



Follow-Up Report

Submitted by:

Napa Valley College
2277 Napa-Vallejo Highway
Napa, CA 94558

Submitted to:

Accrediting Commission for Community and Junior Colleges,
Western Association of Schools and Colleges

March 2017



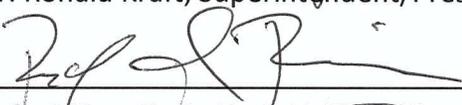
Certification of the Follow-Up Report

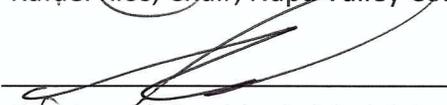
To: Accrediting Commission for Community and Junior Colleges,
Western Association of Schools and Colleges

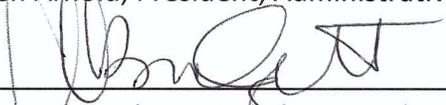
From: Dr. Ronald Kraft
Napa Valley College
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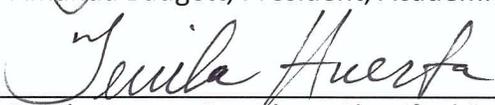
I certify there was broad participation/review by the campus community and believe this Report accurately reflects the nature and substance of this institution.

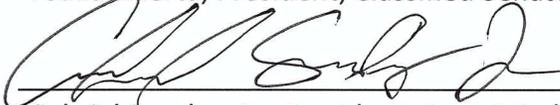
Signed:  3/1/17
Dr. Ronald Kraft, Superintendent/President, Napa Valley College Date

 3/9/17
Rafael Rios, Chair, Napa Valley College Board of Trustees Date

 3/1/17
Ken Arnold, President, Administrative Senate Date

 3/1/17
Amanda Badgett, President, Academic Senate Date

 3/7/17
Teuila Huerta, President, Classified Senate Date

 3/7/2017
Gabriel Sanchez Jr., President, Associated Students of Napa Valley College Date

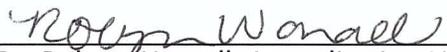
 3-6-17
Dr. Robyn Wornall, Accreditation Liaison Officer, Date
Dean of Research, Planning, and Institutional Effectiveness

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Report Preparation

Initial planning and organization for the Follow-Up Report began in January 2016, in anticipation of the Action Letter received from the Accrediting Commission for Community and Junior Colleges (ACCJC) in February 2016 (Ev. A-01: ACCJC Action Letter 020516). In the initial planning stage, President's Cabinet and the Accreditation Liaison Officer (ALO) reflected on the information conveyed by the External Evaluation Team through both its Exit Report (presented at the conclusion of the comprehensive site visit in October 2015) and the draft Team Report shared with the College President (in November 2015) (Ev. A-02: External Evaluation Report).

In January - March 2016, Cabinet and the ALO drafted a "Next Steps" document, outlining the work to be done to ensure that Napa Valley College (NVC) addressed Recommendations 1, 5, and 9 prior to submission of the Follow-Up Report (in March 2017) (Ev. A-03: "Next Steps" Document 031616). The "Next Steps" document included the following information:

- The recommendations for resolving deficiencies to meet the Standards;
- The Standards and Eligibility Requirements associated with those recommendations;
- Excerpts from the External Evaluation Report, describing the areas of concern associated with the cite Standards;
- Goals associated with the three priority recommendations;
- The lead as well as committees with responsibilities pertaining to the recommendations; and
- Actions to be taken to address the recommendations.

The "Next Steps" document was intended to be a working document or guide – to help direct actions toward addressing the three priority recommendations. The College President shared "Next Steps" document with the campus community via email in March 2016 (Ev. A-04: Email Communication from College President 031716).

To monitor NVC's progress toward addressing the recommendations, the Accreditation Steering Committee (ASC) was reconvened in April 2016, following endorsement by the Council of Presidents (at its meeting in February 2016) (Ev. A-05: Council of Presidents Meeting February 2016). The ASC membership reflected the structure of the committee that oversaw the development of the Self-Evaluation Report (SER) in 2014-2015, including the Council of Presidents (i.e., constituent group leaders) and President's Cabinet. An additional faculty representative (appointed by the Academic Senate) and the ALO were also included on the ASC (to reflect the representation of the Accreditation Co-Chairs in 2014-2015).

Accreditation Steering Committee (ASC) for Follow-Up Report:

Council of Presidents (Constituent Group Leaders) (5 Members):

- Ken Arnold, President, Administrative Senate

- Amanda Badgett, President, Academic Senate
- Christopher Farmer, President, Classified Senate (Spring 2016)
- Teuila Huerta, President, Classified Senate (Fall 2016 – Spring 2017)
- Dr. Ron Kraft, NVC Superintendent/President
- Gabriel Sanchez Jr., President, Associated Students of NVC (Fall 2016 – Spring 2017)
- Eleni Tham, President, Associated Students of NVC (Spring 2016)

President's Cabinet (4 Members):

- Charo Albarran, Executive Director, Human Resources
- Oscar De Haro, Assistant Superintendent/Vice President, Student Affairs
- Dr. Terry Giugni, Vice President, Instruction (Spring 2016)
- Robert Parker, Vice President, Administrative Services
- Erik Shearer, Interim Vice President, Instruction (Fall 2016 – Spring 2017)

Additional Members (2 Members):

- Christine Palella, Learning Outcomes Assessment Faculty Coordinator (November 2016 – March 2017)
- Maria Villagomez, 1st Vice President, Academic Senate (April – September 2016)
- Dr. Robyn Wornall, Accreditation Liaison Officer

The following Cabinet members were identified as leads for the three recommendations and worked with the ALO as the Follow-Up Report was drafted:

- Recommendation 1, Regarding Student Learning Outcomes Assessment:
Erik Shearer, Interim Vice President, Instruction
- Recommendation 5, Regarding Performance Evaluation:
Charo Albarran, Executive Director, Human Resources
- Recommendation 9, Regarding Financial Planning:
Robert Parker, Vice President, Administrative Services

The leads were charged with coordinating actions associated with the three recommendations, providing regular updates to the ASC, compiling evidence to support the Follow-Up Report, and submitting materials (monthly updates and supporting documentation/evidence) to the Office of Research, Planning & Institutional Effectiveness (RPIE). The information submitted by the leads was used by the ALO (the Dean of RPIE) to inform the development of the Follow-Up Report.

The ALO served as the primary writer and coordinator of the Follow-Up Report. In that capacity, the ALO consulted with the leads to collect information for the Follow-Up Report, coordinated ASC meetings, shared information about the accreditation follow-up process and

provided regular updates to the campus community, and arranged for drafts of the Follow-Up Report and associated evidence to be shared with the campus community.

The ASC met regularly during the academic year from April 2016 through March 2017 (Ev. A-06: Accreditation Steering Committee Agendas). At the monthly meetings held April through December 2016, the ASC received updates on activities and progress related to the three recommendations process (from the leads) as well as general information about the follow-up process (from the ALO).

The Board of Trustees was informed of progress related to the three recommendations, in the form of monthly/bi-monthly reports between April 2016 and March 2017 (Ev. A-07: Board of Trustees Agendas & Presentations). An “Accreditation Update” was a standing item on Board agendas – either as a separate information item or as part of the Superintendent/President’s Report. The ALO provided monthly updates at the following Board of Trustees meetings:

- April 14, 2016 (Pre-Board Meeting Workshop & Item 9.4)
- May 12, 2016 (Item 13.2)
- July 13, 2016 (Item 10.1)
- September 8, 2016 (Item 1.1, Pre-Board Meeting Workshop)
- October 13, 2016 (Item 10.2)
- November 10, 2016 (Item 10.4)
- December 8, 2016 (Item 10.2)
- January 12, 2017 (Item 11.2)
- February 9, 2017 (Item 11.5)
- March 9, 2017 (Item 13.2)

The campus community received regular updates about the follow-up process through:

- written summaries compiled and distributed to the campus community via email,
 - constituent group leaders, and
 - committee/other meetings (for select committees/groups with responsibilities associated with the three recommendations)
- (Ev. A-08: Accreditation Updates; Ev. A-09: Sample Committee Agendas).

The ASC served as the primary reviewing body for the draft of the Follow-Up Report and encouraged the campus community (e.g., constituent group members) to participate in the review process. In January and February 2017, ASC meetings were dedicated to review of the draft responses to Recommendations 1, 5, and 9 (Ev. A-06: Accreditation Steering Committee Agendas, agendas for January and February). The ASC reviewed the draft responses and offered suggestions for improvement. Following review by the ASC, the draft responses were posted on the NVC website for review by the larger campus community, including the governing board (Ev. A-10: Email Communications to Campus Community; Ev. A-11: Snapshots

of Drafts of Follow-Up Report on Website). As drafts of the Follow-Up Report were intended for internal review and planning purposes, the drafts were password protected, requiring NVC credentials to access. Hard copies of the Follow-Up Report draft were also made available for students, through the Associated Students of NVC Office. Signatures for the Certification Page were collected in early March, and the Board of Trustees approved the Follow-Up Report at its meeting on March 9, 2017.

All of the activities described in this section of the Follow-Up Report are described in NVC's accreditation timeline (Ev. A-12: Timeline for Accreditation Follow-Up Report).

Response to the Commission Action Letter

The ACCJC Action Letter, dated February 5, 2016, indicates that Napa Valley College (NVC) is required to submit a Follow-Up Report demonstrating that:

- Recommendations 1, 5, and 9 have been resolved; and
- NVC meets the Accreditation Standards and Eligibility Requirement cited within the three recommendations (Ev. A-01: ACCJC Action Letter 020516).

The three recommendations for NVC are presented below.

Recommendation 1

In order to meet the Standards, the team recommends that the College fully engage in a broad-based dialogue that leads to the identification of Student Learning Outcomes at the course, program, and degree levels, and that leads to regular assessment of student progress toward achievement of the outcomes. The team further recommends that, in order to meet the Standards, the College develop student learning outcomes and assessment that is ongoing, systematic, and used for continuous quality improvement, where student learning improvement in all disciplines is a visible priority in all practices and structures across the College. The team further recommends that training be provided for all personnel in the development and assessment of learning outcomes at the course, program, institution and service levels. (Standards I.B.2, II.A.3; ER 11)

Recommendation 5

In order to meet the Standards, the team recommends that performance evaluations are regularly and consistently conducted for all employee groups. The team further recommends that faculty, academic administrators, and others directly responsible for student learning have, as a component of their evaluation, consideration of how these employees use the results of learning outcomes assessment to improve teaching and learning. (Standards III.A.5, III.A.6)

Recommendation 9

In order to meet the Standards, the team recommends the College link institutional plans (i.e., Campus Master Plan, Educational Master Plan, 5-Year Facilities Plan, and other appropriate plans; e.g. staffing plan) with financial plans to ensure that financial plans are integrated with other institutional short- and long-range institutional plans. Further, the team recommends the College's planning reflects a realistic assessment of financial resource availability and expenditure requirements. (Standards III.B.3, III.D.2, III.D.4, III.D.11, III.D.12)

NVC's response to each recommendation is organized in four parts, described below.

- First, the recommendation and the Standards cited therein are presented.
- Primary Concerns: That section is followed by a summary of the External Evaluation Team's primary concerns, as conveyed within the sections describing the state of the College relative to the Standards cited within the recommendation. Page references to the External Evaluation Report (EER) are provided, and NVC's general interpretation of the recommendation – including the specific area(s) of focus – follows the summary (Ev. A-02: External Evaluation Report). This section concludes with a summary of the College's response to the recommendation, along with a general outline of the response.
- Resolution of Recommendation: Actions taken to address the recommendation are then described. These actions are structured around the component parts or discrete activities identified within the External Evaluation Team's recommendation, along with the cited Standards. NVC's actions are presented in the form of bulleted lists, with accompanying citations to evidence submitted in support of each claim. The response to each recommendation includes a section describing actions intended to ensure "Sustainability of Improvements."
- Meeting the Accreditation Standards: Each response concludes with a brief description of how NVC meets the Standards cited within the recommendation. To avoid redundancy, this section includes reference to actions described under the "Resolution of Recommendation." If any portion of the cited Standard was not directly addressed under the "Resolution of Recommendation" section, additional narrative and/or evidence is provided in support of the claim that NVC meets each Standard.

Response to Recommendation 1

Recommendation 1:

In order to meet the Standards, the team recommends that the College fully engage in a broad-based dialogue that leads to the identification of Student Learning Outcomes at the course, program, and degree levels, and that leads to regular assessment of student progress toward achievement of those outcomes. The team further recommends that, in order to meet the Standards, the College develop student learning outcomes and assessment that is ongoing, systematic, and used for continuous quality improvement, where student learning improvement in all disciplines is a visible priority in all practices and structures across the College. The team further recommends that training be provided for all personnel in the development and assessment of learning outcomes at the course, program, institution and service levels. (Standards I.B.2, II.A.3; ER 11)

I.B.2: The institution defines and assesses student learning outcomes for all instructional programs and student and learning support services.

II.A.3: The institution identifies and regularly assesses learning outcomes for course, programs, certificates and degrees using established institutional procedures. The institution has officially approved and current course outlines that include student learning outcomes. In every class section students receive a course syllabus that includes learning outcomes from the institution's officially approved course outline.

ER 11: The institution defines standards for student achievement and assesses its performance against those standards. The institution publishes for each program the program's expected student learning and any program-specific achievement outcomes. Through regular and systematic assessment, it demonstrates that students who complete programs, no matter where or how they are offered, achieve the identified outcomes and that the standards for student achievement are met.

Primary Concerns Regarding Recommendation 1

- Difficulty tracking College's progress regarding the development and assessment of student learning outcomes (unable to reconcile percentages/figures reported) (I.B.2: EER, 19)
- Lack of consistency in outcomes assessment across programs (reference to instructional programs and services, course outlines of record, and mapping of outcomes between course and program levels) (I.B.2 & ER 11: EER, 19-20)

- Lack of evidence of ongoing assessment and dialogue at program level for a number of programs (inconsistency across programs) (II.A.3: EER, 27)
- Consistency between outcomes listed on course syllabi and those stated on Course Outlines of Record (some syllabi lack outcomes) (II.A.3: EER, 27-28)
- Identification/Communication of expected outcomes associated with degree/certificate programs in Catalog (program-level outcomes missing for some programs) (II.A.3: EER, 28)

As the External Evaluation Team’s concerns and the Standards cited within Recommendation 1 pertain to instructional activities, NVC’s response to this recommendation focuses on outcomes assessment activities at the course, instructional program, degree/certificate program, and academic support service levels.

Summary of Response to Recommendation 1: Over the past 18 months, the College has implemented substantial changes in the development and assessment of Student Learning Outcomes (SLOs) and strengthened the integration of assessment results into decision-making processes. Approximately 100% of courses, programs, degrees and certificates, and academic support services have identified student learning outcomes. Approximately 90% of courses have documented evidence of ongoing assessment, and close to 100% of all programs, degrees and certificates, and academic supports have recorded outcomes assessment results. Qualitative improvements have accompanied these quantitative increases in outcomes assessment – as evidenced in recent action plans emerging from dialogue about outcomes assessment findings, subsequent follow-up assessment (following implementation of strategies to improve student learning), and summary reports that include reflection on qualitative aspects of assessment. Outcomes are communicated to students via syllabi, Course Outlines of Record (CORs), and the Catalog, as appropriate. Each instructional program has created a learning outcomes assessment cycle – to ensure that outcomes are assessed regularly and to sustain recent quantitative improvements. The results of learning outcomes assessment are routinely being used in planning, budgeting, curricular, and other operational decisions. A systematic process for reviewing the congruence between SLOs identified on syllabi and those recorded on CORs has been implemented, and results are being tracked every semester. The College has developed and provided ongoing trainings for faculty, staff, and administrators on student learning outcomes assessment and has committed resources to institutionalize these training opportunities.

The response to Recommendation 1 is structured around the following six topics:

- I. Identification of Learning Outcomes
- II. Assessment of Learning Outcomes
- III. Assessment Used for Continuous Quality Improvement
- IV. Learning Outcomes Stated on Syllabi
- V. Professional Development & Training

VI. Sustainability of Improvements

Resolution of Recommendation 1

I. Identification of Learning Outcomes

- Outcomes have been identified at the course, program, and degree/certificate levels for instructional programs and at the service level for academic support services. Table 1 reports the proportion of courses, instructional programs (as defined through Program Evaluation and Planning (PEP), NVC’s program review process), degree and certificate programs, and academic support services with outcomes identified. For each reporting level, at least 94% (of courses, programs, and services) have developed student learning outcomes. The final column of Table 1 identifies the packet of evidence containing the detailed information used to generate the figures in the table for the four respective reporting levels.

Table 1. Proportion of Courses, Instructional Programs, Degree/Certificate Programs, and Academic Support Services with Learning Outcomes Identified

Reporting Level	January 2017 (Follow-Up Report)	Associated Evidence
Course (N = 771)	633 (in TracDat) + 89 (in CurricUNET) = 94% Total	Ev. B-01: Identification of Outcomes among Courses
Adjusted 1 (N = 741)	Adjusted 1*: 97%	*Does not include Courses Numbered 199, 298, 398
Adjusted 2 (N = 771)	Adjusted 2**: 96%	**Treats “Course Objectives” for Courses Numbered 199, 298, 398 as Outcomes Statements
Program (as defined by PEP)	100%	Ev. B-02: Identification of Outcomes among Instructional Programs (PEP)
Degree & Certificate	97%	Ev. B-03: Identification of Outcomes among Degree & Certificate Programs
Academic Support Service	100%	Ev. B-04: Identification of Outcomes among Academic Support Services

- The first adjusted figure for outcomes identification at the course level in Table 1 (“Adjusted 1”) does not include courses numbered 199, 298, or 398. These courses are

“shells” for independent study (199) and selected topics (298, 398) courses for students/majors who would like to explore the discipline beyond regular course offerings. The outcomes for these courses are determined at the point of course delivery, based on the “Course Objectives” identified on the Course Outline of Record (COR). The second adjusted figure for outcomes identification at the course level in Table 1 (“Adjusted 2”) includes courses numbered 199, 298, and 398 in the denominator (N = 771, as in the original calculation). However, the numerator has been increased – to include courses with “Course Objectives” (per the COR) that are specific and functionally similar to student learning outcomes statements. The increase in the numerator is based on review of the CORs associated with these courses (Ev. B-05: Course Objectives Associated with Independent Study & Special Topics Courses). With these adjustments, at least 96% of courses, instructional programs, degree/certificate programs, and academic support services have defined outcomes.

- The evidence associated with Standard I.B.2 of the July 2015 Self-Evaluation Report (SER) included a report extracted from TracDat identifying:
 - Program-Level Outcomes (PLOs) among programs and services, including instructional programs and academic support services recorded in TracDat; and
 - Course-Level Outcomes (CLOs) among all courses recorded in TracDat, structured around instructional programs (Ev. B-06: SER Item I.B.2-16: SLOs by Program (PLOs, CLOs)).

However, the evidence did not include a comprehensive summary reporting the proportion of courses, programs, and services with outcomes identified. The packets of evidence cited within Table 1 address this issue and represent improvements in NVC’s reporting process. Recent Catalogs (2015-2016 and 2016-2017) were used to identify the “active” courses and degree/certificate programs included in the summary tables, and NVC’s planning structures (including organizational structure, planning units, and the program review process) were used to identify instructional programs and academic support services included in the summary tables. The summary tables included in the packets report the number of current (and unique) outcomes statements among all courses, instructional programs, and academic support services. The packets also include the source documentation (from TracDat, the Catalog, and CurricUNET) listing the actual outcomes statements for each reporting level.

- During the site visit, the External Evaluation Team identified two degree programs that did not include PLOs in the Catalog: Mathematics and Speech Communications (EER, 24). For the purposes of this Follow-Up Report, the concern regarding the Mathematics degree (AS-T) has been extended to apply to the Natural Science and Mathematics degree (AS) as well, and the “Speech Communications” reference has been updated to reflect the title of the degree (Communication Studies, AA-T). The PLOs for all three of these programs have been in place since at least 2008 (Ev. B-07: Identification of Outcomes for Speech- and Mathematics-Related Degrees). The PLOs for the

Communications Studies degree are the same as the PLOs associated with the Speech Communication PEP program, which have been in place (with minor revisions) since 2007. Mathematics completed PEP in 2005 and 2011 (with revisions to the PLOs between the two reviews). (See also, Ev. B-02: Identification of Outcomes among Instructional Programs (PEP) for evidence in TracDat; page 12 for Speech and 15 for Mathematics.) Outcomes for the Natural Science and Mathematics degree were included in the Curriculum Packet when the new degree was submitted for approval in spring 2008. The College will continue improving the Catalog development process to ensure that PLOs for all degree and certificate programs are identified in the Catalog. The 2017-2018 Catalog will include outcomes for these three degree programs (Ev. B-08: Draft Pages for 2017-2018 Catalog).

- As evidence in support of the Follow-Up Report was being compiled, the College recognized an area for improvement in communicating expected degree/certificate learning outcomes to students (through the Catalog) – particularly for disciplines that offer more than one degree or certificate program. To date, the general approach has been to list the PLOs for the discipline (one set of PLOs) and then list all of the degrees/certificates to which it applies. In the 2016-2017 Catalog, some areas (such as Arts & Humanities) include a heading of “degrees” to indicate that the stated outcomes apply to all degrees that are listed within the discipline. A more uniform approach – or/and incorporating additional language identifying the degrees and certificates to which each set of PLO statements applies – should provide more clarification for students. (See Catalog page references within Ev. B-03: Identification of Outcomes among Degree & Certificate Programs.)
- In Recommendation 2, the External Evaluation Team encouraged the College to develop and assess student learning outcomes for Community Education offerings (EER, 7). This recommendation was intended to improve quality and increase effectiveness and was not identified as an area of deficiency relative to the Accreditation Standards. Also, Recommendation 1 (addressed through this Follow-Up Report) does not include reference to Standard II.A.16, which is cited within Recommendation 2 pertaining to Community Education. For these two reasons, the status of student learning outcomes identification among this subset of courses is not included in this report. The College will continue work to address Recommendation 2.

II. Assessment of Learning Outcomes

- Student Learning Outcomes (SLOs) are assessed at the course, program, and academic support service levels. Table 2 describes the status of outcomes assessment at the four reporting levels associated with instructional programs and academic support services. The figures in Table 2 indicate the proportion of courses, programs, and services

“engaged in ongoing assessment,” based on evidence compiled at three junctures spanning the 2015 site visit through the 2017 Follow-Up Report. As reported in Table 2, 75% of courses, 94% of instructional programs (as defined through PEP), 100% of degree/certificate programs, and 100% of academic support services are engaged in the ongoing assessment of SLOs. [The packets of evidence cited in the final row of Table 2 provide more detailed information regarding the figures reported in the table.]

Table 2. Proportion of Courses, Instructional Programs, Degree/Certificate Programs, and Academic Support Services with Learning Outcomes Assessed

Reporting Level	September – October 2015 (Site Visit & Letter)	March 2016 (Annual Report)	February 2017 (Follow-Up Report)
Course	55% - 56% Adjusted: 69%	70%	75% Adjusted: 87%
Program (PEP)	70%	79%	94% Adjusted: 98%
Degree & Certificate	--	--	100% Average Proportion of Affiliated Courses Assessed: 90%
Academic Support Service	--	88%	100%
Evidence Associated with Table 2:			
<ul style="list-style-type: none"> ○ Ev. B-09: CLO & PLO Assessment Figures Reported at Time of Site Visit ○ Ev. B-10: Letter to ACCJC October 2015 ○ Ev. B-11: Annual Report to ACCJC March 2016 ○ Ev. B-12: Assessment of Outcomes among Courses ○ Ev. B-13: Assessment of Outcomes among Instructional Programs (PEP) ○ Ev. B-14: Assessment of Outcomes among Degree & Certificate Programs ○ Ev. B-15: Assessment of Outcomes among Academic Support Services 			

Table 2 includes adjusted figures for the proportion of courses and instructional programs (defined by PEP) with outcomes assessment results recorded in TracDat. The figures are adjusted to reflect actual course offerings in recent years as well as recent refinements to the definition of “program” (Ev. B-16: Taxonomy of Programs Presented at Academic Senate Meeting January 2017). With these adjustments, Table 2 indicates that 87% of courses, 98%-100% of programs, and 100% of academic support services are engaged in outcomes assessment.

- Table 2 conveys the increase in outcomes assessment and reporting activities since the time of the site visit. The proportion of courses and programs with evidence of outcomes assessment recorded in TracDat increased by 20% and 24%, respectively, over the past 18 months (and by 18% and 28%, when the adjusted figures are compared). All

academic support services have outcomes assessment results recorded in TracDat. As described in more detail in the supporting documentation regarding CLO assessment, the opportunity for conducting outcomes assessment among 14.1% of courses has been limited by actual course offerings over the past several years (or by recent curriculum changes) (Ev. B-12: Assessment of Outcomes among Courses). The adjusted figures reported in Table 2 for CLO assessment reflect the proportion of courses that have assessed outcomes, among courses that have been offered over the past six years. For program-level assessment (among PEP programs), the adjusted figure does not include two instructional “programs” that represent clusters of stand-alone courses, rather than a sequence of courses culminating in a degree or certificate (Ev. B-13: Assessment of Outcomes among Instructional Programs (PEP)). All degree and certificate programs have evidence of outcomes assessment results collected and recorded in TracDat at the course level, among at least a subset of courses associated with the degree/certificate program (as conveyed through the 2016-2017 Catalog). Among the College’s 101 degree and certificate programs, an average of 90% of courses associated with each degree or certificate have outcomes assessment results on file (Ev. B-14: Assessment of Outcomes among Degree & Certificate Programs).

- The February 2017 figures reported in Table 2 reflect the proportion of courses, programs, and services that have evidence of outcomes assessment collected and reported in TracDat *over the last six years (spring 2011 – early spring 2017)*. The application of this time frame reflects a recent refinement of practice. Beginning with the February 2017 snapshot, outcomes assessment reports will include results collected and recorded *within the most recent six-year period*. This refinement is intended to instill more consistency in outcomes assessment reporting, by applying a consistent definition of “ongoing assessment” across future reports. [Prior to February 2017, outcomes assessment reports included all results collected – including those dating back to 2009.] (If the six-year requirement is not applied to the data for February 2017, an additional 15 courses have outcomes assessment results recorded in TracDat – from 2009 or 2010. These 15 courses equate to approximately 2% of active courses for 2016-2017 (Ev. B-17: Outcomes Assessment Results 2009 & 2010).)
- The External Evaluation Report (EER) indicates that the team had difficulty reconciling the figures provided to track progress regarding student learning outcomes assessment (EER, 19). The updates provided during the site visit included annotation intended to describe recent changes impacting both the numerator and denominator in the calculations (Ev. B-09: CLO & PLO Assessment Figures Reported at Time of Site Visit). In the time since the site visit, the College has implemented improvements in reporting procedures to address this issue. Based on the process used for the 2016 Report to the ACCJC, NVC has formally documented the method used to calculate the proportion of active courses engaged in ongoing assessment for the purposes of the Annual Report (Ev. B-18: Process for Calculating Student Learning Outcomes Assessment Figures Cited

in ACCJC Annual Report). The documented approach is intended to instill consistency in the annual reporting process and help track progress more effectively.

III. Assessment Used for Continuous Quality Improvement

- Along with the quantitative increases in outcomes assessment described above, the College has made improvements in assessment practices – including development and implementation of regular assessment cycles, increasing the quality and substance of action plans emerging from outcomes assessment findings, documenting dialogue based on outcomes assessment results, and applying those results to improve student learning. This section describes changes made to ensure continuous quality improvement – in assessment practices as well as student learning.
- In spring 2016, the Academic Senate approved an Assessment Plan designed to align assessment practices with stated plans (Ev. B-19: 2016-17 Assessment Plan). The Assessment Plan outlines five activities to ensure that course- and program-level outcomes are assessed on a regular cycle. Those activities include training for Program Coordinators, implementing a schedule of regular communications regarding outcomes assessment (at key junctures throughout the semester), providing training for faculty and staff, exploring options to ensure regular opportunities for documentation of assessment activities and associated dialogue, and regular evaluation of practices to institutionalize effective practices and identify areas for improvement.
- In fall 2016, as part of the implementation of the 2016-17 Assessment Plan, all instructional programs developed regular assessment cycles (Ev. B-20: Assessment Cycles among Instructional Programs). The cycles include a summary of CLO and PLO assessment conducted in 2015 and 2016 as well as a projected timeline for assessing CLOs and PLOs each semester in subsequent/upcoming years. The length of the assessment cycle for each program is defined on the plans that were submitted in fall 2016.
- Two pieces of evidence provided in support of Standards I.B.2 and II.A.3 within the SER included four-column reports from TracDat listing (1) student learning outcomes, (2) the means of assessment and criteria for success, (3) the results of assessment, and (4) action/follow-up plans (Ev. B-21: SER Item I.B.2-21: Sample Four-Column Report from TracDat at Institutional Level; Ev. B-22: SER Item II.A.3-23: Summary of SLO Assessment). The report associated with Standard I.B.2 covered CLOs, and the report associated with Standard II.A.3 covered PLOs. These reports have been updated to reflect information stored in TracDat as of February 2017 (Ev. B-23: Updated Four-Column Report Course Level; Ev. B-24: Updated Four-Column Report Program Level). Table 3 summarizes the information contained in the four reports cited here, reporting the proportion of CLOs and PLOs with assessment results recorded and action plans defined in TracDat as of

July 2015 and February 2017 and tracking the increase between those two snapshot dates.

Table 3. Proportion of CLOs and PLOs with Assessment Results & Action Plans Defined

Outcomes	Proportion with Results Reported in TracDat			Proportion with Action Plan Defined in TracDat		
	July 2015	February 2017	Increase	July 2015	February 2017	Increase
Course Level (CLOs)	75% (N = 1,287)	99% (N = 1,278)	24%	18%	43% (incl. 15% with follow-up)	25%
Program Level (PLOs)	35% (N = 184)	100% (N = 124)	65%	14%	48%	34%

As of February 2017, 99% of CLOs and 100% of PLOs recorded in TracDat have outcomes assessment results on file (vs. proportions of 75% and 35%, respectively, in July 2015). Both the proportion of PLOs that have been assessed and the proportion of PLOs with action plans recorded in TracDat increased approximately three-fold between July 2015 and February 2017. For CLOs, the figures increased by approximately 25% – for both the proportion of CLOs assessed and the proportion with action plans resulting from outcomes assessment.

- The CLO and PLO four-column reports from TracDat that were generated in support of this Follow-Up Report show the improvements in the quality of outcomes assessment work that has been conducted over the past two years (Ev. B-23: Updated Four-Column Report Course Level; Ev. B-24: Updated Four-Column Report Program Level). The proportion of CLOs and PLOs with action plans, as reported in Table 3, reflects the proportion of outcomes with substantive, content-driven action plans (and does not include any entries resembling “no action plan required”). Not only did the proportion of CLOs with substantive action plans increase from 18% to 43% between July 2015 and February 2017, but 15% of CLOs now have subsequent results – following implementation of changes intended to improve student learning – recorded in TracDat (these results appear under “Follow-Up” in the final column of the report).
- Comparison of data and summaries stored in TracDat over the past six years also shows improvements in the quality of outcomes assessment reporting across the period – including the incorporation of qualitative results and additional reflection by faculty (Ev. B-25: Examples of Improvements in Practices: Incorporating Qualitative Results and Action Plans). Recent assessment summaries indicate that these improvements in reporting practices have yielded a richer dialogue about student learning, and those summaries suggest higher levels of engagement in outcomes assessment activities as

well as a commitment to continuous quality improvement – even when established criteria for success have been met.

- As suggested by the figures above, the College has entered the iterative phase of SLO assessment. The proportion of CLOs and PLOs that have been assessed in multiple academic years (between January 2011 and February 2017) is reported in Table 4 (Ev. B-26: CLOs Assessed in Multiple Academic Years; Ev. B-27: PLOs Assessed in Multiple Academic Years). Based on the “Assessment Result Date” recorded in TracDat, more than 33% of CLOs have been assessed across multiple academic years, and 27% of PLOs have been assessed in more than one academic year. [The figures in Table 4 do not capture all outcomes that have been assessed more than once, as they do not include outcomes that were assess multiple times within the same academic year.]

Table 4. Proportion of CLOs and PLOs Assessed in Multiple Academic Years

Outcomes: Number of Academic Years in Which Individual Outcomes Were Assessed	Number of Outcomes (CLOs = (1,278) (PLOs = 124)	Proportion of Outcomes	Cumulative Proportion of Outcomes
Course Level (CLOs):			
6	6	<1%	--
5	13	1%	1%
4	32	3%	4%
3	84	7%	11%
2	295	23%	34%
Program Level (PLOs):			
4	5	4%	4%
3	12	10%	14%
2	17	14%	27%

- The spring 2016 flex day included an opportunity for dialogue about student learning and outcomes assessment results among faculty, with the dialogue structured around academic departments (Ev. B-28: Spring 2016 Flex Day Agenda). Based on the dialogue that occurred during those meetings, faculty gave presentations at the end of the day – to share effective practices and highlights of outcomes assessment findings with the campus community.
- The PLO Assessment Results Template provides one mechanism for collecting evidence of dialogue among faculty affiliated with instructional programs. To complete the template, faculty provide 12 pieces of information – including the number of faculty that participated in the discussion of outcomes assessment results at the program level (Ev. B-29: PLO Assessment Results Template). Completed templates are used to generate summary paragraphs describing the assessment findings and the nature of the dialogue

among faculty regarding those results. A packet of sample summaries spanning all instructional divisions shows the number of faculty that have been engaged in recent discussions of PLO assessment results (Ev. B-30: Sample Summaries of PLO Assessment Results).

- Dialogue among faculty underlies all outcomes assessment results reported in TracDat (See Ev. B-12: Assessment of Outcomes among Courses; Ev. B-13: Assessment of Outcomes among Instructional Programs (PEP)). For example, some results in TracDat describe changes faculty discussed and implemented related to course content and curriculum (ARTS 220, RESP 211, Biology), in-class activities (Humanities), communicating expectations and strategies for student success (Counseling), and developing additional supports for students (English). Other summaries clearly indicate faculty reflection on assessment results (DANS 135, NURS 143, RESP 191). SLO Assessment is a regular agenda item for division meetings. In addition, the trainings in fall 2016 provided opportunities for faculty across disciplines to share outcomes assessment results as well as effective practices.
- As indicated in the evidence referenced above, the results of learning outcomes assessment are regularly applied to improve student learning. (In particular, see: Ev. B-23: Updated Four-Column Report Course Level; Ev. B-24: Updated Four-Column Report Program Level; Ev. B-25: Examples of Improvements in Practices: Incorporating Qualitative Results and Action Plans; and Ev. B-30: Sample Summaries of PLO Assessment Results). Not only have outcomes assessment results been used to identify areas for improvement in terms of course content and delivery of instruction (including expanding opportunities for students to develop their skills in class and through academic support offerings), but they have also been used to inform planning and resource allocation decisions and increase coordination across the institution. Learning outcomes assessment findings have been used to identify additional resources needed to support student learning inside and outside of the classroom, and those findings have been cited to justify the associated resource requests. Examples of resource-allocation decisions based on assessment results include: the designation of a space for a Speech Lab, updating technology to support visual literacy within the arts, securing a laptop cart to support information competency and source citation within English, and purchasing the LibGuides platform to provide information resources for students and to track student usage (Ev. B-31: Assessment Highlights). Faculty have also coordinated across disciplines to provide additional support for students and improve performance on specific assignments. For example, Biology faculty that include an oral presentation as a class assignment have arranged for Speech Communication faculty to provide a module on effective presentations. This module is provided during regular class time (in the Biology course) and provides an introduction to some basic techniques to improve performance among all students.

IV. Learning Outcomes Stated on Syllabi

- The College has developed a process for reviewing course syllabi each semester – to ensure consistency between the CLOs listed on syllabi (to communicate expectations to students) and those recorded on official Course Outlines of Record (CORs) (developed through established curriculum review practices). Division chairs and deans overseeing instructional programs are required to review the syllabus provided for every section of every course offered each semester within their respective divisions and describe the alignment between outcomes listed on the syllabus and those identified on the corresponding COR. A form has been developed for recording the alignment (Ev. B-32: Course Outline of Record to Syllabus Congruency Certification). This practice was established in fall 2016 and will continue each semester.
- Since implementation of the new process, alignment has improved markedly. Based on the completed Congruency Certification forms submitted for spring 2017, CLOs listed on 63% of syllabi were congruent with those identified on the associated COR (compared to 45% for fall 2016) (Ev. B-33: Congruence between SLOs Listed on Syllabi & SLOs Identified on Course Outlines of Record).
- As the congruency certification process includes review of syllabi for all sections of all courses offered each semester, the figures reported above reflect the results of a comprehensive review (or complete census) of syllabi over the past two semesters (not a sample or subset). In conducting the review of syllabi, division chairs and deans apply the highest standards. If there is *any* deviation between the CLOs listed on the syllabus and those identified on the COR, it is not counted as congruent – even if the difference is limited to one word.

V. Professional Development & Training

- A combination of internal and external professional development opportunities in outcomes assessment have been offered since fall 2015.
- In fall 2016, the Learning Outcomes Assessment Faculty Coordinators held a series of workshops on outcomes assessment (Ev. B-34: Assessment Training Opportunities Fall 2016). Seven of the eight workshops were tailored to specific audiences, including Program Coordinators, part-time faculty, non-credit instructors, division secretaries, and faculty and staff within academic support programs. The series also included a training on program-level assessment within degree and certificate programs and using outcomes assessment to inform annual planning and resource allocation requests.
- A total of 62 (unduplicated) faculty and staff members attended at least one of the trainings offered by the Learning Outcomes Assessment Faculty Coordinators in fall 2016 (Ev. B-34: Assessment Training Opportunities Fall 2016).

- The Learning Outcomes Assessment portion of the College website has been redesigned – to provide more specific/targeted resources for faculty (Ev. B-35: Learning Outcomes Assessment Website) (<http://www.napavalley.edu/AboutNVC/loac/Pages/Course-Student-Learning-Outcomes.aspx>). The website includes videos (of approximately 7 minutes or less) covering such topics as: rubric development; using templates to collect course-level assessment data; and entering results into TracDat. Blank templates associated with assessment activities are also available for faculty to download from the website – including templates for rubrics and reporting quantitative as well as qualitative results at the course level and developing action plans for improvement based on outcomes assessment results. Examples of completed templates and program-level assessment cycles are also posted on the website for reference.
- In March 2016, three administrators and one faculty member attended a workshop on “Taking Assessment to the Program Level,” sponsored by the ACCJC (Ev. B-36: ACCJC Workshop Announcement).
- In February 2017, one of the Learning Outcomes Assessment Faculty Coordinators attended the Accreditation Institute offered by the Academic Senate for California Community Colleges (Ev. B-37: Accreditation Institute Program).

VI. Sustainability of Improvements

- As described in this response to Recommendation 1, the College has implemented improvements to ensure that SLOs are assessed regularly and that the results are used for continuous improvement. This section describes additional actions to sustain these improvements, including commitment of resources and assigning responsibility and authority, refining definitions of “program” and “active” courses, regularly evaluating practices and assessment plans to ensure that they are implemented according to schedule, and expanding established assessment practices and recent successes to a revised mapping architecture, structured around degree/certificate programs and general education.
- In 2016-2017, the College committed additional resources to support outcomes assessment across instructional and academic support programs. Two Learning Outcomes Assessment Faculty Coordinators were appointed, with the combined reassigned time for the two positions exceeding allocations in recent years (and representing a 100% increase over the 2015-2016 allocation). SLO-related responsibilities were explicitly assigned to Program Coordinators through a revised job description (Ev. B-38: Job Description for Program Coordinator). The core duties indicate that Program Coordinators will “oversee SLO assessment; ensure regular discussions of assessment results and continuous quality improvement” and “orient and mentor faculty, including review of syllabi to ensure that they are consistent with the

course outlines of record.” The College will continue to evaluate the allocation of resources and designation of SLO-related responsibilities and will refine as necessary.

- The definition of “program” is being refined – to reflect the Title 5 definition (for California community colleges). This refinement will improve alignment between outcomes assessment, curricular, planning, and resource allocation processes (Ev. B-16: Taxonomy of Programs Presented at Academic Senate Meeting January 2017). A comprehensive review of the Program Evaluation and Planning (PEP) process is also underway, and the restructured program review process will explicitly incorporate degree and certificate programs (as outlined in the Taxonomy of Programs document).
- As described above, one of the challenges that has impeded efforts to reach the 90+% mark for outcomes assessment among courses (as defined by the Catalog) has been recent course offerings. Over the past six years, more than 100 “active” courses have not been offered or have not secured enough enrollments to continue beyond the first day of classes. The evidence compiled as part of this Follow-Up Report increased awareness of this issue. As a result, the Curriculum Committee is considering options to facilitate the archiving process, focusing on courses that have not been offered in recent years (Ev. B-39: Annual Review of Unscheduled Courses).
- The assessment cycles developed among instructional program faculty in fall 2016 will be reviewed at the beginning of each academic year – to ensure that course- and program-level outcomes are assessed according to the established cycles and to provide regular opportunities to update cycles to reflect curricular offerings (to ensure that new courses are integrated into the assessment cycle).
- The 2016-17 Assessment Plan includes a communications schedule and timeline for spring 2017 assessment activities (Ev. B-19: 2016-17 Assessment Plan; pages 11-12). Components of the 2016-17 Assessment Plan continue to be implemented according to the defined schedules.
- The Learning Outcomes Assessment Committee (LOAC) has distributed a survey to collect feedback regarding the 2016-17 Assessment Plan and the outcomes assessment practices that were implemented in fall 2016 (Ev. B-40: Outcomes Assessment Survey Spring 2017). The results of the survey will be used to identify additional areas for improvement, and assessment practices will continue to be refined accordingly.
- In spring 2016, the College requested a Partnership Resource Team (PRT) – through the Institutional Effectiveness Partnership Initiative (IEPI) sponsored by the California Community Colleges Chancellor’s Office – to help identify effective practices for strengthening and aligning planning and resource allocation processes. The request identified SLO assessment – and using the results of assessment to inform planning and resource allocation decisions – as an area of focus (Ev. B-41: IEPI Project). The Innovation and Effectiveness Plan that will emerge from the IEPI process will include an

implementation plan associated with SLO assessment (anticipated spring 2017). Options to improve and sustain SLO assessment through academic year 2017-2018 are being explored as part of that process, including the development of a Learning Outcomes Academy, offering an ongoing series of onsite workshops, and developing Assessment Days.

- The reflections of the IEPI PRT include recommendations for questions to consider as the Innovation and Effectiveness Plan is developed (Ev. B-41: IEPI Project). Those suggestions include evaluating the responsibility and authority of LOAC (Reflections from Visit 1); structuring outcomes assessment around programs as defined by degrees/certificates and general education (Reflections from Visit 2); simplifying data-entry and extraction (Reflections from Visit 1); and returning to the fundamentals of SLO assessment (Reflections from Visit 2).
- The transition to a new assessment architecture – focused on degrees, certificates, and general education – is currently underway. In fall 2016, LOAC created a crosswalk between Institutional Learning Outcomes and General Education Learning Outcomes (GELOs) to streamline assessment practices, eliminate redundancies, and strengthen the foundation for assessment within the general education pattern (Ev. B-42: Proposed General Education Learning Outcomes Areas). Templates to guide discussion of CLO results as they pertain to GELOs have been developed (Ev. B-43: General Education Template Sample for Area 1). The templates are structured to reflect existing templates for collecting and reporting CLO and PLO results, including quantitative and qualitative results and associated action plans (pages 2-3 of Sample for Area 1). The templates also reflect the upward assessment structure, as summaries of CLO assessment results pertaining to each GELO are reviewed to identify common strengths and areas for improvement across the general education curriculum (page 4 of Sample for Area 1). In addition, a template for communicating the relationship between instructional program outcomes (defined based on the PEP/program review structure) and degree/certificate outcomes has been developed (Ev. B-44: SLO Assessment for Degrees & Certificates Worksheet). The template was incorporated into the Program Learning Outcomes Workshop in December, and some programs have submitted completed forms (Ev. B-45: Sample Completed Degrees & Certificates Worksheets).
- CLO assessment results stored in TracDat can be used to inform dialogue among faculty associated with degree, certificate, and general education programs. It requires pulling existing CLO assessment data from TracDat and providing opportunities for dialogue about results among different groups of faculty participants – to identify common strengths and areas for improvement in student learning across different subsets of courses (defined by degree/certificate requirements and the general education pattern). Initial discussions about an Assessment Day for spring 2017 – to provide the opportunity

for this kind of dialogue – have been incorporated into the development of the IEPI Innovation and Effectiveness Plan.

- The College will continue to expand the effective outcomes assessment practices that have been developed in recent years, along with the recent improvements in planning, monitoring, and reporting practices that have been implemented in recent months, and apply those established practices to the new structure focused on degrees, certificates, and general education.

Meeting the Standards/Eligibility Requirement Cited within Recommendation 1

The institution defines and assesses student learning outcomes for all instructional programs and student and learning support services. (Standard I.B.2)

The College meets this Standard.

See descriptions and evidence cited above, particularly the sections addressing “Identification of Learning Outcomes” and “Assessment of Learning Outcomes.”

The institution identifies and regularly assesses learning outcomes for course, programs, certificates and degrees using established institutional procedures. The institution has officially approved and current course outlines that include student learning outcomes. In every class section students receive a course syllabus that includes learning outcomes from the institution’s officially approved course outline. (Standard II.A.3)

The College meets this Standard.

See descriptions and evidence cited above, particularly the sections addressing “Identification of Learning Outcomes,” “Assessment of Learning Outcomes,” “Assessment Used for Continuous Quality Improvement,” and “Learning Outcomes Stated on Syllabi.”

The institution defines standards for student achievement and assesses its performance against those standards. The institution publishes for each program the program’s expected student learning and any program-specific achievement outcomes. Through regular and systematic assessment, it demonstrates that students who complete programs, no matter where or how they are offered, achieve the identified outcomes and that the standards for student achievement are met. (Eligibility Requirement 11)

The College meets this Standard.

Student achievement standards at the institutional level and among program completers were addressed in the 2015 Self-Evaluation Report (SER) and are not the focus of Recommendation 1.

Expected student learning outcomes are published through the Catalog, as described in the narrative and evidence presented above, in the section on “Identification of Learning Outcomes.”

Response to Recommendation 5

Recommendation 5:

In order to meet the Standards, the team recommends that performance evaluations are regularly and consistently conducted for all employee groups. The team further recommends that faculty, academic administrators, and others directly responsible for student learning have, as a component of their evaluation, consideration of how these employees use the results of learning outcomes assessment to improve teaching and learning. (Standards III.A. 5, III.A.6)

III.A.5: The institution assures the effectiveness of its human resources by evaluating all personnel systematically and at stated intervals. The institution establishes written criteria for evaluating all personnel, including performance of assigned duties and participation in institutional responsibilities and other activities appropriate to their expertise. Evaluation processes seek to assess effectiveness of personnel and encourage improvement. Actions taken following evaluations are formal, timely, and documented.

III.A.6: The evaluation of faculty, academic administrators, and other personnel directly responsible for student learning includes, as a component of that evaluation, consideration of how these employees use the results of the assessment of learning outcomes to improve teaching and learning.

Primary Concerns Regarding Recommendation 5

- Timely completion of evaluations (administrative/confidential and classified staff; turnover in administrative staff a contributing factor) (III.A.5: EER, 39; General Observations for Standard III.A: EER, 38)
- Incorporating consideration of the use of outcomes assessment results into evaluation processes for administrative/confidential and classified staff (academic administrator evaluations not meeting requirements) (III.A.6: EER, 39; General Observations for Standard III.A; EER, 38)

As the External Evaluation Team's concerns regarding Standards III.A.5 and III.A.6 pertain primarily to the evaluation of administrative/confidential and classified staff, NVC's response to Recommendation 5 focuses on improvements in evaluation practices regarding those two employee groups.

Summary of Response to Recommendation 5: Over the past 18 months, the College has refined practices to address overdue evaluations among both administrative/confidential and classified employees. Ninety-three percent of the evaluations that were overdue at the time of the site visit have been addressed. Among evaluations due during the intervening evaluation cycles (in

the period since the site visit), all but one have been completed. Communication procedures have been updated to facilitate the timely completion of evaluations, and Human Resources has been working with administrators to address underlying causes of delays in evaluation processes. The use of learning outcomes assessment results has been incorporated into the evaluation process for select administrative/confidential and classified staff.

The response to Recommendation 5 is structured around the following three topics:

- I. Performance Evaluations Conducted Regularly & Consistently
- II. Evaluation to Include Use of Learning Outcomes Assessment Results
- III. Sustainability of Improvements

Resolution of Recommendation 5

I. Performance Evaluations Conducted Regularly & Consistently

- o At the time of the site visit, evaluations for 6 administrators/confidential staff and 41 classified staff (that were due by the end of 2015) were overdue or yet to be completed, “including 29 evaluations due in previous years” (among classified staff) (EER, 39). Based on NVC’s records, the figures have been updated to 7 administrative/confidential staff and 53 classified staff with overdue evaluations in 2015 or years prior (Ev. C-01: Update on Administrative Confidential Evaluations Overdue at Time of Site Visit; Ev. C-02 Update on Classified Evaluations Overdue at Time of Site Visit). The table below reports the status of evaluations for the 60 individuals that had overdue evaluations in 2015 among the two employee groups. The majority of overdue evaluations (93%) have been completed, with four remaining among the classified group.

Table 5. Status of Overdue Evaluations Identified for 2015 & Prior Cycles

Employee Group	Number of Evaluations Overdue in 2015 (Includes Prior Years)	Number of Evaluations Remaining (February 2017)
Administrative/Confidential	7	0 (0%)
Classified	53	4 (8%)
Total	60	4 (7%)

- o While addressing the evaluations that were overdue at the time of the site visit, the College has completed evaluations due during the intervening period in a more timely manner (for both the 2015 and 2016 cycles). All of the evaluations for both administrative/confidential and classified staff that were due in 2015 have been completed (Ev. C-03: Summary of Administrative Confidential Evaluations Due in 2015; Ev. C-04: Summary of Classified Evaluations Due in 2015). For the 2016 cycle, all except one of the 82 evaluations due in 2016 have been completed (Ev. C-05: Summary of

Administrative Confidential Evaluations Due in 2016; Ev. C-06: Classified Evaluations Due in 2016). As conveyed in Table 6, these figures translate to a total overdue rate (for both groups) of 1% for 2016.

Table 6. Rates of Overdue Evaluations for 2016 Cycle

Employee Group	Total Evaluations Due in 2016 Cycle	Number (%) Overdue, February 2017
Administrative/Confidential	12	1 (8%)
Classified	70	0 (0%)
TOTAL	82	1 (1%)

- Evaluations were completed in a more timely manner through a combination of:
 - Regular communications to managers who had not completed evaluations of personnel within their respective areas (Ev. C-07: Sample Communications Regarding Overdue Evaluations) (Ev. C-08: Sample President’s Staff Agendas) (Ev. C-09: Video from President’s Staff Meeting November 2016); and
 - Human Resources working with individual managers (per their request) to provide support to help complete the evaluation process.

The latter included Human Resources working with new administrative staff to develop options/strategies for completing evaluations within a short time frame (particularly for overdue evaluations that were inherited by new administrative staff).

II. Evaluation to Include Use of Learning Outcomes Assessment Results

- The Classified Association has developed a Tentative Agreement with the District incorporating the use of learning outcomes assessment results into the evaluation of select classified staff (by virtue of role/position). As part of this agreement, the evaluation form for classified employees has been updated to include a section on learning outcomes (Ev. C-10: Classified Employee Performance Assessment & Development Plan, Page 3).
- The Administrative Senate (Administrative/Confidential group) has developed a process for incorporating consideration of outcomes assessment results into the evaluation of academic administrators (Ev. C-11: Evaluation of Academic Administrators to Address Accreditation Standard III.A.6). A Statement of Understanding (SOU) regarding the adjustment to the evaluation process was signed in February 2017 (Ev. C-12: Statement of Understanding Administrative Confidential).

III. Sustainability of Improvements

- In fall 2016, Human Resources began providing earlier notification to managers regarding upcoming evaluation of classified and administrative/confidential staff assigned to them. Managers with staff to be evaluated in 2016-2017 received notification in August (Ev. C-13: Notification to Managers Not Overdue). The communication to each manager included a table listing each employee to be evaluated in the 2016-2017 academic year and the due date for the evaluation. The prior practice was to provide three months' notice. This new practice will continue each academic year, so that individual managers can plan accordingly, to complete evaluations on time (Ev. C-14: Communication from Human Resources February 2017).
- As part of the increased communication to managers regarding evaluations, Human Resources is developing comprehensive cycles tracking upcoming evaluations for all employees. These cycles will be structured around individual managers – so that each document includes the evaluation timeline for all staff members within each manager's respective area of assignment. The respective cycles will be distributed to the appropriate managers, as additional information to ensure the timely completion of evaluations.
- Now that a system of regular communications regarding employee evaluations is in place, it is a matter of continuing to those practices by providing reminders to administrators as deadlines approach. The College will continue to monitor evaluation cycles and will explore additional improvements, including additional communications regarding overdue evaluations among administrators, as necessary (Ev. C-15: Email Communication to Administrative Confidential Staff December 2015).
- One issue that has impeded the timely completion of evaluations for administrative/confidential and classified employees has been recent turnover in administrative staff. The instability of administrative staff was reference in the EER – through Recommendation 6 (EER, 8). The College is developing procedures for incorporating the evaluation of personnel into transition plans for managers (as supervisors of classified and administrative/confidential staff retire or leave the organization).
- Expectations regarding the incorporation of student learning outcomes assessment results into the evaluation process for select administrative and classified staff will continue to be clarified, as part of ongoing discussions and follow-up related to the two agreements.
- Human Resources and administrators will continue to explore methods for facilitating the timely completion of employee performance evaluations. For example, a training on effective performance evaluations was offered for administrators in February 2017 (Ev. C-16: Announcement of Training Opportunity for Administrators). The Tentative

Agreement between the Classified Association and the District includes various edits to ensure clear communication between manager and employee in completing the evaluation form. Purchase and implementation of an online system for conducting evaluations and documenting employee performance is also under consideration.

Meeting the Standards Cited within Recommendation 5

The institution assures the effectiveness of its human resources by evaluating all personnel systematically and at stated intervals. The institution establishes written criteria for evaluating all personnel, including performance of assigned duties and participation in institutional responsibilities and other activities appropriate to their expertise. Evaluation processes seek to assess effectiveness of personnel and encourage improvement. Actions taken following evaluations are formal, timely, and documented. (Standard III.A.5)

The College meets this Standard.

In addition to the descriptions and evidence presented above (within the section addressing “Performance Evaluations Conducted Regularly & Consistently”), the following supporting documentation relevant to the administrative/confidential and classified employee groups is provided:

- Intervals for evaluation are established through Board Policy (Ev. C-17: Evaluation Cycles); and
- The evaluation process defined for each group addresses the requirements noted in the Standard (Ev. C-18: Evaluation Processes).

The evaluation of faculty, academic administrators, and other personnel directly responsible for student learning includes, as a component of that evaluation, consideration of how these employees use the results of the assessment of learning outcomes to improve teaching and learning. (Standard III.A.6)

The College meets this Standard.

See descriptions and evidence cited above, particularly the section addressing “Evaluation to Include Use of Learning Outcomes Assessment Results.”

Response to Recommendation 9

Recommendation 9:

In order to meet the Standards, the team recommends the College link institutional plans (i.e., Campus Master Plan, Educational Master Plan, 5-Year Facilities Plan, and other appropriate plans; e.g., staffing plan) with financial plans to ensure that financial plans are integrated with other institutional short- and long-range institutional plans. Further, the team recommends the College's planning reflects a realistic assessment of financial resource availability and expenditure requirements. (Standards III.B.3, III.D.2, III.D.4, III.D.11, III.D.12)

III.B.3: To assure the feasibility and effectiveness of physical resources in supporting institutional programs and services, the institution plans and evaluates its facilities and equipment on a regular basis, taking utilization and other relevant data into account.

III.D.2: The institution's mission and goals are the foundation for financial planning, and financial planning is integrated with and supports all institutional planning. The institution has policies and procedures to ensure sound financial practices and financial stability. Appropriate financial information is disseminated throughout the institution in a timely manner.

III.D.4: Institutional planning reflects a realistic assessment of financial resource availability, development of financial resources, partnerships, and expenditure requirements.

III.D.11: The level of financial resources provides a reasonable expectation of both short-term and long-term financial solvency. When making short-range financial plans, the institution considers its long-range financial priorities to assure financial stability. The institution clearly identifies, plans, and allocates resources for payment of liabilities and future obligations.

III.D.12: The institution plans for and allocates appropriate resources for the payment of liabilities and future obligations, including Other Post-Employment Benefits (OPEB), compensated absences, and other employee related obligations. The actuarial plan to determine Other Post-Employment Benefits (OPEB) is current and prepared as required by appropriate accounting standards.

Primary Concerns Regarding Recommendation 9

- Integration between institutional plans and financial plans (relationship between Facilities Master Plan (facilities needs) and Educational Master Plan (growth trends); plans to reflect a realistic assessment of needs (e.g., new buildings); lack clear linkage between institutional plans and financial plans (e.g., funding to support Strategic Plan goals, Campus Master Plan, Educational Master Plan, Strategic Enrollment Management); enrollment and staff to support facilities; financial impact of additional

facilities (maintenance and operation); planning for future needs (new programs) and associated resource needs (III.B.3: EER, 43; General Observations for Standard III.D: EER, 47; III.D.2: EER, 47 & 48; III.D.4: EER, 49; III.D.11: EER, 51)

- Incorporating known liabilities and future obligations into long-term financial plans (realistic assessment of revenues and expenditures; incorporate anticipated/known increases (STRS/PERS, OPEB, Proposition 30, institutionalization of grant-related activities) into long-term planning; need to update OPEB – discrepancy between plan and actual funding levels; planning for liabilities and future obligations; realistic OPEB plan (III.D.4: EER, 49; III.D.11: EER, 51; III.D.12: EER, 51)
- Evaluating the sufficiency of existing resources and using the results to inform the development of short-term and long-range financial plans (sufficiency of facilities; plans (such as The Way Forward) developed without financial assessment; use of fiscal health checklist; realistic assessment of available resources; short-term and long-term solvency; linkages between short-term and long-range financial planning) (III.B.3: EER, 43; General Observations for Standard III.D: EER, 47; III.D.11: EER, 51)

As the External Evaluation Team’s concerns and the Standards cited within Recommendation 9 pertain to financial and resource planning, NVC’s response to this recommendation focuses on improvements regarding the development of resource-related plans, conducting realistic assessments of revenues and expenditures, and incorporating anticipated needs into long-term financial planning.

Summary of Response to Recommendation 9: Over the past 18 months, the College has completed an Educational Master Plan (EMP) Update, updated the Facilities Master Plan (FMP) accordingly, produced a draft Technology Plan, and created a Three-Year Financial Plan. The FMP and the Technology Plan include evaluation of existing resources and identify additional resources needed to support students and the learning environment as well as the infrastructure of the institution. Long-term liabilities have been incorporated into the Three-Year Financial Plan – to help monitor fiscal commitments and ensure financial solvency. The College has strengthened integration between and among these plans – by explicitly folding maintenance and replacement costs into the Three-Year Financial Plan. The annual planning and resource allocation/budgeting process has also been refined – to distinguish between resources needed to support strategic initiatives and those needed to maintain existing operations.

The response to Recommendation 9 is structured around the following four topics:

- I. Updating Institutional Plans & Strengthening Integration among Them
- II. Incorporating Known Liabilities into Long-Term Financial Planning
- III. Realistic Assessment of Resources & Expenditure Requirements
- IV. Sustainability of Improvements

Resolution of Recommendation 9

I. Updating Institutional Plans & Strengthening Integration among Them

- The Educational Master Plan (EMP) was updated in 2015-2016. The EMP Update includes a section on Facilities Usage & Needs (pages 26-30). Summaries of facilities usage – including credit- and non-credit enrollments by location, lecture room usage and capacity by time and day of the week, and assigned square footage designated to lab and lecture space – are included in the 2015-2016 EMP Update (Ev. D-01: Educational Master Plan Update 2015-2016).
- The Facilities Master Plan (FMP) has been updated (Ev. D-02: Facilities Master Plan February 2017). The February 2017 draft for approval addresses instructional and educational spaces, with a focus on the Main Campus. It describes the condition and utilization of existing facilities (pages 8-9) as well as physical infrastructure (pages 10-11). The FMP covers repair, replacement, and scheduled maintenance needs (pages 21-24). It also reports the Facilities Condition Index for College buildings (pages 25-26), as an indicator of deferred maintenance needs (page 8). The plan yields a set of recommendations for each building (pages 13-18). Regular evaluation of facilities needs is incorporated into the FMP, as it “is not meant to be a static plan but rather a guide that can be updated as necessary” (page 3).
- The Technology Plan (Ev. D-03: Technology Plan Draft February 2017) establishes technology standards for classroom/instructional and office spaces (pages 10-11) and includes the Technology Refresh Policy (pages 17-24). It also defines a schedule for regularly evaluating and monitoring technology and equipment needs. Iterative drafts of the Technology Plan will incorporate detailed replacement schedules for instructional equipment (including lab equipment), student affairs equipment, administrative equipment, and infrastructure (pending; placeholders appear on pages 25-29). The initial inventory (pending) will focus on technology and equipment within instructional environments (e.g., classrooms and library) that are currently functioning beyond the five-year life-cycle defined in the Technology Refresh Policy.
- The College has also developed a Three-Year Financial Plan identifying anticipated changes in revenue and expenditures through 2018-2019 (Ev. D-04: Three-Year Financial Plan). The Three-Year Financial Plan includes revenues and expenditures from the most recent fiscal year (actuals), the budget for the current year, and the projections for the upcoming two fiscal years.
- Each of these institutional plans includes direct references to other guiding institutional documents that were in place at the time of development. For instance, the EMP Update (completed in spring 2016) includes references to the original parent document (EMP 2013-2023) as well as subsequent planning activities across the College (page 5). The challenges identified in the EMP Update relate directly to College resource plans

developed subsequently, including generating sufficient enrollments to remain fiscally viable/sustainable (page 35), utilization of campus facilities (including the Upper Valley Campus; page 37), technological infrastructure to support student learning (page 38), and limitations of existing laboratory and lecture spaces to address student needs (page 38).

- The FMP (draft February 2017) includes references the EMP Update as well as the Institutional Strategic Plan (pages 3-4). The FMP reflects the “Technology & Physical Resource-Related Challenges” identified through data in the EMP Update (page 38), including limited lab facilities and limited large-format/lecture classrooms.
- The Technology Plan (draft February 2017) references other guiding institutional documents, along with planning and resource-allocation processes. The plan includes specific references to the EMP (page 4), FMP (page 4), institutional priorities and goals (page 6), fiscal planning (page 6), Program Evaluation and Planning (PEP) and annual planning processes (pages 8-9), as well as annual and multi-year fiscal planning (pages 6 and 21).
- The Three-Year Financial Plan incorporates the scheduled maintenance component of the FMP and the technology refresh component of the Technology Plan into the three-year financial projections. This approach to integrating resource-related plans into fiscal planning is conveyed through the annotation accompanying the Three-Year Financial Plan (Ev. D-04: Three-Year Financial Plan, expenses associated with Capital Outlay). The Accreditation Update (November 2016) included a graphic depicting the integration among the three resource-related plans (Ev. D-05: Schematic Describing Linkages between Institutional Resource Plans).
- Since the time of the site visit, the College has revised its approach to the Campus Master Plan – by shifting toward a District Asset Management system to consider options for leveraging physical resources to support College needs. Whereas the FMP pertains primarily to instructional and educational spaces on the Main Campus, the District Asset Management approach focuses on undeveloped areas, including physical resource assets beyond the Main Campus. An ad hoc committee of the Board of Trustees – the “District Real Property Asset Review Ad Hoc Committee” – has been appointed for this purpose (Ev. D-06: Board of Trustees Minutes January 2017; Item 14.1). In February 2017, the sale of surplus property on Menlo Avenue to the Napa Valley Unified School District was completed. The sale yielded \$950,000, to be designated for future capital projects. These funds will make the College eligible for capital projects funded through the state, as the District will be positioned to contribute and match state funds for local projects that qualify. As part of the revised District Asset Management approach, the College is also exploring the possibility of developing onsite housing for students, faculty, and staff. In fall 2016, two forums on campus housing

were held (Ev. D-07: Announcement of Forums on Campus Housing). A feasibility study – including a survey of current students and staff – is anticipated.

II. Incorporating Known Liabilities into Long-Term Financial Planning

- The College’s long-term financial planning system is reflected in the Three-Year Financial Plan. With this new approach, the College moves beyond its standard practice of one-year budgeting (for the current year) toward a multi-year approach – to help monitor fiscal viability and strengthen resource planning (Ev. D-04: Three-Year Financial Plan). The plan includes consideration of known liabilities, including employee benefits through STRS/PERS. The assumptions underlying the financial projections are specified in the plan, and those assumptions reflect the latest revenue projections at both the state and local levels (cost of living adjustment (COLA) for the former, and property taxes for the latter). The plan spanning through 2018-2019 applies the percentage revenue increases (1.5% for COLA and 4% for property taxes) to the upcoming two years. The 1.5% increase (reflecting the COLA) is also applied to most expenses – with the exception of health benefits (with anticipated increases of 3% each year, to align with projected STRS and PERS rate increases).
- The Three-Year Financial Plan incorporates anticipated end dates of grants into revenue and expenditure projections. The multi-year approach to fiscal planning ensures that grant-related activities can be institutionalized, by being folded into long-term financial projections. Section VI of the 2016-2017 Budget Development Values and Assumptions includes language to mitigate the commitment of District resources beyond the life-span of grants: “Whenever possible, grants . . . should not obligate the District to ongoing expenses after expiration of the grant funding period” (Ev. D-08: Budget Development Values & Assumptions).
- The most notable change described in the Three-Year Financial Plan spanning 2016-2017 through 2018-2019 is in Capital Outlay. The Capital Outlay line item includes anticipated costs associated with the technology refresh program as well as facilities scheduled maintenance. The budget for the current year (2016-2017) as well as the projection for 2017-2018 includes increased allocations in these areas – to address institutional needs and to implement the 6-year refresh cycle defined in the Technology Plan. This approach reflects a deviation (and improvement) from recent budgeting practices – in which the budget for Capital Outlay was rolled over from year to year, with periodic adjustments made to reflect actual spending patterns. As resources to support the scheduled maintenance and technology refresh projects have been explicitly incorporated into long-term planning, the College anticipates more stability in Capital Outlay allocations in future years. Beginning with fiscal year 2017-2018, the

three-year projections will be incorporated into the annual budget development process.

- A Governmental Accounting Standards Board (GASB) Actuarial Valuation of the Retiree Health Program (as of June 30, 2015) was completed for the District in January 2016. Based on the results of that valuation, the College updated its OPEB Liability Funding Plan (approved by the Board of Trustees, May 2016) (Ev. D-09: OPEB Funding Plan). Funding for that plan is incorporated into short-term and long-term financial plans (Ev. D-10: 2016-2017 Final Budget; Post-Retirement Benefits Fund, page 19).

III. Realistic Assessment of Resources & Expenditure Requirements

- In addition to the improvements in long-term planning processes described in the previous section, the College has continued to refine annual planning and resource allocation practices.
- Resource allocation requests and budget augmentations for the 2016-2017 cycle were accomplished through a combination of the General Fund and other sources – including Student Success and Support Program (SSSP), NVC Foundation, and state instructional equipment funds (Ev. D-11: Resource Allocations 2016-2017 Planning & Budget Cycle). This represents an improvement over annual budgeting and resource allocation practices of the past, which were typically limited to the General Fund for identifying additional support for new initiatives and to address increasing expenses. Incorporation of other funding sources provides a more complete picture of College resources, which can be used to capture efficiencies and maximize use of existing resources. In the 2017-2018 cycle, all funding sources will be considered to support College goals and address emerging needs.
- The template for submitting annual plans and resource requests at the program/service level was revised for the 2017-2018 cycle. Annual plans and resources requests (conveyed via the submission of the completed template) now distinguish between operational costs or increasing expenditure requirements and those associated with strategic initiatives (Ev. D-12: 2017-2018 Unit Plan Template). The two types of activities are reported on separate worksheets within the template – one covering “Operational Continuance” needs – to address increasing costs for maintaining existing programs and services; and one covering “Strategic Initiatives,” for new activities intended to promote established planning priorities. Plans and requests conveyed via the template continue to track the linkage between annual unit-level plans and other pre-existing plans, at both the unit (i.e., program or service) and institutional levels (Columns F & H for Strategic Initiatives; Columns G & I for Operational Continuance).

- As the long-term plan will be monitored regularly – to evaluate expenditure needs vis-à-vis existing and projected resources, the College is positioning itself to be agile and responsive to changing conditions. Flexibility has been built into the Three-Year Financial Plan. For example, some Capital Outlay expenditures anticipated for 2017-2018 can be shifted to 2018-2019, depending on the state of the budget as it is monitored regularly through quarterly financial reports (Ev. D-13: Quarterly Financial Reports).
- In the External Evaluation Report, the team expressed concern that annual allocations toward Other Post-Employment Benefits (OPEB) had not been made according to NVC's recent OPEB Liability Funding Plans. While the OPEB Liability Funding Plan approved by the Board of Trustees in 2011 indicated that 10% would be allocated annually through 2021, the actual funding level for 2013 was 4% (rather than the projected 20%) (EER, 49). Following the actuarial study completed in January 2016 (referenced above), the OPEB Funding Plan was updated (Ev. D-09: OPEB Funding Plan). As of June 30, 2016, the actual funded liability was 8%. To ensure that allocations were made to reflect the original plans, the May 2016 proposal included increased allocations for 2015-2016 and 2016-2017. The May 2016 proposal includes a more aggressive allocation for 2016-2017, to continue to address the shortfall.

IV. Sustainability of Improvements

- STRS/PERS, OPEB, scheduled maintenance, technology refresh, and anticipated salary changes will continue to be incorporated into short-term and long-term financial planning. This represents an expansion and refinement of standard College practice, as anticipated changes in salaries and benefits have typically been built into the initial phase of the annual budget cycle.
- The College will continue to monitor the OPEB Funding Plan and adjust as necessary.
- The College will continue to explore ways to reduce expenditures (including liabilities) and to leverage existing resources to support student and institutional needs.
- The Three-Year Financial Plan will be updated every year (early in the spring semester), following the release of the tentative budget at the state level. The annual updates will include financial projections for an additional year (i.e., the next year in the sequence). The Three-Year Financial Plan will be evaluated regularly and refined as needed, particularly in light of any changes in external factors that impact the assumptions underlying the plan.
- The College will continue to strengthen the integration between institutional planning and budgeting/resource allocation practices. As an example of ongoing improvements in this area, the Planning Committee has proposed a shift to a three-year Institutional

Strategic Plan (Ev. D-14: Proposal Regarding Upcoming Institutional Strategic Plan). The intent is to develop a more focused Institutional Strategic Plan – to help focus efforts and initiatives across the institution toward a more limited set of common goals. Adopting a limited number of strategic goals/objectives will eliminate the need to establish annual planning priorities (each year), as the focused goals of the new plan will define the planning priorities throughout the three-year time frame of the plan. The proposed structure of the upcoming Institutional Strategic Plan will align with the three-year financial planning structure, further strengthening integration between the two processes. In turn, these changes should yield a more meaningful, summative progress report on accomplishments related to the Institutional Strategic Plan – including the effectiveness of resource allocations to support institutional goals – at the end of each three-year planning cycle (with the first summative evaluation anticipated in 2021).

- The College will continue to refine efforts to improve tracking, monitoring, and evaluating available resources. As funding sources beyond the General Fund have been incorporated into the annual resource allocation process, the College plans to document the types of activities that are appropriate for specific funding sources (and are, therefore, eligible to be supported by them).
- The College’s inventory and asset management system – covering technology, instructional equipment, and other assets – was recently updated and is expected to be implemented in the coming months. The asset management system will enable better tracking of existing resources and help monitor the need for updates/refresh – in a manner comparable to the scheduled maintenance component of facilities planning.

Meeting the Standards Cited within Recommendation 9

To assure the feasibility and effectiveness of physical resources in supporting institutional programs and services, the institution plans and evaluates its facilities and equipment on a regular basis, taking utilization and other relevant data into account. (Standard III.B.3)

The College meets this Standard.

See descriptions and evidence cited above, particularly the section on “Updating Institutional Plans & Strengthening Integration among Them.”

The institution’s mission and goals are the foundation for financial planning, and financial planning is integrated with and supports all institutional planning. The institution has policies and procedures to ensure sound financial practices and financial stability. Appropriate financial information is disseminated throughout the institution in a timely manner. (Standard III.D.2)

The College meets this Standard.

In addition to the descriptions and evidence presented above (within the sections addressing “Incorporating Known Liabilities into Long-Term Financial Planning” and “Realistic Assessment of Resources & Expenditure Requirements”), the following supporting documentation related to budget development is provided:

- Board Policy on Budget Preparation (Ev. D-15: BP 6200 Budget Preparation).

Institutional planning reflects a realistic assessment of financial resource availability, development of financial resources, partnerships, and expenditure requirements. (Standard III.D.4)

The College meets this Standard.

See descriptions and evidence cited above, including the section on “Updating Institutional Plans & Strengthening Integration among Them” (particularly the District Asset Management approach to leverage resources to support College goals/needs) as well as the section addressing “Realistic Assessment of Resources & Expenditure Requirements.”

The level of financial resources provides a reasonable expectation of both short-term and long-term financial solvency. When making short-range financial plans, the institution considers its long-range financial priorities to assure financial stability. The institution clearly identifies, plans, and allocates resources for payment of liabilities and future obligations. (Standard III.D.11)

The College meets this Standard.

See descriptions and evidence cited above, including the sections on “Incorporating Known Liabilities into Long-Term Financial Planning” and “Realistic Assessment of Resources & Expenditure Requirements.”

The institution plans for and allocates appropriate resources for the payment of liabilities and future obligations, including Other Post-Employment Benefits (OPEB), compensated absences, and other employee related obligations. The actuarial plan to determine Other Post-Employment Benefits (OPEB) is current and prepared as required by appropriate accounting standards. (Standard III.D.12)

The College meets this Standard.

See descriptions and evidence cited above, particularly the references to OPEB within the sections on “Incorporating Known Liabilities into Long-Term Financial Planning” and “Realistic Assessment of Resources & Expenditure Requirements.”

Appendices: Evidence in Support of Follow-Up Report

Appendix A: Evidence Cited within “Report Preparation”

- A-01: ACCJC Action Letter 020516
- A-02: External Evaluation Report
- A-03: “Next Steps” Document 031616
- A-04: Email Communication from College President 031716
- A-05: Council of Presidents Meeting February 2016
- A-06: Accreditation Steering Committee Agendas
- A-07: Board of Trustees Agendas & Presentations
- A-08: Accreditation Updates
- A-09: Sample Committee Agendas
- A-10: Email Communications to Campus Community
- A-11: Snapshots of Drafts of Follow-Up Report on Website
- A-12: Timeline for Accreditation Follow-Up Report

Appendix B: Evidence Cited within “Response to Recommendation 1”

- B-01: Identification of Outcomes among Courses
- B-02: Identification of Outcomes among Instructional Programs (PEP)
- B-03: Identification of Outcomes among Degree & Certificate Programs
- B-04: Identification of Outcomes among Academic Support Services
- B-05: Course Objectives Associated with Independent Study & Special Topics Courses
- B-06: SER Item I.B.2-16: SLOs by Program (PLOs, CLOs)
- B-07: Identification of Outcomes for Speech- and Mathematics-Related Degrees
- B-08: Draft Pages for 2017-2018 Catalog
- B-09: CLO & PLO Assessment Figures Reported at Time of Site Visit
- B-10: Letter to ACCJC October 2015
- B-11: Annual Report to ACCJC March 2016
- B-12: Assessment of Outcomes among Courses
- B-13: Assessment of Outcomes among Instructional Programs (PEP)
- B-14: Assessment of Outcomes among Degree & Certificate Programs
- B-15: Assessment of Outcomes among Academic Support Services
- B-16: Taxonomy of Programs Presented at Academic Senate Meeting January 2017
- B-17: Outcomes Assessment Results 2009 & 2010
- B-18: Process for Calculating Student Learning Outcomes Assessment Figures Cited in ACCJC Annual Report
- B-19: 2016-17 Assessment Plan
- B-20: Assessment Cycles among Instructional Programs

- B-21: SER Item I.B.2-21: Sample Four-Column Report from TracDat at Institutional Level
- B-22: SER Item II.A.3-23: Summary of SLO Assessment
- B-23: Updated Four-Column Report Course Level
- B-24: Updated Four-Column Report Program Level
- B-25: Examples of Improvements in Practices: Incorporating Qualitative Results and Action Plans
- B-26: CLOs Assessed in Multiple Academic Years
- B-27: PLOs Assessed in Multiple Academic Years
- B-28: Spring 2016 Flex Day Agenda
- B-29: PLO Assessment Results Template
- B-30: Sample Summaries of PLO Assessment Results
- B-31: Assessment Highlights
- B-32: Course Outline of Record to Syllabus Congruency Certification
- B-33: Congruence between SLOs Listed on Syllabi & SLOs Identified on Course Outlines of Record
- B-34: Assessment Training Opportunities Fall 2016
- B-35: Learning Outcomes Assessment Website
- B-36: ACCJC Workshop Announcement
- B-37: Accreditation Institute Program
- B-38: Job Description for Program Coordinator
- B-39: Annual Review of Unscheduled Courses
- B-40: Outcomes Assessment Survey Spring 2017
- B-41: IEPI Project
- B-42: Proposed General Education Learning Outcomes Areas
- B-43: General Education Template Sample for Area 1
- B-44: SLO Assessment for Degrees & Certificates Worksheet
- B-45: Sample Completed Degrees & Certificates Worksheets

Appendix C: Evidence Cited within “Response to Recommendation 5”

- C-01: Update on Administrative Confidential Evaluations Overdue at Time of Site Visit
- C-02: Update on Classified Evaluations Overdue at Time of Site Visit
- C-03: Summary of Administrative Confidential Evaluations Due in 2015
- C-04: Summary of Classified Evaluations Due in 2015
- C-05: Summary of Administrative Confidential Evaluations Due in 2016
- C-06: Summary of Classified Evaluations Due in 2016
- C-07: Sample Communications Regarding Overdue Evaluations
- C-08: Sample President’s Staff Agendas
- C-09: Video from President’s Staff Meeting November 2016
- C-10: Classified Employee Performance Assessment & Development Plan
- C-11: Evaluation of Academic Administrators to Address Accreditation Standard III.A.6

- C-12: Statement of Understanding Administrative Confidential
- C-13: Notification to Managers Not Overdue
- C-14: Communication from Human Resources February 2017
- C-15: Email Communication to Administrative Confidential Staff December 2015
- C-16: Announcement of Training Opportunity for Administrators
- C-17: Evaluation Cycles
- C-18: Evaluation Processes

Appendix D: Evidence Cited within “Response to Recommendation 9”

- D-01: Educational Master Plan Update 2015-2016
- D-02: Facilities Master Plan February 2017
- D-03: Technology Plan Draft February 2017
- D-04: Three-Year Financial Plan
- D-05: Schematic Describing Linkages between Institutional Resource Plans
- D-06: Board of Trustees Minutes January 2017
- D-07: Announcement of Forums on Campus Housing
- D-08: Budget Development Values & Assumptions
- D-09: OPEB Funding Plan
- D-10: 2016-2017 Final Budget
- D-11: Resource Allocations 2016-2017 Planning & Budget Cycle
- D-12: 2017-2018 Unit Plan Template
- D-13: Quarterly Financial Reports
- D-14: Proposal Regarding Upcoming Institutional Strategic Plan
- D-15: BP 6200 Budget Preparation