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MAY 09 2012
PRESIDENT'S OFFICE

MEMO TO: Dr. Christopher O'Hearn
Superintendent/President
Victor Valley College
18422 Bear Valley Road
Victorville, CA 92395

FROM: Barbara A. Beno, President, *Barbara A. Beno*

DATE: May 3, 2012

SUBJECT: Enclosed Report of the Evaluation Team

Previously, the chairperson of the evaluation team sent you a draft report affording you the opportunity to correct errors of fact. We assume you have responded to the team chair. The Commission now has the final version of the report.

The Accrediting Commission for Community and Junior Colleges follows a policy of providing a copy of the final evaluation visit report to the chief executive officer of the visited institution prior to consideration by the Commission. Please examine the enclosed report.

- If you believe that the report contains inaccuracies, you are invited to call them to the attention of the Commission. To do so, you should submit a letter stating recommended corrections to the ACCJC President. The letter should arrive at the Commission office by end of day **May 11, 2012,** in order to be included in Commission materials. The letter should also be sent electronically in Word.

- ACCJC policy provides that, if desired, the chief administrator may request an appearance before the Commission to discuss the evaluation report. The Commission requires that the institution notify the Commission office by **May 18, 2012,** or earlier, of its intent to attend the meeting. This enables the Commission to invite the team chair to attend. The next meeting of the Accrediting Commission will be held on **June 6-8, 2012,** at The Marriott Hotel, San Francisco Airport, 1800 Old Bayshore Highway, Burlingame, California. The enclosure, "Appearing before the Commission," addresses the protocol of such appearances.

Please note that the Commission will not consider the institution as being indifferent if its chief administrator does not choose to appear before the Commission. If the institution does request to be heard at the Commission meeting, the chairperson of the evaluation team will also be asked to be present to explain the reasons for statements in the team report. Both parties will be allowed brief testimony before the Commission deliberates in private.

The enclosed report should be considered confidential and not given general distribution until it has been acted upon by the Accrediting Commission and you have been notified by letter of the action taken.

BAB/tl

Enclosure

cc: Mr. Peter Allan, Accreditation Liaison Officer (w/o enclosure)

Appearing before the Commission

ACCJC policy provides that, if desired, the Chief Executive Officer (CEO) of an institution may request an appearance before the Commission to discuss the evaluation report. The opportunity is provided when the Commission is deliberating or acting upon matters that affect the institution.

The Commission meets in January and June. An institution must send written notification to the ACCJC office at least 15 days before the scheduled meeting if the CEO wishes to attend. If the institution also wishes to submit additional material to the Commission, it should exercise care, keeping in mind the Commission cannot read and absorb large amounts of material on short notice. Material should arrive at the ACCJC office with the written notification that the CEO has accepted the invitation to address the Commission.

The Chief Executive Officer is expected to be the presenter, and should consult with Commission staff if there are plans to invite other representatives to join the CEO. On the day of the Commission meeting, ACCJC staff will escort the CEO (and additional representatives) to and from the designated waiting area to the meeting at the appropriate time.

An institution's presentation should not exceed five (5) minutes. The Chair of the external evaluation team or designee will also be invited to attend. The Commissioners may ask questions of the CEO or representatives, and the chair of the evaluation team after college representatives have exited. The Commission will then will continue its deliberations in closed session. The CEO will be notified in writing of the subsequent action taken by the Commission.

The Commission considers this opportunity beneficial to the process of accreditation and values the occasion to learn new information from the institution.

Policies that are relative to this process are the *Policy on Access to Commission Meetings, Policy on Commission Actions on Institutions, Policy on Commission Good Practice in Relations with Member Institutions,* and *Policy on the Rights and Responsibilities of ACCJC and Member Institutions in the Accrediting Process.*

Follow-Up Report 2012

Victor Valley College
18422 Bear Valley Road
Victorville, CA 92395

A Confidential Report Prepared for the Accrediting Commission
for Community and Junior Colleges
This report represents the findings of the evaluation team that visited

Victor Valley College
On

April 19, 2012

Team Chair:
Mr. Michael Carley, Director of Institutional Research, Porterville College

Team Member:
Mr. Gary Whitfield, Vice President of College and Administrative Services, Columbia College

Follow-Up Visit Report

DATE: April 24, 2012

TO: Accrediting Commission for Community and Junior Colleges

FROM: Michael Carley, Team Chair

SUBJECT: Report of Follow-Up Visit Team to Victor Valley College, April 19, 2012

Introduction:
A comprehensive visit was conducted of Victor Valley College in March 2011. At its meeting of June 8-10, 2011, the Commission acted to require Victor Valley College to submit a Follow-Up Report by March 15, 2012, followed by a visit. The visiting team, Mr. Michael Carley and Mr. Gary Whitfield, conducted the site visit to Victor Valley College on April 19, 2012. The purpose of the team visit was to verify that the Follow-Up Report prepared by the college was accurate through examination of evidence, to determine if sustained, continuous, and positive improvements had been made at the institution, and that the institution has addressed the recommendations made by the comprehensive evaluation team, resolved the deficiencies noted in those recommendations, and now meets the Eligibility Requirements, Accreditation Standards, and Commission policies.

A great deal of work had been done by Victor Valley College staff prior to the meeting. After the comprehensive visit in 2011, they contracted with Matthew Lee of PPL Inc to provide a Gap Analysis for the college and to work with them to improve their effectiveness in meeting the standards of accreditation. Mr. Lee prepared a very thorough and detailed report for the college which provided them with both a realistic assessment of where they are and a path forward.

In addition to the follow-up report, though not required by the Commission, the college prepared a brief, two-page progress update for the visiting team outlining areas of additional progress achieved in the month since the progress report was submitted.

In general, the team found that the college had prepared well for the visit by arranging for meetings with the individual and groups agreed upon earlier with the team chair. The team was provided with Sharepoint access to both the follow-up report and individual articles of evidence that allowed for fairly easy review prior to and during the meeting.

Over the course of the day, the team met with the chair of the board of Trustees, the college president, the interim executive vice president of instruction and student services, the vice presidents of administrative services and human resources, the co-chairs of the instructional and non-instructional program review committees, the executive dean of institutional effectiveness,

members of classified union leadership, and the leadership of both the Academic Senate and the faculty union.

The Follow-Up Report and visit were expected to document resolution of the following recommendations:

Recommendation 1: In order to meet the Standards, the College should revise its planning documents to reflect the current mission so that the mission is central to institutional planning and decision making. Furthermore, the College should adhere to its policy of annually reviewing its mission statement and update its Educational Master Plan using its current mission statement. (I.A.3, I.A.4).

Recommendation 2: As noted in recommendations 1 and 6 of the 2005 Accreditation Evaluation Report, and in recommendations from the reports of 1993 and 1999, and in order to meet the Standards and the Eligibility Requirements, the College should establish and maintain an ongoing, collegial, self-reflective dialogue about the continuous improvement of student learning and institutional processes. (I.B.1, E.R. 19) This process should include:

- Goals to improve effectiveness that are stated in measurable terms so that the degree to which they are achieved can be determined and widely discussed. (I.B.2)
- An evaluation of all programs throughout the College so that it assesses progress toward those goals and ensures that participation is broad-based throughout the College. (I.B.3, I.B.4)
- Documented assessment results for all courses, programs, and the institution. (I.B.5, II.A.1.a, II.B.4)
- Formal processes to evaluate the effectiveness of its ongoing planning and resource allocation processes. (I.B.6, I.B.7)
- Integration of planning with decision-making and budgeting processes to ensure that decisions to allocate staff, equipment, resources, and facilities throughout the College are based on identified strategic priorities and to ensure a continuous cycle of evaluation and improvement based upon data. (I.B.2, I.B.3, I.B.6, III.C.2, IV.B.2.b)
- An integration of the total cost of facilities ownership in both the short and long term planning processes. (III.B.1.c)
- An assessment of physical resource planning with the involvement of the campus community. (III.B.1.a, III.B.2.a, III.B.2.b)
- A systematic assessment of the effective use of financial resources, with particular regard to meeting the needs of Library materials and technological resources, and the use of the results of this assessment as the basis for improvement. (II.C.1, II.C.2, III.D.3)

With regard to Recommendation 2 above, the 2008 Follow-Up visiting team did note that Victor Valley College had established a program review and planning process, but the current visiting team could find little evidence that more than a few programs have actually completed a cycle of assessment and improvement.

Recommendation 4: As noted in recommendation 6 of the 2005 Accreditation Evaluation Report, and in order to meet the Standards, the College should cultivate a campus environment of empowerment, innovation, and institutional excellence by creating a culture of respect, civility, dialogue and trust. (I.B.1, I.B.4, II.A.2.a, II.A.2.b, II.C.1.a, III.A, III.A.1.d, III.A.4.c, IV.A.1, IV.A.2, IV.A.3, IV.A.5, IV.B.2.b [emphasis on "collegial process"])

Recommendation 5: In order to meet the Standards, the College should examine and provide evidence that appropriate leadership ensures the accessibility, quality and eligibility of online and hybrid courses and programs, and that such programs demonstrate that all services, regardless of location or means of delivery, support student learning and enhance achievement of the mission of the institution. (II.A, II.B, IV.A.1)

Recommendation 6: In order to meet the Standards, the College should develop long-term fiscal plans that support student learning programs and services that will not rely on using unrestricted reserves to cover deficits. Additionally, the College should provide timely, accurate and comprehensive financial data and budget projections for review and discussion throughout the institution. (III.D, III.D.1.a, III.D.1.c, III.D.2.b, III.D.2.c, E.R. 17)

Recommendation 7: In order to meet the standards, the team recommends that the College build and maintain a system for effective, stable and sustainable leadership, to include:
- Creating a process for succession planning in order to avoid gaps in leadership.
- Assisting all employees and students to grow professionally by developing their leadership skills and encouraging their participation in governance groups.
- Addressing leadership needs in the key campus areas of student services and distance learning. (IV.A, IV.A.1, IV.A.2, IV.A.2.a, IV.A.2.b, IV.A.3, IV.A.5, IV.B.1, IV.B.1.j, IV.B.2, IV.B.2.a)

Recommendation 8: In order to meet the Standards, members of the Board of Trustees must limit their role in governing the College to those responsibilities established in Board Policy, including delegating power and authority to the Superintendent/President to lead the district and to make administrative decisions regarding the effective implementation of Board Policies without Board interference. Trustees must avoid micromanaging institutional operations including their participation in campus committees and governance groups. Additionally, the Board must establish and follow a specific, regular time interval for evaluating its performance. (IV.B, IV.B.1, IV.B.1.a-e, IV.B.1.g, IV.B.1.j, IV.B.2, IV.B.2.a-e)

Commission Recommendation 1: In order to meet Standards, the Commission recommends that the Board of Trustees amend its ethics policy (Board Policy 2715) to include a clearly defined policy for dealing with behavior that violates the policy. (IV.B.1.h)

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College Responses to the Team Recommendations:

Recommendation 1: In order to meet the Standards, the College should revise its planning documents to reflect the current mission so that the mission is central to institutional planning and decision making. Furthermore, the College should adhere to its policy of annually reviewing its mission statement and update its Educational Master Plan using its current mission statement. (I.A.3, I.A.4).

Findings and Evidence: The College provided the team with a number of current and draft planning documents in the areas of matriculation, student equity, library and information technology, equal opportunity, and the educational master plan. Most of these planning documents do include the revised and current mission statement. We note however, that one document—the library five-year technology plan—does not include the college mission statement, though it does include its own area-specific one. In addition, some of these documents include a partial version of the statement and the documents differ in the way the mission statement is presented. In some, the values are listed first, in others the mission, in at least one, the values are left out. The Educational Master Plan is currently undergoing revision (adoption expected in September 2012). The draft version of the document includes the new and current mission statement. The Board of Trustees recently approved a change to the Facilities Master Plan, adding the current mission statement to that document.

It does appear that the college has established both the policy and practice of reviewing its mission statement annually.

Conclusion: The College has mostly addressed this recommendation and assuming it follows through with completion of its draft Educational Master Plan, this recommendation is likely to have been fully addressed by fall 2012. The team notes however the minor inconsistencies in planning documents. The college would further improve effectiveness if it addresses this inconsistency.

Recommendation 2: As noted in recommendations 1 and 6 of the 2005 Accreditation Evaluation Report, and in recommendations from the reports of 1993 and 1999, and in order to meet the Standards and the Eligibility Requirements, the College should establish and maintain an ongoing, collegial, self-reflective dialogue about the continuous improvement of student learning and institutional processes. (I.B.1, E.R. 19) This process should include:
- Goals to improve effectiveness that are stated in measurable terms so that the degree to which they are achieved can be determined and widely discussed. (I.B.2)
- An evaluation of all programs throughout the College so that it assesses progress toward those goals and ensures that participation is broad-based throughout the College. (I.B.3, I.B.4)
- Documented assessment results for all courses, programs, and the institution.

(I.B.5, II.A.1.a, II.B.4)
- Formal processes to evaluate the effectiveness of its ongoing planning and resource allocation processes. (I.B.6, I.B.7)
- Integration of planning with decision-making and budgeting processes to ensure that decisions to allocate staff, equipment, resources, and facilities throughout the College are based on identified strategic priorities and to ensure a continuous cycle of evaluation and improvement based upon data. (I.B.2, I.B.3, I.B.6, III.C.2, IV.B.2.b)
- An integration of the total cost of facilities ownership in both the short and long term planning processes. (III.B.1.c)
- An assessment of physical resource planning with the involvement of the campus community. (III.B.1.a, III.B.2.a, III.B.2.b)
- A systematic assessment of the effective use of financial resources, with particular regard to meeting the needs of Library materials and technological resources, and the use of the results of this assessment as the basis for improvement. (II.C.1, II.C.2, III.D.3)

With regard to Recommendation 2 above, the 2008 Follow-Up visiting team did note that Victor Valley College had established a program review and planning process, but the current visiting team could find little evidence that more than a few programs have actually completed a cycle of assessment and improvement.

Findings and Evidence: The College has done a great deal of work in this area, but given the size and scope of the recommendation, there remains much to be done.

The College has initiated a crucial discussion regarding the definition of a program for the purposes of program review. In December 2011, the Academic Senate adopted a definition of instructional and non-instructional programs based in part on state Senate definitions. In practice, they are also using past practice of which areas had completed or been asked to complete program reviews.

The team views this as a positive step, though the definitions adopted are problematic. They remain vague for both instructional and non-instructional programs. It is unclear in some cases whether program reviews will be completed by a department, an individual discipline, or an area that awards a degree or certificate. In some areas, multiple, overlapping program reviews may be completed that could potentially conflict.

The College has however, compiled an actual list of programs based on the adopted definition and lists of programs that have undergone or been asked to undergo program review in the past, so despite the above-stated flaws, this is a good start. As they refine the definition of a program, this list will likely be reviewed and updated.

The College has also adopted a cycle for program review that should provide some clarity to the process. This is a positive step, though the team has some concern regarding the length of the cycle. A complete program review will be completed only once every six years and annual

updates will have a more limited scope. Additionally, programs that have an external program review required are essentially allowed to 'opt out' of most of the college process. It is understandable that they do not wish to burden staff with double work, but given that external requirements may differ substantially from those of the college, this exemption is somewhat problematic.

The College is in the process of creating a revised program review handbook that will outline the process for both instructional and non-instructional programs. This draft handbook could clarify the process and there seems to be increased buy-in from the college community in the new method. Though the team was told the draft would be adopted soon, it appears to need substantial work and has several missing sections. The length of the cycle, the exemptions provided, and the lack of review of data on a regular basis remain concerns for the visiting team. In some ways, though this draft handbook may lead to increased involvement in program review, it represents a step backward in terms of the process itself.

Learning outcomes assessment is in a state of flux. Both the existing and new program review processes seem to require it, but actual documentation of assessment is spotty. A review of several of the most recent program review documents indicates that most contain only vague statements about outcomes assessment. Concrete data on assessment it seems is currently kept by individual faculty members. The college's recent adoption of TracDat should help institutionalize these processes and will likely reveal to the college where gaps remain.

It does appear that the total cost of ownership is now being considered in planning facilities and other college functions. Physical resource planning is improving. Linking planning to budgeting remains a problem. A number of programs had missing or incomplete program reviews during the most recent cycle, but requests for funding still go forward. Whether those requests are funded seems to be at the discretion of college management.

The revised program review process is expected to eliminate this problem because program reviews will be evaluated and sent back for revision if not complete. However, this revised process has not yet been implemented and it remains unclear what criteria will be used to evaluate program reviews. There were some indications that a rubric may be developed, but one does not seem to be in place as yet.

Ultimately, in order to meet the standards, the college must do more than create good processes. It should be noted that the visiting team from 2011 found that the program review process in place at the time was mostly a good one, but that it had largely not been implemented. To date, that remains the case. A review of program reviews completed during the 2011-12 planning cycle indicates that there are 26 completed instructional program reviews and 17 completed non-instructional ones. Though the current process was expected to be annual, this is but a fraction of the programs listed as needing review. (A quick review of their program listing document indicates that they have more than 70 programs that should be completing program reviews). Many of those that did complete documents were missing information in some sections, most notably assessment. Thus, the problem seems to be less in the process of program review, but with actual compliance and completion of those processes. This, the institution has not yet sufficiently addressed.

Conclusion: The College has done an enormous amount of work in designing and refining program review and planning processes both between the 2005 visit and 2011 and in the past year since the 2011 visiting team made this recommendation. At this point, they must move from planning to full implementation. The definition of programs is a good and important step, though it needs refining. The cycle proposed has some flaws but if implemented as currently planned could result in an increase in compliance simply because it is more clear which areas must undergo review. However, that process involves a long, six-year cycle, meaning the first complete program reviews will not be completed until spring of 2014 and the entire list of programs will not have undergone a complete review until spring 2018.

Overall, the visiting team is impressed with the amount of work done on this recommendation, but note that changes must take place before the recommendation can be considered resolved. While the revised process and cycle is an improvement in terms of clarity, if implemented, it will take several years before there is clear evidence that it is working.

Recommendation 4: As noted in recommendation 6 of the 2005 Accreditation Evaluation Report, and in order to meet the Standards, the College should cultivate a campus environment of empowerment, innovation, and institutional excellence by creating a culture of respect, civility, dialogue and trust. (I.B.1, I.B.4, II.A.2.a, II.A.2.b, II.C.1.a, III.A, III.A.1.d, III.A.4.c, IV.A.1, IV.A.2, IV.A.3, IV.A.5, IV.B.2.b [emphasis on "collegial process"])

Findings and Evidence: The College has made some clear, definitive strides regarding this recommendation. Most notably, there seem to be concrete improvements in communication processes and clearer guidelines on processes and procedures. Some of this may be due to stabilizing leadership; some due to committee and governance process changes.

In addition to the 2010 climate survey, a second survey was conducted in 2011. Some questions were new, while many were similar to the previous survey. The 2011 survey showed clear improvement in several areas and it is notable that specific activities were stated to have had a positive effect on the college climate over the past several months.

That said, while improvement was visible, there remain areas of concern. Fifty-seven percent of 2011 survey respondents disagreed or strongly disagreed with the statement that "VVC's campus climate is characterized by a high level of trust and civility." This is actually a substantial improvement from 2010, when 77% gave similar responses. But, 57% is still a majority of the college community that views the climate as generally negative. We agree with the conclusion drawn by the Office of Institutional Effectiveness that "trust, not civility is the problem."

A part of the issue seems to be that a small minority of people are heavily involved in campus governance, while a large number is disconnected. A majority (52%) of respondents in the 2011 climate survey indicate that they had not attended any shared governance meetings during the

previous six months. Leadership at all levels indicate that this is changing, that some of those most heavily involved will soon be taking a step back and employees who had not previously been involved are becoming so. If so, that would be a crucial and important next step. The signs are positive on improving campus climate, but expanding the circle of governance participants would take the college to the next step.

The College plans to continue distributing the climate survey annually for the time being. The survey is useful, though there will likely come a time when doing it every year will be redundant. They may wish to consider reducing the size of the survey (both the 2010 and 2011 versions are estimated to take about 45 minutes to complete) in order to increase response rates.

Conclusion: The College has partially met this recommendation and is on the right track to continued improvement. With ongoing stable leadership, continued refinement of procedures, and expanded participation, we expect the atmosphere on campus to be more positive in the future. Given the high degree of climate problems going back a number of years and the recent instability in leadership, these problems will not be solved overnight. We agree with the comment of one respondent to the 2011 climate survey "Trust takes more time. Consistency is key. I do see improvement however."

Recommendation 5: In order to meet the Standards, the College should examine and provide evidence that appropriate leadership ensures the accessibility, quality and eligibility of online and hybrid courses and programs, and that such programs demonstrate that all services, regardless of location or means of delivery, support student learning and enhance achievement of the mission of the institution. (II.A, II.B, IV.A.1)

Findings and Evidence: The College did address the recommendation by creating a Distance Education Advisory Task Force (DEATF). The DEATF developed a Distance Education Plan, which assigns a faculty member with 20 % reassigned time to fill the position of Distance Education Facilitator and defines the duties of the Distance Education Coordinator which is currently held by the Interim Dean of STEM. The remaining details of the plan will take effect in the fall 2012 semester.

At the time of the current visit, the Follow-up Team was informed that the college did file a Substantive Change Application in April 2004 to offer Distance/Electronic Delivery of Courses, but the ACCJC commission deferred action pending receipt of additional information and clarification on several issues; the college needed to identify the specific programs which are offered over 50% online and to provide more information on the outcomes of online coursework. The college follow-up report indicated they were "unable to find in the files any response to that proposal".

The college Interim Vice president of Instruction did email the commission on January 31, 2012 to request special permission to respond to the April 2004 submission, but because the College is on ACCJC sanction the college is unable to submit additional information to their 2004 Substantive Change Application.

The Distance Education Plan was presented to College Council on March 7, 2012 for endorsement and was recommended for approval. The Academic Senate is scheduled to review and approve the Plan at their next meeting in May 2012.

The Academic Senate defined instructional programs, but the college still needs to identify the specific programs which are offered over 50% online.

Conclusion: The college has done extensive work in creating a Distance Education Plan, but the plan still needs to be approved by the Academic Senate and the college needs to ensure it is fully implemented in the 2012-2013 fiscal year. The college will need to submit a Substantive Change Application to offer Distance/Electronic Delivery of Courses to ACCJC as soon as possible and programs need to be identified which are offered over 50% online.

The team concludes that this recommendation has been partially addressed.

Recommendation 6: In order to meet the Standards, the College should develop long-term fiscal plans that support student learning programs and services that will not rely on using unrestricted reserves to cover deficits. Additionally, the College should provide timely, accurate and comprehensive financial data and budget projections for review and discussion throughout the institution. (III.D, III.D.1.a, III.D.1.c, III.D.2.b, III.D.2.c, E.R. 17)

Findings and Evidence: The College developed a five year budget plan to address the structural deficit that does not rely on using the principal of the Guaranteed Investment Contract. The Guaranteed Investment Contract is currently accounted for in the Debt Service Fund and amounts to $23 million dollars. The visiting team from March 2011 observed conflicting impressions while attending a Finance, Budget and Planning Committee meeting between committee members and two Board members present as to the use of the funds. The two Board members present indicated the funds were to be used for "brick and mortar" projects and not for unrestricted fund deficits.

The Vice President of Administrative Services presented documentation at a Board of Trustee's Budget Workshop on September 13, 2011 and clarified with a legal opinion from Deputy County Counsel, County of San Bernardino, that Guarantee Investment Contract "can be used for general fund purposes". The Board of Trustees approved earnings from the Guaranteed Investment Contract to help close the expected five year deficit.

The five year budget plan presented in September 2011 did not include the additional mid-year cuts experienced by California Community Colleges. The additional mid-year cut for Victor Valley College amounted to $2,158,000. This additional cut projected in the current year and future years will amount to a structural deficit in the unrestricted fund of approximately $5 million dollars each year and could increase if the State wide tax proposition is not approved in November 2012.

The college did post the revised five year budget projection (with the mid-year cuts) on the college's website, but there does not appear a sense of urgency or discussion throughout the

institution to address solutions to the structural deficit. The college is presenting the budget projections and information to the Board of Trustees at their scheduled meeting in May 2012.

Conclusion: The College presented a five-year budget plan, before mid-year cuts, to eliminate structural deficits which included new revenue, reductions of adjunct salaries for summer, shifting technology expenses to redevelopment funds and using interest earned from the Guaranteed Investment Contract. The college will need to develop a new plan to address the recent cuts to its funding.

The college is presenting the newest budget projections to the Board of Trustees, in May 2012, for discussion. Unless cuts or new revenues are identified the unrestricted fund will experience serious structural deficits in future years. The college needs to continue budget discussions throughout the campus community and ensure the campus is aware of the long-term deficit projections.

The team concludes that this recommendation has been partially addressed.

Recommendation 7: In order to meet the standards, the team recommends that the College build and maintain a system for effective, stable and sustainable leadership, to include:
- Creating a process for succession planning in order to avoid gaps in leadership.
- Assisting all employees and students to grow professionally by developing their leadership skills and encouraging their participation in governance groups.
- Addressing leadership needs in the key campus areas of student services and distance learning. (IV.A, IV.A.1, IV.A.2, IV.A.2.a, IV.A.2.b, IV.A.3, IV.A.5, IV.B.1, IV.B.1.j, IV.B.2, IV.B.2.a)

Findings and Evidence:

Creating a process for succession planning in order to avoid gaps in leadership:

The College awarded three scholarships for staff to participate in the ACCCA 101 Management Leadership program and encourages management to use the "upward mobility" provisions in the management handbook. The college budgets $10,000 annually for management staff development (upward mobility). The college has contracted with PPL Consultants to hold a training session on succession planning on May 7, 2012.

Since the prior visit the college hired several employees from within to fill critical leadership positions within the college.

Assisting all employees and students to grow professionally by developing their leadership skills and encouraging their participation in governance groups:

The college also offers classified staff funding of $10,000 a year for upward mobility and has brought a consultant on campus to present three workshops on effective committee participation and leadership. The College Council has evaluated and revised its charge to emphasize its crucial

role in improving governance structures and processes on campus. College Council also asked each governance committee of the college to review its charge and to develop methods to encourage participation of college staff.

Addressing leadership needs in the key campus areas of student services and distance learning:

The College has hired a permanent Dean of Student Services and created the positions of Distance Education Facilitator and Distance Education Coordinator. The college is in the process of approving a Distance Education Plan and establishing a Distance Education Committee.

Conclusion: The College has worked hard to address the recommendation by bringing outside resources on campus, encouraging staff to participate in staff development trainings and by working on succession planning. The key leadership roles of the college are filled and the college is in the process of recruiting for two interim positions currently in the institution.

The team concludes the recommendation has been met.

Recommendation 8: In order to meet the Standards, members of the Board of Trustees must limit their role in governing the College to those responsibilities established in Board Policy, including delegating power and authority to the Superintendent/President to lead the district and to make administrative decisions regarding the effective implementation of Board Policies without Board interference. Trustees must avoid micromanaging institutional operations including their participation in campus committees and governance groups. Additionally, the Board must establish and follow a specific, regular time interval for evaluating its performance. (IV.B, IV.B.1, IV.B.1.a-e, IV.B.1.g, IV.B.1.j, IV.B.2, IV.B.2.a-e)

Findings and Evidence: The Board of Trustees held a workshop in May 2011 with a consultant on the subject of Board roles and responsibilities. The group reviewed Board Policy 2715 which clearly defines the role of Board Members and the Superintendent/President. The role of the Board is defined as "shall confine Board action to policy determination, planning, overall approval and evaluation, maintenance of the fiscal stability of the District, hiring of competent personnel and other duties and responsibilities prescribed by law." The role of the Superintendent/President is to act as the Board Executive Officer.

The results of the workshop developed a consensus that only the Board as a whole may direct the Superintendent/President, trustees forward requests for action to the Board President, who refers it to the Superintendent/President and that Board Member no longer serve on College committees. Board Members also identified numerous specific Board Tasks for 2011-12 and completed Board self-evaluation forms that will be compiled and discussed at their June 12, 2012 regularly scheduled meeting.

The Board President and the newest Trustee of the Board did attend the CCLC Effective Trusteeship workshop on January 27-29, 2012 and the Board President indicated he was attending the next CCLC workshop.

During the visit the team confirmed with the Board President, management, faculty and classified staff that Board members do not participate in college committees.

Conclusion: The college and Board of Trustees have worked hard clarifying their roles and responsibilities. The Board of Trustees implemented an annual schedule for evaluating its performance and in June 2012 will complete the first cycle of the evaluation process.

The team concludes that this recommendation has been partially addressed and should be fully met in June 2012.

Commission Recommendation 1: In order to meet Standards, the Commission recommends that the Board of Trustees amend its ethics policy (Board Policy 2715) to include a clearly defined policy for dealing with behavior that violates the policy. (IV.B.1.h)

Findings and Evidence: The Board of Trustees amended Board Policy 2715, Code of Ethics/Standard of Practice to include language on the consequences of behavior that violates the policy.

Conclusion: The adoption of the revised Board Policy 2715 fully resolved Commission Recommendation 1: Board Ethics Policy.

The team concludes that this recommendation has been fully addressed.

Recommendation 3: Student Learning Outcomes: As noted in recommendation 2 of the 2005 Accreditation Evaluation Report, and in order to meet the Standards and the Eligibility Requirements, the College should complete the development of student learning outcomes for all programs and ensure that student learning outcomes found on course syllabi are the same as the student learning outcomes found on the approved course outlines of record. The institution must accelerate its efforts to assess all student learning outcomes for every course, instructional and student support program, and incorporate analysis of student learning outcomes into course and program improvements. This effort must be accomplished by Fall 2012 as a result of broad-based dialogue with administrative, institutional and research support. Student learning outcomes need to become an integral part of the program review process, including incorporating detailed documented analysis from SLO assessments and data based research. Additionally, faculty and others directly responsible for student progress toward achieving stated learning outcomes should have, as a component of their evaluation, effectiveness in producing those learning outcomes. (I.B.1-7, II.A.1.c, II.A.2.ab, II.A.2.e-f, II.B.4, II.C.2, III.A.1.c, Eligibility Requirement 10)

Findings and Evidence: Although not required by the Commission at this time, the College did provide a brief update on their progress regarding Recommendation 3 on Student Learning Outcomes. Because it was not the focus of this follow-up visit, the visiting team did not spend as

much time on this recommendation, but did review the documentation provided and note the following.

The College has engaged substantial effort in training and dialogue on outcomes and assessment practices. There seems to be a better understanding of student learning outcomes and the various levels at which they must be assessed.

As noted above in recommendation 2, the evidence of current assessment practices, as documented in program review documents, is spotty. Of those completing program reviews, some ignore outcomes, some include no assessment information, and of those that discuss assessment, most include only vague statements that do not yet show a complete understanding of the process.

The team was told that a great deal of assessment is taking place, but there has not yet been a sufficient mechanism for storing and reviewing these assessments. They largely reside with the individual faculty members who conduct them, so it was difficult for the team to review progress (and was, as noted, not the focus of this particular visit).

The College has taken an important step in its recent adoption of TracDat, an assessment tracking software that can collect and report the results of course, program, general education, and institutional level outcomes assessments. With the implementation of this product, the college will be better able to determine the extent to which its courses, programs and the institution as a whole are serving its students and their learning needs.

Conclusion: It remains too early to determine with any certainty whether the Victor Valley College will have made sufficient progress by fall 2012 to have achieved proficiency status on the Commission's student learning outcomes rubric. There has been much progress since the visit in 2011, but it will take substantial effort and dialogue as well as a rapid and successful implementation of the TracDat software to make this effort work.