

**EXTERNAL EVALUATION REPORT**

**Napa Valley College  
2277 Napa Vallejo Hwy  
Napa, CA 94558**

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

**This report represents the findings of the External Evaluation Team that visited  
Napa Valley College September 28 – October 1, 2015**

**Willard Lewallen, Ph.D.  
Chair**

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

DATE: February 8, 2016

INSTITUTION: Napa Valley College  
2277 Napa-Vallejo Hwy  
Napa, CA 94558

TEAM REPORT: Comprehensive Evaluation Report

This report represents the finds of the evaluation team that visited Napa Valley College September 28 – October 1, 2015.

SUBJECT: Commission Revisions to the Team Report

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

1. The Commission finds that the College is out of compliance with Standard III.B.3 and that Standard should be added to the citation at the end of Recommendation 9.
2. Standard III.D.12 is missing from the Standard citation at the end of Recommendation 9 on page 6; that Standard citation should be added.

## List of Team Members

Dr. Willard Lewallen (Chair)  
Superintendent/President  
Hartnell College

Mr. Morrie Barembaum  
Professor of Astronomy  
Santiago Canyon College

Ms. Dena Martin  
Librarian  
Woodland Community College

Mr. Jan Dekker  
Vice President of Instruction/ALO  
Reedley College

Dr. Nabil Abu-Ghazaleh  
President  
Grossmont College

Mr. Charlie Ng  
Vice President, Business and Administrative  
Services  
MiraCosta College

Dr. Felicito (Chito) Cajayon  
Vice Chancellor of Economic & Workforce  
Development  
Los Angeles CCD

Dr. Lori Kildal (Assistant)  
Vice President of Academic Affairs/ALO  
Hartnell College

Dr. Cordell Briggs  
Associate Professor, English  
Moreno Valley College

Ms. Cathy Itnyre  
Professor, Philosophy and History  
Copper Mountain College

Ms. Leticia Barajas  
Vice President Academic Affairs & Workforce  
Development  
Los Angeles Trade-Tech College

Dr. Kevin Walthers  
Superintendent/President  
Allan Hancock College

Mr. Brent Calvin  
VP Student Services  
College of the Sequoias

Dr. Gabrielle Stanco  
Senior Research Analyst  
Orange Coast College

## Summary of the External Evaluation Report

INSTITUTION: Napa Valley College

DATES OF VISIT: September 28 – October 1, 2015

TEAM CHAIR: Dr. Willard Lewallen

A fourteen member accreditation team visited Napa Valley College (NVC) September 28 – October 1, 2015 for the purpose of determining whether the College continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and USDE regulations. The team evaluated how well the College is achieving its stated purposes, providing recommendations for quality assurance and institutional improvement, and submitting recommendations to the Accrediting Commission for Community and Junior Colleges (ACCJC) regarding the accredited status of the College.

In preparation for the visit, the team chair attended a team chair training workshop on July 23, 2015 and conducted a pre-visit to the campus on August 27, 2015. During this visit, the chair met with campus leadership and key personnel involved in the self-evaluation preparation process. The entire external evaluation team received team training provided by staff from ACCJC on September 2, 2015.

The evaluation team received the college's self-evaluation document and related evidence several weeks prior to the site visit. Team members found it to be a comprehensive, well written document detailing the processes used by the College to address Recommendations from the Previous External Evaluation Team, Eligibility Requirements, Commission Standards, and Commission Policies. The team confirmed that the self-evaluation report was compiled through broad participation by the entire College community including faculty, staff, students, and administration. The team found that the College provided a very thoughtful self-evaluation containing several self-identified action plans for institutional improvement.

On Monday morning September 28, team members visited NVC's Upper Valley Campus located in St. Helena. Upon arrival to NVC on Monday afternoon, the team was provided with a tour of the main campus. On Tuesday morning, the team was introduced to the College community at a reception held for the team.

During the evaluation visit, team members conducted about 85 formal meetings, interviews, and observations involving College employees, students, and board members. There were numerous less formal interactions with students and employees outside of officially scheduled interviews and there were also informal observations of classes and other learning venues. Two open forums provided the College community and members of the NVC community opportunities to meet with members of the evaluation team in open forums.

The team reviewed numerous materials supporting the self-evaluation report in the team room and electronically, which included documents and evidence supporting the Standard, Eligibility Requirements, Commission Policies, and USDE regulations. Evidence reviewed by the team

included, but was not limited to, documents such as institutional plans, program review procedures and reports, student learning outcomes evidence, distance education classes, College policies and procedures, enrollment information, committee minutes and materials, and College governance structure. The team also viewed evidence and documentation ~~also~~ through the College's intranet and electronic copies stored on a flash drive.

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

The team found the College to be in compliance with all but a few Eligibility Requirements, Commission Policies, and USDE regulations, with the few exceptions related to distance education. The team found a number of innovative and effective practices and programs and issued a number of commendations to the College. The team found the College satisfies the vast majority of the Standards, Eligibility Requirements, Commission Policies, and USDE regulations, but issued some recommendations to increase effectiveness and/or to meet some of the Standards, ERs, policies, and regulations.

## **Major Findings and Recommendations of the 2015 External Evaluation Team**

### **Team Commendations**

During the visit the team recognized several aspects of the College worthy of commendations.

#### **Commendation 1**

The team commends the College for exhibiting a student-centered approach to learning and to serving students. There is collegial spirit along with an enthusiasm for and commitment to student success that shines through in all endeavors, actions, and activities.

#### **Commendation 2**

The team commends the College for developing partnerships and relationships with a number of agencies, organizations, and institutions that leverage resources in support of student learning and student success.

#### **Commendation 3**

The team commends the facilities and maintenance staff for its efforts in maintaining a beautiful campus physical plant that supports a quality learning environment for the students and a quality working environment for the staff.

#### **Commendation 4**

The team commends the College for designing and constructing exceptional new facilities that support student learning and student success.

#### **Commendation 5**

The team commends the College for its administration of the region's Small Business Development Center (SBDC), which has been instrumental in supporting the local business community and helping to strengthen the local economy.

#### **Commendation 6**

The team commends the College for piloting the revised standards, and being the first college in California to undergo the evaluation process under the revised standards and processes.

#### **Commendation 7**

The team commends the College for expanding internet connectivity across all locations through comprehensive deployment of wireless infrastructure and increased bandwidth that enhances delivery of information, instruction, programs, and services.

## **Team Recommendations**

As a result of the external evaluation, the team makes the following recommendations.

### **Recommendations to Meet the Standards**

#### **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. (Standard 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.D.2, III.D.4, III.D.11)

### **Recommendations to Improve Quality**

#### **Recommendation 2**

In order to increase effectiveness the team recommends the College develop and assess student learning outcomes for its community education offerings. (Standard II.A.16)

#### **Recommendation 3**

In order to increase effectiveness the team recommends the College strengthen its procedures and coordination of the delivery and assessment of Distance Education courses, programs and services. (Standards II.A.3, II.A.7; *USDE Policy on Distance Education and Correspondence Education*, 607.12(g))

**Recommendation 4**

In order to increase effectiveness, the team recommends that NVC should assess the availability and sufficiency of library and learning support services and student support services offered at the Upper Valley Campus, other off-site locations, and through Distance Education and create a plan which includes delivery of sufficient services to students regardless of location or delivery mode and ensures long-term funding sustainability for learning support services currently funded through grant and state initiatives. (Standards II.B.1, II.B.2, II.B.3; II.C.3)

**Recommendation 6**

In order to increase effectiveness, the team recommends that the College establish a stable infrastructure of sufficient administrative personnel to better ensure a consistent level of services to support the institution's mission and purpose. The team further recommends that the College expedite the process to fill vacant and interim positions. (Standard III.A.10; ER 8)

**Recommendation 7**

In order to increase effectiveness, the team recommends the College develop and implement methods for assessing total cost of ownership (TCO) for facilities. (Standard III.B.4)

**Recommendation 8**

In order to increase effectiveness, the team recommends the College make Administrative Procedure 3720: Computer and Network Use widely available and easily accessible for students and for employees. (Standard III.C.5)

**Recommendation 10**

In order to increase effectiveness, the team recommends the College develop and implement clear policies and procedures for decision-making that are widely distributed and understood by all constituencies. Further, the team recommends the College develop and implement a systematic process for evaluating the effectiveness of the governance system and decision-making processes. (Standards IV.A.2, IV.A.3, IV.A.7)

**Recommendation 11**

In order to increase effectiveness, the team recommends the College ensures that all existing, new, and revised Governing Board policies and administrative regulations are easily accessible through the College's website and other methods it deems appropriate for the college community and the public. (Standards IV.C.6, IV.C.7)

## **Introduction**

The Napa Valley Community College District covers Napa County and a very small part of Sonoma County. This semi-rural area is located approximately fifty miles northeast of San Francisco. The citizens of Napa County made a clear commitment to higher education in 1941 when they passed a bond issue to establish Napa Junior College. One year later, in 1942, Napa Junior College was founded as part of Napa Union High School District and held its first class with just 16 students, only one of whom was male. After World War II, veterans flooded into the new college. In 1949, a separate college facility was built adjacent to the high school to accommodate the increasing enrollment. The community reaffirmed its commitment to the local college in 1962 by passing a bond issue to buy land and build a new college campus on land previously occupied by the Napa State Hospital. After 23 years, the College had its own campus, its own district, and an enrollment of 1,771 students and adopted the name Napa College. In 1982, Napa College changed its name to Napa Valley College (NVC).

NVC operates on two primary campuses, the main campus in Napa and the Upper Valley Campus located in St. Helena. The 161-acre main campus is located south of downtown Napa, with over 40 buildings. The Upper Valley Campus is located twenty miles north of Napa in the town of St. Helena. Over the past three years, NVC has served almost 9,300 students annually and claimed an average of 5,110 credit full-time equivalent students (FTES) each year.

In 2002, Napa County voters passed Measure N, authorizing \$133.8 million in facilities bonds for modernization, new construction, and infrastructure development at NVC.

NVC offers a broad range of educational programs in traditional academic subjects for associate degrees, transfer preparation, workforce training, career technical education, health occupations, and basic skills, and lifelong education through robust non-credit and community education programs.

NVC's accreditation was last reaffirmed in January 2010.

## **Eligibility Requirements**

### **1. Authority**

The team confirmed that Napa Valley College (NVC) is authorized to operate as a post-secondary, degree-granting institution based on continuous accreditation by the Accrediting Commission for Community and Junior Colleges (ACCJC) of the Western Association of Schools and Colleges (WASC). The ACCJC is a regional accrediting body recognized by the U.S. Department of Education and granted authority through the Higher Education Opportunity Act of 2008.

The College meets the ER.

### **2. Operational Status**

The team confirmed that the College is operational and provides educational services to 6,201 unduplicated student enrollments within degree applicable credit courses for the fall 2014. For 2013-14, the College enrolled 9,076 students with more than one-third (37.3%) of those students being enrolled as full-time. More than two-thirds (67.6%) of students are pursuing educational goals that relate to degree, certificate, or transfer.

The College meets the ER.

### **3. Degrees**

The team confirmed that over 90% of the courses offered lead to a degree and/or transfer. A majority of NVC's students are enrolled in the 38 AA/AS degree, or 16 Associate Degree for Transfer programs offered by the College.

The College meets the ER.

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

The evaluation team confirmed that the Governing Board employs a superintendent/ president as the chief executive officer of Napa Valley College. The CEO does not serve as a member of the board nor as the board president. The team found that the Governing Board vests requisite authority in the superintendent/president to administer board policies. Since the last full accreditation visit, there have been changes in the CEO position, each of which were appropriately reported to the ACCJC.

The College meets the ER.

### **5. Financial Accountability**

The team confirmed that NVC engages a qualified audit firm to conduct audits of all financial records. All audits are certified and all explanations or findings are documented appropriately. Audit reports are made publicly available.

The College meets the ER.

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

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

**Evaluation Items:**

- X The institution has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive evaluation visit.
- X The institution cooperates with the evaluation team in any necessary follow-up related to the third party comment.
- X The institution demonstrates compliance with the Commission *Policy on Rights and Responsibilities of the Commission and Member Institutions* as to third party comment.  
[Regulation citation: 602.23(b).]

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

- X The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
- \_\_\_\_\_ The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
- \_\_\_\_\_ The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:**

NVC posted information on its college website in June 2015 about the process for third party comment. In addition, the superintendent/president made an announcement about this process at the June 11, 2015 Governing Board meeting. The team found no third party comment related to this visit.

**Standards and Performance with Respect to Student Achievement**

**Evaluation Items:**

- X The institution has defined elements of student achievement performance across the institution, and has identified the expected measure of performance within each defined element. Course completion is included as one of these elements of student achievement. Other elements of student achievement performance for measurement have been determined as appropriate to the institution's mission.
- X The institution has defined elements of student achievement performance within each instructional program, and has identified the expected measure of performance within each defined element. The defined elements include, but are not limited to, job placement rates for program completers, and for programs in fields where licensure is required, the licensure examination passage rates for program completers.
- X The institution-set standards for programs and across the institution are relevant to guide self-evaluation and institutional improvement; the defined elements and expected performance levels are appropriate within higher education; the results are reported regularly across the campus; and the definition of elements and results are used in program-level and institution-wide planning to evaluate how well the institution fulfills its mission, to determine needed changes, to allocating resources, and to make improvements.

- The institution analyzes its performance as to the institution-set standards and as to student achievement, and takes appropriate measures in areas where its performance is not at the expected level.

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

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

- The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
- The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
- The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:**

The College provided evidence that it has established institution-set standards in 2015 for course completion, job placement rates for instructional programs, and licensure passage rates for instructional programs. Plans are in place for monitoring these student achievement measures and for communicating results.

**Credits, Program Length, and Tuition**

**Evaluation Items:**

- Credit hour assignments and degree program lengths are within the range of good practice in higher education (in policy and procedure).
- The assignment of credit hours and degree program lengths is verified by the institution, and is reliable and accurate across classroom based courses, laboratory classes, distance education classes, and for courses that involve clinical practice (if applicable to the institution).
- Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition).
- Any clock hour conversions to credit hours adhere to the Department of Education's conversion formula, both in policy and procedure, and in practice.
- The institution demonstrates compliance with the Commission *Policy on Institutional Degrees and Credits*.

[Regulation citations: 600.2 (definition of credit hour); 602.16(a)(1)(viii); 602.24(e), (f); 668.2; 668.9.]

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

- The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
- The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
- The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:**

Course credit calculations are described in the Curriculum Handbook and accompanying calculation sheet. A student enrolled full-time can complete degree requirements within two years. BP 4020: Program Curriculum stipulates compliance with federal calculations, and BP I7830 indicates that the number of units for a degree program is included in the analysis for new programs as they are proposed/developed. Enrollment fees are the same for all courses and are set by the State of California.

### **Transfer Policies**

#### **Evaluation Items:**

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

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

- The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
- The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
- The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

#### **Narrative:**

The process for submitting transcripts to be evaluated for NVC credit is described on the Admissions and Records web page and in the College Catalog. In order to be awarded credit for college work completed at another institution, students must submit official transcripts showing successful completion of lower-division courses at an accredited institution. The transcript review process includes evaluation of the course description or/and syllabus from the originating institution.

### **Distance Education and Correspondence Education**

#### **Evaluation Items:**

- The institution has policies and procedures for defining and classifying a course as offered by distance education or correspondence education, in alignment with USDE definitions.
- There is an accurate and consistent application of the policies and procedures for determining if a course is offered by distance education (with regular and substantive interaction with the instructor, initiated by the instructor, and online activities are included as part of a student's grade) or correspondence education (online activities are primarily "paperwork related," including reading posted materials, posting homework and completing examinations, and interaction with the instructor is initiated by the student as needed).
- The institution has appropriate means and consistently applies those means for verifying the identity of a student who participates in a distance education or correspondence education course or program, and for ensuring that student information is protected.

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

Partial The institution demonstrates compliance with the Commission *Policy on Distance Education and Correspondence Education*.

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

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

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

The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.

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

**Narrative:**

The institution should develop clear procedures for the systematic review of distance education course offerings based on student success rates and outcomes assessment. The College should also review the support services available to online students to ensure parity with students enrolled in face-to-face courses.

**Student Complaints**

**Evaluation Items:**

The institution has clear policies and procedures for handling student complaints, and the current policies and procedures are accessible to students in the college catalog and online.

The student complaint files for the previous six years (since the last comprehensive evaluation) are available; the files demonstrate accurate implementation of the complaint policies and procedures.

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

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

The institution demonstrates compliance with the Commission *Policy on Representation of Accredited Status* and the *Policy on Student and Public Complaints Against Institutions*.

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

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

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

The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.

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

**Narrative:**

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

**Institutional Disclosure and Advertising and Recruitment Materials**

**Evaluation Items:**

- The institution provides accurate, timely (current), and appropriately detailed information to students and the public about its programs, locations, and policies.
- The institution complies with the Commission *Policy on Institutional Advertising, Student Recruitment, and Representation of Accredited Status*.
- The institution provides required information concerning its accredited status as described above in the section on Student Complaints.  
[Regulation citations: 602.16(a)(1)(vii); 668.6.]

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

- The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
- The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
- The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

**Narrative:**

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

**Title IV Compliance**

**Evaluation Items:**

- The institution has presented evidence on the required components of the Title IV Program, including findings from any audits and program or other review activities by the USDE.
- The institution has addressed any issues raised by the USDE as to financial responsibility requirements, program record-keeping, etc. If issues were not timely addressed, the institution demonstrates it has the fiscal and administrative capacity to timely address issues in the future and to retain compliance with Title IV program requirements.
- The institution’s student loan default rates are within the acceptable range defined by the USDE. Remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range.

Contractual relationships of the institution to offer or receive educational, library, and support services meet the Accreditation Standards and have been approved by the Commission through substantive change if required.

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

[Regulation citations: 602.16(a)(1)(v); 602.16(a)(1)(x); 602.19(b); 668.5; 668.15; 668.16; 668.71 et seq.]

**Conclusion Check-Off:**

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

The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.

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

**Narrative:**

The College provided evidence in the Self-Evaluation Report (ER 5; II.B.4; III.B.4; III.D 5-7, 10, 14-16) to demonstrate it complies with all five items of the Title IV requirements.

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

**Standard I.A: Mission**

**General Observations**

Napa Valley College has a clearly defined and targeted mission statement, approved by the college's Board of Trustees in November 2012. The college will review its mission statement in 2015-16 as a result of the revised Standards (2014). The mission statement addresses the student population the college serves and identifies three targeted areas: preparing students for emerging roles in a diverse society; having open-access for students seeking an exemplary education that grants associate degrees and certificates; and serving students to meet their varied educational goals. The mission statement indicates a commitment to students' learning and achievement. It displays the mission and values statements in prominent locations and publishes them in documents distributed to students and the community.

**Findings and Evidence**

The College identifies the areas that the mission statement addresses. It presents the purpose of the mission statement, which is to provide a broad educational program designed for students who intend to complete coursework, transfer, and prepare for career advancement. Students achieve such goals by enrolling in programs and services that offer this opportunity, ranging from transfer to basic skills, and CTE. The college provides open-access to students who seek to achieve any one of the stated types of course work leading to an associate's degree, a certificate, or life-long learning courses. The College's mission statement reflects that the College is also committed to engaging students to learn and to achieve. Its values statement and institutional learning outcomes (ILOs) identify the College's commitment to providing educational opportunities to students who live in the surrounding region, not just Napa County but also Solano County. (Standard IA.1; ER 6)

A number of institutional effectiveness reports provide evidence that the College achieves its mission. The Annual Progress Report on the Strategic Plan, the Student Success Scorecard, a Core Indicators Report, and the Data Aligned with Institutional Mission report provide data to the Planning Committee, the Board of Trustees, and the college community to demonstrate that the college continually assesses achievement of its mission. In fact, the College has been involved in revising its timeframe for the Institutional Strategic Plan from five years to three years and then back to five years to re-evaluate the college's priorities in planning. Evidence shows an array of reports, including the Board of Trustees' agendas and data presented in the *Data Aligned with Institutional Mission* document to present an overall perspective of how the College uses data to determine how monitor the mission statement. (Standard 1.A.2)

The Program Evaluation and Planning (PEP) process serves as the mechanism through which all instructional program planning and service planning are reviewed. Through this process the mission statements of programs and services are reviewed for alignment with the institutional

mission statement The College provided an array of program-related documents that demonstrate alignment of programs and services with mission. Program-level and institutional-level planning are linked to the Institutional Strategic Plan and the mission guides the Strategic Plan. Programs and services across the College link their unit-level plans directly to Strategic Plan objectives and unit-level plans identify resources needed to accomplish each unit-level objective/initiative. Planning and resource allocation forms provide documentation for the relationship between the Strategic Plan, unit-level plans, and institutional resource allocation. (Standard 1.A.3)

The NVC mission statement was most recently approved by the Board of Trustees on November 15, 2012. The College uses data from the Planning Committee to monitor the extent to which the mission is achieved or to determine whether the mission statement needs to be revised. The college publishes the mission and values statements widely including on the college's website, in the college's catalog, and these statements are displayed in administrative offices and other locations on campus. In adopting the integrated planning schedule in 2014-15 the College has established that the mission statement will be reviewed at regular three-year intervals. (Standard I.A.4; ER 6)

### **Conclusion**

The College meets the Standards and related Eligibility Requirements.

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

### **General Observations**

In general, NVC provided evidence to substantiate the College's awareness and understanding of the continuous quality improvement process, as evidenced by meeting minutes, governance-level documentation, and documented meetings that include representatives of all College constituents. The general quality of the Self-Evaluation Report on this standard is high. The description of College processes and the evaluation of their effectiveness are clear, self-reflective, and supported by documented evidence. The College involves its leadership in the accreditation process. The evidence showed attendance and participation in College-based meetings and events. Under this College leadership, college constituents engage in institutional dialogue, which reflects an environment that fosters empowerment, inclusion, innovation, and continuous quality improvement. The team validated that the shared governance process is operating as described within the Self-Evaluation Report.

### **Findings and Evidence**

Napa Valley's Program Evaluation and Planning (PEP) process and the Educational Master Plan provide the systematic mechanisms through which dialog on student outcomes, student equity, academic quality, institutional effectiveness, and continuous improvement occurs. The Self-Evaluation Report also describes the College's efforts to promote open dialogue about institutional effectiveness. Evidence to validate the College's efforts include documented discussions in committees, councils, governance bodies, department/division meetings, Inquiry Groups, workshops, and presentations. In particular, the Planning Committee hosts data based discussions on College-wide plans for institutional improvement. In addition, the Learning Outcomes Assessment Committee (LOAC) focuses on improving the inquiry and dialog about student learning outcomes through Inquiry Groups. (Standard I.B.1)

The College provided evidence on its efforts to define and assess Student Learning Outcomes (SLOs). It uses a Curriculum Handbook that includes the criteria for total degree attainment, data elements, course outlines/descriptions, and SLOs. The handbook will become an interactive/online portal in the future in order to allow College constituents to have a broader and more convenient access to curriculum-related forms, instructions, and procedures. (Standard I.B.2)

The College has completed much work in defining and assessing student learning outcomes for all instructional programs and student and learning support services. However, it was difficult for the team to assess adequately the College's progress across course, program, and degree level outcomes development and assessment. Percentages of progress were reported in the Self-Evaluation and additional percentages were reported during the visit, but the team could not reconcile these numbers. The College is in the process of developing a data set to help track changes in curriculum (i.e., number of course offerings) and to monitor the recency of assessment activities. The College was clear in its own evaluation of the status of student learning outcomes when it stated "it is at a basic level with much room for improvement in the assessment of SLOs. All programs and services have conducted some assessment work, and many have recorded those assessments in TracDat, but the work has been intermittent and

inconsistent in many programs. There is very strong assessment work being conducted by some instructional programs and services, but the work is limited to a few programs and the results are uneven institutionally.” The College records Course Learning Outcomes (CLOs) on official Course Outlines of Records (CORs). Program Learning Outcomes (PLOs) are "mapped" with correlating courses. The College recognizes that more work is needed to ensure the College's assessment strategy is more consistent and evenly occurring for all programs. (Standard I.B.2, ER 11)

Evidence was provided on the College's efforts to set institutional standards for student achievement. The information provided references the minutes of a March 15, 2013 Napa Valley College Planning meeting whereby a broad membership of the College attended and reviewed the institution set-standards information. The following standards were determined by the College:

- Successful course completion rate: 70%;
- Retention rate (fall-to-fall): 45%;
- Degree completion: 425 students per year;
- Certificate completion: 200 students per year; and
- Transfer: 275 students per year (UC and CSU numbers only, does not include out-of-state and private institutions)

Institution-Set Standards for Job Placement and Licensure Examination Passage Rates were reviewed and established as part of the overall establishment of standards. At the time of the team visit, College staff provided information on its efforts to broaden access to information and allow broad dialogue throughout the College community. (Standard I.B.3)

The College evaluates its performance against institution-set standards using an annual Core Indicators Report. College staff presents information to the Planning Committee as well as the College community. NVC has institution-set standards for student achievement, which it links to the College mission and is used to define the overall academic quality of the institution. The College uses student achievement data as a tool for decision-making. NVC assesses accomplishments of its mission through a comprehensive program review as well as an evaluation of institutional level goals. (Standard I.B.3)

The College provided information on PEP Student Achievement Data using examples from its Business Administration and Physical Education, Athletics, and Health programs. Longitudinal information on the College's Retention and Course Completion rates were also included as part of the evidence. (Standard I.B.4)

All of NVC's programs and services complete program reviews (PEP) on a six-year cycle. Program faculty and staff analyze and discuss student learning and achievement data within the context of program resources, services, and curriculum. These discussions include data on course enrollment, successful course completion, retention, average class size, mode of delivery, and program awards. The PEP process includes disaggregated data by courses, programs within departments, and equity groups. The PEP process leads to the development of a 6-year plan that will improve student learning and achievement based on the analysis of program data. Although

the program review process does not include data disaggregated by mode of delivery, the College does plan to incorporate this format into future PEP cycles. (Standard I.B.5)

The six-year Program Evaluation & Planning Cycle document provides a review schedule for Instructional Programs, Academic Support Programs, Student Services, and Administrative Services (2011-2016). The document was updated on January 2014 and identifies the programs and services that undergo PEP review. Discussions with the College staff verified the College's efforts to assure relevancy and consistency in reviewing one time during a 6-year cycle. (Standard I.B.5)

The 2014 Program Evaluation & Planning Schedule for Instructional Programs shows information on the College's efforts to organize its review process. During the College visit, additional evidence on the College's review process was received and meetings with College staff verified that the College is sustaining and/or expanding its efforts to review and connect the PEP process with the College's resource planning strategy. Resource requests identified at the program level through PEP are submitted for approval at the institutional level through the annual planning and resource allocation process. The visiting team verified that the PEP process includes a review of the College's learning outcomes. Along with the six-year cycle of the PEP process, the College develops annual unit plans that contain specific and measurable objectives leading to resource allocation requests. (Standard I.B.5)

An analysis of student achievement data was reviewed by the team that included information on select College departments (i.e., music, history). Student equity data was also reviewed by the team, which showed disaggregated information based on gender, race/ethnicity, age, and disability status. NVC provided evidence on its efforts to analyze student achievement data and incorporate the results of the effort in the College's planning strategies, which includes identifying College resources to address achievement gaps. NVC addresses gaps in student achievement through an annual planning process at the program/service levels and resource requests are submitted through the annual planning and budget process. The College plans to implement strategies identified in the Student Equity Plan in order to address any disproportionate impacts found between defined student groups. (Standard I.B.6)

The College uses the PEP process as its key mechanism for evaluating the effectiveness of instructional programs, academic support services, student support services, and administrative services. Additionally, The College has engaged in evaluation of a number of policies and practices across many areas of the College as part of its effort to assure effectiveness in supporting academic quality and realizing the mission. The College provided evidence of changes and improvements at the program level, institutional level, and for policies and procedures. However, no evidence was provided for the systematic evaluation of the effectiveness of resource management and of governance. (Standard I.B.7)

The evidence provided shows communications on PEP-related matters. The information reviewed in the evidence file also reflects the College's efforts to distribute information on its enrollment patterns, curriculum development, planning and budget requests, etc. There are references on College-based discussions that focus on the College Educational Master Plan and

Strategic Plan. The visiting team reviewed evidence on the College's efforts to share assessment results and make presentations to the Board level. (Standard I.B.8)

NVC communicates assessment and evaluation results through campus committees, reports to the Board, and the College website. At the program level, PEP results are shared with the appropriate Vice President or the President who then summarizes the information, identifies next steps, and communicates those steps back to faculty, staff and appropriate committees. Evaluation and assessment results are shared at program- or division-level meetings as well as LOAC meetings and the College website. At the institution level, program review results are shared through an annual campus forum and evaluation activities are communicated through committee meetings, Board presentations, and the College website. Additional communication mechanisms include campus wide forums and flex day announcements. (Standard I.B.8)

Evidence was reviewed to validate the College's engagement in continuous, systemic, and broad based evaluation and planning. From the hiring of staff and faculty to the purchasing of technology, there is evidence to support the College's efforts to integrate program reviews with resource allocation, which align with the College's mission. Program and service level plans are linked directly to the College's Strategic Plan objectives and the resources needed to achieve such objectives. In addition, NVC has an annual planning process that links unit-level initiatives to Strategic Plan objectives, which includes an identification of the source for each initiative (PEP, outcomes assessment, etc.). Short- and long-range needs for human resources are identified each year through annual unit plans analysis of staffing needs (e.g., anticipated retirements), and survey results collected on professional development activity needs. For physical resources, long-range plans are identified in the Facilities Master Plan, while short-term repairs and needs are identified during program review. NVC conducted an evaluation of technology needs in 2011 and noted that long-term sustainability of technology is a challenge for the College. A long-term plan is in place to address such needs, while ongoing needs are met through the annual planning and budgeting process. The College has included integrated planning as part of its Quality Focus Essay. As part of its list of solutions, the College will evaluate and refine processes to strengthen effectiveness, evaluate integration of planning and resource allocation processes at the program and institutional levels, and strengthen integration with planning and resource allocation. (Standard I.B.9)

## **Conclusion**

The College meets all the Standards and related Eligibility Requirements except for Standard I.B.2.

## **Recommendation to Meet the Standards**

### **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. (Standard I.B.2; II.A.3; II.A.11; II.A.13; II.A.16; ER 11)

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

### **General Observations:**

Of the fourteen subsections of Standard 1.C, two were not relevant to NVC (I.C.10 and I.C.11). The College demonstrates integrity in all policies, actions, and communication through appropriate documentation such as board policy citations, printed college materials such as catalogs and handbooks, and the College website. Overall, NVC is committed to representing its programs and policies to the campus and community with appropriate attention to clarity, accuracy, and detail. Members of the College community act honestly, ethically, and fairly in carrying out the work of the College.

### **Findings and Evidence:**

NVC shares information with the campus community and public in a variety of ways: posters, the college website, an electronic sign at the college entrance that is updated daily by the Office of Institutional Advancement (OIA) staff, electronic newsletters, printed and online schedules of classes, and the print and online college catalog. The OIA posts student achievement information on the college website and on social media, and Board of Trustees minutes reveal that student achievement data is shared with the Governing Board by the Dean of Research, Planning, and Institutional Effectiveness. The college website was updated in the fall of 2014 and NVC currently relies on staff in each program and department to provide updates. The self-evaluation report notes that consistency of review processes is challenging, and this may account for several omissions of program learning outcomes in the current college catalog as well as an inaccurate description of the online catalog's production schedule. The Quality Focus Essay states the College's intention to commit itself to a thorough review of college processes which will result in a more effective review and tracking of documents, which will aid in accuracy. The College's accredited status is published on the College web site and in the college catalog. Accredited status of specific programs is published on the programs' website pages and is included in the programs' listings in the college catalog. (Standard I.C.1; ER 20)

The college catalog exists in both printed and online versions, and is produced by a task force consisting of scheduling staff; the dean of instruction; the faculty co-chair of the Curriculum Committee; counselors; staff from Admissions and Records; the articulation officer; and, as a recent addition, students who provide input concerning the user-friendliness of the document. Divisions, departments, and the Office of Instruction staff review the accuracy of the catalog content. In 2014, NVC moved to an annual catalog to ensure currency. Although the 2015-2016 catalog includes most of the required elements, some information is missing, such as program learning outcomes for Mathematics and Speech Communications departments. The catalog describes to students the potential value and particular challenges of online coursework, and directs them to a college website for more detailed information. All online courses have a built-in link to the Student Services website. (Standard I.C.2; ER 20)

NVC communicates matters of academic quality to appropriate constituencies, students, and the general public through a variety of reports and announcements, including but not limited to, summaries of PEP reports, OIA announcements and releases, summaries of state and federal

reports, and the Core Indicators Report. Most of this information is provided through the Research, Planning & Institutional Effectiveness (RPIE) website. The self-evaluation report notes “communication of student learning data is less robust” than communication of student achievement, because this data is largely housed in PEP reports not easily accessed on the website. The detailed PEP reports, which are the most robust source of student assessment data, are “not easily accessible on the college website,” according to the self-evaluation report. The QFE plans to ameliorate this lack of accessibility by instituting a centralized system to simplify data entry and extraction to inform dialogue at multiple levels. One example of a strategy to improve communication of matters of academic quality to appropriate groups is the prompt found on the January 2015 revision of the PEP form: “How are the results of SLO assessment shared with appropriate stakeholders, including students and the public?” (Standard I.C.3; ER 19)

The college catalog and department websites describe degrees and certificates offered at NVC. The inclusion of a variety of staff in the review process helps to maintain accuracy. The faculty contract contains a Syllabus Checklist to assist full-time instructors in crafting their syllabi; part-time faculty members are provided with course outlines of record to help develop syllabi. Whether a course is taught in the traditional modality or offered online, the divisions/departments collect syllabi to ensure that all of these documents include student learning outcomes. (Standard I.C.4)

The OIA and RPIE review college publications that represent the mission, programs, and services of the college. The self-evaluation report identifies a deficiency that not all publications on the college website are reviewed for consistency and integrity of representations. The QFE contains plans to improve in this area. Policies and procedures are regularly reviewed through the process established in BP/AR 2410 and a review calendar for all policies and procedures has been established through the 2020-21 academic year. (Standard I.C.5)

Information regarding the total cost of education at NVC (including housing estimate, tuition, transportation, books, and health insurance) is provided in the college catalog. There is a detailed chart published on the “Registration” section of the college website that clearly shows categories of fees and timelines for refunds. In addition, students can learn the current price of textbooks available in the NVC bookstore from a link on the college website. (Standard I.C.6)

NVC publishes BP I7100: Academic Freedom in the college catalog and in the Faculty Handbook. This policy provides guidance to employees and students related to academic freedom and responsibility. (Standard I.C.7; ER 13)

NVC has established and published a number of board policies and administrative regulations for promoting honesty, responsibility, and academic integrity for constituencies. Ethical standards for classified and administrative personnel are yet to be developed, but are part of the comprehensive review of all board policies and administrative regulations.

BP S6310: Standards of Student Conduct

BP S6330: Academic Honesty

BP 7115: Ethical Standards

AR 7115: Faculty Ethics Standards  
(Standard I.C.8)

BP I7100: Academic Freedom and AR 7115: Faculty Ethics Standards establish the responsibility of faculty members to teach fairly and objectively while supporting individual expression and diverse viewpoints. Review of CORs provide a process for ensuring that official course content represents professionally accepted views in a discipline. During faculty performance evaluations, student evaluations offer their perspectives of whether the faculty member is presenting course material objectively; this data becomes part of the material reviewed by faculty peers. (Standard I.C.9)

NVC has maintained compliance with Commission ERs, Standards, policies, guidelines, institutional reporting, team visits, and substantive change requirements and has done so in a timely fashion. The College's accredited status is appropriately displayed on the college website and in printed materials such as the college catalog. Standard I.C.12, ER 21)

The College maintains effective relationships with several external agencies (e.g., health and criminal justice boards and commissions). The College published current accredited status from these agencies on appropriate department websites and in the college catalog. (Standard I.C.13; ER 21)

The NVC Foundation and District Auxiliary Services support student learning and achievement by raising and disbursing funds for scholarships and professional activities related to the College's mission. Requests for funding are data-based, supporting campus projects or activities designed to benefit student learning and achievement. The OIA uses social media and posts on the College website to highlight NVC's activities that support the College's mission. Regular reports to the Board of Trustees by the Dean of Research, Planning, and Institutional Effectiveness are reflected in board minutes. (St. I.C.14)

### **Conclusion**

The College meets the Standards and related Eligibility Requirements.

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

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

#### **General Observations**

NVC's instructional programs focus on general education, transfer, pre-collegiate, non-credit, and career and technical courses and programs. The college awards 38 Associate of Arts/Associate of Science degrees, 16 Associate of Arts/Associate of Science Transfer degrees and 35 certificates. The College has extensive off-site offerings that include non-credit, contract education, and community service offerings located at its Upper Valley Campus (UVC).

#### **Findings and Evidence**

All of NVC's instructional offerings are aligned to the College mission focused on transfer, basic skills, associate degrees, career-technical programs and contract education that culminate with the achievement of degrees, certificates, employment or transfer to other higher education programs. Instructional programs are offered in fields consistent with the institution's mission that includes a wide-array of intended audiences that "serves students and the community". (Standard II.A.1; ERs 9, 11).

Through the College's Curriculum Committee and Program Evaluation and Planning (PEP) faculty provide systematic evaluation of instructional courses, programs, and services to ensure to ensure that courses, programs, and services are aligned to the mission of the College to promote student success. Faculty at NVC regularly and systematically review and improve course and program curricula to ensure academic rigor and alignment with current standards of scholarship in professional and academic fields. Faculty review courses at least once every six years with career-technical programs evaluated at least once every two years. The continuous development of the PEP instrument at NVC ensures high quality of the curriculum offered and a thorough curricular review process. (Standard II.A.2).

NVC has developed course, program, general education, and institutional learning outcomes relying on expertise of faculty. Although learning outcomes have been identified for credit and non-credit courses, the team did not find evidence of learning outcomes for community education offerings (not for credit, fee-based). (Standard II.A.2)

Course, program, and degree student learning outcomes and assessments are the same for face-to-face instruction and distance education offerings. Departments choose the assessment tools most appropriate and relevant for their students. The team found evidence of assessment at the course level, but the team found a lack of evidence of ongoing assessment and dialogue at the program level for a number of programs. Team members confirmed that some program level assessments have been conducted and are publically available on the website, but the College could not provide evidence that all instructional programs were being assessed. The team confirmed that faculty members participate in the College's integrated planning process through the annual unit plans and the six-year comprehensive program review processes. The College's effort to engage in post assessment results just prior to the site visit provides evidence of the College's recognition that assessments need to be completed to meet the Standard. The team

found that although student learning outcomes are found in the majority of syllabi sampled, there was evidence that some syllabi lacked published SLOs. Not all program-level outcomes are included in the College Catalog. (Standard II.A.3).

NVC offers 30 courses to prepare students for basic skills in English and Mathematics. NVC offers a clear path from pre-collegiate to college-level courses. The College has identified the curricular approaches to help increase student success in basic skills math. Coupled with support services in the math tutoring lab, faculty and staff have demonstrated a commitment to improving the student transition from pre-collegiate to college-level. The development of accelerated Pre-Algebra-Beginning Algebra combination into one 7-unit course (Math 92) provides evidence of the College's use of data to implement curricular change to support student learning. (Standard II.A.4).

NVC's degrees and programs follow practices common to higher education including the appropriate breadth, length, depth, rigor, and course sequencing. Instructional quality is maintained through the college's curriculum approval process. The College relies on the expertise of the faculty through the Curriculum Committee and Academic Senate to review and approve all courses. Additionally, the College requires career technical education courses to demonstrate input from employers and labor market demand for college approval as evidenced with the approval of the Paramedic Program, the most recent CTE program established at NVC. Through its Curriculum Committee and faculty senate review process, the College ensures alignment with the minimum degree requirements of 60 units (Standard II.A.5; ER 12).

The institution schedules courses in a manner that allows students to complete certificate and degree programs within a 2-3 year period of time. Courses included in the college catalog are typically offered at least once every two years. The PEP provides a comprehensive analysis of course data that determines student demand. The College is planning to explore a two-year schedule development as indicated in its Action Plan. Once implemented, the two-year schedule can be very beneficial for students' planning and successful completion of their goals in a timely fashion. (Standard II.A.6).

A review of a broad sample of course outlines confirmed that faculty members use multiple methods for delivering course content to meet the diverse learning needs of its students. Faculty members discuss the teaching methodologies at the Curriculum Committee and Instruction Council as part of the College's effort to utilize multiple delivery modes. The College provided evidence of a gap in course retention rates and course completion rates when comparing face-to-face learners with online learners. However, no action plan was included for addressing this gap. (Standard II.A.7).

NVC does not use any department- wide course/and or program examinations. (Standard II.A.8).

Each required course outline of record at NVC contains the standards for awarding units of credit which are compliant with institutional and regulatory policies and procedures. The College awards units of credits based on student achievement of the course objectives and outcomes listed in the course outlines. The College does not offer courses with clock-to-credit-hour conversions. (Standard II.A.9; ER 10).

Transfer-of-credit policies and articulation agreements are clearly stated in the College catalog and on the college website. Common course identification numbering is provided where applicable. The articulation website is concise and easy to navigate for students. (Standard II.A.10; ER 10).

The College provided evidence that all degree programs include both program-specific learning outcomes and general education learning outcomes covering communication competency, information competency, quantitative competency, analytic inquiry skills, ethical reasoning, the ability to engage diverse perspectives, and other program-specific learning outcomes. The College has not identified program outcomes for Associate Degrees for Transfer which the College attributes primarily to the institution's evolving definition of a "program". Additionally, there was a lack of evidence to demonstrate that all program-level outcomes have been regularly and systematically assessed. (Standard II.A.11)

The College requires of all of its degree programs a component of general education based on a carefully developed philosophy for the associate degree. The College referenced BP/AR 4025: Philosophy and Criteria for Associate Degree and General Education in its evidence, but this policy and administrative regulation are not developed yet. However, the College has in place BP I7800: Associate of Arts/Associate of Science Degree Requirements which includes a section on general education philosophy. The College relies on the Curriculum Committee and the Academic Senate working closely with the faculty articulation officer to determine the appropriateness or courses for general education inclusion. The General Education learning outcomes are developed by the Academic Standards and Practices Committee. (Standard II.A.12; ER 12)

All NVC degrees include general education requirements and a "major" which is a focused area of inquiry. All degrees have program-level outcomes that the College clearly publishes on its website. The team found evidence of programs, both career technical education and general education, lacking published learning outcomes assessment results. Not all programs have assessed their learning outcomes in a consistent and timely manner. (Standard II.A.13).

CTE programs are evaluated on a two-year cycle. Through this process CTE programs assess the effectiveness of graduates in meeting technical and professional competencies as well as external licensure and certification. The team found evidence in completed evaluations for CTE programs that students demonstrate technical and professional competence through outcomes assessment. Advisory committees play an essential role in providing information related to evolving professional standards, expected competencies, employment trends, and other matters related to the specific industry or business. (Standard II.A.14).

AR I7840: Program Discontinuance provides the process for eliminating a program. This procedure was used most recently in evaluating discontinuance for two programs, Broadcast Television Engineering and Digital Design Graphics Technology . Through this process the DDGT program was discontinued and provisions were made so that enrolled students could complete their program in a timely manner with a minimum of disruption. (Standard II.A.15)

NVC evaluates all instructional courses and programs through its PEP process to ensure quality and currency. The College provided evidence of changes and improvements to instructional programs resulting from the outcomes of the PEP process. Regular and systematic evaluation of distance learning courses/programs and community education courses/programs was not evident. (Standard II.A.16).

## **Conclusion**

The College meets all the Standards and related Eligibility Requirements except for Standard II.A.3; II.A.11; II.A.13; II.A.16; ER 11.

## **Recommendation to Meet the Standards**

See Recommendation 1.

## **Recommendations to Improve Quality**

### **Recommendation 2**

In order to increase effectiveness, the team recommends the College develop and assess student learning outcomes for its community education offerings. (Standard II.A.16).

### **Recommendation 3**

In order to increase effectiveness, the team recommends the College strengthen its procedures and coordination of the delivery and assessment of Distance Education courses, programs and services. Further, the team recommends the College develop strategies for addressing the gaps in course completion rates and course retention rates when comparing performance of face-to-face learners with online learners. (Standards II.A.3, II.A.7, II.A.16; *USDE Policy on Distance Education and Correspondence Education*, 607.12(g))

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

### **General Observations**

Napa Valley College has a variety of library and learning support services for students. In 2010, NVC opened a new Library and Learning Resource Center building with 62,500 square feet to house the Library & Instructional Media Center. This building also houses The Teaching and Learning Center (TLC), Testing and Tutoring Center (TTC), Media Services, Learning Services, and Disabled Students and Program Services (DSPS). NVC offers additional learning assistance at the Writing Center, Math Center, and MESA Center located on campus. Students have access to computers, laptops, and wireless internet throughout the library. The Library offers face-to-face instruction and enhances it with digital resources available through the Library's website, such as self-paced tutorials, that also supports distance education students.

The Library continually assesses itself with an ongoing satisfaction surveys online and a creative wine cork survey located physically by the Library's circulation desk. NVC's self-evaluation and interviews with employees shows changes made as a result of formal and informal assessments. All Library and Learning Support Services complete NVC's PEP process and Annual Unit Plans to further assess their services and request resources. Additionally, all the employees obtain informal feedback while working with students and use that information to improve student experiences.

Many college employees commented on how the new Library and Learning Resource Center has increased their centrality to learning by providing an academic study place and supporting student success through the various services offered under the Library and Learning Resource Center.

### **Findings and Evidence**

NVC opened a new library building in 2010 going from a 12,999 square foot library to a 62,500 square foot Library and Learning Resource Center. This space includes table areas, media viewing stations, print and copy center, three media viewing rooms, and 8 group study rooms. The library collection includes 58,000 volumes, 56 print periodicals, four local newspapers, a reserve collection (textbooks and course materials), and subscription databases. These resources are supplemented by consortium membership with the Solano Napa and Partners (SNAP) Library Consortium that grants access to materials at seventeen partner libraries and shared subscription resources. Access to Inter-Library Loan services enhances access to items that cannot be obtained in-house or through SNAP. The Upper Valley Campus (UVC) Library houses a small collection to support the UVC culinary arts students, but lacks permanent college staffing. All NVC students, regardless of location or instructional delivery, have access to online library resources. NVC's Library updates the collection through the Program Evaluation and Planning process (PEP) that allows any academic department to request library materials. PEP requests and collaboration with faculty keeps the NVC Library's collection sufficient in quantity, currency, depth, and variety. The library also analyzes usage data to determine what areas of the library's collections to develop. (Standard II.B.1)

The increase in square footage of the library has led to an increase in students using the library and its resources, but staffing has not increased due to funding limitations. The Upper Valley Campus Library that predominately serves the fee-based culinary students is staffed by a volunteer with limited hours. Library staff members refer these students to the St. Helena Public Library branch to obtain NVC materials through the SNAP consortium partnership. There are discussions about balancing the newly hired (second) librarian's time between the main campus and the Upper Valley Campus. The Writing Center and Math Center employees report similar issues with staff shortages to meet current demands and expand services. In spite of these noted classified staff and librarian shortages, employees generally feel they sufficiently meet student needs and students interviewed agreed. (Standard II.B.1)

NVC provides several offices of learning support services. The Testing and Tutoring Center (TTC) assesses students' English and Math skills to determine course placement. Students needing additional support are referred to the Math Center (which also offers some biology tutoring) or the Writing Center (both housed in a separate building from the library) for specialized learning assistance. All tutors are trained by the TTC to provide mostly one-on-one tutoring with some Supplemental Instruction with specific classes (in Math, Science, and Engineering). A Student Success Center Director (a faculty position) was hired to develop and pilot information competency support for English 90 (one level below transfer-level English) with librarian collaboration. The Teaching and Learning Center (TLC) provides all professional development for NVC that includes workshops on pedagogy, teaching, changing learner needs, new faculty training, and using library resources. All tutoring that is currently offered is funded from the Basic Skills Initiative, Hispanic Serving Institution grant, etc. and not from the NVC's annual budget. This is why tutoring is offered in a small number of disciplines (English, Math, Biology, and MESA) and not offered in other disciplines (like Spanish or Accounting). Testing and Tutoring Center staff members have begun to track what disciplines students ask for and believe there is a need for Spanish, Accounting, Economics, and Sociology tutors. Having no identified funding other than BSI, HSI grants, etc. has prevented the College from offering tutoring in a variety of disciplines and delivery modes as well as offering tutoring to off-site students. (II.B.1)

Learning technology is infused throughout various departments. The library houses eighty student computers with office software. Twelve library computers have text-to-speech software installed although all computers can access this software through a web-based application. More specialized hardware, software, and training can be accessed through DSPS and Alternative Media. Faculty members and librarians utilize technology for teaching with access to classrooms equipped with computers and projectors and also have access to a media/production studio. (Standard II.B.1)

Students in Distance Education, at the Upper Valley Campus, and other sites, access information on services through the website, social media, or telephone. The Library provides online modules and databases that students can use without the need to visit the main campus. Library and Learning Support Services staff members at the main campus communicate and collaborate with faculty at UVC. UVC students must visit the main campus for learning assistance. This year they will begin to offer limited online tutoring (through a service) for students who cannot travel to

the main campus for tutoring and have plans to expand the Student Success Center model to include online learning modules in more disciplines. (Standard II.B.1)

Library and Learning Support Services selects and maintains equipment and materials to support student learning and mission achievement by participating in various campus planning activities, such as the PEP process and Annual Unit Plans. The PEP process allows faculty to include requests for library resources and other non-library learning resources by filing out the appropriate PEP addendum. The Library PEP Addendum is forwarded to the Librarians for further review, action, and communication with the requesting faculty member. Other PEP and Unit Plan requests are forwarded to the appropriate committee for further reflection and action. The College is applauded for including library, learning resources, and media materials requests as part of the PEP process. Including the Learning Resources and Media Requests addendum encourages faculty to consider an often overlooked area of instructional materials that support student learning and growth and allow the librarians another avenue of communication with faculty (Standard II.B.2)

Library and Learning Support employees participate in various campus planning activities and committees to maximize collaboration to support learning with equipment and materials. Given the shortages with classified staffing, they are the most challenged in being able to effectively participate since there are no staff members to cover services in their absence, but classified staff members report they have opportunities to request items to increase their own effectiveness through PEP and annual unit planning. Librarian outreach efforts ensure library materials meet student learning needs. Librarians work with individual faculty and departments to identify needs through department, division, & committee meetings, library instructional opportunities (class presentations), and electronic communications (email, website, etc.). The Librarians see the development of a newly acquired subscription to LibGuides (which allows the librarians to create a customized list of resources for specific subjects) as a catalyst for opening communication with faculty regarding library resources. (Standard II.B.2)

The Library's efforts to assess library use and satisfaction with services helps NVC assure they are meeting student needs. They regularly evaluate services using statistical data, such as circulation and database usage, and also assess user satisfaction with library services through online surveys and their "wine cork" survey located at the circulation desk. Some of these assessments are formalized through the college's SLO Assessment process which captures the changes the NCV library has made to improve services. Improvements include customer service training, printing options, and obtaining additional resources. Evidence of student learning is also captured through assessment work the librarians do directly with students and incoming English assessment data. The Library has used incoming student English assessment data to determine that the population of students scoring below transfer level English needed to acquire research and writing skills to help them successfully complete their classes. Librarians, English department faculty, and the Dean of Library and Learning Resources collaborated to create an English-Library Student Success Center that offered workshops to teach writing and information literacy taught by English faculty and Librarians. Assessing how well the students learned the outcomes is a component of this Student Success Center Model. Other workshops and presentations for courses have assessment components to assure students learn the outcomes. The College plans to expand this model to other disciplines (Standard II.B.3)

Writing Center staff members assess student experiences after each thirty minute session by asking for feedback. The Writing Center completes PEP and Unit Plans which includes reporting out on SLOs they assess for their learning services. Math Center services are evaluated in the Math Department's PEP and annual unit plans with Math Center staff obtaining informal feedback from the students they work with to improve service. Both of these discipline driven centers are working on plans to change how they offer and assess services by planning to develop and implement a Student Success Center model (originating from Chaffey College) that also links with services under the Tutoring and Testing Center. (Standard II.B.3)

NVC takes advantage of local organizations and other services to expand access to resources for their students. NVC's Library is part of the Solano Napa Partners (SNAP) Library Consortium through which partners share resources, such as databases and an Integrated Library System (which also economizes costs for NVC and partner libraries). Various library employees represent their interests on different consortium committees to ensure NVC's needs are met using circulation and databases usage statistics to ensure the effectiveness of this type of partnership. NVC is also a member of another organization, the North Bay Cooperative Library System (NorthNet), which provides additional library resources, reference services, and a system to deliver materials to member libraries. NVC takes advantage of membership in Online Computer Library Center (OCLC) to obtain bibliographic records and Inter-Library loans which provides even greater access to materials for NVC students. (Standard II.B.4)

## **Conclusions**

The College meets the Standards.

## **Recommendation to Improve Quality**

### **Recommendation 4**

In order to increase effectiveness, the team recommends that NVC should assess the availability and sufficiency of library and learning support services and student support services offered at the Upper Valley Campus, other off-site locations, and through Distance Education and create a plan which includes delivery of sufficient services to students regardless of location or delivery mode and ensures long-term funding sustainability for learning support services currently funded through grant and state initiatives. (Standards II.B.1, II.B.2, II.B.3; II.C.3)

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

### **General Observations**

NVC offers many different student support services to students at their main College campus in Napa as well as similar, but very limited, services at the Upper Valley Campus (UVC) in St. Helena. Select services are also available online and by telephone. Services provided on the main campus include matriculation (orientation/assessment/counseling), admissions & records, financial aid, health center, college police, student government and a welcome center as well as various population-specific programs (Veterans Resource Center, DSPS, EOPS, CARE, CalWorks, Trio, etc.). There is a high level of cooperation and coordination between these various departments and the College does an admirable job of outreach and relationship building with its high school partners and in the local community.

The issue of physical space for Student Services from the 2009 accreditation cycle has continued to be a focal point for the College. The issue was first addressed during the 2003 accreditation site visit resulting in Recommendation 6, which called for “broad participation in planning the design and use of new and renovated facilities.” The concern continued through the next accreditation cycle and resurfaced in the 2009 self-evaluation. The College’s plan at that point in time was for bond proceeds from the proposed Measure E to fund a new Student Services “one-stop” building to house the various departments and programs that make up Student Services. The 2009 site visit team included Recommendation 3 in their report which called for the College to develop a “contingency plan to ensure adequate, functional space for student services” in the event the bond measure failed. Ultimately, the bond measure did fail. And while a formal contingency plan had not been fully developed, the College was able to partially remedy the situation in 2011 with the opening of the new Learning Resource Center. As that facility was brought on line, the Superintendent/President’s office, Human Resources, and related District administrative offices were moved out of Building 1300 (where a number of student services offices exist) and into the former library (Building 1500). This has freed up space for Student Services to expand Admissions & Records and Counseling in Building 1300. While College staff notes that additional space will remain as a continuing need, the visiting team concluded that the College satisfactorily addressed the physical space issues.

### **Findings and Evidence**

The self-evaluation focused on three primary ways by which NVC regularly evaluates the quality of the student support services that it provides to students. The first is the PEP process that requires programs on campus to use both quantitative and qualitative data (including surveys, institution-generated data on success indicators, and Student Services Outcomes) to reflect on how their program meets the objectives, goals, and ultimately, mission of the College. It is tied to their planning and resource allocation cycles and serves to inform them as to the level in which NVC is meeting student needs. The second tool used is the Strategic Enrollment Management (SEM) process that is designed to assist students in the matriculation process. This process has generated the “5 Steps to Successfully Enroll as a New Student.” Finally, NVC uses feedback gleaned from its Student Complaint & Grievance Procedure as another tool for evaluating/improving service to students. Examples of improvements made as a result of student

complaints and/or grievances include re-designing and re-building the Financial Aid Counter, using SARS to allow students to make appointments with Financial Aid, and utilizing email so students can ask questions of Admissions & Records staff without having to visit the campus. In addition, the Vice President of Student Services tracks complaints and grievances and provides a report to each department at the end of each year that they use to make improvements. With respect to outcomes, 12 of the 13 student services areas have identified student service outcomes with 8 of those having current assessments. (Standards II.C.1, II.C.2; ER 15)

NVC offers a full complement of student support services in-person on the main campus and appears to offer some similar, albeit very limited, types of services at the Upper Valley Campus, located 20 miles north of the Napa Campus in the city of St. Helena. The College is also cognizant of students who cannot access services on campus by offering online and telephone options. In addition, recognizing the needs of their evening-only students, offices are kept open later during the first weeks of each new semester and services are open late on Tuesday evenings throughout the semester. (Standard II.C.3; ER 15)

NVC offers several co-curricular programs to its students including the performing arts and nine intercollegiate athletic programs. Each program participates in the PEP process described above for planning and budgeting purposes and all are conducted in accordance with state rules, regulations, and eligibility requirements. (Standard II.C.4)

NVC employs thirteen full-time counselors, two full-time classified Student Services Specialists, and additional adjunct counselors to provide counseling and advisement services to students. They meet as a group twice per month and are provided with staff development opportunities to ensure they have timely and accurate information for students. (Standard II.C.5)

NVC has an admissions policy consistent with its mission (BP 5052: Open Enrollment) and provides “clear pathways” to student completion and transfer goals and shares this information with students through its website, catalog, and in counseling/advising sessions. NVC is currently implementing a new degree audit software program that will allow staff and students alike to more readily define these pathways and monitor progress towards completion. (Standard II.C.6; ER 16)

New students are assessed at NVC to ensure proper placement in English, English as a Second Language, and math courses. Students can take the placement test year-round. The College uses placement instruments approved and validated by the California Community College Chancellor’s Office. The college also evaluated placement effectiveness locally in fall 2014 by asking instructors and students if they were appropriately placed. The results were positive and actions plans were designed to help students score higher in English and math and to disaggregate English placement data to further understand why the majority of students place into English 90. During this process NVC also studied the impact of student placement scores on various groups (gender, race/ethnicity, age, and disability status). Placement results and the results of the evaluation of the assessment tool are shared in reports and at meetings. (Standard II.C.7)

The security of student information is maintained through storing paper records and electronic images of records in a secure physical or digital location where only authorized users can access them by key or digital security measures. The College follows Family Education Rights and Privacy Act (FERPA) requirements, which requires a student's permission to release educational records to third parties. The college catalog defines information that may be released to entitled agencies. Electronic images are stored on servers maintained by the Institutional Technology department who backs up the information on tapes that are stored securely in a fireproof safe to ensure security and redundancy. (Standard II.C.8)

### **Conclusions**

The College meets the Standards and Eligibility Requirements.

### **Recommendation to Improve Quality**

See Recommendation 4.

## **STANDARD III RESOURCES**

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

#### **General Observations**

Human resources are generally sufficient to meet the College mission and all employees possess appropriate qualifications for their positions. Human resources policies and practices meet accreditation standards and are mostly well implemented. The College has experience some challenges with turnover in administrative staffing leading to some assessment and evaluation processes lagging behind the College's established schedules.

Institutional processes for evaluation of all employees are in place, but are implemented to varying degrees. College employees meet appropriate qualifications. Full-time faculty evaluations are scheduled and completed consistently. Staff and administrator evaluations are considerably behind schedule and academic administrator evaluations may not meet the formal requirements to include SLO assessment as a required element of the evaluation. Student Learning Outcomes assessment is a formal requirement of full-time faculty evaluations.

#### **Findings and Evidence**

Through established policies and selection practices, the College openly recruits and selects administrators, faculty and staff with appropriate education and experience to meet the job requirements. The College has a sufficient number of qualified faculty members, which includes full-time faculty and may include part-time faculty, to achieve the College's mission and purposes. The number is sufficient in size and experience to support all of the College's educational programs. A clear statement of faculty responsibilities must include development and review of curriculum as well as assessment of learning. (Standard III.A.1)

While the College's self-evaluation emphasized full-time faculty selection, job descriptions and the published handbook provides evidence of the use of appropriate educational and experience criteria for the service to be performed in the selection of all faculty members. Required qualifications listed in job announcements - and in the community education instructor handbook for non-credit faculty - also include discipline expertise level of assignment, teaching skills and scholarly activity. The potential to contribute to the mission of the College is implicit in the criteria and the requirement for evidence of sensitivity to student diversity. Job announcements for full-time faculty positions, which serve as the job description, include requirements to participate in curriculum development and student learning assessment. (Standard III.A.2; ER 14)

In addition to qualified faculty, the College demonstrates that administrators and staff are selected who have appropriate educational qualifications and level of experience for their jobs. Degree attainment of faculty, administrators and key staff is published in the college catalog. Job announcements for all full-time employees clearly describe required and desirable supplemental education and experience. (Standard III.A.3)

Sample published job announcements and selection processes clearly state that required degrees must be from institutions accredited by recognized U.S. accrediting agencies or that equivalence to such degrees has been established. (Standard III.A.4)

The College has established written criteria and timelines for the evaluation of each employee group or has negotiated individual contracts with senior administrators that identify evaluation standards. These criteria and timelines mandate regular, systematic evaluation of all personnel on the performance of their assigned duties and participation in institutional responsibilities as appropriate to the positions. The evaluation processes have stated expectations and provide for assessing the effectiveness of personnel and encouraging improvement. Faculty evaluations are conducted on a peer review basis with the process managed by the Academic Senate. Under normal circumstances, administrative participation only occurs if a faculty member reports directly to an administrator.

Evaluation of full-time tenured and tenure-track faculty were found to be completed in a timely manner based on a published annual schedule. Six of eleven administrative/confidential staff evaluations due in 2015 were behind schedule. While some had reportedly been completed they had not been finalized. A report of classified staff evaluations showed 41 of 71 evaluations due up to the end of 2015 were overdue including 29 evaluations due in previous years. (Standard III.A.5)

Only full-time faculty members have as a component of their evaluation consideration of how they use the results of assessment of learning outcomes to improve teaching and learning. For full-time faculty this is achieved in sections of the faculty self-evaluation instrument in which faculty members check off items on their self-evaluation indicating whether they believe they have a strength, a need to improve, or the criterion is not relevant. Full-time faculty also have the opportunity through this form to identify professional activities in which they may engage related to these self-assessment criteria. (Standard III.A.5)

A review of six randomly selected full-time faculty evaluations was conducted, three from disciplines that conduct regular assessment activities and three from departments that assess learning outcomes inconsistently. As faculty members may elect to exclude their self-evaluations from their personnel files, only one of the six faculty evaluations showed evidence of conducting learning outcomes assessments. The evaluation summary forms for all faculty referenced effective assessment activity regardless of whether or not the discipline was conducting assessments inconsistently.

Administrative staff members and others directly responsible for student learning do not have as a component of their evaluations, consideration of how these employees use the results of the assessment of learning outcomes to improve teaching and learning. However, the vice presidents are able to request comment in the administrator self-evaluations on the tracking and improvement of learning outcomes. (Standard III.A.6)

The College has processes in place for determining the full-time discipline faculty to be hired each year. This process includes consideration of full-time/part-time faculty ratios, enrollment

growth, current or projected community and student need, and the College mission. When reviewing the full-time/part-time faculty ratio, consideration is also given to disciplines where there is only one full-time faculty member. The College employs sufficient part-time faculty recognizing that it is not possible under current funding conditions to have as many full-time faculty members as desired. College leadership is recommending a shift from a faculty-elected division-chair structure to a dean structure. It is believed that this shift will increase time for faculty members to fulfill faculty responsibilities essential to the quality of educational programs and services to achieve institutional mission and purposes. (Standard III.A.7; ER 14)

Through policies, practices, collective bargaining agreements and sufficient supervision and integration the College integrated part-time faculty into the life of the College. One exception may be the degree to which non-credit faculty, who are hired on a part-time basis, may be integrated into the life of the College, but college planning agendas address this concern. (Standard III.A.8)

Concerns about staffing levels are being resolved through reorganization plans and more effective use of college staff. Having a challenge recruiting Institutional Technology staff, the College is exploring outsourcing this work to continue to support technological operations. While the College has qualified staff, it is experiencing considerable turnover. (Standard III.A.9; ER 8)

Five administrators are relatively new and were undergoing first or second year evaluations while three acting deans and one interim vice president appeared on the list of persons who are in temporary positions. During the visit another long-serving administrator announced plans to retire within a short period. Evidence from documents and interviews indicated an institutional awareness of repetitive transitions in the ranks of top administrative staff. (Standard III.A.10; ER 8)

The College lists 32 Governing Board policies and 64 Administrative Regulations for Human Resources. On the College website there are 26 of the 32 BPs and 4 of the 64 ARs accessible. The College has a calendar for your review of all BPs and ARs to be completed by 2020-21. (Standard III.A.11)

The College regularly assesses its employment record in employment diversity and has increased the diversity of its personnel over the last several years. The College employs a number of programs, practices, and services that support its diverse personnel, including but not limited to, the Inclusivity Committee, the Bias Incident Response Team, and coordination of diversity efforts with the Student Equity Plan.

The College implements training for employees and provides for EAP assistance to ensure equal employment opportunity in hiring processes and to create a positive environment that supports diverse personnel and students. The Equal Employment Opportunity plan creates processes and tracks applicant pools and employment rates by gender, monitored groups including identified racial and ethnic groups, and persons with disability. (Standard III.A.12)

A written code of professional ethics for all of its personnel is established in BP 7115: Ethical Standards. An administrative regulation for faculty is established in AR 7115.1 and includes a process for handling alleged violations. Administrative regulations are in development for staff and administrative personnel. Additionally, collective bargaining agreements and evaluation processes contain provisions for progressive disciplinary action that allow for due process and consequences for ethical violations. (Standard III.A.13)

Professional development opportunities are available to all personnel through conference attendance, on-campus training through the Teaching and Learning Center (TLC), and through special programs for tenure track faculty. Classified employees may receive release time up to three hours per week to attend courses or to participate in professional development or cross training. Professional development needs are systematically assessed for programs and institutionally through the College's PEP process and employee evaluations. The College's Teaching and Learning Center (TLC) plays a key role in delivering professional development for employees. The College has a Staff Development Committee with representation from all constituent groups and a Professional Development Committee that is a subcommittee of the Academic Senate. (Standard III.A.14)

Physical access to personnel records is controlled and restricted for purposes of security and confidentiality to authorized employees. Employees have access to their own personnel records. (Standard III.A.15)

## **Conclusion**

The College meets all the Standards and Eligibility Requirements except for Standards III.A.5; III.A.6.

## **Recommendation to Meet the Standards**

### **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 to Improve Quality**

### **Recommendation 6**

In order to increase effectiveness, the team recommends that the College establish a stable infrastructure of sufficient administrative personnel to better ensure a consistent level of services to support the institution's mission and purpose. The team further recommends that the College expedite the process to fill vacant and interim positions. (Standard III.A.10; ER 8)

## **Standard III.B: Physical Resources**

### **General Observations**

Napa Valley Community College District has a main campus, Napa Valley College (NVC), the Upper Valley Campus in St. Helena, and classroom space at surrounding high schools. The district includes 200 acres of undeveloped land and 535,000 square feet of instructional and support services space.

Through a Capital Construction Bond (Measure N that passed in 2002) and state matching funds, the College was able to utilize \$138.8 million to construct and modernize its facilities. With the funds from Measure N, the college was able to add 157,000 square feet of new facilities including the Library and Learning Resource Center, Life Sciences Building, Performing Arts Center as well as the Central Utilities Plant and North Gymnasium.

The College utilizes various processes to plan and evaluate its facilities and the needs of the district. These processes include the Facilities Master Plan, the Educational Master Plan and the Program Evaluation and Planning cycle.

The College employs several mechanisms to assure the safety and security of the College's learning and working environments. The Chief of Police is very involved in the planning and assessment of the safety of the buildings. The Chief is also involved in developing emergency responses and the "...design of new buildings regarding occupant safety both for day-to-day operation and in the event of emergency."

The UVC in St. Helena is an outreach center where credit, non-credit, and not-for-credit courses are offered. The College also has access to other sites (e.g., American Canyon High School).

### **Findings and Evidence**

NVC completes a series of reports to assess its facilities. The College assesses the accessibility to its facilities through its American with Disabilities (ADA) Transition Plan. The plan was originally completed in 2004 with an addendum added in 2014. The college had a compliance visit from the Office of Civil Rights in February 2013. In regards to issues related to the American Disabilities Act, only some minor infractions were noted at the time, and have since been addressed. The Facilities Services Department works with various other departments (e.g., Disabled Students Programs and Services) to address any accessibility concerns on an ongoing basis. In addition, results from the facility evaluations (e.g., from the PEP reports) are used to address safety concerns. Individual departments with identified higher risk exposure perform additional inspections of their facilities and equipment to ensure the health and safety (e.g., physical education facilities and the Child Care Center). During interviews, it was mentioned that the hood systems in the science labs are also inspected to ensure they are properly functioning. The college completes a safety check of its off-campus sites before it is used for instruction. Those facilities that are subject to regulations from other agencies must pass rigorous inspection to maintain their licensing and accreditation. The college installed intruder locks that provide a simple method by which the faculty can lock the doors to the classrooms

from the inside to prevent intruders from entering the classroom. At this time, only classrooms with exterior doors have these locks. Training in the operation of the intruder locks takes place at the beginning of each semester and there is a video on YouTube that employees can view. (Standard III.B.1)

NVC utilizes various planning tools in assessing its needs when planning a building. Stakeholder meetings are held when preparing the draft of the Facilities Master Plan update to identify needs in addition to forums, surveys and interviews. In addition, PEP reports are completed at the program level. Through PEP, requests are sent to the division level and are prioritized among the other requests. The prioritized lists for each division are sent to the unit areas. In addition, the College updates its Five-Year Construction Plan and Scheduled Maintenance and Special Repairs five-year plan annually. A project list was developed through the draft Facilities Master Plan update (FMP) and became the basis of the local bond measure that was placed before the voters in November 2014. That bond failed to achieve 55% of the votes required to pass. (Standard III.B.2)

The District completes the Five-Year Capital Outlay Plan and the Five-Year Scheduled Maintenance and Special Repair Plan as well as the Space Inventory on an annual basis. The Facilities Condition Index report assesses the various facilities both on the main campus and at the Upper Valley Campus. The FMP lists various programs along with their 2011-2012 FTES as well as their projected 2022-2023 FTES. However, there was no analysis about recent growth trends. In addition, the FMP contains no discussion about whether the present facilities are sufficient for the College's current needs nor was there an analysis of the need based on enrollment. There was no discussion linking the FMP to the Educational Master Plan (EMP). (IIIB.3)

The College utilizes various plans as the basis of its long-range facilities planning. In addition, the College used the facilities Performance Indicators Survey to benchmark its facilities compared to other community colleges and other institutions. As a part of its long-range planning, the College cites evidence that a presentation was made to the Board of Trustees regarding the total cost of ownership (TCO) of facilities, equipment and technology. The minutes from that meeting reflect presentations on the Campus Master Plan and Facilities Master Plan, but the minutes do not reflect any presentation on TCO. During some interviews, there was a concern that TCO was not considered when designing new buildings. In reviewing the FMP and the EMP, there is no discussion regarding TCO. Through the process to develop a project list for Measure E, the College identified needed buildings, modernization projects, and site improvements. The list was developed through analysis of the EMP, FMP, annual Five-Year Plan updates and the PEP reports. However, several individuals expressed concerns regarding the linkage between those reports and the apparent contradictions between the FMP and the EMP in that some programs that would receive new facilities experienced a decrease in FTES. As previously mentioned, there was no discussion regarding facilities needs and enrollment trends in the FMP. (Standard III.B.4)

## **Conclusions**

The College meets the Standards.

## **Recommendation to Improve Quality**

### **Recommendation 7**

In order to increase effectiveness, the team recommends the College develop and implement methods for assessing total cost of ownership (TCO) for facilities. (Standard III.B.4)

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

### **General Observations**

NVC provides adequate technology services in alignment with its Strategic Plan. The annual updates of the PEP process ensure that adequate technology services and professional support are requested through the resource allocation request process.

The IT Roadmap is used to identify the gaps and contains a vision for the IT department. The last Roadmap is from 2012 and has not been updated since then.

The Dean of Technology left the college (Summer 2015) and this supervisory position is undergoing a re-evaluation. The Interim Vice President of Administrative Services currently oversees the IT Department and has proposed an entirely new organizational structure. According to the Organizational Chart that was provided in the self-evaluation report there are a few lower level positions vacant as well. Members of the IT department shared that they did not feel staffing was sufficient and the most recent PEP report identifies a need for additional positions.

The Technology Committee had not met in 3 years and just started meeting again. It is a participatory governance committee and the membership consists of faculty (4), classified staff (2), student (1), and managers (2). The Interim VP of Administrative Services currently chairs the committee, but a faculty member will co-chair in the near future. The TC is looking into virtual desktop (VDI) solutions, which would save on investments and on energy costs. Recently, the bandwidth was expanded for the NVC and UVC campuses. Installation of WIFI at all campus locations was recently completed and this has improved overall campus connectivity. The results of student surveys in the PEP report (2014) revealed that this was a great need, and NVC has followed through

Resources were allocated to upgrade the technology infrastructure of eight classrooms last year and eight more will be refurbished this year. Desktop and server refresh are being performed on a regular basis. New servers have been purchased and still need to be installed, which is a strain on the staff, but this is scheduled to be accomplished in the next six months.

### **Findings and Evidence**

Technology services, professional support, facilities, hardware, and software are appropriate and adequate to support NVC's operational and managerial functions, its academic programs, teaching and learning, and all its support services. Requests for additional staff have been submitted through the PEP process and the College will determine through its prioritization process if additional positions can be provided. (Standard III.C.1)

NVC has plans and processes in place to update and replace technology to ensure its technological infrastructure and quality and capacity are adequate to support its mission, operations, programs and services. NVC is developing a Distance Education Strategic Plan and it is to be expected that this will contain goals for improvement and expansion of DE instruction.

This will enhance access for students who work and the College may need additional resources allocated to the IT department. NVC is involved in the Online Education Initiative and this will require extra efforts of the IT department to help with implementation. NVC is in discussion to implement Canvas (online course management system) and the team sensed excitement among faculty that Canvas will become a reality. The College is also planning for the implementation of a Portal. The combination of these activities and initiatives will require planning for implementation and professional development of the current IT staff. (Standard III.C.2).

NVC has assured that technology resources are implemented and maintained at all locations where it offers courses, programs, and services. The team observed that the main campus and Upper Valley Campus have classrooms and labs with proper computer and media equipment. (Standard III.C.3)

Regular training opportunities for faculty, staff and students are in place, predominantly through the very well-equipped and spacious Teaching and Learning Center. (Standard III.C.4)

NVC has established BP D3720: Computer Use Policy. AP 3720: Computer and Network Use was provided to the team, but it was not easily accessible and not available on the college website. (Standard III.C.5)

## **Conclusion**

The College meets the Standards.

## **Recommendation to Improve Quality**

### **Recommendation 8**

In order to increase effectiveness, the team recommends the College make Administrative Regulation 3720: Computer and Network Use widely available and easily accessible for students and for employees. (Standard III.C.5)

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

### **General Observations**

The College has demonstrated a commitment to maintaining fiscal resources to support, sustain, and improve student learning programs and services while ensuring the on-going fiscal stability of the District. However, relatively new plans (e.g., The Way Forward) that have been developed without a financial assessment and financial projections have positioned the institution to have future challenges associated with liabilities and resource requirements associated with the plans. Assessments such as the Fiscal Health Checklist dated May 14, 2015 identifies issues of concern determined to be unacceptable, including but not limited to, deficit spending, fund balance at risk, enrollment, position control, and budget monitoring. Plans to construct new buildings, future pension costs, and fund other-post-employment benefits (OPEB) do not seem to reflect a realistic assessment of available resources.

### **Findings and Evidence**

#### ***Planning***

The 2015 Chancellor's Office Fiscal Checklist reports that cash flow borrowing, bargaining agreements, retiree health benefits, leadership, district liability, and reporting are acceptable. The College has concerns about how it "is continually challenged by a state funding model that does not provide adequate resources to ensure complete financial stability." In addition, the 2015 Chancellor's Office Fiscal Checklist reports deficit spending, enrollment, position control, and unrestricted general fund staffing are unacceptable. In addition, fund balance, unrestricted fund balance, and budget monitoring are at risk. Improving in these areas will increase the effectiveness of the utilization of financial resources in support of student learning and programs and institutional effectiveness. Although financial resources are currently sufficient and there is a commitment to ensure financial solvency, it is uncertain if the College will continue to have sufficient resources in the future given the concerns identified coupled with planning issues raised in III.D.2, III.D.4, and III.D.11 below. The College must develop a sense of urgency in addressing these issues. (Standard III.D.1; ER 18)

The annual resource allocation process sets priorities for funding institutional improvements. The College has a goal of maintaining a minimum 5% reserve (BP 6200) and the College's 2014-19 Strategic Plan to support its financial affairs. The College established planning priorities for 2015-16 which included objectives from the Strategic Plan. Additionally, the College has 2015-16 Budget Development Values and a document guiding the fiscal direction of the College (The Way Forward). (Standard III.D.1; ER 18)

The College's mission and goals are the foundation for financial planning. The annual fiscal planning process is used to allocate resources toward plans identified in PEP, which are linked to institutional mission. Financial planning processes rely on program review plans from the PEP process and the Annual College Planning Priorities. However, institutional plans are not clearly linked to financial plans, both short-term and long-range. It is noted that annual enrollment FTES has increased over the last three years (4,971 in 2012-13; 5,511 in 2013-14; 6,167 in 2014-15). However, annual enrollment FTES was 6,467 in 2009-10 so the College has not returned to

that level of enrollment. With a Facilities Master Plan Update 2014 and Five-Year Construction Plan that increase the size of the campus, there is some concern about how: 1) enrollment will support these facilities; 2) the institution will staff the new facilities from a maintenance and operations perspective; or 3) a financial plan identifying the financial impact of additional operations and utilities to operate the new facilities. Also, there is insufficient evidence how institutional plans (i.e., Campus Master Plan, Educational Master Plan 2013-2023, or the Strategic Enrollment Management Plan) are linked to the institution's financial plans for both short-term and long-rang. The institution did not produce sufficient evidence of predicting future funding and expenditures that integrates/links these plans. (Standard III.D.2)

The College has policies and procedures to ensure sound financial practices and financial stability. The College has appropriate fiscal board policies (BP 6200 and BP 6300), annual planning priorities and a goal for achieving a minimum 5% reserve in each budget cycle as described in the College's 2014-2019 Strategic Plan. The College receives a majority of its funds from state apportionment, property taxes, and student fees. The College has been able to maintain a minimum 5% reserve for at least 3 years and has not borrowed funds for cash flow purposes since FY2012. Additionally, the College adopted 2015-16 Budget Development Values. The College has a draft document guiding the fiscal direction of the College (The Way Forward). The College has sufficient insurance as evidenced by its insurance coverage. (Standard III.D.2)

The College disseminates appropriate financial information throughout the College in a timely manner. The Vice President of Administrative Services (VPAS) provides appropriate financial information to the Budget Committee (BC). College forums are held before both the tentative and adoption budgets are approved/adopted by the Governing Board. The Budget Committee and VPAS communicate through the BC website, bulletin board in faculty office, budget forums, Academic Senate, President's Staff, and Governing Board meetings. There is evidence that expenditures that have supported achievement of plans will be documented with new spreadsheet forms associated with the annual planning process. (Standard III.D.2)

The College sufficiently defines and follows its guidelines and processes for financial planning and budget development. The College has established BP 6200 as the policy for financial planning and budget development. ARAR 6200 is pending. It is expected AR 6200 will further clarify and define the College's guidelines and processes for financial planning and budget development. (Standard III.D.3)

Other guidelines and processes for financial planning and budget development are defined in the Revised Integrated Planning and Budget Process; and followed and recorded in the PEP process and the Annual College Planning process. All constituencies have appropriate opportunities to participate in the development of institutional plans and budgets as evidenced through the PEP and Annual Planning processes. AR 6200 and The Revised Integrated Planning and Budget Process specify the mechanisms and processes used to ensure participation in planning and budget development. (Standard III.D.3)

### ***Fiscal Responsibility and Stability***

Available funds included in the annual budget show ongoing and anticipated commitments that are accurate and include realistic expenditure requirements as evidenced in the 2014-15 Budget. However, the College did not provide evidence of a realistic assessment of revenues and expenditures for long-range planning. The Strategic Plan 2014-19 lists a series of goals that include student success, promoting a culture of awareness, strengthening institutional effectiveness and integrating planning and decision-making. The College did not provide sufficient evidence of a realistic assessment of expenditure requirements for these goals. Regarding established funding priorities, the College has an OPEB funding plan that has not been updated to reflect current status. The plan details 10% progress toward fully funding OPEB for 10 years by 2021. However, progress on the asset value/UAAL funded ratio has improved from 0% in 2010 to 4% funded (2013 Actuarial Study) as opposed to 20% funded as planned for by 2013. Although presented to the Governing Board in the budget presentation for 2015-16, the College did not provide sufficient evidence of a long-range financial plan that accounts for the CalSTRS/CalPERS pension increases through 2021. The College did not provide sufficient evidence of a realistic assessment of available resources for expenditure requirements for these issues. (Standard III.D.4)

Regarding the \$2.6M Hispanic Serving Institution Five-Year Grant that was recently awarded, the College did not provide sufficient evidence of a realistic assessment of long-range expenditure requirements for institutionalizing the grant's activities. A realistic assessment of expenditure requirements is needed. The College establishes funding priorities in a manner that helps the College achieve its mission and goals as evidenced in the PEP process. Items are focused on student learning and are given appropriate priority. (Standard III.D.4)

The College's internal control structure has appropriate control mechanisms and widely disseminates dependable information for sound financial decision making to assure the financial integrity of the College and responsible use of its financial resources. Quarterly and annual financial reports and statements are provided to the Governing Board. External audits are completed every year to provide feedback on its processes. Audit findings are communicated to the Governing Board and other appropriate institutional leadership and constituents. Previous audits did not have any comments about the College's financial management, nor were there financial statement findings for federal awards. Additionally, the budget is an accurate reflection of institutional spending (2014-15 revised budget compared to actual). The College has appropriate control mechanisms as evidenced by external audits. (Standard III.D.5)

The College regularly evaluates its financial management practices with annual audits and uses the results to improve internal control systems. Funds are allocated, as shown in the budget, in a manner that will realistically achieve the College's stated goals for student learning. The College reviews past fiscal planning as part of planning for current and future fiscal needs through the PEP process and annual planning process. (Standard III.D.5)

Financial documents, including the budget, have a high degree of credibility and accuracy, and reflect appropriate allocation and use of financial resources to support student learning programs and services. External audits are completed every year. Previous audits received an unqualified opinion from the auditors for the College's financial statements. The final audit report is

reviewed and accepted by the Governing Board. Findings are communicated to others including administrative services, financial aid, and admissions and records, as evidenced by various meetings and emails with the outcome resulting in the resolution of audit findings. The College's 2013-14 adopted budget versus actual expenditures was reasonably accurate. (Standard III.D.6)

The College's responses to external audit findings have been comprehensive and communicated appropriately and/or shared with the College and that the information was sufficient in content and timing to support planning and management. However, responses have been not been timely with some audit findings in previous years. Beginning with the 2009 Audit and continuing through the 2014 Audit, there have been a total of 16 findings identified. Seven of the 16 findings were repeat findings. This condition improved in 2014. However, the 2014 Audit had one finding that was a repeat finding (Annual CCFS-311 reporting). Previous repeat findings that have since been resolved included issues related to enrollment, other-post-employment-benefits, general fund/trust fund accounting, student fee descriptions in the catalogue, and timely state reporting. Final audit reports are presented to the Audit Committee and reviewed and accepted by the Governing Board. (Standard III.D.7)

The College's financial and internal control systems are evaluated and assessed for validity and effectiveness, and the results of this assessment are used for improvement. External audits are completed every year with no findings on the integrity of financial management practices. Special funds have been audited by outside funding agencies with no findings or irregularities. (Standard III.D.8)

The College has sufficient cash flow and reserves. On the 2015 ACCJC Annual Fiscal Report, the College reported that it has not prepared cash flow projections for FY12, FY13, or FY14. However, the College has not borrowed money or utilized a tax revenue anticipation note for cash flow purposes since FY12. Reserves have been maintained above 5% since at least 2010. Insurance coverage provides evidence that the College has appropriate risk management for the College. Settled claims have not exceed the commercial coverage in any of the past three years and there has not been significant reduction in coverage from 2013. (Standard III.D.9)

The College practices effective oversight of finances, including management of financial aid, grants, externally funded programs, contractual relationships, auxiliary organizations or foundations, and institutional investments and assets. BP 6300 establishes adequate internal controls. BP 6320 establishes requirements for investments. External audits are completed every year. Since 2009, the College has received unmodified/ unqualified opinions from the auditors regarding the College's financial statements. Foundation financial statements "present fairly, in all material respects, the financial position of NVC Foundation" for 2013 and 2014. As evidenced with the Small Business Development Center Norcal Lead Center May 21, 2014 site visit, no findings were cited for Cash Match Funds. Cash that was committed was allowable and met the special terms and conditions of the grant contract. Final College audit reports are reviewed and accepted by the Governing Board. The Foundation assesses its use of financial resources and the results of the assessments are used for improvement as evidenced by grant reports, case statements, and endowment activities reports. (Standard III.D.10)

### ***Liabilities***

The College did not provide sufficient evidence that 1) the level of financial resources provides a reasonable expectation of both short-term and long-term financial solvency; 2) when making short-range financial plans, the College considers its long-range financial priorities to assure financial stability; 3) it clearly identifies, plans, and allocates resources for payment of liabilities and future obligations. (Standard III.D.11)

The College did provide evidence of long-term fiscal planning and priorities for the College's Five-Year Construction Plan and the OPEB liabilities plan. The Five-Year Construction Plan lists the following new buildings: Health and Sciences and Safety Building (13,000 SF), Building 2200 STEM/Agri-Science (5,300 SF), Veterans Services and Student Center (13,300 SF), Allied Technology and CTE Building totaling (5,200 SF). The College has an OPEB funding plan with a goal of fully funding the \$27M unfunded actuarial accrued liability by 2021. The College has plans for payments for OPEB and has directed resources to OPEB obligations. Progress on the asset value/UAAL funded ratio has improved from 0% in 2010 to 4% in 2013. As mentioned in III.D.4, a realistic assessment of available resources to fund these plans is needed.

In the multi-year financial projection, the College did not provide evidence of financial plans for payments, or allocations of resources, for long-term liabilities and obligations in known areas such as OPEB obligations, long-term CalPERS/CalSTRS pension increases through 2021, the expiration of Proposition 30, and new programs, staffing, technology, equipment, or building and maintenance costs associated with approximately 35,000 SF of new facilities planned in the Five-Year Construction Plan described above. Considering these long-range financial priorities and reflecting these priorities in the multi-year projection or other long-range plan will help assure financial stability. (Standard III.D.11)

The College provided sufficient evidence that it plans and allocates resources for future obligations including OPEB, compensated absences, and other employee related obligations. However there are some concerns about the OPEB plan being realistic (see Standard III.D.4). The actuarial plan to determine OPEB is current and prepared as required by appropriate accounting standards. As evidenced in the 2014 Audit, the College partially funds the Annual Required Contribution (ARC). \$1.1M of \$2.9M of the ARC was funded for 2014. Future obligations including general obligation bonds are being paid for by the public, compensated absences are being accrued, and the Supplemental Employee Retirement Plan (SERP) was paid in full on June 22, 2015. General obligation bonds are funded by local property assessments. (Standard III.D.12)

The College annually assesses and allocates resources for the repayment of any locally incurred debt instruments that can affect the financial condition of the College. As of June 30, 2014, the College's debt level was \$382,179. The percentage of budget used to pay debt is approximately 1%. The debt amount does not have adverse impact on the College's current fiscal obligations. (Standard III.D.13)

All financial resources including short- and long-term debt instruments (such as bonds and Certificates of Participation), auxiliary activities, fund-raising efforts, and grants, are used with integrity in a manner consistent with the intended purpose of the funding source. As evidenced in the Measure N Citizen's Bond Oversight Committee Final Report for April 2011 through June 2013, no bond funds were used for any teacher or administrative salaries or other school operating expenses. As evidenced in the 2014 Audit, debt is assessed annually, resources were allocated appropriately and there were no adjustments made to the Annual Financial and Budget Report, and the College complied, in all material respects, with the types of compliance requirements that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2014. As evidenced with the Small Business Development Center Norcal Lead Center May 21, 2014 site visit, no findings were cited for Cash Match Funds: cash that was committed was allowable and met the special terms and conditions of the grant contract. (Standard III.D.14)

The College monitors and manages student loan default rates, revenue streams, and assets to ensure compliance with federal requirements. The default rate for past 3 years has been between 3.5% and 13%, within federal guidelines (Standard III.D.15)

### ***Contractual Agreements***

Contractual agreements with external entities are consistent with mission and goals of College, governed by institutional policies, and contain appropriate provisions to maintain the integrity of the College and quality of its programs, services, and operations. BP 6100 governs approval and ratification of contracts. Contracts have appropriate controls, contracts can be terminated for cause, and contracts are managed to ensure federal guidelines are met as evidenced by various external audits and sampling of contracts. (Standard III.D.16)

### **Conclusions**

The College meets all of the Standards and Eligibility Requirements except for Standards III.D.2; III.D.4; III.D.11; III.D.12.

### **Recommendation to Meet the Standards**

#### **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.D.2, III.D.4, III.D.11, III.D.12)

## **STANDARD IV LEADERSHIP AND GOVERNANCE**

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

#### **General Observations**

The College has developed and implemented committee and council structures that provide a mechanism for broad-based participation of college constituents and stakeholders. The College supports an array of committees that include a Planning Committee, Budget Committee, Council of Presidents, Area Councils, constituent group Senates, and a range of subject-specific committees that focus on key themes (i.e., student learning, student equity, academic quality, and continuous improvement/institutional effectiveness). These committees have been designed to allow all college constituents to become involved in open dialogue and have appropriate representation on college matters. Planning and decision-making roles and processes are well defined and are evidenced in both formal and informal structures, and include pathways for the advancement of department-level initiatives.

Through the leadership of the Superintendent/President, college activities are reviewed, deliberated and acted upon during a participatory-style of governance, which includes committees and workgroup meetings that occur at regular intervals. These mechanisms appear to work cohesively and communicate information throughout the college community and the process seems to help ensure a transparent system for college wide decision-making.

College constituents are engaged in institutional dialogue, which reflects an environment that encourages input, empowerment, and innovation. This college culture is supported and encouraged by the College's leadership. And the visiting team validated the participatory governance processes is operating as described within the Self-Evaluation Report.

#### **Findings and Evidence**

NVC has put into place policies and pathways for constituents to participate in the shared governance process through BP D1140 and 2510 that outline overall governance and decision-making responsibilities by college constituents. The Council of Presidents, comprised of the presidents of all constituent groups as well as the College President, meets regularly, providing a mechanism for each of the various constituent groups at the college to provide input on policies and regulations addressing general institutional topics. Interviews with council members as well as faculty and staff confirm constituents are using this structure in practice to provide input on institutional policies. Additionally, the participatory governance committees (mainly the Planning Committee and Budget Committee) have member representation from all college constituency groups, thus providing the opportunity for open participation by all college faculty, administration, employees, and students. Faculty and staff are also supported to make improvements to their programs and services through program review (PEP). Interviews with Planning Committee and Budget Committee representatives as well as administrators, faculty, and staff affirm the effectiveness of the participatory governance structure. (Standard IV.A.1)

Policies and procedures supporting participation in governance activities and defining the college's decision-making roles are in place at NVC. From board policy to the operational level, the College provides information and evidence on the college community being able to participate in an open dialogue and an inclusive environment for decision-making. For example, BP 2510: Participation in Local Decision-Making and D1140: College Governance, Decision-making, and Responsibilities prescribe the authority and responsibilities for Governing Board, college president, administrators and faculty, as well as students in the decision-making and governance protocol. This ensures all college constituents are able to participate in the college's participatory governance process. (Standard IV.A.2)

The College is also developing a Decision-Making Guide (DMG), which articulates the process and suggested protocol for college constituents in making decisions. Through this document, the College is able to offer clear descriptions on college governance and decision-making structures. When widely distributed, this level of information could improve upon the common understanding of the process by which decisions are made and define the roles administrators, faculty, staff, and students play in the process. (Standard IV.A.2)

Key committees and councils that provide a platform for decision-making on policies, planning, and budget include the Planning and Budget Committees as well as the Council of Presidents, and for faculty, the Academic Senate. Agendas, meeting minutes, end-of-year reports and other documentation of various committee activities provide evidence on the wide and broad-based discussions between college departments and constituents. Faculty and administrators also provide input outside of the committee structure through the program review process (PEP) and through submission of annual plans and budget requests. All of these groups and protocols encourage involvement by all college constituents and have contributed to the college's overall engagement theme. However, The College is currently revising BP D1140 and repealed D1150, stating that these have been replaced by BP 3250, a policy on institutional planning not decision-making. The College has not yet created new administrative regulations to replace the detailed language of D1150 concerning the establishment of the Planning Committee and Budget Committee and the particulars of the planning and budget development process. (Standard IV.A.3)

The Curriculum Committee of the Academic Senate is primarily responsible for managing the curriculum development and review process as outlined in the Curriculum Handbook and various Board Policies and Administrative Regulations. Student learning programs and services are evaluated and supported through the program review and annual planning and budget processes. The responsibilities outlined in the policies and procedures are implemented in practice as evidenced by sample agendas and minutes from the Curriculum Committee and Board as well as PEP reports. Minutes and interviews with campus personnel also indicate the Curriculum Handbook is being updated and moved to an online format in an effort to make the information more accessible and less cumbersome for end users. The Curriculum Committee co-chairs are also conducting an informal review of committee practices to increase efficiencies based on best practices from other colleges. (Standard IV.A.4)

The College creates opportunities for relevant perspectives through the participatory governance process and the administrative decision-making processes at the institution. Board policies and a

recently drafted Decision-Making Guide outline how these policies translate into practice and how decisions are made and communicated. Through open dialogue and consistent availability of information and data, college constituents are able to provide input and individual perspectives as well as engage with all college areas in the development of college-based services, budgets, and relevant policies. This wide and broad-based culture is evidenced by sampled agendas and minutes from the Council of Presidents and the Planning Committee as well as through interviews with faculty and staff on the input process, whereby employees share their views with Council representatives via in-person meetings or electronically. Timelines for the implementation of plans are developed for specific projects, as appropriate. For example, Council of President members are afforded 4 weeks for review of revised policies and regulations and to receive and incorporate constituent group feedback. (Standard IV.A.5).

The college-wide distribution of information resulting from the decision-making process described above is evidenced by the use of subject-specific web pages, reports, emails/newsletter from the Superintendent/President, communication from constituent group presidents, public announcements at governing board meetings, and through regular communication with the public through the Office of Institutional Advancement. Committees are based on an open format, which allows all college constituents to hear or have access to agendaized information (materials used in committee deliberations and discussions are made publicly available on committee webpages). For meetings and discussions that are not open to the public, the college encourages division Chairs and Deans to share information directly with faculty and staff within their divisions where appropriate. These communications can take the form of emails and presentations at regular division-level meetings. While the College has Board Policy D1140 that outlines the decision-making processes at the institution, NVC has also drafted a Decision-Making Guide (discussed in Standard IV.A.2 above), which further clarifies policies, practices, and committee structure and participant roles. However the guide is still in draft form and is not yet being widely used or distributed. (Standard IV.A.6)

While much work has been done by the College to develop and deploy systems and processes for decision-making, the integrity and effectiveness of these processes have not been regularly or systematically evaluated. There is evidence that NVC has periodically reviewed its leadership roles and governance and decision-making policies, procedures, and processes since 2009. For example, the College is currently reviewing all board policies, with input from constituent groups. Also, in 2014, the College began a committee self-review process, identifying areas for improvement. However, while individual committees or bodies have begun evaluation, there is no evidence that the effectiveness of the committee structure across the College or the comprehensive decision-making process has been systematically evaluated on a formalized cycle. Interviews with campus personnel indicate a thorough assessment of leadership roles, governance, and overall decision-making processes, requires further formalization. Greater integration, development, refinement, and unity of evaluation processes between different college areas is needed in order to validate and provide clarity on the work that the College has done and to gather feedback to be used for improvement of processes. The College, in its evaluation, identified this issue as one on which to focus over several years as articulated in the QFE. As part of its list of solutions, the College plans to incorporate evaluation of practice against policy into regular review activities and develop effective mechanisms for communicating the results of evaluation processes. (Standard IV.A.7)

## **Conclusions**

The College meets the Standards.

## **Recommendation to Improve Quality**

### **Recommendation 10**

In order to increase effectiveness, the team recommends the College develop and implement clear policies and procedures for decision-making that are widely distributed and understood by all constituencies. Further, the team recommends the College develop and implement a systematic process for evaluating the effectiveness of the governance system and decision-making processes. (Standards IV.A.2, IV.A.3, IV.A.7)

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

### **General Observations**

The CEO is actively engaged in the institution and is providing leadership in organizational structure and visionary planning. The CEO arrived at NVC at a time when the college faced significant enrollment, budgetary and participatory governance challenges. The team found evidence of the CEO leading campus wide discussions on critical issues in regard to both educational and fiscal matters – including how those two issues intersect. The Governing Board’s only direct report is the superintendent/president and he is held accountable for leadership, planning and management of the College.

### **Findings and Evidence**

BP 2430 “delegates to the superintendent/president the executive responsibility for administering the policies adopted by the Board and executing all decisions of the Board requiring administrative action.” The team found that the Board understands its role in providing policy oversight and that the superintendent/president’s job description appropriately reflects the role of the CEO in leading the institution. The team found evidence that the CEO actively assumes responsibility for institutional quality and provides active leadership as exemplified in The Way Forward, a “strategic framework for considering the College’s major financial drivers.” The Governing Board relies on the CEO as its only direct report and has assigned the CEO the responsibility of ensuring overall institutional effectiveness. (Standard IV.B.1)

BP 7110 provides the president with the authority to “perform personnel actions” in support of the College’s mission. The College is organized under a framework established by the CEO. Key administrative hires have provided stability in some areas, but there are still pending changes coming in key positions. The CEO has developed a plan for replacing these key positions. Administrative positions have been restructured to meet institutional needs and reflect constituent support “through evaluative processes and as part of the cost-reduction strategies outlined in The Way Forward.” (Standard IV.B.2)

The CEO is charged, through a number of BPs and ARs, with taking the lead role of ensuring institutional improvement of the teaching and learning environment. The CEO played a primary leadership role in the development of the College’s Educational Master Plan, earning approval from the Planning Committee, Academic Senate and Governing Board. Regular updates to the EMP and other planning documents are part of the overall resource allocation process. However, the team noted that some major planning documents have not been formally approved by the Governing Board (e.g., Facilities Master Plan, Decision- Making Guide). The Council of Presidents provides a clearing house for information sharing and feedback, but knowledge of the process is not uniform across constituencies. The College is currently developing a Decision-Making Guide that will help clarify decision-making processes, but additional education and training will likely need to occur. (Standard IV.B.3)

Both BP 3200 and the job description for the CEO assign primary responsibility for the accreditation process to the superintendent/president. Although the CEO takes the point on

accreditation, participation is appropriately shared across constituencies, assigning appropriate personnel to writing teams and keeping current with the ALO. This distributed process allowed NVC to volunteer to pilot the new standards as indicated by a letter to the ACCJC dated May 5, 2014. The team found that the ongoing accreditation process is shared among constituencies and that faculty take primary responsibility for development of curriculum and programs. (Standard IV.B.4)

BP 6300 delegates to the CEO responsibility for establishing “procedures to assure the District’s fiscal management” is effective. The CEO assures compliance with all regulations and exercises effective control over the institutional budget. Quick action has been taken to ensure district fund balances remained above the Governing Board’s threshold and budget decisions are managed through the college’s participatory governance process. The team found that campus wide conversations are taking place to share information and elicit input on the financial issues facing the College. (Standard IV.B.5)

The CEO participates in local government and industry organizations and regularly presents to civic and service groups throughout the community. As part of the Napa Learns K-14 Consortium, the president is regularly engaged with key community stakeholders in a formal way. The team found evidence of numerous community engagement activities supported by the CEO. Interviews with Governing Board members and other campus stakeholders confirmed that the CEO works and communicates effectively with the communities served by the institution. (Standard IV.B.6).

## **Conclusion**

The College meets the Standards.

## **Standard IV.C: Governing Board**

### **General Observations**

The Governing Board consists of seven members and one student member. Through extensive involvement in activities at the local, regional, state, and national level, the Governing Board stays informed about concerns and issues relevant to governing the Napa Valley CCD. This involvement enhances Governing Board members' understanding of education policy and practice.

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

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

### **Findings and Evidence**

BP 2200: Board Duties and Responsibilities establishes that the Governing Board has authority over and responsibility for policies to assure the academic quality, integrity, and effectiveness of the student learning programs and services and the financial stability of the institution. Additionally, BP D1140: College Governance, Decision-making, and Responsibilities (participatory governance) outlines the authority and responsibilities of the Board in governance and decision-making relative to the roles of the Superintendent/President and constituent groups. This includes an explanation of responsibilities for monitoring and approving curriculum, program development, development and approval of policies, and specification of the administrative and participatory governance decision-making processes. Evidence of the Governing Board's authority and responsibility is found in meeting calendars, meeting agendas, supporting documents, reports, and meeting minutes. (Standard IV.C.1: ER 7)

Supported by BP 2720: Communications Among Board Members, the Governing Board acts as a collective entity. The team found no evidence that an individual Governing Board member did not support a decision of the Governing Board even if the Governing Board member opposed the decision. (Standard IV.C.2)

BP 2431: CEO Selection, establishes that in the event of a CEO vacancy the Governing Board will establish a search process. BP 2435: Evaluation of Superintendent/President, establishes a policy that the superintendent/president will be evaluated at least annually. The College listed as evidence AR 2435, but no such administrative regulation exists. Evidence demonstrates that the superintendent/president has been evaluated at least annually. The last performance evaluation was completed November 2014. (Standard IV.C.3)

BP 2015: Student Member, BP 2100: Board Elections, and BP/AR 2105: Election of Student Member provide policy and procedure for the election of the Governing Board. The members of the Governing Board are elected by District registered voters to represent the community service area configurations of the District. The student member is elected by a popular vote of the student body and serves a one-year term. The Governing Board is an independent policy-making body that acts as a whole when reaching decisions. Site visit interviews with Governing Board members revealed a strong understanding and commitment to the communities being served, including current and prospective students. BP 2200: Board Duties and Responsibility, sets forth the responsibility of the Governing Board to advocate for and defend the institution, protecting it from undue influence or political pressure. The role of the Governing Board as an independent, policy-making body is consistently demonstrated through review, development, and approval of new and revised District policies. (Standard IV.C.4; ER 7)

BP/AR 2410: Board Policy and Administrative Regulation establish the process for review, development, and approval of BPs and ARs. The review and/or development of the majority of BP/ARs are routed through the Council of Presidents. Those BP/ARs related to academic and professional matters of the faculty are routed through the Academic Senate and through the Council of Presidents. All BP/ARs are ultimately reviewed by the President's Cabinet and the Superintendent/President before forwarding to the Governing Board for approval. A number of BPs and ARs have not been developed and many are in need of review and revision. The College has established a calendar for review and/or development of board policies and administrative regulations that finishes in 2020-21. BP/AR 2200: Board Duties and Responsibilities establishes the responsibility of the Governing Board for educational quality, legal, matters, and financial integrity and stability. The team found no inconsistency between Governing Board actions and its policies. (Standard IV.C.5)

Several policies specify the Governing Board's size, duties, responsibilities, structure, and operating procedures. These policies are published on the College's web site under Chapter 2 – Board of Trustees. (Standard IV.C.6)

Governing Board policies and administrative procedures are developed, reviewed, and/or modified through the process outlined in BP/AP 2410: Board Policy and Administrative Procedure. This process is clearly established, but a number of BPs and/or ARs have not been developed, reviewed, and/or updated. A calendar for review has been established that begins in 2015-16 and ends in 2020-21. More recently developed and/or revised BPs/ARs are accessible through the College's website, but many existing, older BPs/ARs are not easily accessible through the College's website. The team found no inconsistency between Governing Board actions and its policies. (Standard IV.B.7)

The College provided evidence that the Governing Board regularly reviews key indicators of student learning and achievement. Governing Board agendas, minutes, and documents clearly demonstrate the engagement of the Governing Board. Evidence also supports that the Governing Board regularly reviews institutional plans such as the *Educational Master Plan* and the *Institutional Strategic Plan*. (Standard IV.C.8)

BP 2740: Board Education, establishes policy for ongoing professional development of Governing Board members including orientation for new members. Evidence supports that Governing Board members engage in ongoing professional development through attendance and participation in professional conferences, workshops, study sessions, and trainings. BP 2100: Board Elections, establishes a policy for ensuring continuity of board membership and staggered terms of office. (Standard IV.C.9)

The Governing Board's self-evaluation process for assessing the board's effectiveness is clearly defined, implemented, and published in BP/AR 2745: Board Self-Evaluation. The process provides for an evaluation every other calendar year. The most recent self-evaluation was completed in July 2015. The methods and procedures for the evaluation include assessment of practice and performance across several areas of Governing Board roles and responsibilities including: mission and values, policy role, board-ceo relations, community relations and advocacy, educational programs and quality, fiduciary role, human resources and staff relations, board leadership, board meetings, and board education. The Governing Board's self-evaluation results in the development of goals, objectives, and the identification of professional development needs. The results of the Governing Board's self-evaluation are made public. (Standard IV.C.10)

BP 2715: Code of Ethics/Standards of Practice, provides a code of ethics for the Governing Board and includes a clearly defined process for handling violations of the code. BP/AR 2710: Conflict of Interest, establishes a conflict of interest policy. The team found no evidence of any violations of the code of ethics or the conflict of interest policy. (Standard IV.C.11; ER 7)

BP 2430: Delegation of Authority to Superintendent/President, establishes that the Superintendent/President has responsibility and authority to implement policies and is accountable for the operation of the College. The Superintendent/President is held accountable by the Governing Board through regular performance evaluations and the establishment of goals related to the operation of the College. (Standard IV.C.12)

The Governing Board has demonstrated engagement with accreditation through receiving regular reports about accreditation progress, participating in the institutional self-evaluation for Standard IV, and participating in training and workshops related to accreditation. The Governing Board reviews and approves self-evaluation reports, mid-term reports, and substantive change proposals. The Governing Board's self-evaluation included items related to its roles and functions in the accreditation process. (Standard IV.C.13)

## **Conclusion**

The College meets the Standards.

## **Recommendation to Improve Quality**

### **Recommendation 11**

In order to increase effectiveness, the team recommends the College ensures that all existing, new, and revised Governing Board policies and administrative regulations are easily accessible

through the College's website and other methods it deems appropriate for the college community and the public. (Standards IV.C.6, IV.C.7)

## **Quality Focus Essay Feedback/Advice**

The Napa Valley College Quality Focus Essay (QFE) appears to be a well-developed document that provides a good explanation on the College's selected Action Projects (AP). Through the QFE, the college establishes a framework for identifying areas for improvement and identifies strategies to improve institutional practices. It describes processes that are in place at the College, but also offers a suggested plan for how they will be strengthened to improve institutional effectiveness.

The College's selection of 1) Student Learning Assessment, 2) Integrated Planning and Resource Allocation, and 3) Institutional Effectiveness, Evaluation, and Review as their APs offers a broad and over-arching focus that cuts across significant operations of the College. These APs have the potential to improve student outcomes. The APs relate to Accreditation Standards and have emerged from the College's examination of its own effectiveness in accomplishing its mission in the context of student learning and student achievement. The APs are based on the College's analysis of data collected, and identify areas of needed change, development, and improvement. The findings and general issues from the self-evaluation are described thoroughly and highlight the "silo-ed" approach these APs attempt to remediate. The Conceptual/Vision Map and the Action Project timelines are very helpful in illustrating the details of the APs and their expected outcomes.

For each of the APs, lead personnel are identified as responsible for each AP and representatives from various college committees and groups are identified for inclusion in each AP. Project timelines are established for each AP from 2015-16 to through fall 2019. Part of the timeline includes the regular and timely communication of assessment results, priorities, and plans to a variety of audiences.

The QFE includes "observable outcomes" for each phase of the APs that describe the expected results of the practices. However, milestones or key performance indicators (KPIs) for each outcome could help better assess the effectiveness of the APs. In particular, milestones or KPIs could provide information about how successfully each phase has been achieved (this could be especially helpful given the long-range nature of the APs).

The QFE establishes a high-level view for continuous quality improvement for the college. At this current stage of the QFE model, any recommendations provided by the visiting team should be considered as correlating information that can align with and/or provide support for the Action Projects.