that lead to pathways to credit coursework. The pre-collegiate coursework offered at VVC is inclusive of Basic English and Basic Math assisted by student support services through the Writing Lab and Math Success Center. The pre-collegiate offerings provide academic readiness and access for students into college level coursework. In addition to current offerings of pre-collegiate course patterns, the College is looking at expanding noncredit through their work with Adult Education Block Grant Consortium collaboration. (II.A.4)

The Curriculum committee has established a locally institutionalized set of standards which also adheres to the California Community College Chancellor's Office requirements as they pertain to the College's degrees and certificates are of appropriate length, breadth, rigor, and course sequencing. In review of degrees offered at VVC, the standard requirement for completion of 60 semester units, inclusive of 21 units for general education requirements, and 18 units or more of major coursework conforms with generally accepted practices, and is within the established guidelines of ACCJC. Department chairs in collaboration with Division Deans establish a program course offering cycle to ensure that all full-time college-ready students have the opportunity to complete course program degrees or certificates within a two-year period or less. In collaboration with counseling and instructional programs, the College works to ensure that courses are available for reasonable time of completion and/or transfer requirements are met. VVC does not currently offer a bachelorette degree. (II.A.5, II.A.6, ER9, ER12)

The College provides various instructional modes (traditional lecture, online, hybrid, and web-enhanced) to meet the needs of its students. The College is committed to instructional support by having a wide variety of assistive services such as the counseling, in-person tutoring, online tutoring through NetTutor, Writing Center, Library services, and Math Success Center. All of these services assist with self-paced learning, remedial and accelerated classes to meet the needs of its diverse learners. (II.A.7)

The College does not use department course examinations. The College have programs within their Career and Technical programs have industry specific licensures or certifications that are used to demonstrate skills proficiency. (II.A.8)

The College awards credit to its students through established successful attainment of learning outcomes. The Curriculum Committee establishes appropriate learning outcomes. The units of credit awarded are within standard norms as prescribed through the California Community College Chancellor's Office and adhere to college policies. (II.A.9, ER 10)

The College has maintained inclusive articulation agreements to transfer to four-year colleges. The College has established policies conveyed in websites, catalog and administrative procedures related to transfer of credit. The catalog and website outlines the requirements for transfer to public institutions for both CSU and UC campuses as utilized in ASSIST.org. In addition to public institutions, VVC also had significant private institution articulation agreements that is available to students on their counseling website. (II.A.10)

All instructional courses have well established student learning outcomes (SLO), but lacks program level outcomes (PLO) that need to be linked to institutional-level outcomes (ILO). The College has not have mapped PLOs to established ILOs that address the topics of communication competency, information competency, quantitative competency, analytic inquiry skills, ethical reasoning, and the ability to engage diverse perspectives. From the interview process, the team felt that the SLO process of collection of data was well established. The team encourages the College to focus on incorporating faculty and administrative input to ensure that assessment processes work for the institution, that assessment efforts within academic departments are inclusive of all appropriate constituencies and are reflective, and that program and institutional level outcomes be assessed as directly as possible. (II.A.11)

The team found that the College requires general education coursework for the completion of all degree programs and that these requirements are clearly listed in the college catalog. Like most California community colleges, the College allows students to choose from a locally established general education pattern or the CSU Breadth and IGETC patterns (systemwide transferable general education patterns) based on the students' educational goals. Additionally, the College has an established policy (BP 4025) that formalizes its philosophy on general education. The College uses faculty expertise in its established curriculum-approval process to evaluate the appropriateness of all courses to be included in the general education curriculum. General education learning outcomes have been established by the College. (II.A.12)

The college has well established curriculum processes that thoroughly vet and review all degree programs. Through examination of the evidence and in interviews with the Curriculum and SLOAC Committees the team found that college degree programs included at least once area of inquiries or established interdisciplinary core of arts and humanities, science and math, performing and visual arts, social and behavioral sciences. Courses and programs have established student learning outcomes and competencies and are appropriate to the level of the degree and field of study. Courses SLOs are included on the Course Outline or Record and on course syllabi. (II.A.13)

The College has a wide variety of vocational (CTE) certificates and degrees that were established through the College's curriculum approval process. Faculty expertise and industry participation on advisory boards ensures that programs prepare students for employment. An example of a successful program with industry partnerships is that of Desert Valley Hospital and VVC to provide nursing instruction and hands-on training. In addition, students receive a guarantee of employment with Desert Valley Hospital when graduating from the VVC nursing program. Another successful partnership with CTE programs is the investment of the Regional Training Program through the State Fire Marshall's office. The establishment of the training facility allows the student an opportunity to gain necessary entry-level educational coursework in addition to advanced courses, fire officer development, chief officer development and other specialized positions in fire service. The College is aware of the need to utilize better methodology to track employment data of students after they leave VVC and obtain

employment. (II.A.14)

All instructional programs participate in the College's Program Review, Allocations, and Institutional Strategies for Excellence (PRAISE) process, which is built upon a cycle with annual updates. The evaluation process is based on a three-year cycle update and is divided into three rotations. SLOs are the College's mechanism to assess the effectiveness of its courses and how well students are learning in each course. SLOs are integrated into PRAISE which allows for instructional planning purposes. The lack of program level assessments and program level outcomes create difficulty in evaluating program quality. (II.A.15, II.A.16)

### **Conclusion**

The team concludes that the College has established student centered academic programs. The College has exceptional Instructional Program Review practices and is fully integrated with student learning outcomes. Curriculum offered at the College meets student needs. The College engages in campus dialogue about student learning and student achievement. The College should incorporate evaluation for improvement at the program level to ensure educational quality and a focus on improving student outcomes. The College partially meets Standard II.A and Eligibility Requirements 9, 10, 11, and 12.

### **Recommendations for Improvement and Compliance**

See recommendation 3 and 7 (Compliance).

## **Standard II.B: Library and Learning Support Services**

### **General Observations**

Victor Valley College provides appropriate library and other instructional labs to support student learning and campus curriculum. The Library contains a diverse collection of print, online and media resources to meet the academic and vocational needs of on-campus and distance learning students. The Advanced Technology Center contains an open computer lab, computer classrooms, and student help desks. The campus has used campus collegial processes to identify the need to centralize tutoring and learning support services. This resulted in the majority of instructional support labs, Writing Center, Math, Basic Skills, ESL, and Business Education being moved to the Advanced Technology Center. This new configuration gives students access to a wide variety of tutoring, instructional support, computers, and technology support in one location. The Nursing program is supported by a Computer Lab, a Skills Lab, and Simulation Lab, and a Resources & Remediation Lab. The Communication Studies Department has a lab that provides one-on-one training with people coming in who need to prepare a speech for any class or public speaking event. Distance education students have online access to a number of LSS services.

### **Findings and Observations**

The Victor Valley College Library houses a collection designed to support teaching and learning. The two level 29,886 square ft. library is comfortably appointed, arranged for effective use, and equipped with Wi-Fi, group study rooms, classrooms, study carrels with charging stations, and a periodicals reading room. The primary focus of the collection is to provide materials essential to support lower-division curriculum, the secondary focus is on materials that supplement and enhance campus curriculum. The collection consists of 48,585 books, 2,489 e-books, 41 online databases, 65 periodicals, and 4,014 media titles. The Library circulates over 40,000 items per year with textbook reserves representing a little more than half of all circulations. VVC Library is open 6 days a week for a total of 65 hours. Although the library closes before evening classes end, the hours of operation meet the needs of the majority of students. VVC Library is staffed by two full time librarians with support from part time librarians that comprise an additional 1.6 Full Time Equivalent librarians. (II.B.1)

The college offers a number of learning support services including a Basic Skills Lab, Business Education Technology Lab, ESL Lab, Math Success Center, Writing Center, Nursing Labs, and Communications Center. These LSS Labs provide discipline specific academic support and skills building. Labs are well maintained, have necessary equipment, adequate staffing, and maintain hours that provide access to day, evening, and weekend students. The General Tutoring area is underutilized. Currently, there is limited tutoring available for chemistry courses. The college has plans to expand general tutoring services. (II.B.1)

Learning Support Services include the Advanced Technology Center, a computer mall that houses a spacious open computer lab, student technical support, computer labs, and houses a number of centralized tutoring services including the Basic Skills Lab, Business Education Technology Lab, ESL Lab, Math Success Center, Writing Center and general tutoring. The centralization of tutoring services is a commendable example of how the collegial consultation process can work to create change on campus. The need for centralized tutoring was first identified by the Associated Student Body and Academic Senate who took their concerns to



College Council and the campus President. The President formed a Tutoring Taskforce to evaluate tutoring services, determine if there was a need for centralization, and then develop and implement a plan for centralization (II.B.1).

Distance Education students, both online and off campus, have access to library services via the Library Website's Off Campus User page. The page includes links to access online resources including 41 online databases that contain full-text access to magazine, scholarly journals, and e-books. Faculty librarians have also developed an Internet Resources page with links to reliable websites that are arranged by subject. The Research Tools page includes subject specific guides to starting research, basic information on citation formats and plagiarism. The Off Campus User's page also links out to other area libraries, and other online learning support services offered by the campus. The Writing Center offers online tutoring with an expected 24-hour turnaround time. Online students also have access to Net Tutor. A link to Net Tutor is embedded in Blackboard course shells (II.B.1).

The Library relies on the expertise of library faculty to maintain a robust library collection that supports student learning. The Collection Development Policy faculty and student requests, student interaction, and collection and usage reports is used to guide and evaluate materials acquisitions. A Librarian is an active member of the Curriculum committee. (II.B.2)

LSS Labs are staffed by student assistants, facilitators, and discipline faculty. The college relies on faculty expertise to create tutoring materials and workshops. LSS facilitators work closely with department faculty to maintain the integrity of daily lab operations. LSS facilitators and faculty work with the Information Technology Department and Maintenance and Operations department to maintain lab computers, equipment, and facilities. (II.B.2)

Information competency is one of the campus general education learning outcomes. The library assesses information competency as a part of the English 101 course curriculum. The information competency portion of English 101 consists of a workbook that emphasizes research strategies, use of print and electronic information resources, developing research strategies, evaluating resources for reliability, plagiarism, and citation formats. The workbook culminates with a 40-question multiple choice quiz. The workbook is used in face-to-face and online courses. Students who have already met the English 101 requirement when they transfer to VVC are required to attend Information Competency workshops conducted by faculty librarians and complete the workbook. (II.B.3)

Librarians have identified student learning outcomes for Information Competency. Learning outcomes are assessed using a pre- and post-test that students complete in the library using an online Google form. Librarians evaluate pre- and post-test data to identify gaps in teaching and learning, and the information is used to improve the Information Competency workbook. The Library has established PLOs that are tied to the campus and library mission statements. Achievement of Library PLOs is measured by student and faculty satisfaction surveys, Information Competency pre-and post-test, and evaluation of the library's collection. (II.B.3)

Learning Support Services provides valuable and well utilized services that support instruction but these areas lack evidence of clearly defined processes for systematic evaluation and improvement. LSS Labs do not currently have SAOs. The Non-Instruction Program Review Committee (NIPRC), oversees program review and outcomes processes all campus areas not strictly related to classroom instruction. PRAISE Reports for NIPRC area include a section for reporting on SAOs where SAOs are typically presented as departmental goals, or augmentation

requests. It is stated that LSS Labs have recently been realigned under the Dean of Student Equity and Success and therefore have not had time to establish or assess SAOs. However, prior to centralization of tutoring, LSS Labs were included in PRAISE, Program Review and Learning Outcomes with their parent department. A review of past PRAISE Reports for these departments show that while LSS Labs were discussed within PRAISE documents, LSS Labs did not have any SLOs/SAOs directly assigned to the instructional services offered. (II.B.3)

The VVC Library maintains partnerships and formal agreements traditionally needed to maintain quality library services, including partnerships and agreements with Community College Library Consortium, OCLC, Chief Council of Librarians, Inland Empire Academic Libraries Cooperative, purchase agreements with library vendors for print and online services, and service agreements for copier services. (II.B.4)

Library equipment and facilities are maintained by campus Technology Services, and Maintenance and Operations services. Library security is provided by campus security. Library materials are secured by the use of 'tattle tape' which must be deactivated when an item is checked out. Periodicals and Media are stored in closed stacks behind the Periodicals and Circulation service desks. (II.B.4)

### **Conclusion**

The college meets standards II.B.1, II.B.2, and II.B.4. The college has library and student support services that support teaching and learning, relies primarily on librarians and discipline faculty, documents formal agreements and partnerships, and provides a safe and secure learning environment.

The college does not fully meet standard II.B.3. There is no evidence that Learning Support Services Labs have defined or assessed SAOs.

### **Recommendations for Improvement and Compliance**

See Recommendation 1 (Compliance).

## **Standard II.C: Student Support Services**

### **General Observations**

Victor Valley College (VVC) is a comprehensive community college and offers all the traditional student services one would expect to find at a California community college including Counseling, Admissions & Records, Financial Aid, DSPS, EOPS, and CalWORKs. Many services provided by these departments are offered both in-person and on-line. The College also has a number of quality programs geared toward meeting the needs of a diverse student community such as the First Year Experience Program, Veteran's Resource Center, K-16 Bridge Program, and the consolidated Tutorial Center.

The College offers numerous on-line courses and maintains two off-site locations that complement their traditional face to face and main campus offerings. The College currently offers limited student support services for its students at off-site locations with plans to increase those services. The faculty and classified professionals are well trained in their areas of service and appreciate the support from the administrative team. Although well trained in their area, the employees would benefit from professional development opportunities that could be offered as flex days or campus-wide, in-service days. There is evidence of appropriate communication and collaboration within the student services departments even though they are housed in different buildings. The College has a good working knowledge of local policies as well as state and federal laws that govern student services and abides by them.

### **Findings and Observations**

Some, but not all, programs within Student Services evaluate the effectiveness of their programs, services, and delivery methods. Several have utilized student satisfaction surveys to better understand student needs and trends. Departments such as Counseling, Admissions & Records, and EOPS also utilize survey data to make improvements in their daily operations and quality of services in support of student learning. The team reviewed evidence that indicates that the student support and service programs participate in program review and the annual planning processes.

Some areas within Student Services seek feedback from their students, there is not currently a systematic process that uses an assessment and evaluation tool to assess data in order to continuously improve all student support programs and services. Once a unit completes their PRAISE report and is granted a new position or budget augmentation, there is no process by which that action is assessed for effectiveness. There are no assessments in place to assess how well the integrative planning process itself is working to determine if improvements need to be made to the process.

There are processes in place for both accepting and responding to student complaints as well as for administering student discipline. Records are secured within the Office of the Vice President and kept for six years. (II.C.1, II.C.2, ER 15)

The College assures equitable access to all of its students by providing appropriate, comprehensive, and reliable student support services such as Admission & Records, Financial Aid, EOPS, CalWORKs, Counseling, Transfer Center, Veteran's Services, to students on the main campus with limited services available at the off-site locations and online. The College is very sensitive to students who cannot access services on campus by offering several online and telephone options. Students can also access their WebAdvisor portal 24 hours per day, and the

College keeps offices open later during the first weeks of a new semester to meet the needs of their evening students. As stated, VVC offers limited student services (weekly counselor visits and financial aid assistance by appointment) to their Aviation Technology Maintenance Program and Regional Public Safety Training Center, but students at those sites could benefit from more comparable services.

Many departments including Counseling, Admissions & Records, and the Financial Aid office are open in the evening. Orientation for new students is mandatory to receive priority registration and must be accessed online. Online counseling is also available to students. Online tutoring is not currently available. Students can register both online and in person. Additionally, the College Catalog, Class Schedule and other important documents, forms, and materials are available for viewing and download on the College and department/program websites (II.C.3, ER 15).

VVC's co-curricular programs and athletics programs are suited to the institution's mission and contribute to the social and cultural aspects of the educational experience of its students. The co-curricular and athletic programs are conducted with sound educational policy and standards of integrity. The College offers several co-curricular programs to its students, which include performing arts and fifteen intercollegiate athletic programs (8 men and 7 women). As documented in the Foothill/Western States Conference's most recent Athletic Review, the athletics program is conducted in accordance with the CCCAA rules, regulations and eligibility requirements. The College also provides many other co-curricular activities for students and employees to participate in such a ASB clubs, theater productions, Women's History Month activities, Black History Month activities and Latino heritage celebrations (II.C.4).

VVC provides counseling and/or academic advising programs to support student development and success and prepares faculty and other personnel responsible for the advising function. Counseling and advising programs orient students to ensure they understand the requirements related to their programs of study and receive timely, useful, and accurate information about relevant academic requirements, including graduation and transfer policies. Currently, there are 17 full-time and 7 part-time counselors. The employees meet as a group on a regular basis and are provided with staff development opportunities to ensure they have timely and accurate information for students. In addition, recognizing the needs of students at the off-site Regional Public Safety Training Center, VVC has assigned a counselor to the site for weekly visits as part of her load. Similarly, VVC has instituted "Ask a Ram" by which DE students may consult online with a counselor. While services such as Financial Aid and Veterans Services can be requested to visit the off-site locations, there are currently not comparable services at those locations (II.C.5).

VVC adheres to admission policies consistent with its mission that specify the qualifications of students appropriate for its programs. The institution defines and advises students on clear pathways to complete degrees, certificate and transfer goals. The College shares this information with students through its website, catalog and counseling sessions. VVC is currently updating their degree audit software program to allow for transferring equivalent course work that will allow staff and students alike to more readily define these pathways and monitor progress towards completion. Students who are close to graduation and wish to receive a degree or certificate must submit a petition for graduation/completion. The process for submission is noted in the College catalog and on the website. (II.C.6, ER 16)

The institution regularly evaluates admissions and placement instruments and practices to validate their effectiveness while minimizing biases. VVC uses CCCApply for Admissions and offers assessment services at the main campus and at other ACCUPLACER schools in the disciplines of Math, English, and ESL. The assessment instruments have been approved and consistently validated by the Chancellor's Office. Data concerning assessment are assessed, evaluated, and shared across several campus constituencies. (II.C.7)

Within VVCs student support services, there are procedures in place to ensure student records are maintained permanently, securely, and confidentially, with provision for secure backup of all files, regardless of the form in which those files are maintained. The College adheres to student privacy regulations and publishes and follows established policies for release of student records. Student support services personnel in Admissions & Records, Financial Aid, and Counseling are trained to ensure confidentiality of records and student information. VVC uses assigned student identification numbers to identify students with records. The College uses a system that requires distinctive passwords, and access is given to employees based on work assignments. The College does not have a student health center (II.C.8).

**Recommendations for Improvement and Compliance**

See Recommendation 3 (Compliance) and Recommendation 5 (Effectiveness).

## **STANDARD III: RESOURCES**

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

#### **General Observations**

Human Resources services and processes are available to achieve the college's mission and to improve academic quality and institutional effectiveness. The Human Resources department is staffed and organized to ensure that services and processes are available for all categories of college employees: administrators, classified employees, and faculty (full-time and part-time). Recent changes at VVC have come about with the arrival of the new President, Dr. Roger Wagner. Dr. Wagner implemented regular management training sessions have been instituted to improve both morale and management leadership skills, and steps are being taken to stem the high turnover rate for administrators. VVC is also working on strengthening its Distance Education plans, staffing, and offerings.

#### **Findings and Evidence**

The institution creates an inclusive, diverse, student centered learning environment that is reflective of the community it supports. It uses a comprehensive process to employ administrators, faculty and staff who are qualified by appropriate education, training, and experience. HR recruitment, screening and hiring processes are followed to ensure equity and sensitivity to diversity. Use of NEOGOV has helped the HR department to streamline and manage its candidate selection and hiring process.

Recently, VVC identified the need for DE to have its own dedicated staff and is in the process of implementing its new DE Plan. The new "DE Instructor Certification Packet" is in process and will be presented to VVC AS in May 2017. The DE Handbook is also being revised and updated, and plans are underway for DE Instructor Certification Training. The College is in the process of recruiting a Dean of Instruction, Distance Education, and Library Services and hopes to establish a Department of Distance Education in the future. The creation of the Department of DE should enable current staffing and support to expand to a level where students and personnel engaged in DE are able to get the support they need. (III.A.1, III.A.2)

All administrators demonstrate knowledge, skills, and abilities to perform the required duties with documented education and work experience. VVC acknowledged a high turnover rate for administrators in the past. Employees described a time period of high turnover when administrators were only given a one-year contract with no guarantees of permanency. Interviews with HR staff revealed a perception that senior administrators had left as a result of former leadership practices. Since the arrival of President Wagner, the college has seen greater stability and consistency in overall processes. VVC has seen the tide turn in terms of administrator turnover. President Wagner has assured administrators that they will be given longer contracts. There is greater trust in the leadership of the college and expectations of greater stability. (III.A.3)

Job applicants provide written documentation that they have completed the required education from an accredited institution at the time they apply. Processes are followed for submission of written documentation of completion of the required education, official transcripts, and equivalencies for foreign degrees. These documents are securely stored in the employees' file in the HR department. The ISER noted inconsistent tracking and completion of evaluations due to a high turnover rate among supervisors. The HR department has made great strides to turn this

around and has addressed the problems in all areas of full-time faculty, adjunct faculty, and classified staff evaluations. (III.A.4)

All regular employees and adjunct faculty have a written and documented process for evaluations. Processes and timelines for evaluating tenure track faculty and tenured faculty are outlined and followed. Evidence was provided in meetings with HR staff and a visit to the HR office. The Union and Academic Senate are making modifications to include DE sections in the full-time faculty evaluation form. The Adjunct Faculty evaluation process contains the “Observation Form for Online Classes Peer Review Report.” (III.A.5)

Classified employee and management/supervisor evaluation processes and requirements for improvement are outlined and followed. NEOGOV evaluation tracking has been purchased, and a plan for implementation and training is in place. Evaluations for full-time and adjunct faculty are 93 percent complete. Evaluations for classified staff are close to 90 percent complete. (III.A.4, III.A.5)

SLOs are a component of faculty evaluation under “improvement of instruction” for self-evaluation, student evaluations, peer and classroom observations, and supervisor review. Evaluation and use of the results of the assessment of learning outcomes is now included in the contract and is part of the evaluation process. (III.A.6)

Staffing and department needs are in a state of constant review through the annual PRAISE process. VVC is working on increasing numbers from 118 full-time faculty to 125. The College is in the process of hiring ten full-time faculty this semester. Orientation, oversight, evaluation, and professional development for part-time and adjunct faculty is provided by the area deans with support provided by department chairs. All newly hired adjuncts undergo an initial orientation to district policies and procedures and are invited to a new hire orientation. (III.A.7, III.A.8)

The College maintains a pool of both adjunct instructors as well as temporary classified support staff through continuous advertisement. The institution assesses staffing needs annually through the PRAISE process. The College is undergoing major staffing re-evaluation and restructuring as a result of a retirement incentive as well as the generation of several new positions required to support newly received grants. (III.A.9)

The institution uses a stringent screening process and system of evaluations and training for administrators. All administrators meet or exceed minimum requirements. Currently the role and responsibilities for Vice-President of Instruction and Vice-President of Students Services are combined into one position. Widespread feedback from constituents was that the workload involved is too much for one person. (III.A.10)

Personnel and board policies and procedures are adhered to and applied consistently. HR has internal written and posted procedures. The HR Director is responsible for administration and interpretation of all policies. HR expressed a need for the compliance officer position to be re-instituted—included in the PRAISE report. (III.A.11)

The College seeks diversity and maintains programs and policies that support its diverse faculty, staff, and student populations. The EEO Plan requires training in the importance of a diverse workforce, bias awareness, and the elements of cultural competence. All employees’ behavior and conduct is governed by both negotiated agreements and the code of ethics adopted by the BOT in BP2715. (III.A.12, III.A.13)

The institution has a campus wide Staff Development Committee with members from all three employee groups. There are upward mobility programs for both the management and classified groups. Sabbaticals are available to faculty for professional work. The College is planning a classified staff-training day during Spring Break in April, 2017. (III.A.14)

All personnel records are stored securely in the Human Resources Office in a HR personnel only restricted area. Employees may review files. Confidentiality is maintained at all times. (III.A.15)

### **Conclusion**

The college meets the standard. However, the team expressed concern over the staffing levels at the senior administrative level. Recent influxes in funding (SSS and Student Equity) and compliance reporting have substantially increased the need for oversight at the executive level.

### **Recommendations for Improvement and Compliance**

See Recommendation 6 (Improvement).



## Standard III.B: Physical Resources

### General Observations

Victor Valley College (the college) is located in southern California on multiple properties, including leased facilities. The main campus is located on 253 acres adjacent to the Mojave River with 42 buildings surrounding a lake in the center of the campus. The Westside site is located in Hesperia, CA and is planned for a workforce development complex. This site is planned to expand to center status, but is on hold at present pending funding. The nine acre site in Apple Valley houses the Regional Public Safety Training Center on leased land. The fourth property is 160 unimproved acres in Baldy Mesa. Also, the Southern California Logistical Airport is leased by the District as the location for the college's Aviation Airframe and Powerplant Technician Program.

The 2007 Facilities Master Plan provides illustrative planning concepts for new roadways, parking layout, building shapes, site planning, landscape planning, pedestrian pathways, environmental graphics and campus infrastructure plan diagrams. This allows the college to maintain a traditional college feel for students. The 2015 Facilities Master Plan Update adjusts the facilities plans in several ways. The updated plan reduces the forecasted enrollments from 20,000 students to 15,000 students reflecting the college's challenges with enrollment growth and stability. It focuses on more modest upgrades to existing buildings as opposed to completely replacing facilities with new construction. Also, the issue of walking times between classes is noted. The main campus is spread out with a pond in the center of campus. As a result, college leadership recognizes the need to keep classroom spaces within 10 minutes walking distance. ADA accessibility updates are included in all remodeling projects.

The college has also made a commitment to long term sustainability through, for example, a sustainable landscaping project that removed over 26,000 of nonfunctional turf, saving over 865,000 gallons of water each year, which requires less labor to maintain, eliminates the use of harmful chemical fertilizers and herbicides, and reduces green waste in landfills. The college invested in photovoltaic systems over a portion of its parking lots. The solar panels combined with other energy savings investments have reduced utility expenditures by roughly \$600,000 annually which contributes to long term sustainability.

The Dr. Prem Reddy Health and Sciences facility, funded in part from private donations, is a stand out feature on the main campus. The facility features Nursing training rooms equipped with realistic hospital rooms and equipment used in a hospital setting. The college's Nursing program is very popular and has an applicant waiting list. In the center of the building is a quiet, open-air rock garden feature.

The college developed the Regional Public Safety Training Center in Apple Valley in part with a cooperative lease agreement with the Apple Valley Fire Protection District and donated public safety equipment. In addition to police academy, fire academy, and emergency medical technician academy programs, the facility also hosts public safety drills, including interagency drills.

At the main campus, there is a full-service dining hall and cafeteria, the Desert Rock Cafe and food court. The design of the main campus provides ample parking and "high desert" landscaping that uses less water. Restrooms were found to be clean and accessible. Staff noted that gender neutral restrooms rooms are available at all campuses and room accommodations for

nursing mothers are actively in planning.

Classrooms and other facilities utilized by students were found to be clean and updated. Staff noted that older carpet is scheduled to be replaced, and the offices of the Bursar, Financial Aid, and Admissions and Records are on track to be upgraded to a newly renovated one-stop center. Remediation and renovation work continues with support from Measure JJ local bond funds. Measure JJ passed in 2008, authorizing a total of \$297.5 million in bonds. To date, the college has issued \$139 million.

College leadership regularly reviews and updates its Five-Year Capital Construction Plan, Room Use Analysis Report, Space Inventory Report, and Five-Year Scheduled Maintenance Plan. Program review resource requests (PRAISE), work order requests, SWACC Property and Liability Inspection reports, Facilities Committee discussions, and other miscellaneous resources are also reviewed periodically.

These plans, reports, and resources inform the college's long term planning. Departments request minor and routine maintenance work through the OPRA work order system, while larger requests proceed through the PRAISE process and Facilities Planning Committee processes. The Facilities Planning Committee, consisting of 19 members from across the college, evaluates requests using a rubric that includes consideration of linkages to college planning documents, the mission, measurable SAO or SLO, startup costs, TCO and project funding source.

The Environmental Health and Safety Committee is a college-wide committee that reviews all safety issues on all campuses and offsite locations. Evidence provided discusses plans for campuswide way finding signage, emergency operations trainings, lab safety plans, among other discussions. This demonstrates that the college engages in active review and discussion of emerging workplace hazards and safety issues including recommending and implementing remediation plans.

Facilities and Maintenance personnel conduct facility inspections. Also, the campus police routinely inspect facilities to identify deficiencies. Trends are discussed at the Environmental Health and Safety Committee, and work requests are initiated for Maintenance to correct the issue. Campus Police also conduct drills, workshops, and trainings to prepare for emergency events.

### **Findings and Evidence**

The college provides sufficient and safe resources for students and employees that is conducive to learning. Facilities at offsite locations were noted of similar quality to the main campus, indicating equitable physical resources across all locations. Staff noted that gender neutral restrooms rooms are available at all campuses and room accommodations for nursing mothers are actively in planning. (III.B.1)

While much of the main campus has benefited from bond funded upgrade projects, buildings which have not received a major update yet show wear and tear, ADA accessibility issues, and life safety deficiencies. College leadership acknowledged these issues and noted for example that replacement of older carpets is planned for replacement soon. Also, the new One-Stop shop will allow an aging and energy inefficient building to be vacated and renovated. (III.B.1)

The college provides a safe environment for students and staff. The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act 1998 (Clery Act) and the Violence Against Women Act 2013 (VAWA) reports noted relatively low crime rates. The reports are

kept up-to-date relative to timely reporting and in incorporating new reporting requirements as appropriate. Crime data are posted to the college's publicly available website, and are routinely reviewed by college personnel to identify trends and corrective action. The college police department that operates 24 hours a day, seven days a week to protect college assets, students, and personnel, including patrols at all campus locations. The campus police coordinate with the respective first responders in the area, including participating in multiagency drills on a regular basis. (III.B.1)

With an active Environmental Health and Safety Committee, safety concerns are raised, leading to recommendations for remediation and implementation of corrections. Meeting agendas and notes document an active committee that discusses a wide variety of issues. The college maintains an Emergency Preparedness Plan and plans emergency preparedness drills as well employee trainings relative to occupational health and safety. (III.B.1)

Plans are current or are in the update process and appear to reflect thoughtful, grounded, and reasonable facilities planning activities. The 2015 Facilities Master Plan Update recognized the need to scale back enrollment growth expectations and to refocus plans on updating more existing facilities as opposed to replacing existing facilities with larger buildings. The presence of specific commitments to voters for projects under the Prop 39 Measure JJ bond fund have provided direction for capital projects funded from these resources. Likewise, Prop 39 energy efficiency projects are driven by requirements for energy savings and total cost of ownership (TCO) considerations. Five-Year plans required by the Chancellor's Office provide integrated, college-wide priorities relative to facilities planning. (III.B.2)

The college complies with the Americans with Disabilities Act (ADA) in its facilities. Facility upgrade projects include remediation of ADA accessibility barriers in the project scope. Prop 39 Measure JJ bond funds have been used to facilitate campus accessibility, for example, the college has installed elevators to facilitate travel in buildings and between the upper and lower areas of the main campus. The college is in the process of updating its ADA Transition plan. During the site visit, ADA accessible parking and pathways, signage, building entrances and assistive devices (door openers, elevators, etc.) were noted in buildings and walking paths. (III.B.2)

The college has a comprehensive physical resource planning process that is driven and managed by Board Policies, college plans including the Facilities Master Plan, Five-Year Capital Construction Plan, Proposition 39 Measure JJ bond commitments, Facilities Committee and Environmental Health and Safety Committee recommendations, and the PRAISE program review resource request process. Prioritized recommendations developed through established processes and evaluation rubrics help inform decision-making by the Superintendent/President and the Board of Trustees. (III.B.2, III.B.3)

Evidence from PRAISE reports document departmental requests for physical resources. Requests could be more strongly supported with student learning data, information on comparable facilities at peer institutions, and anticipated improvements to measurable outcomes from implementation of the request. (III.B.2, III.B.3)

Facilities and Maintenance personnel conduct facility inspections. Campus police routinely inspect facilities to identify deficiencies. Formalizing the documentation of these reviews and routinely including the review of facility inspection reports in appropriate committee agendas would improve the transparency of these inspections. Trends are discussed at the Environmental Health and Safety Committee, and work requests are initiated for Maintenance to correct the

issue. Campus Police also conduct drills, workshops, and trainings to prepare for emergency events, and train faculty and staff to manage emergency situations in the classroom. During the site visit, campus police were observed on patrol, emergency communications equipment was observed, speakerphones were noted in classrooms and labs, and other public safety infrastructure was reviewed. The college recently updated its emergency radios, and each building emergency coordinator is equipped and trained on the use of the radio. The college's Emergency Operations Plan was recently updated and is working through the college's integrated planning committees. (III.B.3)

The college considers the Total Cost of Ownership in its planning for facilities and equipment. For capital project planning, Chancellor's Office FUSION cost indexes are used to establish cost estimates. Architects and contractors prioritize design and construction elements that facilitate a lower TCO over the useful life of the facility and equipment. The college has also embraced TCO concepts by budgeting bond funds and other resources for projects including solar power plants, lighting retrofits, energy management system upgrades, boiler replacements, sustainable landscaping, and participation in the Southern California Savings by Design program, which contributed to reduced long term operating costs for the college. The Savings by Design program helps the college integrate energy efficiency in its building project plans. The college earned awards and recognitions in 2013 and an honorable mention in 2015 for its energy conserving sustainability projects. (III.B.4)

### **Conclusion**

The college meets the Standard.

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

### **General Observations**

After multiple years of poor ITS management that crippled the technology services and support provided to the college, a change was implemented in the management structure in 2016 by bringing in an outside management organization. This change has brought about great strides in turning around the ITS services for both the administrative and the instructional sides of the college. While the college still lags behind in meeting its technology needs, there has been a tremendous movement in technological upgrades, services, and funding across the college. Faculty, classified, and management employees all have provided through interviews very positive comments about the changes that are taking place. The college has adopted tactical plans for implementing new technologies and upgrades to adequately support the institution's mission by increasing the annual budget allotment for technology equipment and services over the last few years and utilizes the Program Review, Allocations, and Institutional Strategies for Excellence (PRAISE) program review processes to request additional funding augmentation. All centers and campus locations have access to technological resources and networked connections to college email and electronic resources. Due to budget limitations, the lower campus and the SCLA has only limited wireless coverage in addition to their fully wired access.

Professional development for faculty, classified, and ITS staff has been budgeted and implemented. Board Policies and procedures outlining the appropriate use of technology as well as guidelines embedded within the Information Technology Master Plan have been developed. The technology master plan is due for an update, but is still being followed. With the implementation of the new management team, new plans are in development. Technology requests across the campus are creating a strain on the ITS staff and is resulting in a backlog of technology installation. Consideration of the ITS staff time and effort to support these technologies should be considered as part of the purchasing process.

### **Findings and Observations**

Planning for technology has been implemented across the College. The Information Technology Services Department has created the Technology Master Plan 2012-2016 to provide a roadmap for technology usage, upgrades, replacements, and integration. The Library Technology Plan complements the technology planning by providing for planning for digital library resources that are accessed by faculty and students. The PRAISE planning and funding augmentation process is driven by various department and programs through requests for allocation including technology. An Organizational Assessment of technological needs was conducted in 2015 and then again in 2016 to provide a physical assessment of current technology and provide the baseline for future technology planning.

The Campus currently has increased the personal computer inventories to 2500 representing a 25% increase from 2015 to 2016. In addition to the new installations and administrative computing needs, the College sets up and maintains technology solutions and/or computer labs in 151 classrooms. The College has tried to automate many of their existing systems through productivity and learning management software packages including Schedule 25, Trac Dat 5, CurriCUNET, Blackboard, and Human Resource Management. Support for faculty, staff, and managers across campus is supplied through a ticketing systems that tracks help requests and through the ITS website that includes videos and instructions on how to access and use various technologies.

Other software implementations are frequently identified by college faculty and staff that improve classroom instruction or operation. The limited number of ITS staff members has resulted in the delayed installation of key software packages and updates. In addition, the limited staffing also prevents staff from updating their IT skills that are necessary in maintaining a secure and efficient organization. (III.C.1)

Planning for technology updates is conducted through the Technology Master Plan 2012-2016 with projects either funded through the general fund ITS allocation or through augmentation funding provided by the PRAISE process. Selected technology projects are implemented every four months to align with breaks in the class schedules to avoid interruption of instruction. The technology refresh plans originally set for a 10 year upgrade schedule have been revised to a five year schedule with funding identified on an increasing basis in the general fund line item for ITS. In addition, the infrastructure including servers, storage, and backup solutions are scheduled for ongoing replacement within the five year refresh timeline (III.C.2).

All three of the learning centers have adequate computer labs and technology classrooms available for students. Students connecting to the network via College wired computers have direct access to applications and services while students access the Wi-Fi connection via guest access accounts that require no password nor agreement to follow the college acceptable use policy. When wireless students access the learning management system (LMS), library database, protected services or critical infrastructure, students are asked for their authentication credentials. For library access, students email the librarian for a login and password that is verified by their student ID number. Microwave technology is used to connect the learning centers and will be updated when grant or other funds are identified for the major upgrade project. Full wireless access is provided at each of the learning centers with the exception of the lower campus (main college center) and the SCLA (only in the hangar and office areas) where wireless coverage is available but spotty in some of the areas. (III.C.3)

Training and support for faculty, staff, students, and administrators is provided through a variety of opportunities. The College professional development program as well as the Distance Education Advisory Committee (DEAC) provide training through workshops, on demand video instruction, User Guides, and access to training software such as Lynda.com. Topics for these training sessions include Blackboard, Google Docs, LMS, pedagogical training, and trends in distance education. The ITS staff have identified several training opportunities and have either utilized ITS funding or taken advantage of no-fee training provided by technology vendors. (III.C.4)

The appropriate use guidelines for technology usage by students, faculty, and staff have been outlined in various policies. The Board of Trustees has adopted a set of policies guiding technology usage in addition to the guidelines and procedures identified in the Technology Master Plan with input from the Technology Committee. The DEAC has also set forth guidelines for faculty usage, engagement, and interaction within the LMS. In addition, the Academic Technology Committee made up of faculty, staff, and administrators evaluates software and tools for use in instructional activities. (III.C.5)

## **Conclusion**

The College meets the standard.

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

### **General Observations**

Victor Valley College (the college) has managed its financial resources carefully and has maintained its unrestricted general fund reserve fund balance above the five percent minimum level required by the college's Board Policy. The college has experienced enrollment declines and the loss of state apportionment funding, but has partially restored enrollments. This resulted in deficit spending in the unrestricted general fund in some years, which stopped in 2015-16. The college engaged committees and consultants to examine the budget, enrollments, and costs. The results of those activities improved the historical budget picture somewhat by showing that deficits were not as large.

College leadership is actively pursuing multiyear plans both to balance the permanent budget on a sustainable basis as well as identifying adequate one-time resources and one-time savings in the interim to assure that the college's unrestricted fund balance reserve will remain above 5% through the end of the multiyear forecast in 2018-19. The college balanced its 2015-16 budget by year-end and adopted a balanced budget for 2016-17. As a result, college leadership is making good progress at closing the budget gap each year. The ACCJC rated the college's fiscal condition as an "M" meaning that the college's fiscal status is at some risk, but no additional action was taken by the ACCJC. . The college maintains a \$30 million Guaranteed Investment Contract (GIC) earning 7.75% annually through December 1, 2024 that provides resources to the college. Proceeds and the corpus of the GIC are available for use by the college.

College leadership recognizes the need for long term fiscal stability. The college has begun reducing permanent operating costs with energy efficiency projects estimated to save about \$600,000 annually and through review of position vacancies for payroll savings. A retirement incentive has been offered to generate salary savings.

The college set aside funds for its Other Postemployment Benefits (OPEB) Plan which provides medical, dental, and life insurance benefits to eligible retirees and their spouses until age 65. The 2016 audited financial statements report the actuarial value of the plan assets at \$10.6 million and a 95% funded ratio. The college also recently set aside \$4.3 million in an irrevocable trust for the payment of CalSTRS and CalPERS premium increases over several years. These items demonstrate prudent set-asides for future obligations and a commitment to fiscal sustainability.

The college has budget development and program review processes that engage constituent-based committees to review, analyze, and provide recommendations to the Superintendent/President. These processes are established, and the planning timeline is documented in the budget calendar.

### **Findings and Evidence**

The college uses an annual program review process, called PRAISE, which includes feedback from constituent groups to prioritize the allocation of financial resources. The college's mission and plans provide direction relative to budget resource allocation. Board policies, administrative procedures, and planning documents provide evidence of established processes. Annual program reviews are completed through a two tier process. The first tier involves unit level priorities which are then reviewed, refined, and summarized by the respective vice president at the second tier before being forwarded to the Finance, Budget, and Planning Committee for a prioritized

recommendation to the Superintendent/President. Tier One provides an opportunity for departmental reflection from the bottom up, while tier two allows senior management to make adjustments to reflect needs that might not be addressed by individual departments, for example a college wide request. This layered process demonstrates the college's commitment to collecting data and information at the department level and information synthesized at the division and college-wide level to better inform the resource allocation decisions of the Superintendent/President and the Board of Trustees. (III.D.1, III.D.2, III.D.3)

The college's program review evaluation process uses a series of reviews and committee recommendations to provide the Superintendent/President with advice for decision making. The Finance, Planning, and Budget Committee uses a scoring rubric that provides points for connecting the request to the college's strategic priorities, program goals, and department student learning outcomes. Thus, the mission and goals are the basis for financial decision-making. The Superintendent/President communicates funding approvals through campus email and in each year's final budget. However, it does not appear that performance metrics are always identified in departmental PRAISE resource requests, and funded requests aren't systematically reviewed subsequent to implementation to assess how well the expenditure performed at improving results in a "closing the loop" review. Formalizing these closing the loop processes can enhance the performance of the program review process. (III.D.1, III.D.2, III.D.3)

The college has engaged in research and planning relative to its cost structure and fiscal sustainability through various task forces and consulting reports, including a 2013 Fiscal Review Report by the Fiscal Crisis & Management Assistance Team (FCMAT). Report findings highlight that the college has been deficit spending in the general fund. The Board of Trustees directed college leadership to develop plans for balancing the budget, and college leadership prepared a balanced Final Budget for 2016-17. The reports also highlight some difficulties with comparing financials across colleges, such as differences in the categorization of employee positions. (III.D.1, III.D.2)

The Finance, Budget and Planning Committee engages in review and discussion of multiyear financial forecasts and has approved action items relative to fiscal stability. For example, the Institutional Effectiveness Partnership Initiative recommendations to grow the unrestricted fund balance to 10% was also recommended by the Finance, Budget and Planning Committee. Also, a draft budget presentation for the Board of Trustees was presented to the Committee for discussion prior to the Board meeting. (III.D.3)

The college's annual budget is developed based on a realistic assessment of financial resources available and financial obligations. The annual budget calendar begins in November with a Finance, Budget and Planning Committee meeting. Preliminary budget assumptions are presented to the Committee and the President in May. The Tentative Budget is presented to the Board of Trustees in June with the Final Budget going to the Board of Trustees in September. (III.D.4)

The college's Board of Trustees approved a 2016-17 Adopted Budget that is balanced and increases the ending fund balance by a modest amount. This budget is balanced by a net reduction in expenditure budget from 2015-16 to 2016-17, centered on a recognition of temporary vacancy savings, reduced general fund capital outlay, and significant reduction to Transfers, Reserves. The reduction in Transfers, Reserves occurs due to a planned draw from the pension set aside irrevocable trust and Guaranteed Investment Contract. (III.D.3, III.D.4)



The three-year budget plan reverts to deficit spending in the unrestricted general fund for 2017-18 and 2018-19, potentially leading to a negative fund balance by 2018-19. In planning for future budget, the college may use earnings from the GIC to ensure the unrestricted general fund reserve balance remains above the 5% prudent minimum level. Therefore, the college currently maintains sufficient one-time resources to maintain a prudent level of unrestricted reserves through the three-year forecast. (III.D.4)

The college demonstrates that financial information is shared in a timely manner throughout the institution through budget reports, multiyear forecasts, planning documents, monthly budget-to-actual reports, Finance, Budget, and Planning Committee meeting notes, and budget update emails from the Superintendent/President. Evidence of this dissemination of financial information was noted on the website and in committee meeting documents. (III.D.5)

College documents disclose that the unrestricted general fund was overspent by \$6 million during 2012-13, \$252 thousand in 2013-14, and \$5.9 million in 2014-15. The multiyear deficits lowered the unrestricted fund balance from 18.8% to 6.4%. 2015-16 actuals showed a \$1.6 million positive net revenue that partially restored the fund balance to 8.7%. The GIC allows the college to work back to a balanced unrestricted budget over a number of years. (III.D.5)

Integrating feedback from external consultant reviews, the annual budget now includes more accurate estimates for items such as temporary vacancy savings. The budget-to-actual variance has improved, for example the 2011-12 budget-to-actual expenditure variance was \$2.9 million, 2012-13's expenditure variance was \$5.2 million, while the 2015-16 variance narrowed to about \$1.5 million for the unrestricted general fund. This reflects an example of the college implementing feedback to improve the integrity of its financial reporting. (III.D.5, III.D.6, III.D.8)

The college's accounting and financial records are audited annually by an independent certified public accountant (CPA) in compliance with the college's Board Policy 6400. The scope of the audit includes all of the college district's financial records, including the foundation and bond funds. The CPA provided an unmodified audit opinion with no material financial weaknesses noted for the most recent three years of audit reports. Going back six years, audit findings were noted in earlier years which were corrected. In addition to the annual audit, the Measure JJ Citizen's Bond Oversight Committee meets quarterly to review bond expenditures and produces an annual report. Copies of the audit reports and Measure JJ reports are available on the college's website. While no material audit financial audit findings were noted in the last three years, college leadership stated that they would respond promptly to any future audit findings. (III.D.5, III.D.6, III.D.7, III.D.8, III.D.10, III.D.14, III.D.16)

The college has begun reducing permanent operating costs by leveraging bond funds for utility and maintenance saving capital projects. These projects reduced annual operating costs by about \$600,000. College leadership actively manages faculty productivity and cancels low enrolled course sections. The college no longer "automatically" replaces vacant positions. Instead, each vacancy is reviewed for elimination or restructuring to realize payroll savings. Planning documents provide evidence of long term plans to obtain "center" status for the west side workforce development complex instructional location that would provide about \$1.2 million in new basic apportionment funding. The college has offered an early retirement incentive to reduce salary costs. College leadership is expanding initiatives aimed at increasing enrollments. (III.D.9)

College leadership monitors cash balances and forecasts monthly cash balances to identify periods of low cash. Evidence provided included cash flow forecasts and monthly cash balance tracking schedules. The college has not experienced problems with maintaining sufficient cash flow for operations. (III.D.9)

To manage and control expenditures, the college maintains an established approval process, including processes to ensure that technology purchases are appropriate and will integrate efficiently into the existing infrastructure and that expenditures are properly approved. The college's fiscal services department is responsible for overseeing all finances including financial aid programs, grants, contractual relationships, auxiliary organizations, the foundation, and institutional investments and assets. The Department monitors financial transaction activity to ensure that resources are used with integrity and in a manner consistent with intended purpose of the funding. (III.D.10, III.D.14)

Grants are monitored and managed from the application process through closeout. The college's foundation processes most grants. A designated employee assists personnel with grant applications. Grant applications are reviewed by the President's Cabinet using a standard reporting form. Grants are scrutinized for contingent liabilities, such as required matching, commitments to continue funding activities beyond the grant period, and other trailing costs. Grant awards are monitored by an oversight person in the Fiscal Office who ensures that reports are submitted in a timely manner and that accounting reports are correct. The college's last three years of audits revealed no material audit findings relative to grant activities, and the college has not received any adverse findings from granting agencies in the last three years. The Department's monitoring of grant activity and reporting ensures that resources are used with integrity and in a manner consistent with the intended purpose of the funding. (III.D.10, III.D.14)

Unmodified audit reports for the last three years provide evidence that the college's finances are managed appropriately. Findings were noted with earlier audits going back six years, and the findings were addressed. The foundation is an independent not-for-profit, but college leadership serves on the foundation board and reviews monthly reports. The audit reports include foundation activities as well. College leadership stated that they would respond promptly to any future audit findings. (III.D.10, III.D.14)

College leadership annually updates the three year budget forecast to determine the longer term implications of current year budget decisions. Results of this analysis have been used to make strategic financial decisions, such as the decision to place \$4.3 million into an irrevocable trust to partially cover pension-related expenditures over several years. OPEB liabilities are about 95% funded according to the most recent annual audit report. (III.D.11, III.D.12)

The college has \$5.4 million in capital leases with debt service included in the annual budget and the three year budget forecast. Certificates of participation were retired with general obligation bonds, so there is no other debt where the college is required to make debt service payments. Therefore, the college carries a relatively low debt level. (III.D.13)

The Department of Education's official cohort default rates for fiscal years 2013, 2012, and 2011 for Victor Valley College were 21.5%, 22.7%, and 24.6% respectively. The college has maintained student loan default rates below the 30% federal guideline for the last three years and has hired a default management firm to help reduce their default rate. Schools with at least one year above 30% are required to submit a default prevention plan to the Department of Education.

The college's default rates are above the fiscal year 2013 national cohort default rate of 11.3%, so the college's contract to assist with default management appears appropriate. Three years of annual financial audits did not disclose any findings relative to student loan practices. (III.D.15)

The college maintains procedures and approval requirements for contractual agreements with external entities. For example, contract signing authority is delegated at varying dollar limits with the largest contracts requiring Superintendent/President approval. Contracts for goods and services are reviewed and approved by the Board of Trustees. Contracts are also reviewed by the local K-12 school district as the college's fiscal agent. The audited financial statements disclosed no audit findings in the last three years relative to contracts administration. (III.D.16)

### **Conclusion**

The college meets the Standard.

### **Recommendations for Improvement and Compliance**

See Recommendation 3 (Compliance).

## **STANDARD IV: LEADERSHIP AND GOVERNANCE**

### **Standard IV.A: Decision Making Roles and Processes**

#### **General Observations**

Victor Valley College has a comprehensive leadership structure that includes the President, an Administrative Team, the Academic Senate, the Associated Student Body (ASB) and various focused committees that work in tandem to contribute to the Colleges collegial decision-making process. Constituent groups recognize that collaboration is a central component to participatory decision-making and integral to student learning, programs, and services at the college. Decision-making processes are codified through District Policy Manuals and Board Policies and there are procedures in place that provides each constituency group with a decision-making process on the College's critical issues. Interviews with various key committee leaders, staff, and students validated the assertions that these processes and procedures are operationalized College-wide. Some interviewees expressed inconsistencies and communication challenges in past years and now perceive a positive shift as an upward trend. The VVC community appeared cohesive and committed to the improvement of their College.

#### **Findings and Evidence**

Individuals are encouraged to bring forth ideas and concerns to leadership constituency groups to resolve issues and facilitate broad-based dialogue. All committees include representatives from various College constituencies. Committees include at least two representatives from faculty, Academic Senate, classified staff, California State Employees Association (CSEA), Associated Student Body (ASB), College Council, classified management, and educational administrators. The College Council serves as the centralized hub for nine standing committees that include: Diversity, Environmental, Health & Safety, Facilities, Finance/Budget & Planning, Institutional Effectiveness, Employee Professional Development, Student Success & Support, Sustainability, and Technology.

The ASB appoints representatives to each committee so that student perspectives are included in decision-making. Interviews revealed that there is a formalized, structured process in place to address individual student concerns. Upon advisement, the ASB representative initiates the process of resolution by taking a concern forward to the appropriate committee or parties and provides a recommendation. The recommendation is then vetted by the committee and the appropriate parties are then notified regarding next steps.

VVC College Council is a key leadership group that encourages shared governance and participation. The College Council regularly meets to vet issues and accepts input from all constituent groups. College Council assures the Board of Trustees that policies and procedures are revised and considered. The meetings are inclusive, open to all faculty, students and staff at regular days and times. The College Council agenda and subsequent updates are emailed to the campus community. (IV.A.1)

VVC establishes and implements policy and procedures authorizing key constituencies to participate in decision-making. AP policy 1201 delineates specific areas of responsibility relative to the Board of Trustees, Presidents Cabinet, Faculty Senate, and nine College-wide Standing committees. To ensure transparency, the policy outlines the information flow between committees to other shared governance entities and the designated communication lines between standing and ad hoc committees. As stated in AP policy, 1201 the governance structure provides

for representation from five recognized constituencies at Victor Valley Community College: students, faculty, classified staff, classified managers, and educational administrators.

AP1201 expresses provisions for student participation for consideration of views in those matters in which students have a direct and reasonable interest. One example is that the ASB recently instituted a College-wide initiative to institute gender neutral bathrooms at VVC which ultimately proved to be successful. This change occurred through a formalized process initiated by a student. Students can also lend their voices to issues that affect their programs. Cited are two policies in place that support this, for example, BP/AP 4020 details the Process for Program Discontinuance, whereby all parties potentially affected by these decisions can have an opportunity to lend individual perspectives in an open public forum. BP 6200, references the process of budget preparation; a public hearing on the budget that is held annually. This policy infers, but does not explicitly state that students or interested parties can attend. Additional College specific items are located in the Board of Trustee minutes that reflect ASB goals as a standing item. (IV.A.2)

The College's philosophy on decision-making governance, administrator and faculty roles in institutional governance is clearly defined in BP/AP 1201 as well as specific roles in policy development and planning processes relative to daily operations. The authority and membership of the Finance/Budget and Planning Committee are specified in AP 1201. Under this policy the Finance/Budget and Planning Committee is represented by students, classified staff, faculty, and administrators. BP/AP 6200 details the planning and budget processes in general. More specific minutes from Finance, Budget and Planning committee shows the process of the committee in prioritizing resources. Faculty works with division deans to analyze budgets, evaluate program resources, and develop annual plans and budget requests. These are submitted to the administration for review. The Finance/Budget and Planning Committee then previews the document, which is then reviewed by the President/Superintendent of the College. (IV.A.3)

Institutional policies and procedures that describe the official responsibilities and authority of the faculty and of academic administrators in curricular matters are outlined in Board Policy 4020: Program, Curriculum, and Course Development, Program Discontinuance [IVA.4-01] whereby the President shall establish procedures for the development and review of all curricular offerings, including their establishment, modification, or discontinuance. The policy states that there will be a regular review and justification of programs and course descriptions. This is in concurrence with appropriate involvement of the faculty and Academic Senate in all processes. The Curriculum Committee of the Academic Senate is the primary body responsible for implementation of these policies and for managing the curriculum development and review process. The *Victor Valley College Curriculum Handbook* provides the guidelines for the committee as well as the formal process for curriculum change or revision. (IV.A.4)

AP 1201 also delineates the role and participation of constituencies in decision-making through written policies on governance procedures that detail specific roles for staff, students, and faculty. VVC ensures the appropriate consideration of relevant perspectives through adherence to these policy guidelines. Staff and students are informed of their specific roles and then collaborate to improve institutional effectiveness. Several documents demonstrate that every attempt is made to ensure that diverse perspectives are valued, prioritized, and considered in decision-making. These documents include: copies of governance policies, individual requests, and minutes of meetings. Decision-making and responsibility is aligned with administrator and faculty expertise such as: new hire recommendations and responsibilities, SSSP minutes

detailing the faculty role in reviewing student learning outcomes and assessments. College Council and Facilities minutes further substantiate individual responsibilities. (IV.A.5)

As previously noted, BP/AP 1201 outlines processes for administrative policies that support decision-making by detailing the roles and responsibilities of key leaders. Communication is facilitated by a College website. Individual committees have websites that house minutes and agendas. Additionally, the College President has used YouTube videos for disseminating information broadly. Other examples such as, newsletters, emails from the College Superintendent/President, interactive college forums are not cited. The report states that the College Council and the Academic Senate are the primary channels for communicating the results of evaluations of leadership, governance, and decision-making. Interviews with these key leaders support this assertion. (IV.A.6)

Although the report stated that the College “conducts periodic evaluations of all leadership roles, governance, decision-making policies and processes and has used these results to implement changes in process”, several elements are less clear: the cycle for how often the institution evaluates its governance structures as well as how information is communicated to the broader college constituencies. There is no evidence that the results of the evaluations are used to identify weaknesses and make needed improvements. (IV.A.7)

### **Conclusions**

The College meets the Standard. There are transparent systems of communication and documented Board and Administrative policies that clearly describe the processes. Varying accounts from student representatives and key leaders describe feelings of inclusion and consistent progression with a trajectory of improvement in communication efforts over the past few years. While communication was consistent in upper management, some concern was expressed that communication from middle management could be improved, with the suggestion of additional training as a benefit. In the open forum, some students expressed concern that accessing information and communication was sometimes challenging. However, a comprehensive website was accessible for all students.

It is not clear how often the institution evaluates its governance structures and how this information is communicated to the broader college constituencies. There is no evidence that the results of the evaluations are used to identify weaknesses and make needed improvements.

### **Recommendations for Improvement and Compliance**

See Recommendation 3 (Compliance).

## **Standard IV.B: Chief Executive Officer**

### **General Observations**

The College is led by a CEO who reports directly to the District's five-member board. The CEO has the principal responsibility for overseeing all areas of the institution. The CEO arrived at the campus during a time of campus-wide tension and immediately began working to restore trust and a focus on serving students. By all accounts – board members, constituency groups, bargaining units, and the public – the college climate is better than it has been in more than a decade.

### **Findings and Evidence**

The college president is the “motivating force” behind planning, organization and budgeting. The president launched a servant leadership seminar to restore trust across the college and with the community. The response to a serious breach in trust with the IT department resulted in the hiring of an external vendor for data management. This could have been a contentious issue on campus, but has been well received. (IV.B.1)

The CEO's restructuring of the administrative team has improved the college's effectiveness. The team heard widespread support for the senior leadership team, in particular the team found great admiration for the work of the Executive Vice President and the new Human Resources Director. The team also noted that the senior team is stretched very thin with a single individual serving as vice president for both the academic and student services functions. This places a heavy workload on the Executive Vice President and requires other senior team leaders to take on additional roles. (IV.B.2)

The team found the college to be a collegial environment that works together to set goals, establish values and honor a culture of shared governance. Every conversation about the culture on campus included someone saying that the college's positive culture “starts at the top.” The CEO provides regular updates to the whole campus, including a video series that is available to the entire campus as well as the local community. (IV.B.3)

The accreditation process included a wide array of participants. The team found that the campus widely understood the role of accreditation and valued the process. Faculty and administrators displayed ownership of accreditation-related matters. The Board was well prepared through the regular updates provided by the CEO. (IV.B.4)

The CEO works with a senior administrative team and an extended cabinet group that provides effective oversight and internal controls. The administrative team has worked to close a structural gap in the general fund budget. The college as a whole appears to understand the macro-level budgeting issues. (IV.B.5)

The CEO is well traveled across the district. The Board President expressed gratitude for the number of events attended by the president, noting that “I am amazed that he makes it to 28 out of 29 events, but (the president) focuses on the one he missed.” The president is a regular guest on local education TV shows, is an active member of a local Rotary club, and regularly gives presentations to service clubs, chambers of commerce and other civic groups. (IV.B.6)

### **Conclusions**

The college meets the standard.

## Standard IV.C: Governing Board

### General Observations

The Governing Board consists of five members and one student member. Through extensive involvement in activities at the local, regional, state, and national level, the Governing Board stays informed about concerns and issues relevant to governing the Victor Valley CCD. This involvement enhances Governing Board members' understanding of education policy and practice. Three governing board members have completed the *Excellence In Trusteeship* program offered by the Community College League of California.

Through establishing policies aligned with the College's mission statement, the Governing Board has ultimate authority for educational quality, legal matters, and financial integrity. The Governing Board assures the quality, integrity, and effectiveness of student learning programs and services by publishing its policies, protocols, and code of ethics; participating in professional development; assessing its own performance; staying informed and involved with accreditation; and selecting and evaluating the Superintendent/President.

The Superintendent/President reports directly to the Governing Board and has delegated authority to implement and administer board policies. The Superintendent/President is held accountable for the operations of the District/College through regular performance evaluations.

### Findings and Evidence

Board Policy 2510 defines the authority of the Board and identifies the role of faculty, staff and students in the district's decision-making process. The Board receives regular updates on matters concerning curriculum, budget and other matters relevant to the provision of a college education (IV.C.1).

The team recognizes the great strides made by the VVC Board to improve relations with each other. They clearly have a desire to function as a board in the best interest of students. The team also observed instances documented in meeting minutes and online video of actions taken that could be construed as blurring the line between oversight and management. It is important that the board focus on the fact that they have only one employee and work diligently to ensure that all actions taken are taken as a board. (IV.C.2)

BP 2431, CEO Selection, establishes that in the event of a CEO vacancy the Governing Board will establish a search process. BP 2435, Evaluation of Superintendent/President, establishes a policy that the superintendent/president will be evaluated at least annually. The team found that the board conducts annual evaluations of the superintendent/president. (IV.C.3)

The five-member board is elected at large. The district is currently developing plans to move to individual district elections. The Board demonstrated an ability to set aside political differences to work in the best interest of the college. (IV.C.4)

The college maintains a policy system that mirrors the uniform policy numbering system developed by the Community College League of California. Policy updates are in progress and the superintendent/president is working with the board to update all policies through the shared governance process. (IV.C.5)

Board Policy 2010 outlines the size and requirements for holding office as a trustee. Board Policy 2200 outlines the role of a trustee and Board Policies 2310 and 2330 provide guidance for meeting dates and voting rules. (IV.C.6)



The Board adheres to its own policies and bylaws in conducting business. The team found evidence that the board is working through a comprehensive policy review. The college identified an action plan to formalize the five year cycle for review and assessment of all policies. (IV.C.7)

The team found evidence that the Board regularly receives reports on student outcomes. The CEO provides weekly updates to the board and formal presentations on the Student Success Scorecard and IEPI goals are made at regularly scheduled board meetings. (IV.C.8)

The Board engages in annual retreats, training from a variety of state and local organizations and attendance at conferences sponsored by the Community College League of California (CCLC). Three members have completed the Excellence in Trusteeship workshop. (IV.C.9)

The Board conducts an annual self-evaluation. New members are provided with an orientation and offered additional training through the new trustee workshop offered by CCLC. Training includes college processes, accreditation matters and how to comply with California's open meetings law. (IV.C.10)

The Board maintains Board Policy 2710, Conflict of Interest, and 2715, Code of Ethics. The board has followed the rules outlined in BP 2715 when addressing potential issues surrounding board behavior. (IV.C.11, ER 7)

The team found unanimous agreement among board members that authority is delegated to the CEO. Through regular contact, reports and an annual evaluation, the board holds the CEO accountable for operation of the college. As noted above, the team noted instances of local practice that may leave the impression of blurred lines between board member activity and day-to-day operations of the college. The team did find that the board members were aware of the importance to allow the CEO and shared governance structure to function independently. (IV.C.12)

Board members demonstrated knowledge and understanding of the accreditation process. Board members indicated that the process was important to keep the college moving in a positive direction. Board members participated in the development of the college's accreditation report and offered support for helping the college improve. (IV.C.13)

### **Conclusions**

The college meets the standard.

## Quality Focus Essay Feedback

The Victor Valley College Quality Focus Essay (QFE) provides three core themes; student success, systems and process improvement and institutional climate improvement. The action projects related to these themes appear to be data-driven and fitting with the college's findings in the Institutional Self-Evaluation Report and the team's findings.

The action plans are clearly relate to Accreditation Standards, and align closely with the college's educational master plan, as well as the findings from the college's own evaluation. The first action plan seeks to improve student success. This plan aligns with the college's educational master plan and with the fact that outcomes are falling below institutional set standards. The timeline, responsible parties and resources are clearly laid out, but the initial activity could be better defined. Recommendation 4 could be aligned with this action plan if the specific area of deficiencies are used in the planning of phase 1. The plan as currently designed is overly broad and only seeks to identify best practices related to improving student success. In order for the college to develop specifications and strategies by fall 2017, the college should consider narrowing the scope of the action plan to the specific areas of demonstrated deficiency in the ISS evaluation process.

The second activity plan seeks to improve processes. This activity is concretely defined and the planning assessment of the PRAISE process and assessment of planning needs aligns with Recommendation 3 in that, as a process, will complete an evaluation cycle of the integrated planning process, policies and procedures. The timeline provided is appropriate and the identification of the President as the lead in guiding the process will ensure that the process is inclusive and effective. The specificity of the areas to be evaluated and the process for developing tactical plans is appropriate and effective.

The last activity plan seeks to improve institutional climate through increases in participation of stakeholders. From the team's experience, the campus environment and stakeholder engagement is strong and much improved from previous years. The team appreciates the continued focus on this effort. The implementation steps are defined with an appropriate timeline and responsible parties. The listed funding resources are likely not applicable for this project and alternative resources will need to be identified.

The team appreciates the efforts the college has undertaken. All three plans involve an initial investigation stage which will lead to tactical plans. The team encourages the college to reflect on these tactical plans in relationship to each other and the other scope of work needed to be conducted in order to meet the college's accreditation recommendations. If the scope remains too broad, the tactical plans will likely be overwhelming. The formative evaluations focus on completion of the planning phase with later evaluations to be developed based on the tactical plans. The team encourages the college to create concrete evaluation plans that include data demonstrating impact and not just the completion of the phase. The evaluation plans should show improvement student success, systems and processes and institutional climate. Achieving the stated action plans will move the college toward addressing key recommendations and achieving their Educational Master Plan goals.