ACCREDITATION EVALUATION REPORT

SOUTHWESTERN COLLEGE

900 Otay Lakes Road

Chula Vista, California 91910

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 evaluation team that visited Southwestern College on September 28 - October 1, 2015

Jowel C. Laguerre, Ph.D., Team 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: January 8, 2016

INSTITUTION: Southwestern College
                               900 Otay Lakes Road
                               Chula Vista, CA 91910

TEAM REPORT: Comprehensive Evaluation Report

                               This report represents the finds of the evaluation team that visited
                               Southwestern College September 28 through October 1, 2015.

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 Southwestern College Self-Evaluation Report, and supplemental information and evidence provided by the College, the following changes or corrections are noted for the Team Report:

1. Team Recommendation Five has been replaced with Commission Recommendation One which states as follows:
    > In order to meet the standards, the Commission recommends that the college demonstrate widespread and consistent participation within the academic programs, which includes the Higher Education Centers, in course and program student learning outcomes assessment that results in program and institutional improvement. (Standards II.A.1.c, II.A.2.e, and II.A.2.f).

    Commission Recommendation One was not part of the basis for issuing Warning to the College. However, it does identify deficiencies in practice. The College should demonstrate it has resolved deficiencies and meets these standards when it submits its Follow-Up Report in accordance with the Commission Action Letter.

2. The Commission finds that the Eligibility Requirements cited as deficient in Recommendations and in the body of the team report, Eligibility Requirements 2, 16, 17,18,19, and 20 have been demonstrated by the college to be met. These are no longer included with the citation of standards for which there are deficiencies.

3. The Commission finds that the college has demonstrated it meets the standards as to deficiencies noted for Team Recommendations Eight through Twelve. Team Recommendations Eight through Twelve shall be taken as recommendations to increase institutional effectiveness (improvement recommendations). These recommendations do not identify current areas of deficiency in institutional practice, but highlight areas of practice for which college attention is needed. Consistent with its policy to foster continuous improvement through the peer accreditation process, the Commission expects that institutions will consider the advice for improvement offered during the peer evaluation process, and report on actions taken in response to the team's recommendations, if any. The failure of an institution to act on these recommendations will not itself constitute a deficiency in meeting standards or requirements of the Commission. However, in the Commission's experience, failure to take note of areas of practice pointed out in improvement recommendations may lead to future conditions which limit the college's ability to meet standards. As such, we highly recommend the team's improvement recommendations for your attention.

SOUTHWESTERN COLLEGE

Roster of Site Visit Evaluation Team September 28 – October 1, 2015

Dr. Jowel C. Laguerre (Chair)
Chancellor
Peralta Community College District

Dr. Yashica Crawford (Team Assistant)
Chief of Staff, Solano Community College

Dr. Douglas Achterman
Head Librarian, Gavilan College

Dr. Lisa Conyers
Associate Professor of Spanish, Moreno Valley College

Dr. Kelly Cooper
Instructor CIS, Digital Media, West Valley College

Dr. Erika Endrijonas
President, Los Angeles Valley College

Ms. Michelle Fowles
Dean, Institutional Effectiveness Los Angeles Valley College

Ms. Sunny Green
Counselor, College of the Siskiyous

Ms. Nan Gomez-Heitzeberg
Executive Vice President Academic Affairs, Bakersfield College

Ms. Lucy Kluckhohn-Jones
Professor of Biology, Santa Monica College

Mr. Gregory Nelson
Vice President of Finance and Operations, College of Marin

Mr. Brian Thiebaux
Business/English Instructor, Palo Verde College

Dr. Alketa Wojcik
Dean, Admissions and Student Support, Mira Costa College

Summary of the Evaluation Report

Southwestern College, September 28 – October 1, 2015

Dr. Jowel C. Laguerre, Chancellor
Peralta Community College District

Introduction

ACCREDITATION EVALUATION REPORT FOR SOUTHWESTERN COLLEGE

Evaluation Site Visit September 28 - October 1, 2015

The Southwestern Community College District is one of 72 such entities in the state of California under the guidance of the California Community College Chancellor's Office (CCCCO). Located in the southern part of San Diego County, the District serves the cities of Bonita, Chula Vista, Coronado, Imperial Beach, National City, Nestor, Otay Mesa, Palm City, San Ysidro, and Sunnyside. Residing next to two major U.S.-Mexico border crossings, the District also serves a large number of international students. This unique location positions the College to play an important role in the intellectual growth of residents in both the United States and Mexico.

Southwestern College was established in 1961, and the College operated out of Chula Vista High School until 1964. During the first three years of operation, the College offered classes to 1,677 students. Groundbreaking for a new 156-acre campus on the corner of Otay Lakes Road and "H" Street in Chula Vista occurred in 1963. By September 1964, construction of the initial buildings was complete, and students began attending classes on the new campus.

Since 1964, the District has continued identifying and building educational centers in order to serve its surrounding communities. Currently, the College operates three Higher Education Centers in National City, Otay Mesa, and San Ysidro, and offers classes at several extension sites, including the Crown Cove Aquatics Center in Coronado. The College serves approximately 20,000 students each semester.

Southwestern College Self Evaluation Report (SER)

The institutional Self Evaluation Report (SER) submitted by Southwestern College in 2015 is an attractive and professional document that is well written and well organized.

The document included evidence to support the statements and evaluations made in the self study. Much of the evidence came in the form of links to information that was available through the college website. There was a small portion of evidence that was difficult for the team to access because of links that were dead (web pages not being functional) or because information on those links was out of date. With the exclusion of a few minor exceptions, the team was able to access the necessary supporting documentation and evidence. The files provided in the team room were useful to the team.

While there were great descriptions and charts and tables in the SER, the introduction section occupied too much space and some information could have been provided as evidence or other materials or not at all.

Furthermore, the SER lacked analysis and a balanced view of the district. The SER appeared to focus on favorable observations and evidence. As the on-site evaluation got underway, the team found this complicated the verification of college practices, as a more complex picture unfolded.

Commendations

1. The team commends the **students and ASO** for their involvement, enthusiasm, and constructive **input** in their appreciation for Southwestern College.

2. The team commends **Learning Assistance Services** for modeling the use of data to inform the development of its program, engaging in a continuous cycle of improvement. The Academic Support Center hums with activity and reflects the student engagement fostered by the burgeoning Power Study Program and Interdisciplinary Tutoring services. The team further commends the **library faculty and staff** demonstration of **collegiality** and commitment to student success through the welcoming academic support environment they have created at each college campus.

3. The team commends the college for its inclusive work on **equity and diversity audit efforts** to address **disproportionate impact among student groups**.

4. The team commends the **personnel at the Higher Education Centers** and the **Aquatic Center** for their personal **dedication to serving their communities** and for their concerted efforts to provide **critical services for students**.

5. The team commends **IT** administrator, staff and committee member commitment to **support and work with instruction and student services** to provide technology that enhances College programs and services.

Recommendations to Meet the Standards

Recommendation One
In order to meet the Standards and comply with Eligibility Requirements, the team recommends that the College ensure there is only one mission statement and when the mission statement is published, the wording of the mission statement is presented consistently in all College documents, signage, posters, displays and publications, electronic and print, and that such wording matches exactly the wording approved by the Board of Trustees. (ER 2, 20; I.A.1, II.A.6.c; IVA)

Recommendation Two
In order to meet the Standard, the team recommends the College evaluate regular and effective student contact for Distance Education courses to determine compliance with the College Distance Education Handbook, stated learning outcomes, and whether achievement is comparable with students enrolled in face-to-face programs. (II.A.1)

Recommendation Three
In order to meet the Standard, the team recommends that the College implement and evaluate 508 accessibility compliance. (II.A.1)

Recommendation Four
In order to meet the Standard, the team recommends that the College evaluate and regularly review web-based applications and sites (beyond LMS), whether faculty or publisher provided, to validate student privacy and identity (at the individual level, not the course level). (II.A.7)

Recommendation Five
In order to meet the Standards, the team recommends that outcomes for courses, academic programs, learning and support services, units, divisions, HECs, and non-instructional areas use reflective dialog, data, and analysis at the individual course and program levels to assess student achievement of those outcomes and use assessment results to make measurable improvements. (II.A, IIA.2.e, IIA.2.f; USDE 2002 Standard 668.8(k),(l))

Recommendation Six
In order to meet the Standard, the team recommends that the College ensures that faculty and others directly responsible for student progress toward achieving stated student learning outcomes have, as a component of their evaluation, how they use the results of the assessment of learning outcomes to improve teaching and learning. (III.A.1.c)

Recommendation Seven
In order to meet the Standard, the team recommends that the College evaluate all personnel systematically and at stated intervals. The Team further recommends the creation of a mechanism to ensure compliance with stated evaluation guidelines. (III.A.1.b)

Recommendation Eight
In order to meet the Standards, the team recommends that the College evaluate the current model for total cost of ownership of physical, fiscal, and human resources, in order to provide a sustainable, safe, secure, and healthful learning and working environment. (IB; III.B.1, III.B.2.a, III.D.1.c)

Recommendation Nine
The team recommends that the collection, storage, and transportation of monetary resources be reviewed and shortcomings identified and ameliorated. (III.B.1.b)

Recommendation Ten
In order to meet the Standard, the institution should ensure that its mission and goals are integrated with its financial and institutional planning by ensuring realistic resource availability. (III.D.1; III.D.1.a ; III.D.1.b)

Recommendation Eleven
In order to meet the Standard, the institution needs to ensure that internal and external controls have a high degree of credibility and accuracy and reflect the appropriate use of financial resources. As part of credibility, financial information must be provided in a timely manner to the institutional community. As part of assessment and improvement, the institution should respond to the evaluation and effectiveness of internal controls and financial resources.; III.D.4 ; ER 18, ACCJC 2013 Special Report)

Recommendation Twelve
To meet this standard, as reported in the 2013 Special Report, the institution will review and make modifications to its memorandum of understanding between the institution and the foundation in conjunction with hiring appropriate staff to facilitate foundation activities. In addition, the institution shall ensure that the financial resources of auxiliary services, grants and fund raising efforts are used with integrity, shall maintain internal controls and will be evaluated for effectiveness.
(2013 Special Report; III.D.2 ; III.D.2.d ; III.D.2.e)

Recommendation Thirteen
In order to meet the Standards and Eligibility Requirements, the team recommends that the College create a budget that meets the short- and long-term liabilities, contingency plans, unforeseen occurrences and future obligations of the College while meeting the appropriate reserves set by board policy. In addition, the College shall implement, assess, and evaluate internal controls sufficient to mitigate risk and maintain the fiscal integrity and stability of the College. (ER 17-18; III.D.1.c, III.D.1.d, (III.D.2 ; III.2.a ; III.D.2.c ; III.D.2.e, III.D.3.a, III.D.3.c, III.D.3.g, III.D.3.h, III.D.4, IV.B.1.c; Commission Policy on Institutional Compliance with Title IV; ACCJC 2013 Special Report)

Recommendation Fourteen
In order to meet the Standards, the team recommends that the Board and the CEO ensure the fiscal integrity of the College by establishing a balanced budget that includes a plan for effective enrollment management. (IV.B.1.c, IV.B.2.d)

Recommendation Fifteen
In order to meet the Standards, the team recommends that the Board develop and adopt all Board policies required by law, and that it fully implement the plan to review and update all Board policies on a regular cycle. The team further recommends that the Board avoid assigning itself authority over College operations. (IV.B.1.d, IV.B.2.c)

RESPONSES TO RECOMMENDATIONS OF THE 2009 EVALUATION TEAM

The team notes that all of the previous recommendations were found to be addressed and the standards met during evaluations conducted after the 2009 comprehensive evaluation. While the 2015 team noted sustained compliance as to the specific areas of deficiency identified in college practices in 2009, the 2015 evaluation of conditions at the College identified current deficiencies in a significant number of the same Standards, including: I.B.2, I.B.3, I.B.4, I.B.5, I.B.6, I.B.7, II.A, II.A.1, II.A.1.c, II.A.2.e, II.A.2.f III.A.6, III.B.2a, and III.B.2.b, IV.B.2.b, and portions of others, as well as Eligibility Requirement 19. These are discussed in the team narrative of standards.

1. As previously identified in the 2003 ACCJC WASC Accreditation Report, the team recommends that the college systematically and regularly evaluate and update the mission statement; assure that it defines the college educational purposes, its intended student population, and its commitment to student learning; and use it to guide institutional decisions and improvement goals. (Standards I.A.3, I.B.2, and II.A.1)

The College successfully addressed the concerns of the 2009 Evaluation Team. It has sustained the efforts of evaluating and systematically reviewing and updating the mission statement.

Concern: The team was able to verify that the use of the mission statement has been inconstant. Four different versions of the mission statement were identified by the team used variously across the College.

Moreover, the board has approved two versions of the mission statement: one abbreviated and one full.

The abbreviated version makes no mention of distance education or of the degrees and programs within the College's mission, changes a reference for stimulating growth of the region to one for serving students, and eliminates promotion of student learning and success. While the abbreviated version was developed primarily for use in emails, on business cards, and so forth, it appears to have become the default statement used in certain governance, planning, and committee work.

That may be, in part, because the abbreviated statement was also approved for use "on committee agendas" and "other college communication documents."

2. As previously identified in the 2003 ACCJC WASC Accreditation Report, the team recommends that the college establish and implement a collegial and comprehensive planning process that assures improvement in student learning. Such a process integrates the various college plans; is informed by quantitative and

qualitative data and analysis; systematically assesses outcomes within both instruction and noninstructional services; and provides for an ongoing and systematic cycle of goal setting, resource allocation, implementation, and evaluation. (Eligibility Requirement 19, Standards I.B.2, I.B.3, I.B.4, I.B.7, III.A.6, III.B.2a, and III.B.2.b)

The College successfully established and implemented a collegial and comprehensive planning process. There is evidence that the College has continued to use data in its decision-making process and that a new program review process has the potential to lead to major improvement in the planning process. As for service areas, the team was able to verify that both instruction and student services have addressed the issues of planning. It was not clear to the team that other services areas were as committed to the process and have contributed to planning.

3. The team recommends that the college improve program review across all areas; integrate it with student learning outcomes; and ensure that it is evidence based and is occurring at regular intervals sufficient to provide a foundation for college planning and allocation of human, physical, technological, and fiscal resources. At issue since 1996, the team recommends that the college implement its policy on program discontinuance. (Eligibility Requirement 19, Standards I.A.4, I.B.1, I.B.5, I.B.6, II.A, II.A.1.a, II.A.1.c, II.A.2.e, II.A.2.f, II.B.4, II.C, II.C.1.a, and III.B.2)

The program review process has evolved at Southwestern. The current iteration has broad buy-in and more departments are participating with a strong tie into the resource allocation model. On the issue of program discontinuance, the 2013 visiting team did not comment on the need to implement the program discontinuance process. The 2015 team found that the Program Discontinuance policy is being implemented with programs being discontinued.

4. The team recommends that the college identify SLOs for all of its courses, academic programs, learning and support services, and identify administrative unit outcomes for noninstructional areas. It is further recommended that the college use data and analysis to assess student achievement of those outcomes and use assessment results to make improvements. (Standards II.A, IIA.2.e, and IIA.2.f)

The College continues to meet the intent of the recommendations related to conditions and student learning outcomes practice in 2009. The goal-setting and evaluation in noninstructional areas remain a challenge and one the institution should focus on more.

The Student Services areas are performing well in this regard.

5. The team recommends that, in order to comply with the Commission's policies on distance learning and substantive change, the college submit a substantive change report for those programs that currently offer more than 50 percent of a program through distance education. (Eligibility Requirement 21)

The College complied with the recommendation and has continued to comply with the Eligibility Requirement 21 and the Commission Policy on Substantive Change.

6. As previously identified in the 1996 and 2003 ACCJA WASC Accreditation Reports, the team recommends that the college implement a Technology Plan that is integrated with the Strategic Plan and college goals; relies on Program Review; and provides reliable budgetary process for renewing technology and for providing appropriate technology staffing, support, and training college wide. (Standards II.C.1.a, III.C.1.a, and III.C.1c)

The implementation of a technology plan and budget to support the plan were accomplished. However, resources tend to be limited and so has been progress toward continued implementation. Some computer terminals are inadequate and have become outdated with time.

7. The team recommends that the college plan and conduct professional development activities to meet the needs of its personnel and implement a formal evaluation process of the activities. (Standards III.A.5, III.A.5.a, and III.A.5.b)

A formal professional development program is in place and is being led by a full-time faculty member. Faculty praised the new professional development program and its coordinator. The professional development plan includes every employee. The plan is evaluated as part of the annual Needs Assessment Survey.

8. The team recommends that the college set as a priority fostering an environment of trust and respect for all employees and students that allows the college community to promote administrative stability and to work together for the good of the college. The team further recommends that the college establish and follow a written process and structure providing faculty, staff, administrators, and students a substantial voice in decision-making processes. (Standards IV.A, IV.B.2.b, and III.A.4.c)

Except for the Finance Office, the staffing of the College seems to be stable, despite the recency of some hires. The employees have reported a higher level of trust and cooperation. This is a credit to the Superintendent/President who has established a clear focus on participatory governance. College faculty and staff have bought into the decision-making process. These are new processes that need to be nurtured to ensure sustainability. Participation by constituents at the Higher Education Centers is also needed.

9. As previously identified in the 2003 ACCJC WASC Accreditation Report, the team recommends the Governing Board adhere to its role as a policy-making body and not interfere with the authority and responsibility of the Superintendent/ President for college operations. The team further recommends that the Governing Board act as a whole once it reaches a decision and as an advocate for the college. (Standards IV.B.1.a and IV.B.1.j)

Through board conversations and training, the board is playing its role of policy makers. In interviews with employees, it is clear that efforts are being made to make sure that the CEO is supported in playing her role. The current conditions related to ensuring college operations are delegated to the CEO are discussed in the team narrative on standards.

10. The team recommends that the Governing Board establish and implement a formal procedure for handling potential conflict of interest and ethics policy violations and document adherence to the protocol. (Standard IV.B.1.h and IV.B.1.i)

There was, at least, one example of the board policing itself and ensuring that board members respect the ethics policy**.**

Recent Accreditation History of Southwestern College

The following are significant changes that have occurred since the College's 2009 Self Study:

March 2010: The College submitted a comprehensive substantive change proposal to the ACCJC to address concerns with the reporting of programs which may be taken 50% or more via Distance Education (DE).

Fall 2010–Spring 2011: The Shared Consultation Council retooled its structure to include standing committees that focus on Accreditation Standards and shared planning and decision- making.

March 2011: The Board of Trustees (Board) approved the College's 2011–15 Technology Plan.

Summer 2011: The College was removed from probation, and the Commission reaffirmed Accreditation.

January 2012: Dr. Melinda Nish was hired as the College's Superintendent/President.

August 2012: The College's 2012–15 Strategic Plan was approved by the Board.

April–July 2013: The College submitted a special report to the Commission describing the findings of the Grand Jury investigation of construction bonds, and the integrity of internal controls on construction funds. The Commission found the College had addressed the recommendations and commended the College for its work to improve institutional business practices.

Spring 2013: With approval from the California Community College's Board of Governors, the Higher Education Center at National City and the Higher Education Center at San Ysidro earned "Center status," which brought additional funds and resources for two of the District's neediest communities.

June 2013: The College approved the Educational Master Plan and the Facilities Master Plan.

February 2014: The Shared Consultation Council created the Student Outcomes and Achievement Review Committee to discuss, evaluate, and oversee campus wide dialogue regarding student achievement and student learning.

Fall 2014: The Shared Consultation Council approved the newly revised Mission, Vision, and Values statement.

ELIGIBILITY REQUIREMENTS

The team found evidence to support Southwestern College's compliance with some of the eligibility requirements as established by the Accrediting Commission for Community and Junior Colleges. As to Eligibility Requirements 2, 16,17,18,19, and 20, there are deficiencies noted below and discussed more in the team narrative about standards.

1. Authority

Southwestern College operates under public law of the State of California as a part of the California Community College system. It is authorized to award degrees and certificates by the Board of Governors of the California Community Colleges, by the Accrediting Commission for Community and Junior Colleges, and by the Board of Trustees of the Southwestern College.

2. Mission

The team verified that the college has reviewed its mission statement and that it was approved by the Board of Trustees in 2010. The mission statement is widely disseminated to the college community and to the public. More recently, an abbreviated mission statement was approved by the board. While the abbreviated mission statement may be suitable for emails and on business cards, it is also placed on committee agendas and other college communication documents. It was not possible to verify the mission statement itself, with its promotion of student learning and success and identification of programs offered by the College, is used in decision-making and planning across the institution. Thus, the eligibility requirement is not met.

3. Governing Board

The Southwestern College Board of Trustees is a five-member body that is elected at-large by the registered voters of the district. One student trustee selected by the student body is seated annually. As delineated in the Board of Trustees statement on its philosophy, mission, and roles and responsibilities, the board understands its purpose as a policy- making body, and its responsibility for the quality, integrity and financial stability of the district.

4. Chief Executive Officer

The Board of Trustees of the Southwestern College appoints the college president based on a national search. The full-time responsibility of the president is to Southwestern College and the president possesses the requisite authority to administer board policies.

5. Administrative Capacity

The administrative staff employed by Southwestern College has the appropriate preparation and experience to support the mission and purpose of the college. There are

appropriate procedures in place to fill administrative positions when they become vacant. The team is concerned with the absence of a Chief Business Officer, Director of Facilities and Custodial Supervisor. Some key positions are vacant in the Finance Office or are filled with consultants.

6. Operational Status

The team verified that all divisions of the college are fully operational with students actively seeking degrees and certificates. Over 30,000 students attend the College annually.

7. Degrees

Southwestern College offers a wide variety of degree and certificate programs. The majority of students (89%) enrolled at the college are actively seeking degrees or certificates. The District operates different sites with healthy enrollment.

8. Educational Programs

Eighty-nine percent of Southwestern College's programs lead to a certificate or degree and are congruent with the college mission, are of sufficient content and length, are conducted at the appropriate levels of quality and rigor, and culminate in identified student outcomes.

9. Academic Credit

The team verified, by examining course outlines, syllabi and other evidence, that Southwestern College has appropriate policies and procedures in place to properly calculate clock hours to credit hours and to award academic credit based on accepted practices.

10. Student Learning and Achievement

Southwestern College defines and publishes in the college catalog the expected student learning outcomes for each program. Courses are assessed and so are programs and they feed the program review process.

11. General Education

The team verified that the college complies with the general education requirements. The general education component at Southwestern College requires demonstration of competence in writing and computational skills. It is designed so that all students in Associate Degree programs complete units that cover a range of areas ensuring breadth of knowledge and the fostering of intellectual inquiry. Comprehensive learning outcomes have been established and are reviewed by the college curriculum committee.

12. Academic Freedom

The team verified that there is a board policy that defines and upholds academic freedom. The team found no evidence that academic freedom was inhibited in any way for either faculty or students.

13. Faculty

The team verified that the college has a faculty consisting of approximately 304 full-time members. This core of faculty is of sufficient size to support the educational programs offered by the college. Faculty members are responsible for both curriculum review and learning assessment.

14. Student Services

The student services provided by Southwestern College to its student population are appropriate to enable students to develop and learn. The range of student services is consistent with the college mission. Services are provided consistently at all sites.

15. Admissions

The requirements for admission to the college are clearly stated in the catalog and on the college web site. These requirements are reflective of the college mission and of its status as an open admission institution. Southwestern Community College District Board Policy the admission requirements are consistent with state laws and regulations, and with the practices at the College.

16. Information and Learning Resources

Southwestern College possesses appropriate and sufficient information and learning resources. These resources support the mission statement and the instructional programs of the college and they are readily available and accessible to students.

17. Financial Resources

The team verified that the college has a sufficient funding base and financial resources that can support its programs and services at an adequate level as well as for improving institutional effectiveness and assuring ongoing financial stability. However, as discussed in the narrative for numerous standards in III.D., there are concerns about financial practices and the quality and quantity of staffing to manage the financial resources are lacking. Furthermore, serious attentions need to be paid to the management of enrollment and faculty productivity to avoid an erosion of the financial base. This eligibility requirement is not met.

18. Financial Accountability

The team verified that the college undergoes a regular external audit by a qualified certified public accounting firm. The audit report is available for public scrutiny. However, the need for an internal auditor has been identified and the vacant Chief Business Officer position needs to be filled by someone who can lead the District in the best accounting principles. The eligibility requirement is not met.

19. Institutional Planning and Evaluation

The College implemented a new integrated planning and resource allocation process in 2010, to be overseen by the College Planning Committee. This new planning process contains all of the elements of a systematic cycle of evaluation, integrated planning, resource allocation, implementation, and re-evaluation. However, the college has not yet executed this process with full participation nor has it completed it to demonstrate necessary integration of all of the elements. The eligibility requirement is not met.

20. Public Information

The College provides appropriate general information, information on requirements, and information about policies affecting students in the catalog and on the college web site.

21. Relations with the Accrediting Commission

The team verified that college has maintained positive relations with the Accrediting Commission in that, at least in the last six years, it has complied with all Commission requests, directives, decisions and policies. The Board of Trustees of the Southwestern Community College district, the district administration, and the college all work to adhere to the Eligibility Requirements, the Accreditation Standards, and to the Commission policies.

Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies

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

General Instructions: The form should contain narrative as well as the "check-off."
  a. The team should place a check mark next to each evaluation item when it has been evaluated.
  b. For each subject category (e.g., "Public Notification of an Evaluation Visit and Third Party Comment"), the team should also complete the conclusion check-off.
  c. The narrative will cite to the evidence reviewed and team findings related to each of the evaluation items. If some content is discussed in detail elsewhere in the team report, the page(s) of the team report can be cited instead of repeating that portion of the narrative.
  d. Any areas of deficiency from the Checklist leading to noncompliance, or areas needing improvement, should be included in the evaluation conclusions section of the team report along with any recommendations.

This Checklist will become part of the evaluation team report. Institutions may also use this form as a guide for preparing documentation for team review. It is found as an appendix in the team and institutional self evaluation manuals.

Public Notification of an Evaluation Team Visit and Third Party Comment

Evaluation Items:

___X___ The institution has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive evaluation visit.

___X___ The institution cooperates with the evaluation team in any necessary follow-up
related to the third party comment.

___X___ 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):

__X___ 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.

Evidence used to review this section include:
- SWC website
- Agenda and Self-Evaluation report at July 8, 2015 meeting of the Governing Board
- Interviews with Accreditation Liaison Dr. Mink Stavenga

Standards and Performance with Respect to Student Achievement

Evaluation Items:

_X____   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.

__X___   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.

__X___   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.

_X____   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.

__X___ 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 (add space as needed):
Evidence used in review of this section include the following:
- Program Review Process
- Student Outcomes and Achievement Review Report
- Institutional Student Learning Outcomes
- Institution Set Standards Data
- Management Information Systems data
- Southwestern College Data Warehouse and Dashboard
- Southwestern College Institutional Research, Planning and Grants Departments
- Student Outcomes and Achievement Review (SOAR) Committee

Course outlines of record contain measurable learning objectives and include student learning outcomes, course level outcomes and program level student learning outcomes. Institutional programs and services are designed to reflect the institutional learning outcomes. Performance data are analyzed during the annual program review process and instructional programs undergo a comprehensive academic program review every three years. However, course, program, unit, non-instructional and division learning and program outcomes are not singularly and regularly assessed with reflective dialogue and data analysis and reported in a written format. The current process includes aggregated data from multiple sources as it becomes available.

Credits, Program Length, and Tuition

Evaluation Items:

__X___ Credit hour assignments and degree program lengths are within the range of good practice in higher education (in policy and procedure).

__X___ 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).

__X___Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition).

__X___Any clock hour conversions to credit hours adhere to the Department of Education's conversion formula, both in policy and procedure, and in practice.

___X__ 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):

__X___ 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 (add space as needed):
Evidence used to review this section include:
- SWC catalogue
- Office of Institutional Effectiveness website
- Program Reviews
- Campus-Based Interviews
  - Vice President of Academic Affairs Kathy Tyner

Transfer Policies

Evaluation Items:

__X___ Transfer policies are appropriately disclosed to students and to the public.

__X__ Policies contain information about the criteria the institution uses to accept credits for transfer.

__X___ 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):

__X___ 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 (add space as needed):
Evidence reviewed for this section include the following:

- SWC Catalogue
- Office of Institutional Effectiveness website
- College website
- Program Reviews

There is a review process in place to ensure that instructional programs lead to degrees/certificates or transfer. Accurate information is disseminated about transfer policies. Clearly stated transfer-of credit policies are published and expected learning outcomes for transferred courses are comparable to the College's own. Articulation agreements are in place with the California community Colleges, California State Universities, Universities of California as well as with local high school districts.

Distance Education and Correspondence Education

Evaluation Items:

__X___   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.

__X___   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).

__X___   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.

__X___   The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings.

__X___   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):

__X___   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 (add space as needed):
The evidence reviewed for this section includes the following:
- Distance Education Handbook
- Distance Education Plan Spring 2014
- Distance Education Reports

The quality of distance education is assessed through an annual program review process. Although the team recommends that the College evaluate and regularly review web-based applications and sites to validate student privacy and identity, this was in reference to Blackboard and faculty who use their own or publisher-based websites without login or password protection.

Student Complaints

Evaluation Items:

__X___ 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.

__X___ 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.

__X___ The team analysis of the student complaint files identifies any issues that may be indicative of the institution's noncompliance with any Accreditation Standards.

_X____ The institution posts on its website the names of associations, agencies and govern mental bodies that accredit, approve, or license the institution and any of its programs, and provides contact information for filing complaints with such entities.

__X___ 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):

__X___ 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 (add space as needed):
The evidence used to evaluate this section include the following:
- SWC catalogue
- SWC website
- SWC Policies
- Interviews with SWC Administrators, including the following:
    - Vice President of Academic Affairs Angelica Suarez
    - Dean of Student Services Dr. Bea Zamora-Aguilar
    - Student Forums

Institutional Disclosure and Advertising and Recruitment Materials

Evaluation Items:

__X___ The institution provides accurate, timely (current), and appropriately detailed information to students and the public about its programs, locations, and policies.

__X___ The institution complies with the Commission *Policy on Institutional Advertising, Student Recruitment, and Representation of Accredited Status*.

__X___ 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):

__X___ 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.

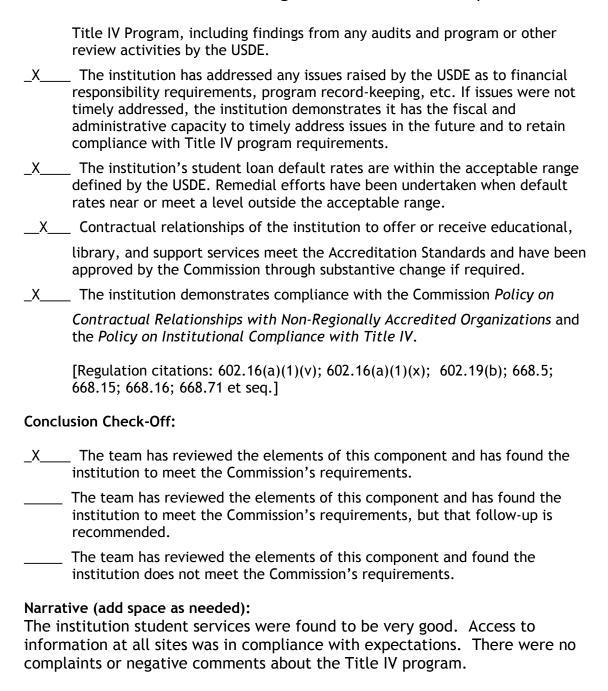**Narrative (add space as needed):**
The evidence used to evaluate this section include the following:
- SWC website
- SWC catalogue

Title IV Compliance

Evaluation Items:

_X____ 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.

_X____   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.

_X____   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.

__X___   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.

_X____   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:

_X____   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 (add space as needed):
The institution student services were found to be very good. Access to information at all sites was in compliance with expectations. There were no complaints or negative comments about the Title IV program.

Standard I: Institutional Mission and Effectiveness

A. Mission

Standard IA: Mission

I.   **General Observations**

The college mission statement has been updated and reviewed by the Shared Consultation Council at its annual August retreat. The board also evaluates and reviews the mission statement annually. However, the team observed that Administrative Policy (AP) 1200 includes two versions of a Mission statement; a complete version and an abbreviated version. In addition to the two statements, two other different versions of the mission statement were identified in prints that are available to students and community.

The team observes a long version of the mission statement, which appeared in an attractive poster on the Accreditation Site Visiting Team Room wall in the Library and in other offices and locations throughout the campus. The abbreviated version of the mission statement was printed and displayed on a tri-fold at the centers and offices at Chula Vista campus and easily available for students and others. The abbreviated statement was viewed at the Otay Mesa campus and in several locations (the entrance to the library, health services office, dental hygiene department, and student one-stop computers) at the High Education Center in National City, though by policy the complete mission statement is supposed to be used for posting. It is clear there may be confusion across the College about the appropriate times to use the abbreviated (incomplete) mission statement.

To add to the confusion, a third and fourth version of the mission statement appear in the Shared Planning and Decision Making Handbook (p. 18) and in the 2015-2016 Southwestern College Catalog (p. 5). The statements are comparable to, but quite different from, either the complete or the abbreviated versions of the mission statement. Where Board Policy 1200 (the long version) states that the college provides services to a diverse community of students, similar to the abbreviated version above, the Handbook states that the college district "promotes student learning and success by committing to continuous improvement…" The handbook does include a statement about serving a diverse community of students and providing high quality academic programs and student services.

II.   **Findings and Evidence**

The team reviewed the evidence provided by the college on the mission statement and met with several college staff, administrators, and board president to discuss the process of the mission statement development and its evaluation. The team also walked around to look for evidence of the mission statement and reviewed the website.

Based on the previous team's recommendation, the College did develop a new comprehensive mission statement that defines the institution's educational purposes,

student population, and its commitment to achieving student learning (I.A). The mission statement was last reviewed and approved by the Board of Trustees in January 2015 (I.A.2). The BP 1200 was revised also in January 2015 and it includes the long version of the mission statement as well as the values.

The team also reviewed the AP 1200 that accompanies the BP 1200 and the AP included the long mission statement but also an abbreviated mission statement. Through interviews with the college Superintendent/President, the Dean of Institutional Effectiveness, and the former faculty co-chair of the Shared Governance Council, it was explained that the mission approved by the Board of Trustees was too long for the campus community to recall and to include in printed materials so an abbreviated version of the mission statement was also developed in the Shared Governance Council and that version was what the team observed on the workspaces of employees and opened areas at all locations and centers.

In the interview with the Board President, it was determined that the Board recognizes and evaluates only the mission statement that the board approved and is included in the Board Policy and not the abbreviated version. The team expressed concerns on having different versions of the mission statement to the college community. Also, additional observations showed that there were two other versions of the mission statement printed in the catalog and other printed materials but those versions were credited to errors during the updating of all the documents with the new mission.

Based on the BP and AP 1200, the college constituency has a mission renewal process for every three years. The Shared Consultation Council (SCC) reviewed the mission statement in the annual August 2014 retreat and in August 2015 focused on making the mission statement visible to the campus community. (I.A.3).

III. Conclusion

Although the college has developed a new mission statement and has a process for reviewing it systematically, the different versions of the mission statement created confusion for the team and it is unclear on which one the various segments of the college would focus in planning and evaluation of programs and services. The abbreviated version of the mission statement is not marked as such when it is used. Moreover, as the abbreviated version lacks required elements for a mission statement, its use on committee agendas makes it likely that planning activities and decision processes also overlook the missing required elements.

Given that an older, different, mission statement was still in use in the college's planning and governance handbook at the time of the team visit, additional steps are necessary to ensure that the current mission of the college, as expressed in the complete mission statement approved by the governing board, drives college planning and decision-making. Correction of the mission statement in the catalog is also important as the catalog is a key representation of the institution to students and to the public.

The college does not meet the standard.

IV.   Recommendations

Recommendation One

In order to meet the Standards and comply with Eligibility Requirements, the team recommends that the College ensure there is only one mission statement and when the mission statement is published, the wording of the mission statement is presented consistently in all College documents, signage, posters, displays and publications, electronic and print, and that such wording matches exactly the wording approved by the Board of Trustees. (ER 2, 20; I.A.1, II.A.6.c; IVA)

B. Improving Institutional Effectiveness

I.   General Observations

The team was able to confirm the assertion that program review snapshots were being produced; however, the team was not able to confirm through evidence how specific course-level SLO assessments were incorporated into program review snapshots. The team was able to review course-level assessments from two academic departments, Art and English, but could not confirm that SLO course-level assessments were being conducted throughout the institution (ER 2, I.B).

The team acknowledges the efforts of the departments whose SLO assessments were provided. What appeared to be less obvious from the reports was the extent to which assessments lead to improvement, nor was it evident how course-level assessments were mapped to and actually used in program-level assessments and then used in institution-wide planning and resource allocation.

The team was able to verify through review of the Shared Consultation Council (SCC) and Student Outcomes and Achievement Review (SOAR) Committee agendas that institutional processes and learning are being continuously discussed in various forums, workshops and meetings (I.B.1). The team verified that the College establishes institutional goals principally through the Strategic Plan and that the goals of this key plan are integrated with the goals of other College plans (I.B.2). Evidence through interviews confirms that certain College processes, specifically, program review snapshot and SLO assessment, are being examined and improved upon. The College states that it uses the "plan, implement, evaluate" (PIE) method in its review and evaluation process (I.B.3).

The institution's planning process offers opportunities to all constituencies to participate. Components of planning are assigned to the Shared Consultation Council and its subcommittees. The constituencies are represented across constituencies in content and standing committees responsible for the planning processes. The subcommittees report out and make recommendations to the SCC. Development of institutional planning objectives and goals occurs within the shared consultation process. (I.B.4).

The institution has developed a Cross-Institution Student Achievement and Outcomes Assessment Review Committee that reviews the Institutional Student Learning Outcomes (ISLOs), Student Success Scorecard Data and the Institution Set Standards.

The College communicates assessment results regarding the quality of student learning and achievement via its annual SOAR Report. The SOAR includes institutional level outcomes assessment finding and achievement data. The College has defined and reports results on 16 institutional learning outcomes in five competency areas. The College also reports out on student success, retention and completion. (I.B.5)

The College's program review is linked to the Strategic Plan goals and the process is

systematically reviewed and modified. The College has implemented a comprehensive program review process that includes annual updates along with a scheduled cycle for comprehensive program reviews. The annual 'snapshot' program review process is tied to a prioritization process that leads to budget allocations. The prioritization results are widely disseminated through governance committees. Interviews indicated that improvements in program review and budget request prioritization have been made since the 2009 accreditation report. However, it is not clear from the evidence that there is a systematic evaluation of the planning and resource allocation processes to ensure the effectiveness of these processes. (I.B.6)

The annual Employee Satisfaction Survey gives employees an opportunity to express their views on the process, to make suggestions for improvement 'and to ensure discussion of the planning process is district-wide.

The College reviews the effectiveness of instructional programs, student services, library and other learning support services through its program review process. The annual program review snapshots are augmented by comprehensive program review reports that are scheduled every three years for instructional programs and every seven years for student services and administrative services. It is unclear whether the annual process provides the level of detail between comprehensive reviews to address volatility in the environment, changes in regulations, or changes in mission and students served. With the longer period between comprehensive program reviews, this becomes an important question. The viability of the review process was addressed multiple times during interviews and by reviewing samples of the annual 'snapshots' and comprehensive program review reports. Documents show that there has been extensive dialogue about these comprehensive assessment processes. However, the evidence does not support that the institution consistently assesses the effectiveness of the evaluation mechanisms for improving programs and services. (I.B.7).

The allocation requests and the process for the snapshots and comprehensive program review reports are documented. The SOAR Report, SOAR Committees and Shared Consultation Committee agendas validate that there is dialogue across governance groups about institutional processes and improvement. Interviews with faculty and administrators confirm that the annual program review snapshot process and forms are examined and improved upon annually. The agendas of the SCC and SOAR Committee in 2014 through September 2015 illustrate that there has been extensive dialogue about institutional processes (e.g., budget planning, institutional set standards). (I.B.1).

II.   Findings and Evidence

The SER cites several studies and reports that demonstrate effectiveness in producing student learning, including program review, Student Equity Plan, Student Outcomes and Achievement Review (SOAR), Program Student Learning Outcomes and ACCJC Annual Reports. The team reviewed each of these reports and found that the Student Equity Plan and ACCJC Annual Report do not address effectiveness of student learning; they report

other performance measures, but not learning effectiveness. The SOAR provided data and analysis only on institutional-level learning outcomes (ILOs). (I.B.1).

The team noted that the program review snapshot instructions printed on the form template state: *"Not all SLO data need be reported. Report only SLO data that directly links to need."* These instructions were confirmed as accurate, in discussions with faculty, namely, that course-level data did not necessarily have to be incorporated in program review snapshot reports. This provision raised questions whether course-level assessments were being conducted, and raised questions whether there existed mapping of course level SLOs assessments with program level assessments.

In regard to course-level SLO assessments, faculty asserted, in interviews with team members, that such assessments were being performed; in fact, the team was able to verify the existence of *several course-level assessments, from Art and English*, but could not find evidence that course-level assessments were being conducted throughout the institution. Linkages to curriculum and instructional improvements, and to institutional planning also could not be established.

The SER states that dialogue about learning and institutional processes occurs in the Shared Consultation Committee (SCC) and principles for dialogue are outlined in the Shared Planning and Decision-Making Handbook. The SER also cites the SOAR Committee as an important forum for dialogue about learning and institutional processes. The Handbook does, in fact, establish ground rules for dialogue among various constituent groups. Review of agendas of the SCC and SOAR during 2014 through September 2015 determined that there was extensive discussion about institutional processes (e.g., equity, diversity, inclusion; budget planning, institutional set standards) and learning (e.g. preparation of SOAR report, institutional learning outcomes, elumen). (I.B.1).

The College cites the Strategic Plan as a key example of institutional goal-setting. There is evidence that the Strategic Plan was developed through general campus input through forums and workshops, as well as through postings on the Strategic Planning page on the College website. The report also cites several other college plans which purport to support the goals of the Strategic Plan. Of those plans, the team verified that several show some degree of integration with the Strategic Plan: program review snapshot, Educational and Facilities Master Plan, and Board of Trustees' Goals. (I.B.2).

The SER states that it regularly and systematically assesses how its various programs are being improved upon through ongoing evaluation. The report states that it uses the "plan, implement, evaluate" (PIE) method, citing several instances that illustrate that the PIE approach is in effect: SOAR report, Distance Education report, and a handful of external reports. While these reports are useful in providing data, there was no evidence that these resources are actually used in evaluating and improving institutional processes. On the other hand, the team learned through interviews with the Director of Institutional Research and the Institutional Program Review and Outcomes Coordinator that the College, specifically, through SCC and SOAR committee has, in fact, evaluated and

made improvements in several new processes, such as the snapshot and comprehensive program review processes and the SLO assessment process. (ER 19, I.B.3).

Updates on planning and decision making are shared through newsletters (e.g. September 2015 IRP newsletter), the annual SOAR report and presentations to the Board of Trustees (I.B.4).

Resource allocations and plans for the year are based on program reviews. Units identify needs and develop resource requests as part of the program review process. Requests are made providing a justification and link to the strategic priorities. The requests are prioritized at the various levels (deans, vice president/president). The requests go to the Institutional Program Review Committee (IPRC), then they are distributed to the appropriate standing committee. It was reported to the team that the SCC and the Budget Committee were merged for 2015-2016 to simplify the prioritization and allocation process.   The committees utilize various rubrics to prioritize resource requests based on need and the link to the strategic plan objectives. As part of the 2014-2015 assessment of the strategic plan, the college determined that many of the strategic plan goals and objectives were not measurable. The college underwent a process to evaluate accomplishment of the objectives based on the relationship to department/unit program review goals (Strategic Planning Forum Notes April and May 2015). The college produced a summary report and revised the strategic plan (Strategic Plan 2016-2019 draft) to include measurable objectives. Given the lack of information about student learning outcomes assessment results, other than those leading to budget/resource requests, and given the limited demonstrated participation of such assessment across the college, it was not possible for the team to find that student learning is used in program review, and institutional planning and decision-making. (I.B.4).

Faculty, staff and administration report that they are adequately informed and that there are processes in place for their involvement in decision-making. Resource allocations are granted based on links to of the Institutional goals and objectives.   A summary report of prioritized allocations is prepared and shared with the campus community. The college documents progress made in institutional effectiveness based on the strategic plan in annual reports (SOAR). (I.B.4)

The Student Outcome and Achievement Report provides an annual standardized report of learning outcomes and achievement data at the institutional level. The institution uses indicators from the Chancellor's Office Student Success Scorecard and goals established for the CCCCO Institutional Effectiveness Framework as indicators of student achievement and accomplishment of the mission.   Other institutional indicators such as success, retention, persistence and completion are posted on the college website such as links to the Scorecard and CCCCO Datamart. However, the team could not verify current data (2014-2015 to present) about the student profile and performance. The evidence was lacking in demonstrating how Scorecard, Datamart, and other student achievement information is used to trigger intervention with programs performing below the desired level.

And, while program level data is available to the programs as part of the program review tool kit, the team found no data to assess the performance of the Higher Education Centers. (I.B.5).

An annual SOAR report is presented to the Board of Trustees, posted online and analyzed by the Student Outcomes and Assessment Review Committee. The SOAR provides analysis and recommendations for institutional planning. The individuals interviewed at the College reported that they are in the initial stages of looking at the gap in student achievement between distance education and face to face instruction.

The institution has established institution set standards that are documented in the SOAR report. The standards can be applied to program assessment in the program review. However, the team found that the College has a broad range of the standards (plus or minus five percent) and evidence of application of use of standards was lacking. The institution also collects other quantitative and qualitative data to document institutional effectiveness and quality through assessment of student achievement and student learning outcomes. The SOAR is designed to inform decision making and improve student learning (I.B.5).

The team found that constituencies were represented across the SCC and its standing committees. The SOAR Committee has a process for evaluating institutional effectiveness using both internal and external indicators as they relate to current goals and achievement of the institution set standards. However, the relationship to strategic and planning objectives was unclear.

The team found that the SOAR Committee identifies themes in learning outcomes assessment and achievement data and makes recommendations for improvements. The College has established institution-set standards and reports at the institutional level.

Despite inclusion of SLO assessment and other data in the program review template and data toolbox, the team did not find evidence documenting assessment results at the course and program levels. The college has developed a new version of the comprehensive program review template to address some of the issues identified.

The SER identifies a variety of reports and documents that describe the program review process. These include the Student Outcomes and Achievement Review (SOAR), other program review documents. Committees like the SCC have become key in fostering dialogue about institutional processes and improvement. The SER also cites the SOAR Committee as an important forum for dialogue about learning and institutional processes. The agendas of the SCC and SOAR in 2014 and fall 2015 illustrate that there has been extensive dialogue about institutional processes (e.g., budget planning, institutional set standards).

The SER states that it regularly and systematically assesses how its various programs are being improved through ongoing evaluation. The College uses the "plan, implement, evaluate" (PIE) method and highlights approaches that demonstrate the use of the PIE

approach. Interviews with administrators and faculty confirmed that the College SCC and SOAR committees have evaluated and made improvements to their program review processes.

The SOAR Report and Distance Education Reports provide data; however, there was no evidence that these resources are actually used in evaluating and improving institutional processes. It was also not evident from the data identified in the review processes that there is a systematic assessment of the College's evaluation mechanisms.

III.   Conclusion

The team found that while the college has a clear methodology for establishing institution-set standards, the college has not demonstrated use of the institution set standards in program-level planning, nor has the College implemented a documentable cycle of continuous improvement in all institutional processes.

The college is encouraged to continue implementation of its planning and program review processes and modify as appropriate based on its assessment of the process. The college should evaluate its ability to sustain the comprehensive processes that have been developed to the degree that they are able to ensure the effectiveness of the planning and resource allocation processes. The institution is encouraged to promote discussion of the institutional standards and the full integration of the standards in its overall planning processes.

IV.   Recommendations

See Team Recommendation Eight

Standard II: Student Learning Programs and Services

A. Instructional Programs

I. General Observations

Southwestern College offers a rich array of instructional programs at the campus in Chula Vista, and at three Higher Education Centers (HECs) and an aquatics center: HEC, National City; HEC, San Ysidro; HEC, Otay Mesa; and Crown Cove Aquatic Center. The instructional programs undergo a review process to ensure that they lead to degrees/certificates or transfer. The College also offers courses in basic skills to prepare students for collegiate work, as well as courses in continuing education and for personal enrichment. Aligned with the College mission, instructional programs and services are designed to reflect the institutional student learning outcomes (ISLOs) to include communication skills, thinking and reasoning, information competency, global awareness and ethics, and aesthetic sensitivity and historical literacy. The continuous improvement of curricular offerings is imbedded in curriculum development and program review processes. The College describes itself as committed to student learning and student success, with faculty who participate in ongoing professional development. (II.A.4)

Performance data are analyzed during an annual program review process and instructional programs undergo a comprehensive academic program review every three years. Through program review, instructional programs respond to prompts regarding their assessment of student learning outcomes (SLOs); the integration of critical thinking, reading and writing skills, and information competency into the curriculum; the level of need for the program in the community; and factors related to the institutional mission and strategic goals. The College reports that the quality of all programs and services—including those offered at the Higher Education Centers (HECs) and those offered via distance education (DE)—is assessed through this process. Planning protocols require demonstration of the alignment of all goals with institutional priorities, goals, and objectives. (II.A.1)

The Research, Planning, and Grants Department has started to conduct comparative studies of retention and success rates in distance education (DE) and face-to-face classes. Efforts are ongoing to ensure that regular and substantive interaction between faculty and students takes place in DE classes. The definition of "regular and substantive" contact is found in the Distance Education Plan Spring 2014 and in the Distance Education Handbook: A Guide to Teaching Online at SWC Fall 2015. (II.A.1.a, II.A.2)

All courses in degree and certificate programs are reviewed cyclically by the Curriculum Committee and the Articulation Officer for rigor, quality, and currency. Career Technical Education (CTE) programs, beginning recently, are evaluated every two years by faculty and the Board of Trustees in compliance with state requirements which requires Board review of CTE programs to ensure viability and alignment to the College mission. This review is carried out through a collegially developed process between the

Office of the Vice President of Academic Affairs, faculty, and the Academic Senate. (II.A.1)

Research and analysis identify the educational needs of students, culminating in curriculum consistent with students' educational preparation and the diversity, demographics, and economy of the communities served by the District. The Student Outcomes and Achievement Review (SOAR) Committee in part ensures that research and analysis take place, and the Shared Consultation Council (SCC) in part ensures that educational and demographic data is disseminated. The "Plan, Implement, Evaluate" ("PIE") model (detailed in Standard I.B.3) is used for ongoing outcome improvement. (II.A.1.a)

Access to assessment services on all campus sites is available for new and transfer students. Using California Community Colleges Chancellor's Office (CCCCO) approved placement tools the assessment of skill levels is carried out for English, reading, mathematics, and English as a second language. Assessment Center testing information is available online for students, and recommendations are given to all students to undergo assessment before enrolling. (II.A.1.a; II.B.3.e)

Course outlines of record (CORs) contain measurable learning objectives, and include student learning outcomes (SLOs) as an attachment. Course-level SLOs are on all syllabi. Program-level student learning outcomes (PSLOs) are viewable in CurricUNET and in the college catalog. PSLOs reports are posted on the Student Learning and Success webpage. During comprehensive program review, needed changes to curriculum and programs are vetted. However, as noted in I.B, evidence documenting assessment results at the course and program levels is lacking.

Data Dashboard, Campus Climate Reports, Student Satisfaction Survey Reports, and Distance Education (DE) Reports, are made available on the Office of Institutional Effectiveness (OIE) website on the page titled Research Unit. Data from the following sources is also used: Career Technical Education (CTE) Program Advisory Committees; California Community Colleges Chancellor's Office (CCCCO) Student Success Scorecard, Data Mart, and Center of Excellence (COE) labor market information. Examples are provided of changes to program curricula using the research, analysis, and planning supported by the above processes or departments (Business Information Worker Certificate of Achievement, Associate of Arts in Preparation for Allied Health, and updates to the Medical Assisting Program). (II.A.1.a; II.A.16-18)

The program review process aims are to review, analyze, and assess the content, currency, direction, and quality of all programs and services. The analysis of data generated at the discipline, unit, division, and institutional levels serve to validate the integrity and quality of instructional programs. Referenced are the Student Outcomes and Achievement Review Report; Institutional Student Learning Outcomes (ISLO) and Institution Set Standards data; Management Information Systems (MIS) data; the Southwestern College Data Warehouse and Dashboard; and the Southwestern College Institutional Research, Planning, and Grants Department. (II.A.1)

The college uses Blackboard as its learning management system. Courses within Blackboard offer individual student login and password entrance that addresses a modest (and currently acceptable) validation of student identity and protection of student privacy. Faculty who offer their own websites and some publisher-based web sites and apps offer no login and password or course-level login and password with no individual validation of student identity and protection of student privacy. College evaluation and regular review of web-based applications and sites (beyond Blackboard), whether faculty or publisher provided will assess compliance with validation of student privacy and identity (at the individual level, not the course level). (II.A.7)

Quality assurance and continuous improvement assess courses and programs through various processes, including annual program review, comprehensive program review, administrative program review, faculty evaluation and tenure review, Curriculum Committee review (includes state requirements; distance education; and career technical education criteria), mission alignment review, and strategic priorities alignment review. The program review process demonstrates significant improvement from previous recommendations and program review leadership effectively assesses process improvement and trains faculty and staff.

Evidence shows the college does not meet Standard II.A.1 and recommends the College develop a culture of evidence that fosters an institution wide understanding of data and analysis and its use in planning and institutional effectiveness and institution-wide reflection and productive, reflective dialog on those analyses to refine institutional processes and improve student learning (II.A.1.a, II.A.1.c)

Established procedures lead to approving, administering, delivering, and evaluating courses and programs. Policy and Procedure 2515 ensure faculty assume primary responsibility for curriculum and academic standards, including student learning outcomes (SLOs) and the development and evaluation of courses and programs. Policy and Procedure 4020 and Policy and Procedure 4012 ensure the role of faculty in developing and discontinuing educational programs, respectively. Policy and Procedure 4350 ensure that the faculty within a discipline determine the SLOs for each CSLO and PSLO. Policy and Procedure 4060 relate to noncredit and adult education courses, and ensure that institutional practices in accordance with California Title 5 are followed. (II.A.31, II.A.2.a)

Accurate information is disseminated about courses, programs, and transfer policies. Catalogs and publications, including online formats are clear and accurate, and regularly reviewed. Student learning outcomes (SLOs) are included in all course syllabi and are provided to students. (II.A.6)

Clearly stated transfer-of-credit policies are published, and expected learning outcomes for transferred courses are comparable to the College's own. Articulation agreements are in place with California community colleges (CCCs), California State Universities

(CSUs), Universities of California (UCs), and other colleges and universities, as well as with local high school districts. (II.A.6.a)

If a program is discontinued, appropriate arrangements (Procedure 4021) are made for enrolled students to complete their education. (II.A.6.b)

Board-adopted policies on academic honesty and student academic honesty are publically available: Policy 7027, Academic Freedom; Policy 4000, Academic Integrity; Policy 5500, Standards of Student Conduct; Policy 1200 (Mission, Vision and Values Statement). (II.A.7)

Board-approved policies 7027 and 4000 are in place to ensure faculty distinguish between personal conviction and professionally accepted views, and present information objectively. (II.A.7.a)

The College has established and publishes and disseminates online clear expectations concerning student academic honesty: Policy 4000 Academic Integrity; Policy 5500, Standards of Student Conduct: and Policy 5530, Student Rights and Grievances; and the Student Policy Manual. Moreover, an updated Distance Education (DE) Handbook discusses student identity, registration, participation, and course completion as matters of academic honesty. (II.A.7.b)

Il.   Findings and Evidence

Course, program, unit, non-instructional and division learning and program outcomes are not singularly and regularly assessed with reflective dialogue and data analysis and reported in a written format. Rather, aggregated data from multiple sources as they become available inform the program review process.

The College offers a wide range of delivery systems and modes of instruction (e.g., face-to-face, hybrid, online, web-enhanced, computer-assisted, etc.). Results show that the level of effectiveness of student learning in distance education courses is significantly lower than in equivalent face-to-face, and the College has developed a plan to make improvements. Evidence shows the college does not evaluate regular and effective student contact for Distance Education courses to determine compliance with the College Distance Education Handbook, stated learning outcomes, and whether achievement is comparable with students enrolled in face-to-face programs.

III.   Conclusion

The required distance learning regular and effective student contact, ensuring accessibility of online and technology-based instruction and validation of student privacy and identity are not met on a consistent basis. For this reason, college practice is not consistent with the requirements of federal regulations and with the Commission Policy on Distance Education and Correspondence Education.

The College does not meet the standard.

IV.   Recommendations

Recommendation Two
In order to meet the Standard, the team recommends the College evaluate regular and effective student contact for Distance Education courses to determine compliance with the College Distance Education Handbook, stated learning outcomes, and whether achievement is comparable with students enrolled in face-to-face programs. (II.A.1)

Recommendation Three
In order to meet the Standard, the team recommends that the College implement and evaluate 508 accessibility compliance. (II.A.1)

Recommendation Four
In order to meet the Standard, the team recommends that the College evaluate and regularly review web-based applications and sites (beyond LMS), whether faculty or publisher provided, to validate student privacy and identity (at the individual level, not the course level). (II.A.7)

Recommendation Five
In order to meet the Standards, the team recommends that outcomes for courses, academic programs, learning and support services, units, divisions, HECs, and non-instructional areas use reflective dialog, data, and analysis at the individual course and program levels to assess student achievement of those outcomes and use assessment results to make measurable improvements. (II.A, IIA.2.e, IIA.2.f; USDE 2002 Standard 668.8(k),(l))

B. Student Support Services

I.   General Observations

The institution recruits and admits diverse students who are able to benefit from its programs, consistent with its mission. Student support services address identified needs of students and enhances a supportive learning environment. The entire student pathway through the institutional experience is characterized by a concern for student access progress, learning and success. The institution systematically assesses student support services using student learning outcomes, faculty and staff input, and other appropriate measures in order to improve the effectiveness of these services.

In addition to the evidence provided by the college for the Standard II.B, the team had the opportunity to interview administrators in the Student Affairs and the Student Trustee/ASO Student President, review the college website, program reviews, hear from the students in the student forum, and interview students in student services areas.

The college provides student services that support student learning and helps students in meeting their goals. Because of its location, the college has a very diverse student population with the majority of students being Hispanic. The campus and the centers are located in accessible areas for students and meet the needs of the community by being an open-access institution for students over 18 years old and other students who would benefit from enrollment.

The college strives to provide student services on a one-stop approach model, which allows students access to most student services in one place. There is evidence of collaboration between the division of student services and the instructional division to provide support and improve access and student success. (II.B.1)

Based on college planning, student services programs conduct a comprehensive program review every six years. Through the revision of the program review process three years ago each program in the last three years has participated in the annual review snapshot. The snapshot is generic enough to apply to the needs of the student services programs as well as instructional programs. It addresses an update on prior year's goals and the use of SLOs and administrative unit outcomes (AUO) assessment for evaluation towards achieving established learning outcomes. Outcomes are developed in alignment with the institutional student learning outcomes (ISLOs). The 2014-2015 SLO/SAO of the Division of Student Affairs, listed in spreadsheet format, the SLO/SAO process-Measurement, Data Needed, link to Institutional SLO and Achievement area, Terms measured/to be measured, when data would be analyzed, what term the improvement plan would be implemented and what term the improvement plan would be evaluated. The spreadsheet shows that a cycle of analysis would be measured, improved and evaluated in fall 2014 and spring 2015 however, no actual data or analysis of data and any improvement plans were found in the evidence or supplied program reviews/annual snapshots.

The snapshots for 2013-2014 do, however, provide an update on the prior goals and how those goals were met. (II.B.1, II.B.3a, II.B.3b, II.B.4)

II.   Findings and Evidence

Program reviews outline program-specific goals and outlines needs in personnel, technology, equipment, and facilities to meet those goals. The needs are prioritized through governance structure to be included in the annual budget planning and funding cycle. The following documents were listed and obviously linked for evidence of this standard. (II.B.1,II.B.3)

Student Affairs Program Review webpage on the college's website has timelines for due dates and the process of doing a service area program review. There are fillable forms on the website to create the program review snapshot, a .pdf guide on how to fill out the online program review snapshot, and an excel spreadsheet of the 6 year cycle of program reviews for the administrative programs. Since the cycle demonstrates staggered years for annual snapshots and comprehensive review on their spreadsheet, there is an assumption that there are previous program reviews done and incorporated into their program improvement. However, no previous program reviews demonstrating an improvement cycle can be found in evidence.

The website also refers to the Administrative Unit Outcomes (AUO) and Student Affairs Outcomes (SAO) but there are no examples or access to them on the website. They are however available in an excel spreadsheet provided by the VP of Student Affairs. After review of various hardcopies the comprehensive review and program reviews of various student affairs' programs (Student Affairs, Veteran's Services, Evaluation Office, DSS-Counseling and Student Services) indicate a need for additional staffing and technology. Student Affairs has been using student satisfaction surveys as well as head counts to evaluate services and use as data for program review funding. (II.B.3b, II.B.4)

Based on the information provided to the team in an interview, the VPSA reports progress on working with academic affairs to integrate services and look for more ways to be more integrated in the future. She noted that there are a lot of student services needs integrated in other plans (for example, technology, distance education) and they are striving to continue to partner and make the integration sustainable and more meaningful. While integration of student services needs into various plans is important, the team noted the like importance of having a complete picture of student services needs and plans in a single, accessible source.

There seems to be a continued need in the area of technology to do better system-wide data tracking. The SSSP and Equity plans have helped the division in the past year to use appropriate funds for updating systems and acquiring new technology. Based on an interview with Dean of Student Services and discussion at the Student Equity Subcommittee meeting the electronic student-planning module will help increase student education planning process and help with tracking student data. There is some difficulty with having other (non-Southwestern) college transcripts loaded into student planning

module due to lack of evaluators to keep up with the workload, so the marketing and use of this planning module has been limited, but the committee discussion indicated that the plan to be fully functional was hoped for in December 2015. (II.B.3a, II.B.3c, II.B.4)

The institution uses satisfaction surveys along with the gathered data used in program reviews to determine the support needs of its students; however, the noted satisfaction data had a survey population of approximately 800 students of the reported annual population (13-14 year 27,717). The college does have a Yelp page and when reviewed some students have indicated their level of satisfaction and dissatisfaction with various programs and services (campus police, financial aid office) however there were no responses by the institution addressing any of the issues noted by students. Based on an interview with the Dean of Student Services, she indicated that she works closely with public information office for the flow of information through social media, such as Twitter and Facebook. (II.B.4)

Based on an interview with VPSA, a student focus group was conducted by an independent consultant to provide feedback on services and additional student forums and telephone surveys by the consulting group will help provide more data on the student enrollment (such as, what happened to students who applied but did not register and why their Hispanic population attendance dropped within a year). Also, as part of the dialogue on evaluating student input, the division addressed the need for asking for open-ended questions on student surveys and that change was made in the following survey that was sent to students. (II.B.4)

There is a Student Services Needs Assessment Intake Form mentioned for students to download, print, complete and bring to their scheduled counseling session to inform the counselor and plan the students' education experience and is available in Spanish; (after submitting it, a counselor emails you a prescribed "next steps" within 7 business days) however, the links to the form in two separate places on the college website were broken.

Counseling services are offered at the centers and have dedicated counselors who maintain connection with the Chula Vista campus. The "one-stop" services at the sites where students can access counseling, financial aid services, DSPS and other support services. The website includes a translation button, and several student services offer forms in Spanish and employees who speak Spanish. There are also DSPS specialists who are bilingual. Based on a review of the website and discussion with centers' employees, there are services for veterans. Veterans can get help navigating the paperwork and process through various employees of the center however other resources such as the support and amenities of the Veterans' Center are only accessible on the Chula Vista campus. (II.B.1, II.B.3a, II.B.3b, II.B.3d)

Additionally, the "one-stop" technicians at the centers are doing enrollment and registration services, financial aid help, cashier/payment responsibilities and setting up assessment and counseling appointments. (II.B.1, II.B.3a, II.B.3c)

The Centers provide all of the critical student services albeit limited and if need be the Centers are within 7-12 miles away from the Chula Vista, students have access to more hours for service in programs. (II.B.1, II.B.3a, II.B.3b)

The Distance Education courses are on the Blackboard platform and there are links to an online student support services. Students are asked to participate in an online classes orientation as well. Each distance education course observed had these active links for web support. The college website provides emails for offices students may need to access and ask questions (such as admissions@swccd.edu ; "Ask-A-Counselor" link on their Counseling webpage); there is also a WebAdvisor link and various apps that can be downloaded for specific information- Ellucian Go app (Class Schedule/Grades), SirsiDynix BookMyne app (Library Services/View Videos), My PD app (Police/Safety). Student services offered through the DE program indicated that there are needs in this area, however progress has been made towards providing more services. In viewing the online classes, each class platform had links to various online resources, including an online tutoring consortium link and other services. The class platforms also had access to the online writing lab. The counseling office is also looking into doing Skype counseling sessions as an additional effort to meet the needs of their distance education students (II.B.1, II.B.3, II.B. 3a)

Based on review of the website and interviews with the administration at National City Center and Chula Vista campus, the Personal Wellness office is staffed by a licensed Psychologist, part-time Licensed Marriage and Family Therapist and four post-masters clinical interns (noted on website). The academic counselors are listed and are faculty, so there is an assumption that they all meet minimal qualifications as set forth by Title V. The website under Counseling Staff have listed Student Services Specialists. Based on an interview with the Dean of Counseling, these paraprofessionals provide support services to students through workshops, planning activities, and transfer tours. They work in tandem with counselors but do not make or complete student educational plans or other counseling duties. Counselors assigned to the Centers remain a part of the Counseling Department and attend Counseling meetings and retreats. (II.B.3c)

The Student Forum indicated a consistent message as to the excellent quality of classes and the value Southwestern has to the community and the areas they serve. Students reported that the staffing in various services such as the financial aid office are woefully understaffed and this understaffing contributes to the delayed processing of awards, distribution of aid, and information regarding the financial aid process in a timely manner. In the Cesar Chavez Student Center, the only waiting line was for the Financial Aid Office. One student indicated that she did her Financial Aid in a timely manner (June) and just received an email that she was going to be dropped from her classes due to non-payment she was concerned since she is BOGW. The students in the forum support that submitting their FAFSA in March-June did not have knowledge that there is additional information from the SWC Financial Aid office was needed to complete their financial aid award package and the need for these forms (tax reports, etc.) have delayed their financial aid disbursements. During an interview with the Dean of Student Services, she stated that the financial aid office sends out emails to students regarding paperwork

that is needed every thirty days. The student president/trustee reported that there are resources out there for students but there seems to be a lack of awareness of all the services available to them. She gave the example of not knowing that there was a Puente program when she was preparing to enter SWC as a new student. She also reported that student scholarships were not awarded out due to lack of student applications as an example of resources being available but students not being aware. (II.B.3b)

The Student Equity Subcommittee indicated equity activities for staff and students are progressing through workshops, trainings, and a speakers' bureau. They discussed the movement towards gathering data through a consultant. They are in the process of purchasing a software program that will help identify students who are close to course completion. The committee (approx. 20 cross discipline/service members) reported out on the various activities the committee members were spearheading. With Equity funds, the embedded tutoring program in CTE and LAS programs are growing to encompass Learning Communities and gateway classes. Additionally, equity funds were approved for use to hire a director and administrative assistant in the newly formed Equity, Diversity and Inclusion Office. (II.B.3d)

After viewing the catalog, the general information required is located in the hard copy and digital formats. The catalog is well structured as well as easy to navigate, however, not everything was in the index. For example, the information about the Acceptance of Transfer Credits was not listed in the index. It appeared that it might be "Basic Credit Information" on page 41 however it was located in Step 5 on page 30. The Sexual Harassment was also not listed in the index, and it would seem that it was the in the Sexual Assault Policy, but was listed on Page 80. The information is there, it is a minor detail as to their listing in the index. Additionally, the educational mission that is printed in the catalog is not the board-approved version. There were four versions of the mission found in evidence. The catalog is reviewed and updated every year by committee with an established timeline. (II.B.2a, II.B.2b, II.B.2c, II.B.2d)

The fall schedule of classes has contact information and locations listed of services for students. There are clear steps for student support and success outlined at the beginning of the document for students. The schedule also reiterates some of the policies and general student support information outlined in the college catalog, such as fees, refunds, financial aid and more. (II.B.2a, II.B.2b, II.B.2c, II.B.2d)

Based on a review of the college's catalog and student services program review, the college uses standard placement tests on the Chancellor's Office approved list. They use multiple measures as a part of their placement practices and is a valid process required in Title V. (II.B.3e)

The SER states that the college uses Colleague (Ellucian Enterprise Planning Resource System) as their main repository of student records. FERPA policies and back up procedures are in place. Based on review of evidence and interviews with administrators and staff on campus, the college is meeting this portion of the standard. (II.B.3f)

III.   Conclusion

The college is making progress in their SLO/SAO development and program reviews. Interviews with employees show that there is a lack personnel and technology to implement the needs that their program reviews address.

The college has performed well in its work on equity and diversity to address disproportionate impact among student groups. The college has worked and has a plan to work on an inquiry process of students' experience and need and base the equity plan and SSSP plan on meeting the needs. The college has an inclusive Equity Committee and through the Equity plan, they are working on imbedding tutors into basic skills classes.

The College meets the Standard

IV Recommendations

None

Standard II.C Library and Learning Support Services

I.   General Observations

The Library provides support for all of the institution's instructional programs. There is a viable system in place that services the Chula Vista campus and three Higher Education Centers. Students have access to research e-resources and reference services 24/7. Learning Assistance Services (LAS) provides academic support for all students, underprepared, prepared and advanced. Learning support services include individual tutoring, group tutoring, supplemental instruction, computerized tutorials, and workshops. The institution has recently implemented an "eTutoring" program to better serve students at a distance. Collectively the Library and LAS provide services that address the needs of different skill levels and learning approaches of a diverse student population.

II.   Findings and Evidence

Both the Library and LAS provide services and resources that are sufficient in quantity, currency, depth, and variety to support the instructional programs of the institution. The Library provides resources and services that support learning to students regardless of location or the modality of delivery. There is limited but sufficient staffing to provide library services at all campus locations.

The team reviews data showing that in the recent past the Library was able to acquire enough print and digital materials to meet the needs of students. Discipline faculty are encouraged to place materials into the Reserve Collection. The evidence shows that students are making wide use of the reserve items. In 2014, the library instituted a pilot project to explore the viability of Patron-Driven Acquisition of e-books, a system in which the library does not pay for a title until the patron checks it out. This pilot was successful and expenditures for student-selected e-books was expanded in the past year. Titles selected through this means were found not only to be relevant but to enhance existing holdings.

Special collections for leisure reading and ESL programs have been built to promote recreational reading and English language development. The leisure reading collection continues to show excellent circulation. Substantial progress has been made to assure the media collection is fully closed-captioned; all new media purchases and nearly all streaming media titles are closed-captioned (II.C.1.a).

A full-time librarian is designated as the Collection Development Coordinator, responsible for overseeing evaluation, selection, and de-selection of material as outlined in the Collection Development guidelines. Full-time library faculty serve as subject-area liaisons for each discipline. The dialogue between liaisons and discipline faculty includes evaluations of the current collection and recommendations for additional resources. Library and LAS staff are also members of the Curriculum Committee, Program Review, and other institution-wide committees. Based on an interview with

library faculty, the subject-area liaisons are sent curriculum forms, which they sign off on after conversations with faculty about the collection whenever there is a revision to existing curriculum or the introduction of a new course. This process, in combination with the interactions with individual instructors about the content of library orientations, informs library faculty's decisions about building a collection that best meets student and institutional needs

Library staff participates in a number of statistical surveys; the data from similar institutions and national recommendations act as a comparison point to evaluate the adequacy of the collection. Conversations with faculty during the curriculum review process and during planning for content-specific orientations provide regular opportunities for faculty to provide feedback on the collection's quality

Tutoring services are provided to over 50% of the student population. Tutoring services are offered in 56 disciplines; outside the Academic Support Center there are over 8 pages of offerings posted for tutoring in these disciplines. The Power Study Program, a Supplemental Instruction (SI) program is used to provide academic enrichment and support to students. LAS also oversees skills workshops, test proctoring, orientations, in-class outreach visits, community outreach about academic support services, and online tutoring (II.C.1).

The Library and Learning Assistance Services actively address diverse student and community needs through a variety of instructional services, learning resources, and materials that are appropriate for different skill levels and learning styles learners.

Instruction in information competency occurs at the reference desk, in orientations, online, and in the two one-unit library courses. In 2013-2014, library faculty provided orientations for 200 classes, reaching nearly 5,200 students. Staff members teach orientations at each of the four locations; the reference librarian at one of the centers mentioned that faculty from the Chula Vista campus willingly come at all hours to provide orientations to the centers. Drop-in, one-hour workshops are also offered, with a rotating set of information competency topics covered. Orientations introducing the library's resources are offered face-to-face and in online and hybrid settings at the beginning of the semester. Reference desk librarians recorded nearly 24,000 contacts with students, with over half of those interactions related to locating resources, reference questions, questions about databases and periodicals, or other related information competency inquiries.

Learning Assistance Services (LAS) provides regular tours of the Academic Success Center. Three courses in tutor training are provided for all tutorial staff. They also provide workshops on APA and MLA citation and group tutoring with a focus on utilization of research materials in a variety of formats (II.C.1.b).

The main campus (Chula Vista) library is open 6 days a week for a total of 54 hours. The other sites' hours range from 12 to 28 hours per week, based on the number of students who use that site. Each library location has its own collection. The collections at the

centers reflect the needs of that particular population; the Otay Mesa collection, for example, emphasizes business, health, and public safety materials for the signature programs offered there. A librarian is available for reference assistance whenever one of the locations is open. It is a regular practice to assign reference librarians working at the centers to some hours of work at the Chula Vista campus to ensure a regular channel of communication between the centers and the Chula Vista campus. In addition, a large collection of online databases, streaming media and e-books is available 24 hours a day. Students needing research help can access QuestionPoint, a 24 hour-a-day Reference Chat service (library web page). Southwestern has routinely had the highest usage statistics for QuestionPoint of all the community colleges in the region (II.C.1.c).

Students in Distance Education courses have a link in the course management system directly to library resources, which include access to approximately 40,000 e-books, access to a subscription e-book collection, and online databases to support instruction. LibGuides, a type of research resource guide, are sometimes embedded into course content as well, offering added guidance to selection of resources in an online environment.

LAS services are also available at the centers in National City, Otay Mesa, and San Ysidro. All supplemental instructors and tutors complete ED100, the introductory tutoring course. Currently there are 120 tutors providing interdisciplinary tutoring and approximately 30 supplemental instructors in the Power Study Program. Each site offers multidisciplinary tutoring services and access to computers for student work and supplemental instructors are placed in basic skills courses at all campuses, based on faculty instructor request. LAS services are available both synchronously through the Western eTutoring Consortium and asynchronously through the college's own Online Writing Lab. Both services are available 7 days a week; eTutoring is open 18 hours per day (II.C.1.c).

The library and LAS follow procedures specified in the college's Emergency Response and Procedures manual. A visual inspection revealed that evacuation maps are posted throughout LAS and library areas. In addition, the library is a member of a county Disaster Response Network (II.C.1.d).

The library maintains agreements and partnerships with several groups. QuestionPoint 24/7 Chat Reference Service, which provides the service for a fee, reduced by the college's contribution of faculty reference assistance with QuestionPoint for a set number of hours per week. Statistics from this service are evaluated annually.   After an extensive evaluation of its existing and other integrated library systems (ILS) in 2013, the library department chose SIRSI/Dynix Horizon. Southwestern's library participates in a regional interlibrary loan program and evaluates it through interlibrary loan circulation statistics. The library also is a member of the California Community College Library Consortium, through which its databases are purchased. Database purchases are evaluated annually for use and effectiveness .(II.C.1.e).

LAS maintains several professional memberships, and its College Reading and Learning Association certification depends on a self-evaluation process for renewal every three years (II.C.1.e).

The library faculty uses an assortment of surveys, a pre-and post-test for orientations, and other instruments to help assess the effectiveness of its instruction. These data demonstrate an effort to evaluate the effectiveness of its efforts. Usage statistics for LibGuides and circulation statistics from the Leisure Reading collection were used as measures of successful initiatives around student learning. Conversations about how a new Integrated Library System (ILS) might benefit students were captured in meeting minutes related to purchase of a new ILS. Trends in circulation statistics inform purchases of new materials and a prioritizing of one format over another, based on student need.

LAS collects a variety of data to measure outcomes in their programs. These are best represented by the SLO report in which the goals of the program are stated in specific learning outcomes. These outcomes are analyzed to help evaluate and improve LAS services. They are reported to the larger institution as part of the program review process. In addition, LAS creates statistical reports for all its services. These include SLO's, numbers of students in programs, and institutional metrics such as retention, persistence and success rates of students who receive academic support services. The Snapshots reflect LAS's use of data to assess their instructional practices and target areas for improvement. Such data were used to advocate for the expansion of the Interdisciplinary Tutoring Center efforts and the Power Study Program. LAS has used these data to show the positive impact of its programs and scale them up, increasing their impact on student success across the institution

III.   Conclusion

The Learning Assistance Services program collects data intentionally and specifically to inform the SLO process in a cycle of continuous improvement. Its services are plentiful and growing. The library program has a large collection that meets the needs of its population. The faculty is collecting rich data helpful in providing evidence of achievement, and while it is not explicitly connecting this data to its SLO's, it has plans to make those connections in its next program review this year.

IV.   Recommendations:
None

Standard III: Resources

A. Human Resources

I. General Observations:

Southwestern College has a clearly articulated process for the selection of personnel as evidenced by information available on the website. Job descriptions are directly related to the institutional mission and goals and are available on the website as well. The descriptions illustrate the college mission, the academic discipline for which the college is attempting to recruit, the minimum educational qualifications, the required application materials, and the time period for which the position is open. The equivalency process does not occur often, however there is a process in place to ensure that it can be accessed when necessary (Standard III.A.1.).

The college has a code of ethics established for the faculty, administrators, classified staff, and students (Standard III.A.1.d.).

The College lost staff throughout the organization due to the state budget crisis and an economic downturn. In 2011, the College offered early retirement incentives to employees in order to reduce total staffing. This decision allowed the College to avoid layoffs. The incentive program resulted in more than 40 academic and classified staff members leaving the College, resulting in a reduction of approximately 12% of its full-time staff. In separate discussions with administrators in Human Resources, it was determined that the College is moving forward with a plan to add 10 classified positions based on the proposed 2015-16 budget. The College is encouraged to keep in mind the impact of the retirement incentive on staffing needs. (Standard III.A.2).

The College develops and reviews personnel policies and procedures and posts them publically on its website. The Office of the Vice President of Employee Services, in consultation with the Human Resources Committee, is responsible for maintaining, updating, and revising necessary policies and procedures. The College completed a comprehensive review of policies and procedures in 2014-15 and updated them accordingly. In reviewing the policies, it is not clear when they have been modified or changed. The team suggests that the footer of each page of the updated policies reflect the date of the revision and/or review (Standard.III.A.3.a.).

The team verified that all employee records are kept under lock and key, as evidenced by password-protected computer database system. The confidentiality of the records is maintained and, in accordance with the bargaining agreements, college personnel have access to their personnel records at both locations (Standard III.A.3.b).

Southwestern exhibits an understanding and commitment to issues of equity and diversity, as evidenced by institutional policies and procedures related to recruitment and hiring, discrimination and the inclusion of an Equal Opportunity Employment Committee (Standard III.A.4).

Southwestern has shown a commitment to the creation and maintenance of programs, practices and services that support diverse personnel. Vice President of Employee Services (Human Resources) also serves as the Equal Employment Opportunity Officer, and the Dean of the School of Arts and Communication serves as the College's designated Title IX Coordinator. The responsibility of ensuring compliance with policies and regulations is shared among multiple administrators. There is evidence of established groups that promote targeted services to diverse populations, including the Disability Support Services, and the Veterans Resource Center. (Standard III.A.4.a).

Southwestern regularly assesses its employment equity and that it is consistent with its mission as evidenced by demographic data that ensures that the college's human resource programs, practices and services support diverse personnel. It further assesses the employment and equity of the employees that are hired in the district (Standard III.A.4.b)

The College has adopted "Ground Rules for Civility", and the team observed that these were posted in all of the meeting rooms that we visited. Students, faculty, administrators, and classified staff have rights as expressed in the board policies and the collective bargaining agreements; and they have the right to due process and fairness and protection against harassment and discrimination (Standard III.A.4.c).

The College has an innovative plan for professional development activities. The College offers a professional development calendar to support these efforts. The professional development activities meet the needs of its personnel as evidenced by needs assessment data. Additional professional development experiences targeting equity and diversity has been provided to support recent campus events (Standard III.A.5; Standard III.A.5.a).

The College has made additional commitment to these efforts moving toward hiring a Director of Equity and Inclusion, and reconstituting the Diversity, Equity and Inclusion Committee (Standard III.A.5.b)

II.   Findings and Evidence:

Southwestern has a stated process for evaluating all personnel systematically, has written criteria that includes an assessment of effectiveness, and the process encourages improvement. However, in a sample of evaluations reviewed of faculty, staff and administrators, the evaluations were out of date or non-existent. An initial sample from six faculty evaluations were all out-of-date. At least one classified employee did not have an evaluation on file. In a secondary sample, of the six administrator evaluations that were reviewed, two did not have an evaluation and four were severely out of date (III.A.1.b.).

As the faculty evaluation process currently stands, faculty at Southwestern are not evaluated on how they use the results of the assessment of learning outcomes to improve teaching and learning. Although progress has been made in advancing this topic, including identification of SLO point persons and opportunities to request Flex credit for

efforts, there does not appear to be an effort to move toward including these elements in the faculty evaluation process. Similarly, there appears to be little interest on the part of the faculty at Southwestern in incorporating these aspects into their evaluation process (III.A.1.c).

There is evidence that the human resource prioritization planning is integrated with institutional planning, as evidenced by the Faculty Hiring Prioritization process. However, the team received inconsistent information regarding the utilization of the SCC Planning Committees, specifically the Human Resources Planning Committee (HRPC). It is unclear that recommendations that are provided by this committee to help to inform the prioritization process are being used. The HRPC has not been consistent in holding meetings, and it is unclear if the original goals and purpose of the Committee are still relevant, or need revision (Standard III.A.6).

III.   Conclusion

As the faculty evaluation process currently stands, faculty at Southwestern are not evaluated on their progress toward achieving stated student learning outcomes or on their effectiveness in producing those outcomes. Although progress has been made in advancing this topic, including identification of SLO point persons and opportunities to request Flex credit for efforts, there does not appear to be an effort to move toward including these elements in the faculty evaluations process. Similarly, there appears to be little interest on the part of the faculty at Southwestern in incorporating these aspects into their evaluation process.

Also, the team could find no clear evidence that established processes through the Human Resources Committee are being utilized for hiring prioritization, as evidenced limited meeting minutes, agendas, and meeting cancellations. The team could not find evidence of the established goals of the Committee, or if they had been revised.

The college does not meet the standard.

IV. Recommendations

Recommendation Six
In order to meet the Standard, the team recommends that the College ensures that faculty and others directly responsible for student progress toward achieving stated student learning outcomes have, as a component of their evaluation, how they use the results of the assessment of learning outcomes to improve teaching and learning. (III.A.1.c)

Recommendation Seven
In order to meet the Standard, the team recommends that the College evaluate all personnel systematically and at stated intervals. The Team further recommends the creation of a mechanism to ensure compliance with stated evaluation guidelines. (III.A.1.b)

B. Physical Resources

I.   General Observations:

The physical resources at the College appear to be clean, spacious and conducive to the learning environment.

The College follows state procedures and protocols for assignable square footage. Annual space inventory updates are submitted through Facilities Utilization Space Inventory Options Net system (FUSION). According to the state protocol metrics, the College has sufficient classroom space to support its mission.

The College applied for and achieved center status at sites in National City and San Ysidro in 2012, adding to its existing higher education center (HECs) at Otay Mesa and the Aquatic Center in Coronado. Required in the application was the demonstration of sufficient classroom space and services.

Community Service Officers and contract security services are utilized at College facilities to ensure safety. The California Department of Parks and Recreation provides safety patrol services for the Crown Cove Aquatic Center.

The Higher Education Centers (HECs) undergo safety inspections to ensure compliance with fire codes, and the Southwestern College District Safety Officer makes visits to assess safety conditions at the centers. Additionally, upgrades on the Chula Vista campus include the Blue Light parking lot and video surveillance project.

Proposition R was approved by the District voters on November 3, 2008, authorizing $389,000,000 in general obligation bonds. On March 14, 2012, the Southwestern Community College District Board of Trustees voted unanimously to reevaluate the Proposition R projects, which led to the creation and passage of the Facilities Master Plan (FMP). The Facilities Master Plan and the Educational Master Plan (EMP) were developed to be used in determining facilities needs. (III.B.1)

The College has entered into Phase II of its Proposition R program, the implementation phase of former planning, to assure effective utilization and continuing quality.

The College utilizes its Educational Master Plan (EMP) and Facilities Master Plan (FMP) with the objective of assuring effective utilization and continuing quality of its programs and services. (III.B.1.a)

During the last five years, the College has worked to develop standard operating procedures so that strategic initiatives more closely align support services with the educational mission. However, there remain challenges in ensuring that adequate support for the facilities on the off-site are cleaned and maintained, based on interviews with constituents (III.B.1.b).

II.   Findings and Evidence:

The Office of Facilities, Operations, and Planning (FOP) and the Vice President of Business and Financial Affairs are responsible for ensuring that physical resources are safe and sufficient to support quality programs. The position of Vice President for Business and Financial Affairs has been transitionally staffed during recent months due to the resignation of the Vice President. (III.B.1)

Requests for maintenance at all locations, including the Higher Education Centers (HECs) and Aquatic Center are processed through a district-wide computerized work-request system. A new software system has been identified for purchase and implementation to improve response to maintenance requests at the HECs. Service delays were reported to the Team during site visits. The interim director of Facilities, Operations and Planning stated in an interview that there are plans to create one maintenance position to address maintenance needs at the HECs. Currently all unscheduled maintenance requests at the HECs are made through each center's dean, regardless of the nature of the request (interviews with Dean of HECs at Otay Mesa and San Ysidro; Dean of HEC at National City; and Education Center Coordinator at National City). This system has created some difficulty. For example, maintenance requests addressing a security issue at the San Ysidro HEC reportedly took a year to address. At the Chula Vista campus, there are two full-time custodial staff on site during the day, supplemented by student workers. The night staff has 20 custodians, led by an interim custodial staff supervisor.

Current levels of police staffing require that supplemental security be contracted at the Centers, and full-time police staff are generating overtime at unsustainable levels. The lead of the department is the sole contact for all campus security incidents from midnight to 5 a.m., seven days a week, based on interviews with personnel. These examples indicate a pattern of staffing levels insufficient to assure the safe and secure learning and working environments (III.B.1). The Team affirmed that the SWCCD Police Department utilizes private security contractors to augment coverage at off-site locations and during select hours. (III.B.1)

The Self-Evaluation Report asserts that CCCCO planning metrics show that the College has sufficient classroom space to support it mission; however, the current weekly student contact hours (WSCH) calculation is low for the number of enrolled students (420)—signaling insufficiency in enrollment management practices. These enrollment practices compromise efficient planning for construction and building utilization. (III.B.1; III.D.1.c)

As part of the College's capital bond program, the National City HEC will be expanded, which will necessitate additional security and safety needs there. (III.B.1)

During the implementation phase of planning (Phase II of Proposition R), assessments were made to assure that each upgrade or new building was an effective utilization of

space. Examples provided were Functional Inventory and Condition Assessment: Furniture; and the SWCCD Furniture Standards Program. (III.B.1.a)

Signage at the Chula Vista campus and at the instructional sites was found to be underdeveloped in some areas, in both interior and exterior spaces, including in areas where video surveillance is under utilization. (III.B.1.b)

New construction and facilities enhancements at the Chula Vista campus and at National City followed the planning blueprint of the Facilities Master Plan (FMP). (III.B.1.b)

Institutional planning includes using the results of assessment and evaluation to make improvements. The Institutional Facilities Committee (IFC), part of the Shared Consultation Council (SCC), is engaged in the oversight of physical resource needs and major equipment needs by means of the program review process facilitated by the Office of Facilities Operations and Planning (FOP). While the IFC claims oversight of regular safety and security inspections, the team noted irregular practices in the collection, storage, and transportation of money among offices and sites at Chula Vista and the HECs; these observations were supported by the College's risk management carrier (III.B.1.b).

III.   Conclusion

The planning and maintenance of physical resources and processes are managed in an ongoing collaborative effort. The team did not find evidence, however, that evaluations of physical resources are undertaken in all areas on a regular basis, or that resulting repairs and improvements are made in a timely or thorough way. (III.B.2)

The Team found discrepancies related to the calculation of total cost of ownership, which should provide for the provision of direct and indirect costs. (III.B.2.a; III.D.1.c)
The Team found discrepancies related to the calculation of total cost of ownership, which should provide for the provision of direct and indirect costs

A Facilities Master Plan (FMP) was created in 2013 to accompany the Educational Master Plan (EMP) and to serve as an overarching blueprint to integrate short- and long-term planning processes. This process provided multiple opportunities for review and input by the College community, based on interviews and documents examined during the visit. (III.B.2.b)

It is evident that the College needs to develop a plan for a sustainable safety, security, and maintenance practices to be integrated into all operations at all sites.
It is evident that the College needs to develop a plan for a sustainable safety, security, and maintenance practices to be integrated into all operations at all sites."

The college does not meet the standard.

IV.   Recommendations

Recommendation Eight
In order to meet the Standards, the team recommends that the College evaluate the current model for total cost of ownership of physical, fiscal, and human resources, in order to provide a sustainable, safe, secure, and healthful learning and working environment. (IB; III.B.1, III.B.2.a, III.D.1.c)

Recommendation Nine
The team recommends that the collection, storage, and transportation of monetary resources be reviewed and shortcomings identified and ameliorated. (III.B.1.b)

IIIC. Technology Resources

I.   General Observations

A review of the related recommendation from the 2009 visiting team shows that the College met the requirements of the recommendations, despite some ongoing challenges with adequate resources to refresh computer terminals.

The planning for technology at the College incorporates results of Program Review and recommendations from the Institutional Technology Committee (ITC), represented by all constituencies. These entities collaborate with the Academic Senate's Academic Technology Committee (ATC) to implement a shared governance prioritization process.

II.   Findings and Evidence

The Team finds that the technology system at Southwestern College is working very well from a personnel perspective. The team of administrators and technicians are well versed in the technology and they serve the college well. Though there were some comments about the assignment and management of the staff, the discontent did not hinder the work of serving students and faculty the best way possible. The Information Technology users seem to be content with the operation; notwithstanding challenges with hardware replacement.

Since 2011 the College has funded, and the ITC and ATC have collaborated on, an Institutional Computer Annual Replacement process. The annual Technology Plan Implementation Grids provide quick reference and project management summaries. This online database catalogs and tracks technology requests and other technology infrastructure articles that have been approved, funded, and implemented in order to support the internal functions of the College. This database is available college-wide and allows all users to track their requests. Replacement computer needs are tracked, sorted by age and location, and are implemented as budget allows. An instructional technology replacement program is in the planning stages. (IIIC.2)

III.   Conclusion
The 2011-2015 Technology Plan and the IT Disaster and Recovery Plan are complete. The 2016 Technology Plan is in progress. Representative personnel demonstrated familiarity with the annual process of updating the Technology Plan due to the fast pace of new technologies and changing prices in existing technologies.

The College meets the standard.

IV.   Recommendations: None

Standard: III.D   **Financial Resources**

I.   **General Observations**

The team found that some areas of the SER which addressed financial standards were not validated during the visit. Many examples given by the institution or language used with the self-evaluation were ultimately found to be incorrect or not in conformance with existing practices of the college. Because the SER and the evidence were not aligned, it required a deeper analysis and review of documents once on site, including review of the supplemental report issued by the institution and requested additional documents to verify, support or refute evidence related to the College's policies, procedures and practices in meeting the standards.

The college staff was very supportive in the interview process. Once discrepancies in the SER were noted, the staff were very forthright and candid in their responses to questions regarding the issues in Standard III.D. It is worth noting that the former Vice President of Business and Financial Affairs was not made available to us. The consultant who replaced him was not available for most of the visit.

II.   **Findings and Evidence**

It is difficult to ascertain if the institution is tying the short term and long term financial planning of the institution to a specific mission statement of the institution. Currently the institution has two board approved mission statements, one complete version and one abbreviated version which does not contain all the required elements of a mission statement. This circumstance, discussed more thoroughly under Standard I.A., naturally leads to confusion during the planning process and can lead to discrepancies when trying to tie the college's financial planning to the mission of the college. The basic tenet of having one mission statement is foundational to prudent financial planning and fiscal integrity of the institution. Also while the institution provided evidence of the strategic plan and institutional goals, and a chart showing the planning process, but there was no evidence to demonstrate the integration of planning in practice. (III.D.1)

The College indicated in its SER that it uses a process to prioritize the resource needs that cannot be addressed in the budget development process. These may be addressed through other funding mechanisms, such as one-time funds, or may be integrated into long-term budget planning.

The team noted that the Shared Consultation Council does in fact use a prioritization process and turns over the prioritization lists to the budget committee that are based on program reviews within the institution. However, in interviews with the Director of Finance, Director of Research & Grants (Budget Committee Member), and others on the budget committee inconsistencies were noted in what happens once the priorities are turned over to the Finance Office and the Cabinet. There was general agreement about the lack of a clear line of decision making from the budget committee to what actually gets funded in the adopted budget. For example, there is no evidence that information

about the $6 Million structural deficit was shared with constituency groups or the budget committee during the spring 2015 budget development process. The information was shared with the governing board in August 2015. (III.D.1.a)

The College stated that it provides accurate information regarding available funds, including annual budget reports indicating ongoing and anticipated fiscal commitments and that budget assumptions are presented to the board, and information is provided on the Budget Central website. In late spring between the development of the tentative and final budget for the College, the Budget Committee is charged with reviewing the Shared Consultation Council (SCC) prioritization   list of resource needs identified in program review to determine both potential impacts to budget assumptions and potential funding sources. The Institutional Program Review Committee (IPRC) is responsible for updating the purchase status of items on that list in order to demonstrate how the College's expenses are tied to strategic planning goals to support student success. (III.D.8)

During review of the evidence, which included the recently approved 2015-2016 Adopted Budget, the 320 reports by the college to the State of California Chancellors Office, and interviews with the consultant filling in for the vacant Vice President of Business and Finance, the Director of Finance, Classified Union President, Classified Union Vice President, Academic Senate President, Vice President of Employment Services, Director of Human Resources, Chief of Police, Contract employee filling in for the vacant Director of Facilities, Contract employee filling in for the vacant Custodial Services Supervisor, the team found evidence of the work done with the budget committee and dialog with the constituency groups. However, there was a lack of evidence of linkages in institutional planning, from the recommendations of the budget committee to the institutional executive cabinet to the adopted budget. For example in the creation and implementation of the early retirement incentive there appeared to be no-planning of the costs and associated long term financial implications.

There appears to be a general lack of evidence to support that planning and decisions at the executive level are in concert with the preceding institutional planning process. (III.D.1b)

The College described a process in its SER for how it considers long-term liabilities and obligations including debt, health benefits insurance costs, and building and maintenance costs.

In reviewing evidence regarding the Adopted Budget the team noted that the institution only budgets for one year at a time and that it has done so for the last three years. The College does not engage in a projected budget outlook. While the one-year approach is sufficient for short term planning, it appears long term planning is not part of any dialogue within the budget committee or with other constituency groups. Long term financial planning is not part of the budget development process as a result it is difficult to fully ascertain the institution's fiscal stability.

The College's process for completing the 15/16 fiscal year budget is demonstrative of the lack of considering long term debt. The team noted that the budget was created by plugging the College's 7% reserve policy into the budget and then building the rest of the budget around it. While this was intended to ensure that the college met its 7% reserve obligation, it did not take into account for long term debt, such as added pension costs, other post-employment benefits, cost of the aforementioned early retirement program, costs for payroll obligations and so on.

In addition, the 15/16 budget was "balanced" with the onetime funding from the state called "mandated block grant" funds. Balancing the budget with one time funding in a short term capacity has a direct impact on the long term financial planning of the college, because it moves the current year issues out to the next budget year or beyond.

While the budget committee and the SCC have made significant progress within the institution, it is unclear how decisions are being made in regards to resources once the recommendations leave the budget committee and move on to the executive level approvals of the institution. An example of this is the August board meeting in which the former CBO delivered the news to the Board of Trustees that the District had a 6+ million dollar deficit. While this news by itself it troubling, the concern is that it was not shared in the previous academic year with any constituency group. Even though the Budget Committee met over the summer months it was noted during interviews that members of the committee were still yet to be informed of the budget issues facing the college that they could have helped with. One employee that was interviewed stated, "If we would have known about the structural deficit of the college, we would have voted against the early retirement program, because we could not afford it". This information could have made for better informed decisions in regards to program review initiatives. With the current lack of transparency between management and the information provided to campus constituencies groups, it makes budget development very cumbersome and breeds mistrust amongst the college staff and faculty. Another example was when the team interviewed center staff, there was clear confusion on the funding provided by the state for SSSP and Equity funding. Although the college had received funding in the prior and current year, the center staff was not informed of the funding available and this knowledge could have been passed along to appropriate college committees for dissemination of these dollars that could support activities of the college.

The College has to assure financial integrity and its use of financial resources. While it currently shares and updates constituency groups, the aforementioned example in III.D.1.d is indicative of the credibility of the budget document produced by the college. The current level of mistrust between the finance office and other groups at the institution makes it very difficult for the finance office to manage the finances of the college and it also makes it difficult for the constituency groups to trust the information being given out by the finance office. Because of this angst between areas of the college it does not allow for wide dissemination, integrity and dependability with respect to financial information being shared across the college.

In preparing financial documents, Southwestern College maintains a high degree of credibility and accuracy, and the College uses financial resources to support student learning programs and services. The College maintains an internal auditor (III.D.22), who directly manages the financial operations of the College, while the Office of the Vice President for Business and Financial Affairs is responsible for all of the reporting. The College maintains electronic records of all financial transactions. In August 2013, the Board determined that by January 2015, the College would become fiscally independent from the County Office of Education by managing its own payroll and purchasing services (III.D.23). Fiscal independence gives the Board authority to issue warrants without the direct oversight or approval of the County Office of Education or the County Auditor.

We reviewed the audits for the college for the last 3 years and the budget for the last 2 years. While the budget has some planning components that are missing, the budget is not reflective of a credible document that can be relied upon for financial planning or reflect appropriate allocations. If the fund balance, as noted in the 15/16 budget, is set to zero to create a 7% reserve, then the rest of the budget has been force fitted to make sure it balances. During interviews and based on the supplemental report submitted by the college, the college plans to re-submit a new budget to the board of trustees at the beginning of November.

At this point of the fiscal year, the college has completed one quarter of the year and any decisions made during the first 3 months could be detrimental to the success of the budget during the fiscal year. The integrity and credibility of the budget begins with planning and trust of the college community. Without this integrity and dependability, the budget document cannot support the college's programs and services adequately.

The annual external audit is reviewed by the Board of Trustees before it is submitted to the California Community Colleges Chancellor's Office. The College provides budget and audit information to the College community via all-staff email, via the Superintendent/President's monthly newsletter, via constituent representatives on the College Budget Committee, and at the Shared Consultation Council (SCC) when warranted. (III.D.2.b)

The College acknowledges the need to work with faculty and staff more closely on budgetary matters by offering Staff Development opportunities on budgeting so that all members of the staff understand how the College budget is developed and, specifically, how decisions are made regarding budget allocations. While it was noted that the Shared College Council and the Budget Committee receive information throughout the year, it is not done within a time frame that the information can become part of their processes. The previously described examples about the structural deficit and about the cost of the retirement incentive do not support a finding that financial information is disseminated in a timely manner in many formats as was represented by the College in its SER. (III.D.2.c)

Use of grant funds follows Policy and Procedure 3280. The VPBFA works closely with staff in the Research, Planning, and Grants Department in the review and approval of all

grants to further ensure accountability. Monies received through grants or fundraising are conducted transparently. (III.D.2.d)

While the College's SER states that the college evaluates its current internal controls, the team found that the college had undergone an internal control review with the districts risk management company. That report noted there were dozens of findings and recommendations to the college. At the time of the team visit, had not implemented any corrective measures to mitigate these internal control concerns. Another example of internal control issues was the packaging of financial aid at the Higher Education Centers. Specifically, the same staff that package financial aid, also assess charges and collect payments from students at the centers. The fact that there is not a preventative measure in place to mitigate potential fraud represents an internal control risk to the college. During on-site interviews the staff either did not see it as an issue or did not think of internal controls when implementing this practice. Based on these examples the team found college the college is lacking in its internal controls and is not assessing the controls for validity nor evaluating their corrective measures for improvement. (III.D.2.e)

The College indicated that it currently has a balanced budget and sufficient cash flow and reserves to maintain stability. Although the College has a sufficient reserve, that reserve amount is predicated on the assumption that all other financial obligations are being met by the college. During the on-site interviews, the team noted that the college was considering not funding its other post-employment benefits "pay-go" for the current fiscal year.

The OPEB fund for the college has a large liability and requires over one million dollar infusion to maintain the costs of prior retirees. This is not currently recorded as part of the 15/16 budget, as approved, and thus casts doubts on whether the college's planned actions maintain financial stability. Due to the fact that the reserve and budget, as mentioned earlier, are designed without fully meeting current year obligations, the college has not demonstrated its ability to meet financial emergencies and unforeseen occurrences. (III.D.3.a)

While the college cites college policy and procedures to improve the management of financial practices, the team noted that the vast majority of the policies dealing with business services were under review and not yet approved. Some of these policies date back to 1990 and have not been updated since.

Also, in interviews with staff it was noted that the MOU between the college and the foundation had not been updated since 2000. While the foundation was partly at the center of the 2013 special report to the ACCJC it was evident that some of the action steps previously reported had not been followed. One of those action steps was the hiring of an Executive Director of the Foundation. This hiring had still not taken place and was forthcoming based on using financial resources from auxiliary funds to cover the costs of the position. Also, during interviews, the team learned that the current board of trustees would not approve a new MOU with the foundation until a new Executive Director was

hired.

Allowing such a quandary does not demonstrate effective oversight of auxiliary organizations or the college's investments and assets. Reconciliation of the differences between the board of trustees and the foundation needs to take place, along with delineating functions between the two organizations, in order to rebuild the trust between the two governing bodies, and establish appropriate oversight so that the college can flourish. (III.D.3.b)

The total computed OPEB unfunded liability of the College is currently $9.7 million dollars. The College has deposited over three million dollars into a trust organized by the California Community College League. The College indicated it was committed to budgeting for and meeting the Annual Required Contribution on a "pay as you go" basis. However, as discussed above, there is no indication in the 15/16 budget for paying that ARC. Plans for the OPEB future obligations could not be verified in the evidence provided by the college within the budget document or the supplemental report. Without long range budget forecasts, it is difficult to ascertain if the college has the resources to meet this obligation for the foreseeable future. (III.D.3.c)

The College is compliant with GASB (Governmental Accounting Standards Board) 43 and 45. The Office of the Vice President for Business and Financial Affairs is responsible to ensure future liabilities are accounted for in a current actuarial plan for OPEB. (III.D.3.d)

The need to incur local debt is uncommon for Southwestern College. However, a loan from the San Diego County Department of Education was requested during times of significant deferrals from the state. All loan payments for that locally incurred debt were paid back within the proper time frame. (III.D.3.e)

The college states that it budgets for shortfalls in financial aid paybacks. However, in interviews with staff, it was unclear how this was done and there was no evidence to support the College's assertion that it monitors and manages student loan default rates in compliance with federal regulations. The College maintains a contract with Higher One to assist in the dispersal of financial aid to the students, but the contract does not provide for assistance with student debt. (III.D.3.f)

Several Board policies address guidelines for contracts and who can enter into them, while establishing mechanisms that ensure that appropriate provisions in contracting maintain the integrity of the institution. (III.D.3.g)

During the team evaluation in reviewing evidence and conducting staff interviews, the team noted that financial practices were not evaluated by the college. The only evaluation appears to be that of the external auditor. Auditors are not an appropriate sole resource for evaluation of financial practices as they only evaluate the accounting practices of the college and whether or not, past tense, the prior year was done according to GASB standards. Without further evaluation processes, a college will not generate results needed to improve internal controls or practices. As mentioned earlier,

the college did have a special third party review of internal controls but the implementation of recommendations coming out of that review has never taken place. (III.D.3.h)

Financial integrated planning became a focus of the Budget Committee and Strategic Planning Committee after the Commission's recommendation in 2010 related to the need for integrated planning.

While the college states that great progress has been made with its process it is difficult to ascertain if the process has ameliorated itself throughout the college. Program reviews for non-academic areas were hard to locate or did not exist, and consistent participation across the institution in program review is important to making sure institutional planning is fully integrated. Through interviews and the review of evidence, it was unclear to the team how decisions were made by executive leadership on recommendations coming from budget processes and the budget committee. It was also not clear how the loop of planning was closed by notifying the campus departments or centers of what their allocations were for the year.

Without closing the loop on planning it is difficult to assess the work being completed by the college in regards to financial planning. As such, no evidence was shown or revealed that acknowledged that the institutional planning process was assessed or that the review of that evaluation was used to improve the process for the college. (III.D.4)

III.   Conclusions

For Standard III.D it is noted that the college has made small steps toward achieving the needed levels of practice for sound fiscal operations and planning. However, there is at the college a sense of mistrust for the finance office and also possibly for upper level management in terms of the budget and financial planning. The finance office appears to have reduced its planning to a short-term view and thus may be jeopardizing the financial integrity of the college and the ability to maintain sound business practices. The lack of long term or integrated short term planning and the lack of having a multi-year projected budget make it difficult for the college to operate in an environment of trust with constituency groups and the campus community. Planning is the cornerstone of financial resource allocation of any college, and without proper planning the college is not equipped to deal with the many aspects that impact finances for the current year.

The college does not meet the standard.

IV.   Recommendations

Recommendation Ten
In order to meet the Standard, the institution should ensure that its mission and goals are integrated with its financial and institutional planning by ensuring realistic resource availability. (III.D.1; III.D.1.a ; III.D.1.b)

Recommendation Eleven
In order to meet the Standard, the institution needs to ensure that internal and external controls have a high degree of credibility and accuracy and reflect the appropriate use of financial resources. As part of credibility, financial information must be provided in a timely manner to the institutional community. As part of assessment and improvement, the institution should respond to the evaluation and effectiveness of internal controls and financial resources.; III.D.4 ; ER 18, ACCJC 2013 Special Report)

Recommendation Twelve
To meet this standard, as reported in the 2013 Special Report, the institution will review and make modifications to its memorandum of understanding between the institution and the foundation in conjunction with hiring appropriate staff to facilitate foundation activities. In addition, the institution shall ensure that the financial resources of auxiliary services, grants and fund raising efforts are used with integrity, shall maintain internal controls and will be evaluated for effectiveness.
(2013 Special Report; III.D.2 ; III.D.2.d ; III.D.2.e)

Recommendation Thirteen
In order to meet the Standards and Eligibility Requirements, the team recommends that the College create a budget that meets the short- and long-term liabilities, contingency plans, unforeseen occurrences and future obligations of the College while meeting the appropriate reserves set by board policy. In addition, the College shall implement, assess, and evaluate internal controls sufficient to mitigate risk and maintain the fiscal integrity and stability of the College. (ER 17-18; III.D.1.c, III.D.1.d, (III.D.2 ; III.2.a ; III.D.2.c ; III.D.2.e, III.D.3.a, III.D.3.c, III.D.3.g, III.D.3.h, III.D.4, IV.B.1.c; Commission Policy on Institutional Compliance with Title IV; ACCJC 2013 Special Report)

Standard IV: Leadership and Governance

A. Decision-Making Roles and Processes

I. General Observations

Different constituencies have a voice in decision-making processes through the Shared Consultation Council, which consists of four members each from faculty, students, classified, and administration plus one union member and one confidential member. The President/Superintendent and the Academic Senate President serve as non-voting co-chairs.

The Leadership Team meets twice a month, first at the agenda-setting meeting, and again in the morning of Board-meeting day to model behavior of being civil and working together. Although members do not always agree, they work together well, according to statements made in interviews.

Team members interviewed the President/Superintendent, the Academic Senate President, the Southwestern College Education Association president, as well as the Dean of the office of Institutional Effectiveness, and the Associated Students Organization president. All individuals consulted noted that campus climate is better than it was several years ago (IV.A.1).

In terms of organizational structure, students have the opportunity to serve on several campus committees (IV.A.2, IV.2.a). The Associated Students Organization president is not always able to fill all the available positions, however. Apparently that happened with respect to the Calendar Committee. When the decision for a compressed calendar was made, students were not present on the Calendar Committee. As a result, students have expressed that such a huge decision should have had more student input.

The team confirmed through review of Board Policy and Procedure 2515 and the Curriculum Handbook that the College looks to its faculty for recommendations on matters of student learning programs and services (IV.A.2b).

Based on examination of evidence, the team determined that the College has various governance structures in place that ensure cooperation and communication among constituencies (IV.A.3), that the College is responsive to and in good standing with its various accrediting agencies (IV.A.4), and that the College regularly evaluates its key processes and communicates those findings campus-wide (IV.A.5).

II. Findings and Evidence

The SER describes the institutional mission, vision, and values statements of Board Policy 1200, which are easily available in both the complete and abbreviated version on the College website (IV.A). Individuals interviewed by team members confirmed that campus climate has improved in the last three years (IV.A.1). Team members

interviewed the Board of Trustees' president, who confirmed the SER statement that the Board conducts "listening tours," where one or two Board members visit different departments to learn of that department's concerns (IV.A).

As part of its review, the team examined Policy and Procedure 2510 and Policy and Procedure 2515 and confirmed that written policies are in place providing for faculty, staff, administrator, and student participation in decision-making processes (IV.A.2, IV.A.2.a). The SER also describes the Superintendent/President's goals to improve campus climate. In interviews, the President confirmed that the campus climate had been a concern when she arrived on campus in 2012. The team verified that her goals are published on the campus website. She stated that her monthly coffee chats and open office hours are well attended and fruitful.

The team confirmed through review of Board Policy and Procedure 2515 and the Curriculum Handbook that the College looks to its faculty for recommendations on matters of student learning programs and services (IV.A.2b).

The College cited numerous examples of how its various governance structure ensure cooperation and effective communication among faculty, staff, students, and administrators (IV.A.3). The team examined various documents that support this assertion, including Board Policy 1200 Mission Statement, Board Policy 2510 Shared Planning and Decision-Making and 2515, Role and Scope of the Academic Senate: 10+1 Agreement, Strategic Plan 2013-2016, and the Shared Governance and Decision-Making Handbook.

The team found examples of how the College complies with requirements of external accrediting agencies, including the ACCJC and other accreditors. The team reviewed a mid-term report, two follow-up reports and one special report from the College to the ACCJC, responding to ACCJC requests. Also, in evidence were at least two letters from the ACCJC to the College acknowledging College compliance with accreditation standards. The team also reviewed accreditation findings for the College's nursing and EMT programs, together with College responses to those findings. (ER 21, IV.A.4).

The team found that the College regularly evaluates many of its governance and decision-making processes and communicates the results of those to the College community. The College recently completed a review and update of the Strategic Plan 2013-16. The College found that many of the objectives, as written, were not measurable, so it proceeded with revisions consisting of measurable objectives for the 2016-19 plan. The College has also revised its program review process and forms. The team examined the Employee Satisfaction Survey administered in 2014, and noted that the results of the survey had been discussed in a college retreat that same year. The team also reviewed several Campus Climate Survey reports dating from 2011 to 2014, and noted they were posted to the College website and viewable by the public. (IV.A.5)

As described in Standard I section of this report, despite the good environment of dialogue that currently exists at Southwestern, the college community seemingly has not

been able to agree on a single mission statement. This points to a potential weakness in quality of the dialogue occurring at the institution.

III.   Conclusion

The College community is working together to provide opportunities for faculty, staff and students to be united toward the goal of success of students.

The College meets the standard.

IV.   Recommendations

See Recommendation One

B. Board and Administrative Organization

Standard IV.B

I.   General Observations

The Board of Trustees for the Southwestern Community College District is comprised of five locally-elected members and one nonvoting student trustee, who is also the President of the Associated Student Union. The Board holds a general meeting once per month and special meetings devoted to topics as needed, such as the Board's annual Board Retreat. The Board has one subcommittee devoted to reviewing Board policies. The College is led by a Superintendent/President who was hired by the Board in Fall 2011. The Superintendent/President is the only employee of the Board and she is evaluated once per year.

II.   Findings and Evidence

Each year, the Board of Trustees passes a resolution reaffirming its policy-making role and articulating the responsibility of the Superintendent/President to implement all Board policies. The annual reaffirmation of this delineation of duties is framed as an "Accreditation Resolution" to demonstrate the Board's understanding of the connection between their roles and meeting the accreditation standards. This resolution also articulates the Board's commitment to act as one body and with one voice once a decision has been reached. Several good examples were provided in the Self-Evaluation Report (SER) including decisions reached by a divided Board that were then communicated to the public in a supportive manner. Interviews revealed that Board recognition of "speaking with one voice" includes expressing support for all Board decisions without specifying whether any particular Board member personally agreed with the decision or voted in favor of it. In one particularly strong example, a vocal Board member recently voted against one aspect of the budget but this same Board member then voted to support the overall budget. In this example, the Board member was able to distinguish between his opinion about one portion of a Board decision while also supporting the Board's responsibility to pass a budget.

The College also indicated that through various annual trainings by the Community College League of California (CCLC) and the Association of Community College Trustees (ACCT), among others, the Board understands their policy-making role, which is further enumerated in Board Policy 2200: Board Duties and Responsibilities. The Southwestern College website includes all currently approved Board policies and associated procedures, and all Board agendas, minutes and supporting materials are housed within BoardDocs, which is also accessible on the College's website. (IV.B; IV.B.1.a; IV.B.1.c; IV.B.1.d)

The Board of Trustees ensures the integrity, quality and effectiveness of the academic and student services programs through a variety of Board Policies including BP 2515: Role and Scope of the Academic Senate, BP 1200: Institutional Mission, Vision and

Values, and the new BP 2780: Student Success. The Board also ensures quality and effectiveness through its review of the Institutional Student Learning Outcomes, Strategic Plan, Educational Master Plan, Facilities Master Plan and the Student Success and Support Programs and Student Equity Plans. The Board is fully aware of the college's institution-set standards and on-going analyses of student success data through various "special meeting workshops" that range in topics from accreditation to budget. The Board also recognizes through BP 3430: Prohibition of Harassment and Discrimination that creating an inclusive and positive learning environment is one aspect of increasing student success. However, despite the Board's review of these policies, over the past three years, the Board's self-evaluation results indicate that the Board questions its ability to monitor the quality and effectiveness and services and has identified this as an area for Board development. When asked about this lack of confidence in the Board's ability to monitor effectiveness, the Board President indicated that the Board considers themselves policy-makers not content experts who try to avoid being seen as "micromanagers." Through interviews, it became apparent that the Board still struggles with adhering to its policy-making role as evidenced by an upcoming special Board Policy meeting agenda item that, if fully developed and implemented, will put into policy the Board's involvement in determining the most appropriate entity to conduct investigations when issues arise. (IV.B.1; IV.B.1.b; IV.B.1c)

The current Superintendent/President was hired under the auspices of BP 2431 and is evaluated according to BP 2435. While several BP's clearly articulate standards for appropriate Board behavior, the SER also indicates that the Superintendent/President includes the delegation of duties (BP 2430: Delegation of Authority) in her annual evaluation in addition to identification of Board behaviors that might be considered "micromanagement" in order to facilitate an ongoing dialogue with the Board. Interviews revealed the perception that the Board has, at times, micromanaged and over-stepped their role by asking College staff questions directly rather than working through the Superintendent/President. The Superintendent/President articulated that the Board has actually improved in this area through significant and consistent guidance from a consultant who has worked with the Board on their self-evaluation and helped the Board to understand this delineation of duties. (IV.B.1; IV.B.1.j)

While the Board has established appropriate BP's related to financial stability including delegation of authority, budget preparation, budget and fiscal management, and general fund reserve, the Board's recent decisions in relation to the general fund reserves raises questions about the College's short- and long-term fiscal decision-making and stability. Despite a self-identified structural deficit going into the current fiscal year, the Board voted to give college employees a one-time 3.5% off-schedule salary payment as partial compensation for a 5% salary cut taken during the recent recession. The Board also decided to return the College to its minimum general fund reserve of 7% from 5%, which was set at 5% in 2012 based on current financial conditions. The Board adopted the 2015-2016 Budget in early September but it included references to both a "structural deficit" and a 7% reserve and that this approval was contingent upon the Board revisiting the budget in November once the 2014-2015 books have been closed and the first apportionment has been posted. Interviews with the President and the consultant currently

covering the duties of the vacant Vice President of Business and Financial Affairs revealed that while the prior Vice President had indicated the looming budget challenges going forward, the true depth of the budget problems was only evident to the larger college community during the Vice President's final PowerPoint presentation to the Board on his last day. The Board and the Superintendent/President had been told to expect a structural deficit; however, interviews revealed that the Board and the Superintendent/President were unaware of the depth of the financial challenges facing the college. (IV.B.1; IV.B.1.b; IV.B.1.c)

The size of the Board and the length of Board terms are articulated in Board Policy 2010: Board Membership, and BP 2200 enumerates the Board's responsibilities. Sufficient training opportunities exist for appropriate orientation of new Board members, and ongoing professional development through conference attendance is encouraged for all Board members. Agendas for meetings are posted appropriately and all meetings are conducted in accordance with Board policies and procedures. The SER asserts that the Board behaves according to its own policies and offers as evidence the fact that the Board has not determined the need to sanction any of its members for violating any Board policies. When a Board member was made aware he had received some campaign contributions in excess of the Board-approved limit, upon the advice of Board legal counsel, the Board member returned the excess campaign contributions and wrote a letter to each Board member to explain the steps taken to adhere to the Board-approved policy. The issue was also discussed in an open Board meeting. (IV.B.1.d; IV.B.1.e; IV.B.1.f.)

The Board evaluates itself on an annual basis according to Board Procedure 2745: Governing Board Self-Evaluation. Part of this evaluation involves developing goals for the Board and for the College, in addition to assessing how well the prior year's goals were met. The results of the evaluation are discussed at their annual retreat and are available to the campus community. A review of the Board's self-evaluations for the past three years indicates thoughtful self-reflection and a concerted effort to connect the Board's goal-setting to the College's strategic plan. BP 2715: Code of Ethics describes the ethical standards for all Board members and specifically requires that Board members recuse themselves from voting on items in which they may have a financial or personal interest. Interviews and a review of Board minutes show a standing item for each agenda whereby any Board member can recuse him/herself regarding any action item on the agenda, and Board members routinely recuse themselves accordingly. (IV.B.1.g; IV.B.1.h)

Members of the Board of Trustees are active participants in the accreditation process. In addition to the annual Accreditation resolution mentioned above, the Board receives regular updates on the process. According to the SER and interviews with the Superintendent/President and Board President, all Board members reviewed the SER and two Board members reviewed and made edits to the Standard IVB narrative. The Board was actively engaged in addressing two prior Recommendations from the 2009 comprehensive visit, which required them to address the perception that they were interfering with the Superintendent/President's ability to conduct the business of the college without Board interference. Interviews validated the extensive improvement in

this area. While still not perfect, the Board is better about working through the Superintendent/President to get answers to questions rather than going directly to staff. It is important to note two disturbing occurrences. In interviews with faculty and staff it was revealed that some employees feel free to contact some members of the board via text messages or other means. The management team felt the board only listened to organized labor and had failed to approve a position the administrators wanted until the managers organized themselves as a union. (IV.B.1.i)

Team visits to all three Higher Education Centers (HEC) and the Crown Cove Aquatic Center revealed questionable staffing levels relative to the delivery of services for HEC-based students. The recent early-retirement incentives may have an unsettling effect on staffing capacity. (IV.B.2; IV.B.2.a)

The Superintendent/President co-chairs the Shared Consultation Council (SCC) with the Academic Senate President. The SCC is the primary decision-making body and is comprised of representatives from each constituent group. Since the last comprehensive accreditation visit, the College has increased its research capacity significantly with five additional staff members. As a result, the College's recent Educational Master Plan and Facilities Master Plan were both grounded in a much stronger analysis of data than previous plans. The Superintendent/President ensures that planning and resource allocation are connected first through joint meetings of the Strategic Planning Committee and Budget Committee which has now been combined into the Planning and Budget Committee (PBC), a sub-committee of SCC.

Program reviews for each area or unit of the college are conducted each year. Criteria for evaluation include assessment of goals/outcomes from the previous year and how those outcomes are related to the College mission and/or strategic plan. As part of her own annual evaluation, the Superintendent/President assesses her goals from the prior year and sets new goals for the coming year and links those goals to the strategic plan. Additionally, the Superintendent/President ensures that all statutes, regulations, and Board of Trustees policies are implemented appropriately. The Board has recently joined the Board Policies services provided by the Community College League of California (CCLC) and a schedule has been created to not only review and update the existing Board Policies, but also to review them on a six-year cycle. While the Board Policy committee meets once per month, the Board is significantly behind in creating and/or reviewing and approving Board policies, many of which are required under Title 5.

According to the SER and interviews, the Superintendent/President relies upon her Cabinet members to maintain accreditation standards in their own areas. She provides additional training to the entire management team through the monthly College Management Team meetings, in addition to discussing accreditation requirements and compliance with various policies during Shared Consultation Council meetings and at college-wide forums. (IV.B.2.b; IV.B.2.c)

The Superintendent/President relies significantly upon the Vice President of Business and Financial Affairs to effectively control the budget and expenditures. This key position is

currently vacant and the work is being done by a consultant who is a former Chief Business Officer at several California Community Colleges. Actions taken by the former Vice President of Business and Financial Affairs and recent Board decisions call into question whether expenditures are being effectively controlled, and the extent to which the Superintendent/President fully comprehends the severity of the budget issues; however, interviews revealed that the Superintendent/President had significant difficulties obtaining budget information from the previous Vice President of Business and Financial Affairs. It was evident during Team interviews with various constituencies and College forums that there is a college-wide lack of knowledge about how the budget works and the budget challenges facing the college.

In addition to a structural deficit in the current year's budget, the financial health of the institution is hampered by the lack of enrollment management which has resulted in an extremely low productivity factor of 420.

The College has an Enrollment Priorities and Planning Committee, where the Vice President of Instruction has discussed the relationship between class size and FTES generation, but there has been virtually no progress made on improving the efficiency of the schedule. As well, because at least 20% of the College's enrollment is online, the recent shift to a compressed calendar has the potential to contribute to productivity and revenue issues since the average FTES generated by an online class in this type of calendar is 2.78 rather than 3 for a regular 3-unit course with an average class size of 35, but the average class size for the College is lower.

Other external factors, such as softening enrollment trends across the state and the phase-out of Proposition 30 funds, also raise concerns about the College's long-term financial stability. (IV.B.2.d)

The Superintendent/President communicates effectively with both the College and the community it serves. She utilizes campus-wide gatherings like "Opening Day" and numerous regular and special board meetings to keep the College informed. In addition, she also meets on a regular basis with various constituency groups on campus, both in large and small meeting formats, to provide updates. She speaks at a variety of events in the community and serves on several community-based boards and in a leadership role on regional groups, such as the San Diego and Imperial County Community College Association (SDICCCA) (IV.B.2.e)

III.   Conclusion

The absence of a permanent Vice President of Business and Financial Affairs, and the lack of control over the previous Vice President of Business and Financial Affairs, is only a small part of a much larger budget picture that includes a structural deficit created, in part, by a lack of enrollment management that limits the revenue generation for the College.

Through interviews, it was apparent that there are significant gaps in knowledge about how the budget works and no safeguards in place to fix the problems once identified. (IV.B.1.c; IV.B.2.d)

While the Board has started to create and/or review Board policies, they are significantly behind in completing this task which is problematic because some of these policies are required by Title 5. As well, recent Board agendas indicate the Board reaching into operations through their policy-making role. (IV.B.1.d; IV.B.2.c)

The college does not meet the standard.

IV.   Recommendations

Recommendation Fourteen
In order to meet the Standards, the team recommends that the Board and the CEO ensure the fiscal integrity of the College by establishing a balanced budget that includes a plan for effective enrollment management. (IV.B.1.c, IV.B.2.d)

Recommendation Fifteen
In order to meet the Standards, the team recommends that the Board develop and adopt all Board policies required by law, and that it fully implement the plan to review and update all Board policies on a regular cycle. The team further recommends that the Board avoid assigning itself authority over College operations. (IV.B.1.d, IV.B.2.c)