

EXTERNAL EVALUATION REPORT

Allan Hancock College
800 South College Drive
Santa Maria, CA 93454

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
Allan Hancock Community College September 26-29, 2016

Deborah DiThomas, Ed.D.
Chair

NOTE: this page shall be added to the External Evaluation Team Report (Team Report), immediately behind the cover page, and shall become part of the final report associated with the review.

DATE: February 3, 2017

INSTITUTION: Allan Hancock College
800 South College Drive
Santa Maria, CA 93454

SUBJECT: Commission Revisions to the Team Report

The Team Report provides details of the findings of the evaluation team that visited Allan Hancock College September 26-29, 2016 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 Team Report sent to the College, the Allan Hancock College Self-Evaluation Report, the presentation made by College representatives, and supplemental information and evidence provided by the College, the following changes or corrections are noted for the Team Report:

1. The Commission has clarified the Standard citations in Recommendation 4 and deleted Standard citation IV.A.3 from the recommendation wherever it occurs in the Team Report.
2. The Commission has changed Recommendation 7 to a recommendation to increase institutional effectiveness wherever it occurs in the Team Report.

List of Team Members

Dr. Deborah DiThomas (Chair)
Superintendent/President
Barstow Community College

Ms. Michelle Henderson (Assistant)
Executive Assistant to the President
Barstow Community College

Dr. Thea Trimble
Biology Professor,
Academic Senate President
College of the Sequoias

Dr. Steven Boyd
Dean of Health and Education
American River College

Ms. Stephanie Curry
Librarian
Reedley College

Mr. Brian Thieboux
Instructor, English and Business
Palo Verde College

Dr. Becky Opsata
Faculty of Communication Studies Dept
and Distance Ed Coordinator
Diablo Valley College

Dr. Leandra Martin
Vice President of Instruction
Mission College

Mrs. Tanya Ho
Instructor and Program Director
Respiratory Care
Hartnell College

Mr. Stephen Eaton
Vice President of Academic Affairs
Barstow Community College

Mr. Florentino Manzano
Vice President of Student Services
Los Angeles Valley College

Dr. W. Andrew Dunn
Vice Chancellor, Finance and
Administrative Services
Coast Community College District

Ms. Della Anderson-Teraoka
Interim Vice Chancellor for Academic
Affairs
Leeward Community College

Summary of External Evaluation Report

INSTITUTION: Allan Hancock College

DATES OF VISIT: September 26-29, 2016

TEAM CHAIR: Deborah DiThomas, Ed.D.

A thirteen member accreditation team visited Allan Hancock College (AHC) September 26-29, 2016 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, commendations in areas of exceptional contribution 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 Wednesday, June 29, 2016, and conducted a pre-visit to the campus on Monday, August 22, 2016. 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 Wednesday, August 31, 2016.

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 which addressed the Eligibility Requirements, Commission Standards, Commission Policies, and U.S. Department of Education Policies. It also included a chart delineating future plans to address issues that arose from the self-evaluation process and a Quality Focus Essay (QFE). The team confirmed that the self-evaluation report was compiled through broad participation by the entire College community including faculty, staff, students, and administration with input and final approval from the Board of Trustees.

Upon arrival to Allan Hancock College on Monday, September 26, 2016, the team was introduced to the College community at a reception held for the team. Following the reception, the team was provided with a tour of the Santa Maria campus. On Tuesday afternoon, four members of the team visited the Lompoc Valley Center in Lompoc and the Lompoc Federal Prison where the District also offers classes.

During the evaluation visit, team members conducted about 47 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. The team Chair also met at least once daily with the College CEO. Three open forums provided the College community and members of the AHC public opportunities to meet with members of the evaluation team.

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

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

The team greatly appreciated the enthusiasm and support from College employees through 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 Eligibility Requirements, Commission Policies, and USDE regulations, with the few exceptions related to distance education. The team found innovative and effective practices and programs, and issued a number of commendations to the College. The team also found the College satisfies the vast majority of the Standards, Eligibility Requirements, Commission Policies, and USDE regulations. The team issued some recommendations to increase effectiveness and/or to meet Standards.

Major Findings and Recommendations of the 2016 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 community and the members of the Board of Trustees for their evident pride, passion and commitment to fulfilling their mission and serving the students and community. The College has created a culture that embraces collegiality, a spirit of mutual respect and commitment to student success. Allan Hancock College has a proud history of serving the community for 96 years and their dedication to continuous improvement is evidenced by the diverse partnerships and programs they continue to support.

Commendation 2

The team commends the College for its programs that support innovation and student learning. Specifically, the team commends the Pacific Conservatory of the Performing Arts (PCPA) for enriching the community through the arts, enhancing the quality of life in the region, providing educational opportunities for students and supporting the mission of the College through its courses and programs and through public performances presented in Solvang and Santa Maria.

In addition, the team commends the Public Safety programs at the Lompoc campus for their innovation, commitment to student learning, and involvement in enhancing college and community safety.

Commendation 3

The team commends AHC for its longstanding programmatic offerings at the Lompoc Federal Prison. The cooperation between the College and the prison, including the provision of counseling and educational materials to inmates, is a model community partnership.

Commendation 4

The team commends the commitment of student services and learning support services staff, faculty and administrators for fostering a culture dedicated to student success. The team gives special recognition to AHC's work with partner high schools in the development of *Hancock Hello* and *Bridges to Success*.

Commendation 5

The team commends the College for its implementation of Measure I, which has allowed the institution to modernize and expand facilities across the District. Of note is the Lompoc center and, more specifically, the public safety training center which is providing critical services to the region.

Commendation 6

The team commends the Superintendent/President for his active involvement in the community, commitment to strategic planning, incorporation of a consensus based decision making process, and leadership in creating a culture dedicated to student success.

Commendation 7

The team commends the Board of Trustees for its dedication to the effective operation of the College as evidenced by their commitment to ongoing Board development; support, respect, and effective delegation to the CEO; and an effective and reflective self-evaluation process.

Team Recommendations

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

Recommendations to Meet the Standards

Recommendation 2

In order to meet the Standards, the team recommends the College review, modify, and implement the curriculum approval and tracking process of course outlines, including distance education, to ensure accuracy, currency, and systematic evaluation. (Standards II.A.2, II.A.3, II.A.16)

Recommendation 3

In order to meet the Standards and policy on DE and CE, the College must ensure courses taught through distance education include regular and substantive contact initiated by the instructor. (Standards II.A.2, II.A.7, II.A.16 and the policy on DE and CE)

Recommendation 6

In order to meet the Standards, the team recommends, the College continue the progress made on updating evaluations and ensure that performance evaluations are regularly and consistently completed for all employees. (Standard III.A.5)

Recommendation 7

In order to meet the Standards, the team 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. (Standard III.A.6.)

Recommendations to Improve Quality

Recommendation 1

In order to improve effectiveness, the team recommends the College clearly demonstrate a link between SLO assessment and improvement of student learning and achievement in all courses and programs. (Standards I.B.1 I.B.4, II.A.2, II.A.3, II.A.16, III.A.6 and ER 11)

Recommendation 4

In order to improve effectiveness, the team recommends that the College complete the four program reviews that were not completed during the regular evaluation cycle. (Standard I.B.5, I.B.9, IV.A.3)

Recommendation 5

In order to increase effectiveness, the team recommends AHC assess the availability of student support services and implement appropriate changes to assure equitable access for evening and online students. (Standard II.A.7, II.C.3)

Introduction

The Allan Hancock Joint Community College District covers all of Northern Santa Barbara County and small parts of Southern San Luis Obispo and Ventura County. The College was founded in 1920 when the Santa Maria High School District established Santa Maria Junior College. In 1954 the name of the College was changed to Allan Hancock College (AHC) and a few months later the community voted to establish the Santa Maria Junior College District. In 1963, the District annexed the Lompoc Unified and Santa Ynez Union High School Districts and became the Allan Hancock Joint Community College District (AHJCCD) and currently spans 3,000 square miles.

Allan Hancock College operates on one main campus located in Santa Maria encompassing 105 acres and the following three campus centers 1) Lompoc Valley Center 2) Vandenberg Air Force Base Center and 3) the Solvang Center. AHC also offers classes at the Lompoc Federal Prison.

In 2006, district voters passed Measure I, a \$180 million general obligation bond, to upgrade the College's facilities and technology. Additional facilities and technology improvements made as a result of bond Measure I since the last accreditation visit are expansion of the Early Childhood Studies building on the Santa Maria campus in January 2013, new outdoor athletic facilities in 2013, the new Student Services and Administration buildings in October 2013, the Public Safety Training Complex at the Lompoc Valley Center in January 2014, and the new Industrial Technology building in spring 2014.

AHC offers classes in a broad range of educational programs including subjects for associate degrees, transfer preparation, workforce training, career technical education, health occupations, and community education.

AHC's accreditation was last reaffirmed in June 2010.

Eligibility Requirements

1. Authority

The team confirmed that Allan Hancock College is authorized to operate as a post-secondary, degree granting institution based on continuous accreditation by the Accrediting Commission for Community and Junior College of the Western Association of Schools and Colleges (ACCJC). 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 Allan Hancock College is operational and provides educational services to approximately 16,000 credit and non-credit students who are pursuing transfer, degrees, certificates, and personal enrichment in the College's educational programs. Students are enrolled in transfer and occupational degree programs: 55.8% are planning on transferring to a four-year institution, whereas 20.7 percent are seeking an associate's degree or vocational degrees and certificates.

The College meets the ER.

3. Degrees

The team confirmed that Allan Hancock College offers 80 associate degrees, 112 certificates, and 16 associate degrees for transfer in which a substantial majority of students are enrolled. In May 2014, the College granted 324 associate of arts, 246 associate of science, and 341 certificates of achievement.

The College meets the ER.

4. Chief Executive Officer

The team confirmed that the Governing Board of Allan Hancock College employs a superintendent/president as the chief executive officer. 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 policy. The College does not provide evidence that the ACCJC was informed when a new CEO was installed in 2013; however, the ACCJC was made aware in due time.

The College meets the ER.

5. Financial Accountability

The team confirmed that Allan Hancock College engages a qualified audit firm to conduct audits of all financial records. Evidence shows that the College is in compliance with federal financial aid requirements and makes available all documentation.

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:

<input checked="" type="checkbox"/>	The institution has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive evaluation visit.
<input checked="" type="checkbox"/>	The institution cooperates with the evaluation team in any necessary follow-up related to the third party comment.
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Rights and Responsibilities of the Commission and Member Institutions</i> as to third party comment.

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	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.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

The institution made appropriate and timely effort to solicit third party comment in advance of a comprehensive evaluation visit. Evidence shows that through published agendas and invitations for public comment to the Board of Trustees, the College meets the Commission's requirements.

Standards and Performance with Respect to Student Achievement

Evaluation Items:

<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	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.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

The College has engaged in a collegial process of setting standards that include student achievement, course completion, licensure pass rates, and CTE graduate employment rates. Through the collaborative annual planning retreats, Institutional Set Standards are reviewed.

Credits, Program Length, and Tuition

Evaluation Items:

<input checked="" type="checkbox"/>	Credit hour assignments and degree program lengths are within the range of good practice in higher education (in policy and procedure).
<input checked="" type="checkbox"/>	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).
<input checked="" type="checkbox"/>	Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition).
<input checked="" type="checkbox"/>	Any clock hour conversions to credit hours adhere to the Department of Education’s conversion formula, both in policy and procedure, and in practice.
<input checked="" type="checkbox"/>	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):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	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.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

AHC is in compliance with California state standards in these areas. The curriculum committee reviews course and proposals and verifies appropriate hour and program lengths across the institution, which includes offerings in distance education confirmed by the Distance Education Committee and Curriculum Specialist. The team checked on College policies and procedures on assignment of credit and was satisfied that the College was in full compliance with existing policies, procedures and regulations.

Transfer Policies

Evaluation Items:

<input checked="" type="checkbox"/>	Transfer policies are appropriately disclosed to students and to the public.
<input checked="" type="checkbox"/>	Policies contain information about the criteria the institution uses to accept credits for transfer.
<input checked="" type="checkbox"/>	The institution complies with the Commission <i>Policy on Transfer of Credit</i> .

[Regulation citations: 602.16(a)(1)(viii); 602.17(a)(3); 602.24(e); 668.43(a)(ii).]

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	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.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

Transfer policies for Allan Hancock College are clearly outlined in multiple College documents, but especially in the Catalog and Schedule of Classes. Students and the public are clearly advised both as to the mechanism for transferring courses to AHC and from AHC to other institutions.

Distance Education and Correspondence Education

Evaluation Items:

<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	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).
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings.
<input type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Distance Education and Correspondence Education</i> .

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

Conclusion Check-Off (mark one):

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

The College has been using Blackboard and is in the process of transitioning to Canvas as the LMS to serve its students and to meet regulatory guidelines. The team reviewed and confirmed that courses require regular and substantive contact between instructors and students. The College employs a Distance Learning Specialist and has guidelines and policies in place to support online education. In the spring of 2016 the Academic Senate adopted the state Online Education Initiative course design rubric as a reference to current best practices. During the regular faculty evaluation cycle, peer evaluators are to confirm regular and substantive contact between faculty and students. Review of a variety of online course sections revealed inconsistent application of policies and procedures regarding regular and substantive contact. Review of course outlines of record for courses approved for distance education did not show consistency in completion of information nor any evidence that distance education addendums are updated when the course is updated.

Student Complaints

Evaluation Items:

<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	The team analysis of the student complaint files identifies any issues that may be indicative of the institution’s noncompliance with any Accreditation Standards.
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the <i>Commission Policy on Representation of Accredited Status</i> and the <i>Policy on Student and Public Complaints Against Institutions</i> .

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

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	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.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

AHC has clear procedures for student complaints. The procedures are outlined in the College catalog, online, and in publications within the Student Services division. Files available for review were minimal. Interviews with the Vice President of Academic Affairs and the Vice President of Student Services revealed a culture of resolving student concerns before escalating to an official status. Electronic files have been created to house emails initiating student concerns.

Institutional Disclosure and Advertising and Recruitment Materials

Evaluation Items:

<input checked="" type="checkbox"/>	The institution provides accurate, timely (current), and appropriately detailed information to students and the public about its programs, locations, and policies.
<input checked="" type="checkbox"/>	The institution complies with the Commission <i>Policy on Institutional Advertising, Student Recruitment, and Representation of Accredited Status</i> .
<input checked="" type="checkbox"/>	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):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 discloses information about planning, and the status of accreditation. Allan Hancock College does not misrepresent program costs or job placement and employment opportunities, offer money in exchange for enrollment, or guarantee employment in order to recruit students. Scholarships are awarded based on specified criteria to support students in the pursuit of their educational goals.

Title IV Compliance

Evaluation Items:

<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Contractual Relationships with Non-Regionally Accredited Organizations</i> and the <i>Policy on Institutional Compliance with Title IV</i> .

[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:

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	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.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

Allan Hancock College meets the Policy on Institutional Compliance with Title IV. Through the use of Board of Trustee policies, administrative procedures, financial aid policies and procedures, and responsiveness of the College to implement strategies to address student cohort default rates, the College demonstrates that it has effectively met the Commission’s requirements of this policy.

STANDARD I

MISSION, ACADEMIC QUALITY AND INSTITUTIONAL EFFECTIVENESS AND INTEGRITY

Standard I.A: Mission

General Observations

Allan Hancock College's mission statement was approved by the Board of Trustees in 2009, and is reviewed annually at the start of each strategic planning retreat. The Board of Trustees reaffirmed the mission in January 2014. The mission statement addresses the student population and focuses on providing educational opportunities to enhance student learning and the creative, intellectual, cultural, and economic vitality of a diverse community. The mission, vision, values, and philosophy statements are located in prominent locations and published in documents distributed to the student and campus community.

Findings and Evidence

The purpose of the mission statement is to provide quality educational opportunities that enhance student learning. Educational opportunities range from basic skills to certificates, associate degrees, and transfer opportunities. The College provides equal access to a diverse student population and provides online courses to meet the needs of older, working adults. The College mission statement, vision, values, and philosophy statements demonstrate a dedication and commitment to student learning and success by providing innovative, comprehensive programs and services to ensure student achievement and meet community needs. (Standard I.A.1; ER 6)

External and internal data are reviewed and analyzed by the College to determine the effectiveness of the College in meeting its mission. Examples of the data used include demographic data on the population, economic status, students' educational goals, placement in developmental education, and distance learning success and completion. The data was instrumental in the development of the Strategic Plan 2014-2020, which served as the basis for the development of all of the master plans created by the College. The College has embraced a culture of evidence by using data at all levels of the College. At the annual planning retreat in 2015, data on Institution Set Standards and the Institutional Effectiveness Partnership Initiative (IEPI) were shared and discussed. Career Technical Education (CTE) programs use labor and workforce data to provide students information about careers with higher wages and career opportunities. The program review process relies on data and analysis to provide justification for resource requests which are later prioritized and used to decide how funds will be allocated. (Standard I.A.2)

The program review process at the College ensures that programs and services are aligned with the College mission. Each program or service unit must include a mission statement and indicate how the program mission aligns with the College mission. Programs supporting the mission include a broad array of transfer programs, CTE, basic skills, community education, and student support services. The College offers courses at the U.S. Penitentiary in Lompoc

in a partnership effort to reduce recidivism. Comprehensive program review is scheduled to occur every six years per Board Policy 3255. The mission is noted in the *Councils and Committees Pathways to Decisions* manual, at the bottom of meeting agendas, and on posters on campus. The mission statement drives the District strategic plan directions, and resource allocations are based on data in the program review. All requests through program review, faculty and classified staff prioritization, and equipment prioritization must link to the strategic plan and serve the College mission. (Standard I.A.3)

The AHC mission statement was adopted in 2009 when it was revised to focus on the College's commitment to student learning. Most recently the mission statement was approved by the Board of Trustees in January 2014 as part of the strategic planning process. The mission statement is published online and can be found in the College catalog, publications and brochures, board agendas, campus buildings, planning documents, and on many council and committee agendas. Board Policy 1200 states the mission is reviewed and revised regularly. The mission is reviewed annually at the start of each annual strategic planning retreat with constituency groups present. If a change is requested, the mission statement is then forwarded to the Board of Trustees for approval. (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

The College has developed a process for assuring academic quality and institutional effectiveness and documented the process in the *Councils and Committees Pathways to Decisions* (CCPD) manual, updated in 2014. The CCPD process ensures dialog occurs at multiple levels and in various committees and councils. Student learning outcomes are defined for courses, degrees, certificates, and student support services and assessment results are included in the program review process. Program reviews are conducted on a six-year cycle followed by annual updates. Quantitative, and in some cases qualitative, student learning outcome (SLO) assessment results are entered into the program review template. The program review process is central to the process for resource allocations. This was verified by a review of evidence and interviews. The College has established Institution Set Standards providing a baseline to monitor institutional effectiveness.

Findings and Evidence

Dialog on SLOs occurs at the department and program level at AHC. Departmental faculty decide on appropriate course SLOs that are included on the course outlines and course syllabi; and program level SLOs that are listed in the College catalog. The assessment data is entered into the annual and comprehensive program review documents. The team found that, although assessment result data was included in program reviews, they contained little or no analysis to describe what was learned as a result of the assessments or how these results would be used to continuously improve student learning and achievement. Program reviews examine data on enrollment over a five-year period, demographic information on students that includes ethnicity, gender, age and enrollment status, the numbers of degrees and certificates awarded and retention and success data disaggregated by course and term and by mode of instruction. The dialog on this data at the departmental level is part of the program review process which includes academic quality, student equity, institutional effectiveness and the continuous improvement of student learning and achievement. (Standard I.B.1)

The College has developed a Student Equity Plan with input from faculty, staff, administrators, and students. Student equity data has been shared in focus groups and at larger venues such as the 2015 annual planning retreat at which further dialog took place. This was verified through meeting minutes and interviews. The Institutional Effectiveness Council (IEC) is the central committee for supporting institutional effectiveness activities. IEC conducts a governance survey, reviews annual reports from other councils, and organizes the annual college-wide planning retreat. Additional dialog on institutional effectiveness, student outcomes, student equity and continuous improvement of student learning and achievement occurs at the Academic Senate, Student Learning Council, Student Services Council, and College Council, as verified by a review of the evidence. (Standard I.B.1)

The College defines and assesses student learning outcomes through a continuous process of six-year comprehensive program reviews and annual updates for instructional programs and student support services. Data from the 2016 Annual Report submitted to ACCJC on April

19, 2016 indicated that 87.5% of college courses had on-going SLO assessment. The percent of certificates, degrees and other programs as defined by the College with SLO assessment was 93.2%. The number of student and learning support activities with SLO assessment was 100%. Academic program learning outcomes (PLOs), including degrees, certificates, a diploma, license or transfer, are listed in the College catalog and also go through a review process at the department level. Program learning outcomes for student services and related programs are reviewed by departmental faculty and SLO liaison or director, and are listed on the individual student services website and on the College website. Administrative areas identify service area outcomes and are posted on the College website. Institutional SLOs are listed in the College catalog and on the College website and are regularly reviewed by the Student Learning Council, Student Services Council and the Academic Senate. Members of the Learning Outcomes Assessment Committee (LOAC) reported in interviews that the lower numbers of compliance of 87.5% for courses and 93.2% for programs were due to new courses and programs that were being offered but that had not yet been evaluated and the difficulty of getting all courses and programs evaluated because of either a lack of full time faculty or noncompliant faculty. To ensure that allocation of resources is tied to planning and student learning outcomes, departments who do not include outcomes assessment data and justification for requests for resources within their program reviews, are denied additional allocations during the integrated planning process. (Standard I.B.2; ER 11)

AHC has established Institution Set Standards including course completion rate, successful course completion rate, number of degrees awarded, number of certificates awarded, and number of transfers. The threshold for performance was set at 95% of the five-year average after significant institutional dialogue. The team agreed this was an appropriate baseline standard. In addition, the College has set institutional standards for CTE programs for licensure pass rates and employment rates which are posted on the website. The team verified that the Institution Set Standards are published annually in the College Fact Book and were discussed at the college-wide planning retreat in 2015 and at the IEC meetings. For the past five years, the College has met the Institution Set Standards. (Standard I.B.3; ER 11)

The AHC Board of Trustees receives an annual report on student performance based on the California Community College Score Card. This report contains five-year cohort data including completion rates, persistence rates and percent of students who earn at least 30 units for both prepared and unprepared students. The data also includes Basic Skills English, math and ESL progress rates and Career Technical Education progress and retention rates. Federal Scorecard Data was also provided that reports the following: total enrollment, percent of full time and part time students, number of Title IV recipients, 150% completion rates, completion with two years, retention rates for full and part time students, percent of students with federal student loans and Pell loans, three-year federal student loan default rates, median student debt, graduate debt and debt for non-completers. This data demonstrates that student completion rates for “150% completion” is 26.9%, which is above the benchmark set by the Council of Regional Accrediting Commission of 15%. However, the team noted that this reported value of 26.9% only applies to the full time students (31% of the student population) it is not generally reflective of the overall student performance. Through dialogue at the Student Learning Council and the Student Services Council, and through analysis of institutional data provided for program reviews and to set institutional standards, the institution utilizes multiple sources of information in addition to the Federal

and State Scorecard data to more accurately assess student achievement and assure academic quality. Examples of these data sources include evaluation of disaggregated data on student success in courses, degrees, certificates, transfer, and labor market outcomes. The three-year federal default rate of 27.9% might seem alarming at face value, however since only 2.3% of the students receive federal loans, the actual percent of students defaulting on loans is less than 1% for the entire student body. (Standard I.B.4)

The use of assessment data in institutional processes begins with the Strategic Plan. The College has identified one of the Strategic Directions as *Support Student Learning and Success* and has included two goals to ensure the use of student learning outcome assessment and student achievement data in supporting and enhancing student success. Faculty assess course level SLOs using a three-point system of below, meets, or exceeds standards. The results of the percent of students in each category are input into eLumen. Faculty also have the option of listing the score for each student individually in eLumen allowing for disaggregated data analysis. Discipline faculty map the course level SLOs to the degree, certificate or department level SLOs. The eLumen program, automatically calculates the degree, certificate or program level assessment results using the mapped data from the course level. The team found that assessment data is entered into the program review document in an aggregated format for the program with very little or no descriptive information or analysis. The team found this problematic since there was no discussion of data to directly link the student learning assessment results to strategies to improve student learning at the course level. Some program reviews do include additional data and in-depth analysis of the assessment results allowing a better link between assessment data and strategies to improve student learning. (Standard I.B.4)

Resource requests are based on the program review data and information. Requesters complete a form, titled “Academic Affairs: Criteria for Instructional Equipment Prioritization.” Faculty are asked to fill out a rationale: “For example, does the equipment enhance enrollment growth, improve program currency, or support innovation based on program review and/or results from assessment of student learning outcomes? Is the equipment essential to success of the program? Is the equipment for replacement?” The team reviewed all the requests from fall 2015 and found that the majority of the requests were not linked to the results of student learning outcomes assessment. Other requests mention outcome results in general terms with no specific details about the specific tie in to any particular outcome assessment results. Only a few requests tied the resource request directly to assessment data. The team concluded that the link between assessment data and the support of student learning and student achievement could be strengthened by tying the resource allocations more directly to outcome assessment data. Interviews and meeting minutes documented that institutional conversations on ILOs and student achievement are held at annual planning retreats, campus wide Student Success Summits, and in campus committees such as the Distance Learning Committee and Basic Skills Committee. The College has been reviewing disaggregated data as part of its dialogue on student equity issues. (Standard I.B.4)

The College Institutional Assessment Plan is used to guide campus wide instructional and student services assessment at the course, program, and institutional level. Examination of program review templates confirmed that assessment data is required in the College’s

comprehensive program review and annual update process that links to resource allocations. The team also observed that resource requests that were not linked to program reviews were denied funding. AHC has established a six year program review cycle. The team found that with the exception of four, all program reviews have been submitted although some are still in the process of finalization. The first step in the comprehensive program review process is an alignment of the department mission with the College mission. Institutional data is incorporated into the program reviews and additional data is available from the Fact Book produced by the Office of Institutional Effectiveness. Student retention and success data, for distance education courses, sorted by TOP code, was provided comparing AHC data to state data. Data was also provided comparing on-site to distance education courses for AHC students. The Distance Learning Committee reviews and discusses data disaggregated on student achievement for face-to-face students versus online students. (Standard I.B.5)

The Office of Institutional Effectiveness coordinates the collection and dissemination of data for the College. The Fact Book is provided annually and presents a wide range of data including disaggregated data for subpopulations of students. Programs identify performance gaps as part of the program review process, and plans for improvement are included in the documentation. The Distance Learning Committee looks specifically at gaps between face-to-face and online courses, and the committee recently created tutorial modules for online instructor training to address these gaps. At the institutional level, the College has been reviewing disaggregated data and identified areas to focus on in the *Educational Master Plan 2014-2020* and the *Student Equity Plan 2014-2017*. The team found that specific actions have been identified to address the gaps in achievement of individuals with disabilities, males, Latinos, economically disadvantaged, African Americans, veterans, and foster youth. From review of this data, the Student Ambassador Program and counseling support for veterans and foster youth have been established. (Standard I.B.6)

The College implemented a major revision to the program review process in 2010 and has since implemented an annual evaluation survey to solicit feedback to lead to further improvements. In addition, a Program Review Committee was reinstated to make regular recommendations for improvement to the process to the Academic Senate. The Learning Outcomes Assessment Committee periodically reviews the Institutional Assessment Plan and recently revised the plan in spring 2016. The Institutional Assessment Plan provides the procedures and practices for the assessment of student learning. Every two years, the Institutional Effectiveness Council administers a survey to evaluate institutional processes and the CCPD. Additionally, team interviews revealed the Institutional Effectiveness Council initiates annual planning retreats with broad campus membership to review policies and practices across the entire institution. The College Council created a task force to make recommendations for improving the clarity of the planning and resource allocation process. This task has been further developed and included in the Quality Focus Essay (QFE). Through interviews, the team validated that the College should continue its focus on increased clarity and improved integration of program review, planning and resource allocation to increase institutional effectiveness. (Standard I.B.7)

The College communicates the results of assessment activities primarily through the two Learning Outcomes Assessment Committees – one for academic affairs and the other for student services. These committees provide professional development activities for the

College to dialog and share about best practices in assessment. Evaluation activities for instructional, student services, and administrative programs are conducted through the program review process. Program reviews are communicated through a web-based portal. Additional assessment and evaluation occurs within the councils and committees as they review their accomplishments at the end of each year and develop recommendations for improvement. The Institutional Effectiveness Council provides a summarized report of all findings and recommendations and provides it to the College Council. Recently, as a result of an Institutional Effectiveness Council discussion with council chairs, the College provided training on a template to standardize note-taking and improve communication. The council notes are made available to the entire campus from the College website under Shared Governance. The Superintendent/President provides a progress report annually to the Board of Trustees and the campus community. (Standard I.B.8)

AHC has developed a broad-based process for evaluation and planning as detailed in *Councils and Committees Pathways to Decisions* (CCPD). The Academic Program Review Resource Guide and the Board's Program Review policy detail the comprehensive and annual program review process and templates. The program review documents are used in the resource allocation process at the College. Resources are requested based on the dialog in the program review. However, since there is little analysis of what the faculty and/or staff learned from the SLO assessment results or how these results can be used to improve student learning and achievement, it is challenging to tie resource requests directly to SLO assessment results. The resource allocations are in alignment with the College mission statement and strategic plan as documented in the Criteria for Instructional Equipment Prioritization and Faculty Prioritization form. Resource allocations are then prioritized and funds allocated to programs with greatest impact and need. A taskforce was convened to review effectiveness of the program review, planning, and resource allocation process, which led to the recommendation that clarity of the processes could be improved. This recommendation is also included in the QFE. (Standard I.B.9; ER 19)

Conclusion

The College meets all the Standards and related Eligibility Requirements.

Recommendation to Improve Quality

Recommendation 1

In order to improve effectiveness, the team recommends the College clearly demonstrate a link between SLO assessment and improvement of student learning and achievement in all courses and programs. (Standards I.B.1; II.A.2, II.A.3, II.A.16; ER 11)

Recommendation 4

In order to improve effectiveness, the team recommends that the College complete the four program reviews that were not completed during the regular evaluation cycle. (Standard I.B.5, I.B.9, IV.A.3)

Standard I.C: Institutional Integrity

General Observations

Allan Hancock College provides evidence of institutional integrity by virtue of its published policies, announcements and notifications, and practices. Published material, such as the College Catalog and public website, provide accurate information about academic programs, student support services, campus policies, and institutional data of student achievement. The College engages in a continuous cycle of evaluation and improvement in many of its institutional processes through surveys and assessments conducted by the Institutional Effectiveness Council and other campus organizations. The College supports academic honesty, prevention of conflict of interest and integrity, and ethics in college affairs. The College is compliant with ACCJC accreditation requirements and with other program accrediting requirements, and publishes the accreditation status of the College and all accredited programs in its catalog and on the website.

Findings and Evidence

The College provides clear and accurate information about its mission statement, learning outcomes, educational programs, and student support services. Information is available on the College website and in the printed College catalog. Accreditation information is located one click away from the home page, shows the current status of the College and includes historical reports with letters from the ACCJC and includes the accreditation status of programs with external accreditors. The College has established and follows procedures for revision of the College catalog and website. A Web Committee meets regularly to review potential new content, study website usage, and make changes as needed. Information about student achievement is included on the Institutional Effectiveness section of the website. All requirements of Eligibility Requirement 20 were verified. (Standard I.C.1; ER 20)

AHC publishes print and online versions of the College catalog with required information such as the mission statement, admission requirements and procedures, campus rules, and policies. The catalog also includes information on academic programs and courses, services to students, and required accredited status information. The catalog is published annually by a team from Student Services, Academic Affairs, and Public Affairs and Publications. Additional input is provided by deans and faculty. (Standard I.C.2; ER 20)

The institution provides a wealth of student achievement data to the public on the College website. The public can review data in the Fact Book, view the Student Success Scorecard, and examine the major planning documents. Faculty and staff can use Tableau to access public information and a wide range of data. Most of the institutional data and reports are available from the Institutional Effectiveness section of the website. Assessment results for Institutional Learning Outcomes are publicized on the website. The evaluation team was unable to find assessment results for course and program learning outcomes on the public website; however, student achievement data is readily available. Presentations on student achievement are made to the Board of Trustees at the annual retreat. The College sends *Community News* mailers to all households in the District. The *Inside Hancock* publication is

distributed to new and prospective students at outreach events. Both publications include measures of academic quality and academic success. (Standard I.C.3; ER 19)

The College lists all certificates and degrees in the catalog, including information describing the purpose, content, course requirements, and expected learning outcomes for each program in the catalog. The catalog is available in print and in a searchable format on the website. Program brochures with additional information about programs is available in the Counseling Office. (Standard I.C.4)

AHC reviews its mission statement every year at the annual planning retreat. There is a clearly defined practice of review, updating and publishing the College catalog, as well as information contained in brochures intended for the public dissemination. The Office of Public Affairs and Publications assures integrity of AHC publications with a layer of review. This layer of review is also applied to website content. Board policies were reviewed in 2014-2015 and several show that they were revised in this timeframe. All College policies and procedures are reviewed according to an established timeline. (Standard I.C.5)

The College accurately informs students regarding the total cost of enrollment in a variety of ways. This information is clearly described in the College catalog, on the website, in outreach materials, and at workshops. Information as to textbook costs, book ordering options, and materials fees is extensive and useful. The inclusion of textbook costs, book ordering options, and materials fees inside the registration system is impressive and useful. Financial aid information is also provided to students and their parents throughout the District in English and Spanish. (Standard I.C.6)

AHC Board Policy and Administrative Procedure 4030 clearly states the District's commitment to academic freedom and responsibility. Academic freedom is a shared value of the College, and it is included in the 2016-2017 College catalog with the mission statement and vision. The Associated Student Body Government (ASBG) of the College and the Academic Senate both have policies in support of academic freedom and the freedom of expression. (Standard I.C.7; ER 13)

The College has published clear policies and procedures that promote honesty, responsibility, and academic integrity. For employees, Board Policy 3050 on Institutional Code of Ethics establishes principles for all employees of AHC. Integrity and responsibility are also part of the Board Policy 4030 on Academic Freedom, which is particularly applicable to faculty. The Academic Integrity Committee of the Academic Senate is recommending the Academic Integrity policy be included on all course syllabi. The policy on academic honesty is made public through the College catalog and includes consequences for violations. There are also separate guidelines for student conduct and the Code of Ethics for the Associated Student Body Government (ASBG). (Standard I.C.8)

The College has published clear policies to promote academic freedom and integrity. The faculty evaluation process has specific criteria to address these same issues. Lastly, all employees are subject to the Institutional Code of Ethics which states employees are "unprejudiced." (Standard I.C.9)

The College does not seek to instill specific beliefs or world views; therefore, Standard I.C.10 does not apply. (Standard I.C.10)

The College does not operate in a foreign location; therefore, Standard I.C.11 does not apply. (Standard I.C.11)

The College complies with standards and requirements of the ACCJC in regards to accreditation information, and previous reports are easily accessed on the accreditation webpage for the College. All annual reports and other required documents are submitted in a timely manner. (Standard I.C.12; ER 21)

AHC demonstrates honesty in its relationships with external agencies and complies with statutes. The College has 16 academic programs which require outside accreditation, and also follows requirements established by the United States Department of Education. The College was recertified in 2011 to participate in federal student financial aid programs. (Standard I.C.13; ER 21)

The mission statement states “AHC provides quality educational opportunities that enhance student learning.” All other planning documents, including the strategic plan, start with the mission statement and support it in keeping the focus on student learning. All policies and practices validate the College’s commitment to the mission statement. (Standard I.C.14)

ACCJC Policy on Representation of Accredited Status: AHC discloses its accreditation status in the College catalog, page 8, and on the College website.

ACCJC Policy on Institutional Integrity and Ethics: The portions of this policy that apply to Standard I.C. have to do with academic honesty (College catalog, page 40); prevention of conflict of interest (BP 2710); accreditation status (College catalog, page 8); and integrity and ethics in college affairs (BP 2715 and BP 3050). All of these issues are adequately addressed in the College’s response to Standard I.C.

Conclusion

The College meets the Standards, related Eligibility Requirements and ACCJC Policies.

STANDARD II

STUDENT LEARNING PROGRAMS AND SUPPORT SERVICES

Standard II.A: Instructional Programs

General Observations

Allan Hancock College (AHC) provides instructional programs culminating in degrees (80), certificates (112), and transfer degrees (16). In addition, the College offers noncredit courses and certificates (8), as well as community education courses. Courses are offered at the main campus in Santa Maria and three centers; Lompoc Center, Solvang Center, and Vandenberg Air Force Base Center. AHC also has significant distance education offerings.

Findings and Evidence

The Institutional Self Evaluation and supporting evidence document that AHC provides programs that align with their mission to “provide quality educational opportunities that enhance student learning and the economic vitality of the community”. The programs are consistent with standards of higher education. All courses and programs have identified student learning outcomes and those outcomes are published and available to prospective and current students. The College utilizes established curriculum development procedures to approve new curriculum and to modify existing curriculum. Courses that will be offered via distance education undergo a separate approval process during curriculum approval.

(Standard II.A.1; ERs 9, 11)

The development of curriculum is delegated per Board Policy and Administrative Procedure 4020 to the Academic Policy and Planning (AP and P) Committee which is a subcommittee of the Academic Senate. The processes for course and program development and approval are well documented in a *Curriculum Development Handbook* adopted in 2013. AHC utilizes CurricUNet to submit, track and approve courses and programs. Proposed curriculum undergoes a technical review by appropriate faculty and staff (i.e. articulation officer, learning resources dean, etc.) as a part of the AP and P processes. If changes are requested, the curriculum is returned to the faculty author for revision. When a course will be taught using distance education modalities, it undergoes a separate approval process. This approval process includes the Distance Learning form attached to the course outline of record in CurricUNet. This form includes the identification of the teaching modalities, hours of instructor initiated contact per week, methods of contact with students, and descriptions of evaluation methods. Course outlines of record are reviewed every six years in the year before a program does their comprehensive program review. (Standard II.A.2)

AHC identifies that continuous improvement in instructional courses and programs is accomplished through Program Review (Comprehensive and Annual Updates) and through the assessments of course and program learning outcomes. Both the comprehensive and annual update program reviews include learning outcomes assessment reports. Learning outcome assessment plans and results are housed in eLumen, and the percent of students who are below, meeting, or exceeding SLO standards is included in program reviews. (Standard II.A.2)

The Institutional Self Evaluation Report states that AHC utilizes their program review processes to ensure that courses and programs are reviewed and updated in a six-year cycle. All courses within a program are to be reviewed and updated as needed the year prior to that program's comprehensive program review. There is substantial documentation available to faculty and staff on the procedures and the expectations of program review and the curriculum review process. Programs report on any proposed or changed curriculum during their Program Review Annual Updates. (Standards II.A.2, II.A.3)

The Institutional Self Evaluation does not discuss or provide evidence regarding the involvement of adjunct faculty in curriculum development and learning outcome assessments. In Standard II.A.16, the fact that non-credit courses are taught by adjunct instructors is mentioned as a reason that the noncredit curriculum has not been regularly updated. Interviews with adjunct faculty, fulltime faculty and administrators confirm that adjunct faculty are not required to participate in the curriculum development and review or in the assessment of learning outcomes, although they may participate if they wish. (Standard II.A.2)

Evidence provided by AHC indicates that some programs have not accomplished a comprehensive review of their curriculum or completed their program reviews in the required six year time period. The College acknowledges that four program reviews have not been completed and others are in process and Deans are waiting for revisions. The reason for lack of completion most often stated in interviews was the lack of full time faculty in those areas. A review of CurricUNET showed a number of courses with review dates older than the six years. Evidence provided by AHC indicated over 200 courses, including transfer, degree applicable, and non-credit courses, had not been reviewed within the six year requirement. The process of curriculum review in the year prior to comprehensive program reviews allows programs to submit a form in which faculty check off that the curriculum has been "looked at" and does not need to be altered. This form requires that programs identify when courses will be submitted to the AP and P Committee. The directions indicate that curriculum with major changes be submitted the following term and curriculum with minor changes be submitted within the next year. The compliance with this directive and review dates are not tracked. (Standards II.A.2, II.A.3, II.A.16)

The curriculum approval process stipulates that courses taught through distance education undergo a separate approval process using a Distance Learning Addendum (DL Addendum). Members of the AP and P stated that this DL Addendum is reviewed every time the course outline is reviewed. No tracking mechanism exists to verify separate review of this part of the course outline of record. In addition, some course outlines of record lack the dates of review and approval. This is, in part, due to the implementation of CurricUNet at the College. As courses were migrated into CurricUNet, dates were not noted. Even with the current CurricUNet processes, dates must be input by hand. Review of the DL Addendums reveal instances of missing data. Interviews with members of the Distance Learning Committee indicate that this may also be a result of the transition to CurricUNet. Members of the AP and P Committee were not aware of any problems with the DL Addendum.

Allan Hancock College has an established six-year cycle for course level student learning outcomes (SLO) assessment and program level student learning outcomes. A standing

college committee, Student Learning Assessment Committee (SLAC), meets monthly to oversee the assessment process. The team confirmed the following process for assessment of SLOs. The assessment results from the course level assessment is entered into the eLumen learning outcomes system by faculty using a three level scale of below, meets or exceeds standards. Faculty have the option of entering course improvement plans into eLumen for courses that fall below or meet the standard. Faculty map the course level SLOs to degree, certificate and program SLOs in eLumen. Degree, certificate and program level outcomes are evaluated in eLumen using the mapping matrix. The assessment results are then entered by faculty into the annual and comprehensive program review process using the three-point scale. The team noted that there was little discussion of the analysis of what the faculty and/or staff learned from the SLO assessment results or how these results can be used to improve student learning and achievement, and inform resource requests. The team also confirmed that degree and certificate level outcomes are listed in the College catalog in the degree and certificate section. Course level SLOs are included in the course outlines of record (COR). Instructional deans, with help from their classified staff, review course syllabi to ensure that the correct SLOs are listed in the course syllabi. AHC identified a challenge in ensuring consistency of the SLOs listed at the course and program level in eLumen and in the course outline of record and developed a process that was vetted through the Learning Outcomes Assessment Committee and College Council to address this issue. AHC has recently received an AIM Basic Skills grant. The College intends to utilize funding from this grant to add student learning outcomes to noncredit basic skills courses. (Standard II.A.3)

The assessment data entered into the program review is frequently in aggregate form. It includes a single data set combining all assessments of all of the learning outcomes in all of the courses of that program. All of the program assessment results are placed into one of three categories; below, meets or exceeds expectations. It is unclear how this methodology allows programs to directly link the results of student learning assessment to specific strategies designed to improve learning outcomes. (Standard II.A.3)

Board Policy and Administrative Procedures 4222 clearly defines pre-collegiate level curriculum from college level curriculum and stipulates that students are limited to 30 semester units of pre-collegiate course work with certain exceptions for ESL and students with disabilities. The College catalog includes the board policy along with the appeal process. The Banner system used in student registration ensures compliance with Board policy. AHC uses a course numbering system of 500 – 599 for pre-collegiate credit courses and a prefix of BASK for noncredit basic skills courses to identify these courses. The College supports pre-collegiate student learning through a comprehensive set of both credit and non-credit basic skills courses in math, English and ESL. Interviews confirm that support for students enrolled in pre-collegiate programs includes The Writing Center, The Math Center, Extended Opportunity Programs and Services, Learning Assistance Program, College Achievement Now and the Counseling Center. In addition, the Math Department offers an intensive summer skills refresher course that provides students an opportunity to refresh their basic skills in math and retake their placement tests. (Standard II.A.4)

AHC degrees and programs include a minimum of 60 units. The degrees and programs are of appropriate length, breadth, depth, rigor, and synthesis of learning. The established procedures identified in the *Curriculum Development Handbook* describe the requirements

for program development and approval. The Academic Planning and Policy Committee is responsible for ensuring that all programs meet the minimum requirements. The AHC Catalog clearly details the course requirements for all degrees. (Standard II.A.5)

The College catalog and AHC website lists the courses required for each certificate and degree program. Certain certificates and degrees requiring a specific semester sequencing of courses, including the LVN to RN Associate Degree in Nursing and Dental Assisting Associate Degree and Certificate of Achievement, list a semester-by-semester course sequence in the catalog. The team found that many departments create rubrics for their programs to ensure that the courses are scheduled to enable students to graduate within an appropriate time frame. These are reviewed and updated in the comprehensive and annual program review updates. To enable degree and certificate completion, the team found evidence that core courses students need, but are low enrolled, may be exempted from canceling. Wait-list data is available to department chairs and deans. This data is used to identify courses where additional sections may be needed to allow students to complete their programs in a timely manner. Students and counselors have access to DegreeWorks, a Banner tool that allows students and counselors to evaluate a student's progress toward completing degrees and certificates. (Standard II.A.6; ER 9)

The College offers credit and noncredit courses in varied lengths of time, at different locations, and in different modes of delivery. The College offers approximately 12 percent of its courses through distance education every term. In the current term, fourteen percent of AHC course offerings are delivered via distance education. The College offers tutoring at the Santa Maria campus for day and evening students. The Lompoc Valley Center offers tutoring only during the day. Tutoring is also available for online students (see Standard II.B.1). The College notes that it needs to evaluate the effectiveness of evening and online services for students. AHC identifies this as an item in its Changes and Plans section of the Institutional Self Evaluation. (Standard II.A.7)

AHC notes that the Distance Learning Committee monitors and is aware of the gaps in success rates between online and face-to-face classes. The gap in success rates between the two modalities is always over 12 percent and averages closer to 15 percent in all terms cited in evidence. Evidence was provided in the form of program reviews to illustrate that departments (e.g., Spanish) are discussing strategies to attempt to decrease this gap. Other departments should be encouraged to do have similar conversations to develop interventions to improve completion and success rates in online classes. (Standard II.A.7)

The Institutional Self Evaluation identifies an AP and P policy that all faculty who intend to teach distance education courses are required to receive training prior to teaching the course. Interviews with faculty indicate that the training begins with an interview/assessment of the faculty by the Distance Education Coordinator. If the Coordinator deems the faculty competent/prepared, they may sign off training is not needed. If it is determined additional training is necessary, the faculty is referred to the available training; for example, @One learning modules.

The team reviewed a random set of 36 fall 2016 courses in both Canvas and Blackboard. At least one course from every subject code was reviewed. This review revealed that in some

courses there was little to no evidence of regular and substantive instructor initiated contact with students. Instances of contact with students through email and other social media outlets is not tracked. (Standards II.A.2, II.A.7)

The College validates the effectiveness of the department-wide course examinations that are used. Currently that includes only math and Spanish. There is evidence of faculty dialogue on grading norms and expectations in both Math and Spanish. Pre-course placement assessment exams are assessed for validity. Multiple measures are used by counselors to improve correct course placement for students. (Standard II.A.8)

The College follows generally acceptable norms for the awarding of units of credit. It follows recommendations from the State Chancellor's Office and federal regulations for determining hours for lab, lecture, and activity. The automation of units to hour calculations is built into the curriculum management software and is printed in curriculum development procedures. A random sample of course outline of records verified the policies are being followed. (Standard II.A.9)

Transfer of credit policies are clearly written and available for students in the catalog and on the webpage. Students are directed to speak with a counselor for assistance. The institution follows established evaluation procedures for courses. These procedures require comparisons of learning outcomes for the course to be transferred in with existing learning outcomes for AHC courses. Evidence details agreements between local high schools and the College on the acceptance of high school classes for college credit. The College has developed articulation agreements with CSU and UC systems and students can learn about the agreements through sessions with counselors and through the use of ASSIST.org. (Standard II.A.10)

AHC has identified seven Institutional Learning Outcomes (ILOs). The ILOs include communication, critical thinking and problem-solving, global awareness and cultural competence, information and technology literacy, quantitative literacy, scientific literacy, and personal responsibility and development. Course and service area outcomes are mapped to at least one of the ILOs and one program-level outcome. Data from the assessments conducted at the course level are utilized to assess the ILOs. Associate Degrees and Associate Degrees for Transfer require that students complete competencies (reading, written expression, mathematics), units in Multicultural/Gender Studies, and units in the General Education categories of Natural Sciences, Human Institutions, Humanities, Language and Rationality, and Living Skills. All degrees and programs have identified program-level outcomes. (Standard II.A.11, II.A.12)

The Academic Policy and Planning Committee has developed and documented a general education philosophy and processes for submitting courses for consideration for inclusion into a general education area. The committee makes its recommendations on placing a course in general education by reviewing the course outline of record. Faculty proposing courses for inclusion are required to complete a worksheet that clearly links the course outline elements to the requirements for inclusion in a general education category. The general education requirements are included in the AHC Catalog, as are the CSU GE and IGETC requirements. (Standard II.A.12)

All degree programs and requirements are listed in the Allan Hancock College Catalog 2015 – 2016. The graduation requirements stipulate that a minimum of 18 units must be completed in the major or in the area of emphasis for Liberal Arts AA degrees. All degree programs offered at AHC are approved per the guidelines of the *Curricular Development Handbook*. This process includes course creation by faculty with the appropriate academic background and a review process developed by the Academic Policy and Planning Committee (AP and P). The AP and P is comprised of voting members including a faculty representative from each academic area, a faculty member from a support department, and a student representative. Non-voting members include the Vice President of Academic Affairs, the curriculum specialist, a representative from Admissions and Records, a representative from non-credit, and the articulation officer. This group reviews all curriculum and provides recommendations through the Academic Senate to the District Board of Trustees regarding courses and instructional programs. All program learning outcomes are listed in the College catalog and on the AHC website. All course level SLOs are mapped to program learning outcomes in eLumen. (Standard II.A.13)

All career and technical education (CTE) certificates and degrees are listed in the Allan Hancock College Catalog 2015 – 2016. The certificate and degrees are approved per the guidelines of the *Curricular Development Handbook* and through the approval process described in the prior paragraph. SLOs at the course, degree and certificate level are reviewed by AP and P. The degree and certificate SLOs are listed in the College catalog. The SLOs are assessed as part of the program review process and the assessment data is stored in eLumen. The team confirmed that, as stated in Board Policy 4102 and Administrative Procedure 4102, each CTE department establishes advisory committees that meets at least once per year. AHC tracks Licensure and Pass Rates in Nursing, Dental Assisting, Cosmetology, and for the Law Enforcement Academy. (Standard II.A.14)

The recently revised (March 2015) Administrative Policy 4021, Program Vitality, describes a comprehensive process of evaluation and review that is used when considering the discontinuance of a program. If an evaluation committee recommends a program be discontinued, the policy stipulates that the committee include recommendations for timelines that would cause the least negative impact on students. (Standard II.A.15)

AHC curriculum processes, program review (comprehensive and annual), and student learning outcome assessments are the mechanisms utilized to regularly evaluate and improve instructional programs to enhance learning outcomes and achievement for students regardless of delivery mode or location. Although these processes are in place, AHC must ensure 100% participation of all instructional programs. Adherence to all distance education regulations, particularly regular and substantive contact initiated by the instructor, must be a focus of all programs using this modality. The Academic Senate convened a Program Review Committee in spring 2014 which reviewed and made recommendations for changes to the program review processes to the Academic Senate. These changes were implemented and professional development opportunities were provided to ensure successful implementation. The Program Review Committee continues to annually review this process and reports to the Senate accomplishments, challenges and recommendations for improvement. The team found that additional analysis of assessment results is necessary to directly link results to improved learning and achievement. (Standard II.A.2, II.A.16)

Conclusions

The College does not meet Standards II.A.2, II.A.3, II.A.7, II.A.16, or the Policy on DE and CE. It meets all other standards. The College meets Eligibility Requirements 9, 10, 11, and 12.

Recommendations to Meet the Standards

Recommendation 2

In order to meet the Standards, the team recommends the College review, modify, and implement a curriculum approval and tracking process of course outlines, including distance education, to ensure accuracy, currency, and systematic evaluation. (Standards II.A.2, II.A.3, II.A.16)

Recommendation 3

In order to meet the Standards and policy on DE and CE the College must ensure courses taught through distance education include regular and substantive contact initiated by the instructor. (Standards II.A.2, II.A.7, II.A.16 and the Policy on DE and CE)

Recommendation to Improve Quality

See Recommendation 1

Standard II.B: Library and Learning Support Services

General Observations

Library and Learning Services at Allan Hancock College are appropriate and support the mission of the College. Resources and services are available in a variety of formats and are accessible to students on campus, at the College centers/sites and online. The College uses faculty expertise to select materials and instructional equipment. Both the Library and Learning Resources participate in program review and have established learning outcomes. Tutorial services are provided at the Santa Maria and Lompoc campuses using peer tutors. Tutoring for online students is contracted from private companies and reviewed regularly for effectiveness.

Findings and Evidence

The College supports student learning and achievement by providing a variety of learning support resources and services which are available to students at all AHC locations. These resources and services include: library, writing center, math center and tutorial center. Resources and services that are available to students online include library materials and tutorial support for math and writing. The Santa Maria campus and the Lompoc campus have on-site learning support services of library and tutoring. (Standard II.B.1; ER 17)

The library has a comprehensive collection that is updated and expanded using data analysis of usage statistics. The library has a combination of print and online resources for students which can be sent to other college locations at no cost to the students. Students have 24/7 access to library databases utilizing the library webpage. A new library chat service was launched in fall 2016. The librarians indicated that the chat option is growing in popularity. The library has expanded audio and visual materials to accommodate different learning styles of students. Tutorial services are available in person at the Santa Maria and Lompoc campuses. Smart Thinking and Net Tutor provide online tutorial services. (Standard II.B.1; ER 17)

Library instruction is provided to students. A two-unit online library skills course is available to all students. Library orientations/information competency instruction is offered at both the Santa Maria and Lompoc campuses. Evidence demonstrates that students in English, who attend a library instruction session, have significantly higher retention rates than students who do not attend. (Standards II.B.1, II.B.3)

Students are provided access to computers to complete academic assignments at computer stations at the Santa Maria and Lompoc campuses. Students can also check out laptops both for in-house use and to take home for three days. In addition, multimedia staff and equipment is available for faculty who want to incorporate those modalities into the instructional design of their courses. (Standard II.B.1)

The College uses a collection development process with a focus on student success. Board Policy 4040 and AP 4040 outlines this process and specifies that AHC will rely upon the expertise of faculty including librarians in selecting student materials. Librarians solicit faculty recommendations through an online form. Librarians confirm that they collaborate

with faculty regarding collection development. An example of such collaboration was the development of small collections designed around each of the College's institutional learning outcomes. During the approval process, the librarians review new curriculum for potential library impacts. A librarian is a voting member of the AP and P committee. The Academic Policy and Planning committee requires new instructional materials be detailed in course outlines which assists the library in their support of student learning. The Academic Senate has a Library Advisory Committee. One charge of this committee is to ensure the incorporation of faculty expertise in collection development. Equipment for student computer labs is selected with input from faculty. Faculty can request specific equipment based on discipline-specific needs. One example of this process was the purchase of MACs for use by Art students. The College has established standards for multimedia equipment located in classrooms. Classrooms are equipped with current technology to meet teaching needs. (Standard II.B.2)

Both the library and Learning Support Services participate in the College's program review process. The Learning Resources program review includes a review of Distance Learning, Multimedia Services, Open Access Computer Labs, Tutorial Services and the Writing Center. The library completes its own program review. The comprehensive program reviews include review of the program's alignment with the College mission, summarizing action on previous goals, and analysis of usage statistics. These program reviews also include assessment of learning outcomes. Programs are required to state their learning outcomes, discuss the methods of assessment of their outcomes, identify how the achievement of the outcomes are measured, what the data indicated, and what changes were made based on that data. The data assessment and trend analysis including usage statistics, satisfaction surveys, and qualitative responses from students and faculty are used as the basis for the program's goals. Student needs are identified by a review of the included data supporting the program plans for improvement. (Standard II.B.3)

The library assesses six learning outcomes in their Library 170 course. The library has used this assessment to discuss learning modes for this class (online and face-to-face). Library and Learning Support Services are also evaluated during the assessment of the Institutional Learning Outcome on Information and Technology Literacy. Based on the results of this assessment, recommendations for improving student achievement of this learning outcome directly relate to improving library and learning support services. One such recommendation was that faculty be encouraged to provide rubrics with an assignment or redesign their existing assignment rubrics to include the technology and information literacy skills. (Standard II.B.3)

The College contracts with Smarthinking and Net Tutor for asynchronous, 24/7 online tutoring services. College faculty have reviewed several online tutorial services. They reviewed usage statistics and student survey comments to evaluate Smarthinking. This evaluation, which included quantitative and qualitative measures, was used in the decision to renew the contract in 2016; however, the College decided to simultaneously pilot tutoring provided by NetTutor. The two systems will be comparatively reviewed regarding meeting the needs of the students, accessibility, and use at the end of the pilot. (II.B.4)

Conclusions

The College meets the Standards and Eligibility Requirements.

Standard II.C: Student Support Services

General Observations

Allan Hancock College offers many different support services to students at their main Santa Maria campus and Lompoc Valley Center campus. Limited services are also available to students at the Solvang and Vandenberg AFC centers. Student support services are available in-person, online, by telephone, and via email. Programs and services provided at the main campus include matriculation services (orientation/assessment/counseling), admissions and records, financial aid, health services, college police services, student government, and various population-specific programs (Veterans, EOPS, DSPS, CARE, CAN, Cal Works, and Career/Job Placement Center). There is a high level of coordination and involvement with partner high schools and the local community. This has resulted in the development and implementation of Hancock Hello, Senior Days at the Lompoc Center and Bridges to Success.

Findings and Evidence

The Allan Hancock College Santa Maria campus is the District's primary location for all student services. A full complement of student support services is available in-person from 8:00 a.m. to 4:30 p.m. Monday through Thursday and Friday from 8:00 a.m. to 4:00 p.m. Counseling, Admissions and Records, and Financial Aid are open from 8:00 a.m. to 6:00 p.m. on Tuesdays. Student services provide extended hours the first week of each semester to meet high demand. Services are provided in English and Spanish. Students attending classes at the Lompoc Valley Center (LVC) have access to core services including assessment, admissions, registration, counseling, financial aid, special programs (EOPS/DSPS), mental health, library, learning support and bookstore operations. Staff at LVC are cross-trained to assist in delivery of service for programs. Services are also available online, by telephone, and via email. Student Services participates in program review to evaluate quality of services provided. Annual updates and context improvement plans demonstrate changes made based on evaluation of services. (Standard II.C.1; ER 15)

AHC primarily uses comprehensive program review, annual updates, and student learning outcome assessments as tools to improve student support programs and services. AHC identified opportunities for improvement in assessment of distance and online services as well as the need to improve orientation and admission services for Spanish speaking students. An online Spanish language orientation is expected to be implemented in the 2016-2017 academic year. The Student Equity Plan highlighted programs and activities necessary to address the needs of veterans, foster youth, and first generation college students. (Standard II.C.2)

While the Santa Maria and Lompoc Valley centers provide comprehensive student services, very limited services are available to students in-person during evening hours and at the Solvang and Vandenberg AFB centers. The Vandenberg and Solvang sites are staffed with student services personnel who provide basic services and coordinate with the appropriate service on the Santa Maria campus as needed. Although student support services are available online, by telephone, and via email, there are some limitations. Online services

include the availability of forms. However, most of the forms must to be submitted in person. The Student Authorization Release Information form allows students to access admission and records, financial aid, veterans information and counseling services via telephone and email. AHC expressed interest in developing more innovative and interactive delivery of support services to expand access and increase effectiveness. Discussions during the development of the Student Equity Plan in spring 2016 led to the expansion of student health services and Learning Assistance Program (DSPS). As a result, additional staff and faculty were hired demonstrating AHC's commitment to student support and success. As stated in both the QFE and Self Evaluation, and confirmed during the visit, AHC needs to evaluate evening and online services and make appropriate improvements to improve student learning and achievement. (Standard II.C.3)

AHC offers several co-curricular programs including a number of athletic programs, clubs, and campus events. The Associated Student Body Government (ASBG) sponsors over sixty events in the academic year that contribute to students' social and cultural education. Finances of the ASBG are governed under Board Policy 5420. Athletic programs include basketball, football, soccer, golf, track and field, volleyball, softball, baseball, swimming, and water polo. There are six sports teams for men and 7 sports teams for women. Athletic programs participate in program review and assess student learning outcomes. All co-curricular activities adhere to state regulations and district policies. Expenditures for athletic programs are managed per Board Policy 5700 that states athletic programs will comply with state law and the California Community College Athletic Association (CCCAA). (Standard II.C.4)

Board Policy 5110 establishes that counseling services are an essential part of the educational mission of the District. Further, the Superintendent/President assures the provision of counseling services including academic, career, and personal counseling that is related to the student's education. Counseling is required for all first time students enrolled for more than six units, students enrolled provisionally, and students on academic or progress probation. AP 5110 states that AHC provides professionally trained and experienced counselors to counsel and teach at the community college level. The District employs 18 full-time counselors and 16 part-time counselors. The institution assures the quality of counseling services through rigorous hiring practices, weekly counseling meetings devoted primarily to training, and support for professional development and continuing education. Counselors are available to students on an appointment or walk-in basis, by phone, and email at any of the District's campuses. Counseling services include overall student development, outreach, new student orientation, and development of an educational plan (abbreviated and comprehensive) that details the academic requirements for the student's identified goal. Once students have attended new student orientation (NSO), they are directed to attend an Academic Advising Workshop (AAW), where the abbreviated student education plans are created. NSOs occur at both Santa Maria and Lompoc Valley Center campuses. Orientations at these locations are available day and evenings. The NSO is also available on-line and as part of the Personal Development – College Success Seminar class. Special programs (EOPS, LAP, MESA, CAN TRiO, STEM) provide program-specific orientations for new students. AHC remains committed to delivering the NSO in person to as many students as possible. This commitment is deemed especially important for English as Second Language (ESL) and basic skills students. All new students complete the NSO prior to

registration. On average, 10 to 14 on-campus NSO sessions are available for students per registration period. Students are strongly encouraged to schedule an individual follow-up appointment with a counselor to develop their comprehensive Student Educational Plan (SEP). Additionally, counselors individually reach out to at-risk students, students enrolled in basic skills courses, students who haven't identified an educational goal and course of study, or students on academic or progress probation to meet and develop a comprehensive SEP. (Standard II.C.5)

AHC has open access and equal opportunity admission policies consistent with its mission and provides clear direction to student completion and transfer goals (BP 5010, Admissions). AHC shares this information with students through its website, catalog, and counseling services. Students are also able to independently track their progress towards goals through the DegreeWorks student education plan software. (Standard II.C.6; ER 16)

AHC regularly evaluates its admission processes as part of their regular cycle of comprehensive program review. Through ongoing evaluation of admission practices, the College implemented CCCApply as its admission application process in April of 2016. AHC uses assessments to establish proper placement in English, English as a Second Language, and math courses. The College identified that all assessment instruments will be evaluated in spring, 2017. Additional improvements include providing an online Spanish orientation that will be implemented in the 2016-2017 academic year. All placement instruments are approved by the California Community College Chancellor's Office and evaluated to validate effectiveness and reduce bias. The College also evaluates placement through individual counselor interviews. Counselors gather information about study skills, learning and career goals, computations skills, English language proficiency, educational and employment histories, academic performance, and need for special services as general measures. Other measures may be utilized to assist in the assessment process for course placement. A counselor is on the College's curriculum committee and participates in the review of courses as they are developed. The assessment coordinator also attends counseling meetings to update faculty on any issues related to placement practices. (Standard II.C.7)

AHC stores and maintains records in a secure software system with regular backup of files as well as in secure locations on both Santa Maria and Lompoc Valley campuses. Only selected personnel have access. AHC Board Policy 5040 outlines that storage and maintenance of records is in accordance with applicable laws. Board Policy 5040 also outlines how students can access their records and release them to third parties. The College adheres to the Family Education Rights and Privacy Act (FERPA). This process is published on the College website and in the catalog as well as the process for how to file a complaint if students believe their FERPA rights have been violated. (Standard II.C.8)

Conclusions

The College meets the Standards and related Eligibility Requirement 15 and 16.

Recommendation to Improve Quality

Recommendation 5

In order to increase effectiveness, the team recommends AHC assess the availability of student support services and implement appropriate changes to assure equitable access for evening and online students. (II.A.7, II.C.3)

STANDARD III RESOURCES

Standard III.A – Human Resources

General Observations

Human resources are sufficient to meet the College mission and employees possess appropriate qualifications for their positions. Human resources policies and practices meet Accreditation Standards. The College has experienced some challenges with turnover in administrative staffing leading to several MOUs with the faculty union that suspended evaluations or were considered in lieu of evaluations. There are several overdue classified evaluations. The use of learning outcome data is not explicit in the evaluation process. Faculty and administrators have as part of their evaluation discussion of college service that includes work on program reviews, outcome assessments and college committees. Human resource materials are secure and current and a procedure is in place that allows employees to review their own files.

Findings and Evidence

The College provided evidence that they employ qualified faculty, staff, and administrators. Through job announcements and college processes (BP 7210, 7211, 7250) it is clear procedures for recruitment are in place and followed. The College's job descriptions are detailed and reflect the position, duties, and responsibility. Each job announcement and description lists the qualifications for the position, which are linked to the needs and mission of the institution. All new job descriptions must include this linkage. (Standard III.A.1)

Board Policy 7210 details faculty professional responsibilities which include teaching skills, assessment of learning, and curriculum development. Review of a current faculty job posting confirms inclusion of required minimum qualifications, discipline experience, requisite skills including teaching, assessment of learning, curriculum development, and information about the screening process. (Standard III.A.2; ER. 14)

A review of job postings for classified and administrative positions confirm essential functions and minimum qualifications are posted. Job descriptions are developed with the intent of improving the institution's effectiveness and the quality of its programs. Revisions to job descriptions are vetted through the participatory governance process and approved by the BOT. (Standard III.A.3)

Evidence shows that faculty and administrators' credentials are from institutions accredited by recognized U.S. accrediting agencies. Degrees and credentials granted by foreign institutions are evaluated by *Foreign Transcript Credential Services*. In addition to degree and discipline, the College notes when faculty have received an equivalency for a subject in which they do not initially meet minimum qualifications. (Standard III.A.4)

The College has established written criteria for performance evaluations to assess effectiveness and encourage improvement. The College has a systematic schedule for

evaluation of personnel. Superintendent/President, classified staff, administrators and managers are evaluated annually; tenured faculty every three years; probationary faculty in the first, third, fifth, and seventh semesters; new part time faculty (Pool 1) first two assignment periods; returning part time (Pool 2) every six assignment periods. However, a review of the evidence, including the classified evaluation tracker, showed overdue evaluations. Additional evidence provided by the Director of Human Resources and confirmed by the CSEA president demonstrated the College has made significant progress in correcting the delinquencies and plans are in place to address the remaining delinquent classified. (Standard III.A.5)

The status of full time faculty evaluations, tracked through the Deans and the Vice Presidents, demonstrated that all are current with the exception of counseling faculty. Due to student services leadership changes, counselors were not evaluated between 2010 and 2015. AHC entered into MOUs which gave “satisfactory progress” to affected counseling faculty in lieu of being evaluated. Evidence shows that all counseling faculty who had MOUs were evaluated in 2015 or are scheduled to be evaluated in 2016. (Standard III.A.5)

Part time faculty were divided into two groups, “Pool 1” which included those hired prior to 2013; and “Pool 2” those hired after that date. Pool 1 part time faculty evaluations have been completed. According to another MOU dated 2013, the College suspended evaluations of Pool 2 part time faculty. At the time of the team visit, an MOU with the full time faculty to complete the Pool 2 faculty was negotiated and is scheduled on the Board agenda in October 2016. After Board of Trustees approval, the College will complete the Pool 2 evaluations within the year. (Standard III.A.5)

Instructional deans are instructed to discuss SLO assessment in every faculty evaluation; however, consideration of use of assessment outcomes to enhance student learning is not a required evaluation component of all personnel directly responsible for student learning. (Standard III.A.6)

Through a collegial process that includes participation from faculty, deans and vice presidents, the College has put concerted effort into raising the faculty number to match pre-recession staffing. To these ends, programs link their requests to the strategic plan through the program review process, which includes the review of data such as student enrollment, degrees and certificates, retention, success, and licensure pass rates to ensure they maintain a sufficient number of qualified faculty. After reviewing requests for faculty positions and considering institutional needs and achievement of the College mission, the Instructional Deans and Vice President, propose a prioritized list to the Academic Senate for consensus. (Standard III.A.7; ER.14)

The College has employment policies and practices in place to ensure part time faculty are prepared and integrated into the life of the institution. Through interviews and confirmation from the part time faculty union president, the team confirmed that part time faculty are required to complete a safety and orientation training, view an informative new hire video, invited to professional development opportunities, encouraged to attend department meetings, and are included in the College committee structure including the Academic

Senate. College communication is provided through email to part time faculty. (Standard III.A.8)

The College demonstrated a commitment to providing adequate staffing by the recent conversion of a number of temporary positions to permanent positions in order to support the needs of students and the mission of the College. Through a collegial process of prioritization of classified needs documented in program reviews, the College identified additional staff positions. The team reviewed organizational charts, job descriptions, and conducted several interviews at Santa Maria Campus and the Lompoc Center and determined that the College has a sufficient number of staff with appropriate qualifications to support the mission of the College. (Standard III.A.9; ER.8)

Over the past few years through reorganization and revisions of job descriptions, the College has demonstrated a commitment to appropriate administrative staffing to meet its mission and purpose. These changes were fully vetted through the participatory governance process and were approved by the BOT. Needs are continually reviewed through the program review process and the 2016-17 Staff Prioritization List includes requests for three additional administrators. The team reviewed organizational charts, job descriptions, and conducted several interviews at Santa Maria Campus and the Lompoc Center and determined that the College has a sufficient number of administrators with appropriate qualifications to support the mission of the College. (Standard III.A.10, ER.8)

The team reviewed personnel policies which are available on the College website regarding classified staff, full, and part time faculty and determined that personnel policies are clearly defined. The team also confirmed through discussions with union representatives (part and full time faculty, classified, and management) that these policies and procedures are fair and are equitably and consistently administered. District complaint forms are available to all employees and are forwarded to the Director of Human Resources. (Standard III.A.11)

The College has an established policy (BP 3420) that supports diversity and equity of staff. The EEO committee is tasked with reviewing and recommending revisions to existing policy, developing new policies and procedures, and providing professional development with respect to staff diversity and equity to all personnel. Evidence demonstrated that the College recently developed, through the participatory governance process, two new policies: Board Policy for Nondiscrimination (BP 3410) and Prohibition of Harassment (BP 3430). The College also created an Equal Employment Opportunity Plan (EEO) through the participatory governance process. This plan addresses diversifying the District workforce and details training which hiring selection committees receive on diversity, bias awareness, and cultural competence. Evidence from the 2015-2016 Flex calendar show examples of trainings for all constituency groups, focused on multiple aspects of diversity. The Director of Human Resources presents the work on equity and diversity to the Board every year in a report which includes data breakdowns of applicants and successful candidates. (Standard III.A.12)

The College has an established policy on Institutional Code of Ethics (BP 3050) and a BP (2715) that details a code of ethics for the Board of Trustees. There are policies covering the legal and ethical issues of prohibition of harassment (BP 3430), non-discrimination (BP 3410), professional responsibility (BP 2200), and academic freedom (BP 4030). Board Policy

(7365) details the causes for dismissal, suspension or demotion. Evidence shows that all new employees receive information about Board Policies at their orientation. Staff and faculty contracts detail the discipline regulations for violation of College policies and procedures. (III.A.13)

Professional development is a focus of the College's Educational Master Plan. Interviews with staff and faculty confirmed a robust professional development program. The College has established a Professional Development Committee that has created a Professional Development and Growth Plan. Evidence demonstrated a commitment to providing, and funding, professional development activities. For example, the College has created the *President's Leadership Academy for Tomorrow* to develop leadership potential at the institution and has implemented a year-long training for new faculty and new administrators. Additionally, the College's Flex Calendar shows a breadth and depth of faculty professional development in the areas of pedagogy, SLO assessment, technology, and student learning needs. The Professional Development Committee created surveys to evaluate professional development offerings. Survey results are used to create the next year's calendar of professional development activities. (Standard III.A.14)

The College maintains confidentially of personnel files which are stored in fire-safe, lockable cabinets. Collective bargaining agreements detail the opportunity for employees to review their files. A *Request to Inspect Confidential Personnel Records* form guarantees access within 72-hours. A Human Resources staff member is present when records are reviewed and the name of the person who has reviewed each file is tracked in a log to ensure that only appropriate personnel have viewed the files. (Standard III.A.15)

Conclusion

The College does not meet Standards III.A.5 and III.A.6. It meets all other standards and Eligibility Requirements.

Recommendation to Meet the Standards

Recommendation 6

In order to meet the Standards, the team recommends the College continue the progress made on updating evaluations and ensure that performance evaluations are regularly and consistently completed for all employees. (Standard III.A.5)

Recommendation 7

In order to meet the Standards, the team 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. (Standard III.A.6.)

Standard III.B – Physical Resources

General Observations

Allan Hancock College (AHC) employs a variety of approaches to provide a safe environment for all students and staff. The Facilities Master Plan is linked with, and is subordinate to, the Educational Master Plan. The Educational Master Plan links to the program review process to ensure broad participation and focused discussion congruent with the five educational directives of the Educational Master Plan. The College and Community's commitment to assuring safe and sufficient physical and technological resources is evidenced by the passage and implementation of Measure I, a \$180 million General Obligation bond.

Findings and Evidence

Board Policy (3500) establishes a commitment on the part of the College to secure, safe, and accessible facilities, and is the overarching document driving compliance to this Standard. New construction follows the protocols established by the Division of the State Architect and these protocols cover established Education Centers as well. This compliance ensures new and modernized facilities are compliant with the Americans with Disabilities Act (ADA) and that facilities are accessible by individuals with physical limitations. AHC has demonstrated a commitment to district wide facility accessibility through the ADA Compliance Survey. This comprehensive report addresses accessibility issues district wide; however, it dates to 1994 and should be updated. Overall, AHC is able to ensure security, accessibility and safety compliance throughout the design and construction process. (Standard III.B.1)

AHC has a viable on-line work order system that helps facilitate a safe and well-functioning academic environment through the prompt identification and correction of maintenance needs. A review of the evidence demonstrated that non-emergency environmental health and safety concerns and potentially hazardous conditions are brought to the Safety Committee for resolution. The Campus Assessment and Support Team address perceived threats experienced by staff, faculty, students, and visitors. A key linkage between campus operations and academic programs is evidenced through the safety training and awareness videos produced by the Criminal Justice Training Facility, which are made available to all AHC employees and are viewed by students at the start of each term. These videos provide information about how to utilize the many safety measures that have been implemented by AHC, as well as what to do in the case of an emergency. AHC was ranked as the 7th safest College in America by HomeInsurance.com.(Standard III.B.1).

The facility planning process is well designed and integrated with other aspects of campus planning. It facilitates the development and procurement of physical resources, is informed by the College mission, and is vetted through the program review process. Requests for replacement and/or upgrading of equipment and other assets are determined through these processes. Instructional equipment funding is distributed through a consensus model of participatory governance. In addition, AHC has an established policy for vehicle replacement to ensure safe and reliable means of transportation for faculty, staff, and students in the course and scope of their work. Measure I, a \$180 million General Obligation bond approved

by the voters in 2006, has provided a source of capital development for AHC to build and maintain facilities to support its programs and services at both the Santa Maria and Lompoc locations. (Standard III.B.2).

AHC utilizes the annual program review process to identify equipment and facility needs. From program review, requests are sent to the Facilities Council for recommendation to the College Council. AHC annually completes a Space Inventory and an update to the five-year capital construction plan to gauge the adequacy and utilization of space and to provide an assessment of physical facilities (Standard III.B.3)

The institutional improvement goals identified in the Educational Master Plan and the program review process provide direction for the Facilities Master Plan and long range planning at AHC. AHC has demonstrated a commitment to addressing the total cost of ownership through Board Policy 6601, Operation Coast Framework: Facilities. This BP establishes a framework for the total cost of ownership factors associated with operating and maintaining new and major renovated facilities. This policy informed the development of the Operational Cost Framework for the Public Safety Training Complex. (Standard III.B.4)

Conclusion

The College meets the Standards

Standard III.C – Technological Resources

General observations

The Information Technology Services department (IT) provides the majority of technology services for the College. IT is staffed with a manager and technicians, has the financial resources to provide services and has an effective council and advisory structure to offer timely advice and direction. For replacing aging equipment, IT developed and disseminated the *Computer Standards and Obsolescence Guidelines*. Although IT is housed at the Santa Maria site, to ensure availability of services, an IT technician visits the Lompoc Center each week, and other sites upon request. The IT department provides training to campus employees through various means e.g., direct requests, requests through the Professional Development Committee, and training provided by vendors. The College Technology Plan is updated annually. IT services are supported by Board Policies (3720, 3730, 5040, 3310).

Findings and Evidence

Through a review of the evidence and interviews with appropriate personnel, the team confirmed the IT department is sufficiently staffed and has adequate resources to effectively provide technology support to the District. A review of annual expenditure data demonstrated that over the past ten years, approximately 50% of technology expenditures were dedicated to instructional purposes. (Standard III.C.1)

The IT department has a systematic process for replacing or upgrading obsolete and aging equipment, which is delineated in the *Computer Standards and Obsolescence Guidelines*. In addition, requests for IT support come through the Help Desk and from the Technology Council. Institutional technology needs are articulated through the Technology Council's representation in participatory governance. (Standard III.C.2)

The IT department, located at the Santa Maria campus, provides sufficient support to off-campus locations. Technical staff is designated to visit the Lompoc Center each week and other off-campus locations as needed. Measures have been implemented to ensure security and disaster recovery for technology infrastructure. (Standard III.C.3)

The importance the College places on technology training is documented in the Technology Master Plan and the IT Program Review. Instruction and training in campus technologies is available to all college personnel and students through direct requests to the IT department, requests to the Professional Development Committee, and through equipment and software training provided by vendors. (Standard III.C.4)

A review of Board Policies and procedures (BP/AP 3720, 3730, 5040, 3310) demonstrated policies are in place to guide the appropriate use of technology in teaching and learning. (Standard III.C.5)

Conclusion

The College meets the Standards.

Standard III.D – Financial Resources

General observations

Financial resources are sufficient to support the institution's programs and services. The College consistently maintains a reserve. The College receives categorical funding from several sources and accounts for expenses in each category through state mandated reporting instruments

Findings and Evidence

Unrestricted fund balance has trended upward between the 2009-2010 fiscal year (6.35%) and the 2014-2015 fiscal year (9.2%). The 2015-2016 Budget year reflects a modest softening to 8.9%. Evidence of sound fiscal health can be seen in the rating agency reports from Standard & Poor's (AA/Stable, September 2014), and Moody's Investors Service (AA2, September 2014). AHC develops and submits a monthly financial update to the Board of Trustees. The ONESolution financial system is used to track, manage, and report financial data. The team confirmed that the institution manages its financial affairs with integrity and in a manner that ensures financial stability. (Standard III.D.1)

AHC Budget Council addresses short-term and long-range financial priorities and provides recommendations to the institution for funding of liabilities and future obligations during the budget development process. The College has a realistic assessment of financial resource availability and has procedures for the development of financial resources, partnerships, and expenditure processes. Budget planning begins with an assessment of likely income streams, including funding from grants and the foundation. The College has a clear mission and goals, which serve as the foundation for financial planning. The *Guidelines Principles for Budget Development* clearly prioritizes student success as the focus for financial planning. The College updated their Strategic Plan in 2014 and the goals articulated in the plan are echoed in College processes. Information on the budget is available on the College website, in reports to the Board, and is available to constituent groups. The need for additional clarity in planning processes is specified at the end of this Standard of the Institutional Self-Evaluation and in the QFE. (Standard III.D.2)

All constituencies are involved in financial planning through membership on the Budget Council, the College Council, and the President's Cabinet. Financial information is shared widely with the campus community at public events. The College has procedures and timeframes developed for financial planning and budget development. Budget augmentation requests are handled through the program review process. AHC acknowledged, the team agrees, that as a part of continuous institutional improvement, it must strengthen connections between instructional, student service, and administrative program reviews and resource allocation decisions. (Standard III.D.3)

AHC does not have short-term debt. AHC does have long-term debt financing in the form of its General Obligation bond and still has a modest level of borrowing authority remaining in this authorization; however, because actual growth in Assessed Valuation (AV) has not kept pace with assumed levels of AV growth, AHC is unable to access this borrowing authority.

Nevertheless, if the electorate approves the statewide bond measure later this fall, AHC will become eligible to receive funds that may allow the College to commence construction on its proposed Fine Arts Complex and will need to consider at that time the total cost of owning and operating this new facility. The College does address the total cost of ownership of its new facilities. This is evidenced in the Operational Cost Framework for the Lompoc Valley Center. (Standard III.D.4)

The AHC Foundation provides significant support for the College through its endowment and fundraising works. Foundation support for student scholarships is significant and directly tied to the mission of the College. The College and foundation have established a sound administrative framework and created opportunities for development of fundraising activities, as is evidenced in the listing of donors and partners, scholarship funding guidelines, endowment funding policy, and the form of agreement between the foundation and potential donors. (Standard III.D.4)

The College has appropriate internal control structures for use of finances. The ONESolution software provides clear systems for processing of purchases and reimbursements. The Purchasing Guide and related procedures are clearly articulated through user guides and BP/AP 6330. Purchasing and Contract Guide Financial information is disseminated to the public, college constituencies, and the Board. (Standard III.D.5)

For the fiscal years 2011-12 through 2013-14, external audits contained Unqualified or Unmodified Opinions with respect to both Financial Statements and Federal awards. No instances of material weaknesses, significant deficiencies or non-compliance were identified, nor were findings requiring reporting identified. The audit for the 2014-15 fiscal year reflected an unmodified opinion but did note two significant deficiencies and findings to be reported Management took appropriate and timely corrective action for each of these matters (Standards III.D.6, III.D.7).

Examples of improvements in the financial control system are noted in the adoption of the ONESolution software system. The adoption of that system provided an opportunity for internal clarifications in procedures and controls, which the College did at that time. When questions arose about faculty pay for 2012-2013, an external audit was completed and procedures were implemented to ensure pay was processed correctly. (Standards III.D.5, III.D.8)

The College has sufficient cash flow and reserves to maintain stability. Despite a slight softening this past year, the College reserves have steadily increased over the last six years, even in times of declining enrollment and deferred apportionment payments from the state. The College has methods for short-term borrowing without using reserves and has used them on occasion. (Standard III.D.9).

The College has procedures and personnel in place to oversee finances for its grants, external funding sources, and auxiliary organizations. Restricted funding sources are managed to ensure expenditures are in compliance for the particular program. Auxiliary organizations have governing boards, which regularly monitor the finances. Institutional investments and

assets are managed effectively and in a reasonable manner for a public institution. (Standard III.D.10)

The College makes reasonable plans for short and long-term financial solvency. The *Guiding Principles for Budget Development* document outlines the decision-making hierarchy for financial decision. The institution budgets and plans for long-term obligations, such as retirement plan payment increases. When planning for capital improvements through Bond Measure I, the College incorporates adjustments for utilities and insurance expenses tied to new facilities. Budgets are reviewed annually and are shared widely with the campus community. (Standard III.D.11)

Liabilities, in the form of vacation accruals, have adequate control mechanisms. As reflected in AP 7251, administrators' vacation time must be taken within 12 months following the end of the fiscal year in which the vacation was earned. Members of the classified unit are allowed a two-year window to take earned vacation time. Another modest area of long-term debt is the Other Post-Employment Benefits (OPEB). AHC has capped its health premium obligations as of September 2010, for Classified Staff and September 2004, for faculty members. The California Public Employee Retirement System (CalPERS) and the California State Teachers Retirement System (CalSTRS) have each proposed significant increases to the employer match component for pension contributions. AHC has listed meeting these obligations as the top priority in their Budget Development Guiding Principles. (Standards III.D.11, III.D.12)

AHC is self-insured for Workers Compensation as evidenced through the JPA of Santa Barbara County Schools Self-Insurance Program for Employees (SIPE) and for Property and Liability through the Statewide Association of Community Colleges (SWACC). Reserve levels are set by the respective Joint Powers Authority' (JPA). (Standard III.D.12)

The team reviewed audits to confirm the appropriate use of resources stemming from the District Foundation and other auxiliary functions. These reports were presented to the Board of Trustees for acceptance/approval. Accountability for the expenditures under the AHC GO Bond, Measure I is evidenced through the activities of the Citizens' Oversight Committee and the associated management and accountability activities. Another modest area of long-term debt is the Other Post-Employment Benefits (OPEB). AHC has been diligent about managing these obligations and the proposed budget for 2016-17 reflects a significant reduction in the requisite income for this fund from prior year. It should be noted that AHC does not have short term debt. (Standards III.D.13, III.D.14).

The College requires that students be informed about loan default policies in advance of taking out loans. The use of Inceptia to assist in contacting students who are in their grace period before repayment illustrates that the College works to assist students in a successful transition to repayment. The College notes that the number of students who are in repayment is very small, so that even a single student in default will notably affect the overall default rate (Standard III.D.15).

Policies for contractual obligations are established and published. Agreements must be reviewed by several individuals to verify they are aligned with the mission and goals of the

College, compliant with institutional policies, congruent with institutional integrity and increase effectiveness of programs and services. The College identified, and the team agrees, there is a need to review and standardize all institutional agreements to ensure they reflect proper language that complies with approved templates. BP 6330 provides authorization to specific employees to act as agents of the District to enter into contracts. This authorization is reviewed annually by the Board. These changes need to be communicated widely to all constituents. (Standard III.D.16)

Conclusion

The College meets the Standards.

STANDARD IV LEADERSHIP AND GOVERNANCE

Standard IV.A: Decision-Making Roles and Processes

General Observations

AHC has established an extensive network of committees and organizations that provide the means for effective decision making roles and processes. The network is explained in the manual, *Councils and Committees Pathways to Decisions* (CCPD), a core document that describes three key areas along the “pathway” to decisions: the decision-making process; planning and resource allocation; and specific councils and committees and their particular functions and responsibilities. The document is supported by various policies established by the Board of Trustees, Academic Senate and other campus organizations. The CCPD, as well as related college documents, including various Board policies as noted below, address key Accreditation requirements and define processes that are documented and institutionally agreed-upon that encourage broad participation of college constituencies; that include clearly-defined roles of faculty and administrators; that include curriculum and student learning; that encourage expertise and timeliness in reaching decisions; that are well documented and that are periodically evaluated to ensure continuing effectiveness.

Findings and Evidence

Processes for participative governance are in place, as required by the Standard. The visiting team discussed with the Institutional Effectiveness Council (IEC) several ideas for improvement that emerged from the Annual Staff Days surveys and tracked how these improvements were worked into subsequent meetings of the College Council and other committees, and eventually were put into practice. These ideas included convening orientation sessions at the beginning of the academic year for members of councils and committees, holding targeted training sessions for students, and processes to improve communication throughout the institution. The visiting team also discussed with the Institutional Effectiveness Council annual assessment surveys conducted by the IEC, and verified that survey findings were reviewed and, when changes were recommended, those changes were implemented for institutional improvement, as provided for in the CCPD. Other examples of recent changes resulting from broad campus participation include outsourcing the College bookstore and developing plans to control costs and increase enrollment at the new public safety facility in Lompoc. The College cites three Board policies as evidence supportive of participative governance, as defined in this Standard. BP/AP 4020, Curriculum Development, and AP 5011, Admission and Current Enrollment of High School and Other Young Students, were revised within the past year with participation of various, appropriate constituencies. BP/AP 2510, Shared Governance, describes the College’s commitment to shared governance by all constituencies in decision-making. (Standard IV.A.1)

AHC is inclusive in all its committees and campus organizations in terms of openness to all constituencies, including students; in fact, the Campus-Wide Committee List shows student government representation on virtually every committee on the campus. This includes

student representation as a sixth member of the Board of Trustees. The College cites several Board policies demonstrating their commitment to shared governance extended to faculty, students and staff (BP/AP 2510 Shared Governance); employment opportunity and staff diversity (BP/AP 3420 Equal Employment Opportunity and Staff Diversity); recognition of the associated students organization (BP/AP 5400 Associated Students Organization); support for student elections to associated students organization (BP/AP 5410 Associated Students Elections); and delineation of procedures for maintaining student organizations finances (BP/AP 5420 Associated Students Finance). (Standard IV.A.2)

Administrators and faculty have clearly defined roles in curriculum and student learning, as spelled out in, among other documents, the *Councils and Committees Pathways to Decisions* (CCPD) manual. Program review is mentioned as part of the budget review process that includes several other review committees, suggesting some degree of integration of budget and planning. The Program Review Matrix, showing those areas requiring a program review, is divided into academic, administrative and student services and appears to cover all campus functions. Review of the Program Review Matrix indicated that while, as a whole, the College is committed to completion of program reviews—annually and on a six-year cycle—a few identified programs have not yet completed their required programs reviews. (Standard IV.A.3)

The visiting team met with administrators and faculty members of the Academic Planning and Policy Committee, the Student Learning Committee and the Student Learning Outcomes and Assessment Committee to verify their roles and responsibilities in the area of student learning and curriculum, and determined that those roles were clearly defined and adhered to and are consistent with BP/AP 4020 Curriculum Development. (Standard IV.A.4)

AHC councils and committees are focused on specific functions. Based on visiting team interviews with administrator and faculty members of the Student Learning Council, Distance Education, and Student Services Council, it is clear that committees are designed to enable expert opinion to emerge. The College Council is mindful of the need to be expeditious in reviewing recommendations and taking prompt action as called for in the Standard. As evidenced by Board of Trustees' agendas, the Board acts promptly on curriculum matters. Board Policy 1200, District Mission, requires that the College evaluate its mission statement on a regular basis. The team verified that this is accomplished during the annual strategic planning retreat. If changes are recommended, revised mission statement is then forwarded to the Board of Trustees for approval. (Standard IV.A.5)

AHC has an effective means of keeping college members and the community informed of key decisions by the Board and other councils and committees through various online channels including, but not limited to the *myHancock* website, postings of Board of Trustees' minutes and agendas, the monthly *News to Know* publication from the office of the PIO, and *Thinking Out Loud*, a publication issued by the College Superintendent/President. (Standard IV.A.6)

Surveys conducted by the Institutional Effectiveness Committee, found in *CCPD Results 2013* and *CCPD Results 2015* measuring effectiveness of various campus committees and organizations, show useful results and demonstrate that AHC is actively evaluating college

processes. Additionally, the team found evidence that results of evaluations are used to improve processes. The visiting team found that a concern was expressed at a January 2016 All Staff Day regarding staff's lack of understanding of the decision-making processes, had been addressed through the implementation of a required orientation session for members of Councils at the beginning of each academic year. (Standard IV.A.7)

Conclusions

The College meets the Standards.

Standard IV.B: Chief Executive Officer

General Observations

The Superintendent/President (CEO) is actively and appropriately engaged in the institution and has provided leadership in the development of a culture of trust and commitment to student success. He provides effective, collegial and positive leadership in the areas of planning, organizing, budgeting, accreditation and ensuring institutional effectiveness. He is actively involved in the hiring process for personnel. He is an active member of the Chamber of Commerce for both the city of Santa Maria and city of Solvang, and he is a member of the local hospital board. He hosts periodic roundtables luncheons with feeder education institutional and serves as the lead agent for the adult education planning initiative. He meets formally with the Academic Senate twice a month. He also has regular meetings with other constituency groups. The Superintendent/President regularly communicates with the Board of Trustees (BOT). Mutual respect between the CEO and the Governing Board and adherence to roles set by Board Policy are evident.

Finding and Evidence

Board Policy 2430 clearly defines the role of the CEO as “administering the policies adopted by the Board and executing all decisions of the board regarding administrative action”. The *Councils and Committees Pathways to Decisions* (CCPD) manual, developed by the Planning Committee and several special taskforces in 2009, is regularly updated and clearly defines the role of the CEO in the decision making processes at AHC. The team found that the CEO leads an annual two-day planning retreat to evaluate progress on overall goals and to set priorities for the upcoming year. Through interviews, faculty and staff discussed the positive impact of this planning retreat and the impact of the goals in the daily operation of the College. Data on indicators of institutional effectiveness are presented and discussed at the retreats. (Standard IV.B.1)

The CEO co-chairs the College Council, the shared governance group that meets monthly and makes recommendations on decisions affecting all areas of the College. The team was able to attend a College Council meeting and observe the shared governance process. The Superintendent/President provided leadership in the meeting and fostered a collaborative and collegial dialogue. The council operates on a consensus model. When there was a question on a resource allocation request and its lack of program review data, the Superintendent/President took the item off the table pending further information. He is integrally involved in the development and approval of the Facility Master Plan, Strategic Plan, Educational Master Plan, and the Technology Master Plan. The CEO is actively involved with selecting and developing personnel and conducts the second level interviews for management positions in addition to being a signatory on all new hires that are recommended for hiring to the BOT. The budget development process starts at the departmental level based on findings from the program review process. Division Deans work with faculty representatives appointed by the Academic Senate to prioritize requests. The prioritized requests are presented to the College Council which makes allocation recommendation to the CEO, who then makes recommendations to the BOT. (Standard IV.B.1)

Board Policy 7250 and BP 7260 assign responsibility for creating and filling administrative positions to the CEO and the BOT with review through the shared governance process. Last year the Superintendent/President recommended the creation of a Vice President of Institutional Effectiveness. Before taking the recommendation to the Board of Trustees, the CEO collaboratively worked with the Academic Senate to address their concerns. Once consensus was reached, the position was submitted and approved by the Board of Trustees. The administrative job descriptions clearly demonstrate the areas where authority is delegated for administrative positions. The entire administrative team meets monthly and members of the administrative team meet, as either subgroups of the administrative team or with faculty and staff in appropriate college committees regularly as needed through the year. These groups include the President's cabinet, Student Services Council, Facilities Council and Deans. The team confirmed that the organizational structure is reviewed periodically with input from the shared governance groups and was last revised in 2013. (Standard IV.B.2)

Councils and Committees Pathways to Decisions (CCPD) manual, updated and revised through the College review process in 2014, describe the College guidelines and processes for setting priorities and making decisions. The CCPD clearly defines roles and responsibilities of college constituencies, describes council and committee structure, and delineates resource allocation and planning processes. During the visit, the team found a collegial campus environment. Academic Senate and full time unions state that they had positive working relationships with the Superintendent/President and felt that they had opportunities to participate in governance decisions. The resource allocation process that is described in the CCPD is followed by the College, ensuring that resources are integrated with educational planning and that these resources support and improve student learning. The Institution Set Standards are developed by the Academic Senate and other appropriate College councils including the Student Learning Council in consultation with the CEO who recommends the final version to the BOT. The team confirmed that the CEO works with the Office of Institutional Effectiveness and the Institutional Effectiveness Council (IEC) to ensure high quality research and analysis of internal and external conditions, and that institutional planning and implementation is effectively meeting the mission of the College. (Standard IV.B.3)

The team verified that the CEO has approved and submitted mandated reports to the Accrediting Commission for Community and Junior Colleges (ACCJC) including Annual Reports, Annual Fiscal Reports, and the Accreditation 2016 Comprehensive Institutional Self-Evaluation Report. The College hosted a regional ACCJC training event in fall 2014. Faculty, staff and administrators are trained and updated on Accreditation Standards and expectations through the District newsletters, retreats, all staff convocations, and at council and committee meetings as appropriate. The CEO meets regularly with the Accreditation Liaison Officer (ALO) to discuss accreditation concerns. (Standard IV.B.4)

Under the leadership of the Superintendent/President, the College Council regularly reviews board policy proposals prior to them being recommended to the BOT. During the team's observation of the College Council meeting, a review of several board policies took place which included how other council recommendations are filtered up to the College Council for review. The CEO and other senior administrators regularly provide updates on statute and

regulatory changes during the regular BOT meetings and through weekly communications with Trustees. Through the participatory governance process, the CEO assures the implementation of statutes, regulations and governing board policies. The Multi-Level Integrated Planning model includes a review of the institutional vision, values and mission at the start of the Annual Planning and Budget Development process. The Budget Council, a shared governance council, regularly receives and reviews college budgetary decisions and reports these back to their constituencies through the shared governance process. (Standard IV.B.5)

The team confirmed that the CEO is active in the local community and serves as the lead agent for adult education planning as well as serving on local non-profits (Food Action) and service organizations (Rotary). The Superintendent/President's participation with the Food Action nonprofit group led to the "Share Because We Care" program that provides food to students twice a month on two locations on the Santa Maria campus and at one location on the Lompoc facility. The CEO is also a member of the Workforce Development Board and the Economic Development Board to advance the College's partnerships with local industries. The Superintendent/President connects with schools in the service area and hosts periodic roundtable luncheons that include individuals from feeder high schools and other educational representatives. He is also a member of the Santa Maria and Solvang Chamber of Commerce organizations. Board of Trustees, staff and community members at meetings and open forums commented on the CEO's involvement and the College's positive impact on all the local communities. (Standard IV.B.6)

Conclusion

The College meets the Standards.

Standard IV.C: Governing Board

General Observations

The Governing Board is an independent policy-making body that reflects the public interest in the institution's educational quality and advocates for and defends the institution from undue influence or political pressure. The Governing Board consists of five trustees representing the five diverse communities that make up the 3,000 square miles of the District. Each year a student trustee is appointed through the student government. Though a non-voting member, the student trustee adds an important perspective, particularly on student services and learning programs.

The Governing Board members are actively involved in their respective areas. This involvement enhances the Governing Board members' understanding of education policy and practice as it relates to their communities.

Through establishing policies aligned with the College's mission statement, the Governing Board has the ultimate authority for academic quality, the integrity, and effectiveness of the student learning programs and services, and the financial stability of the institution. Board policies clearly define the Governing Board duties and responsibilities, code of ethics, and authority. These Board policies are available on the College website.

The Chief Executive Officer (CEO) reports directly to the Governing Board and has the authority to implement and administer board policies. The CEO is held accountable for the operations of the District through regular performance evaluations.

Through interviews with Trustees, the CEO and constituency groups, it is evident that the Governing Board has created an atmosphere of trust, respect and support for the CEO, a commitment to Allan Hancock College, and dedication to the communities it serves.

Finding and Evidence

Board Policy 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. Accordingly, the members of the Board of Trustees govern on behalf of the citizens of the District they represent. Each new member attends an extensive training session that provides the guidelines and information necessary to fulfill their duty. Evidence that addresses the quality, effectiveness, and fiscal oversight of the Board of Trustees includes notes from the Annual AHC Board retreat, notes from the Strategic Planning Retreat, sample board agendas, and New Board of Trustee Member Orientation Materials. Additionally, BP 2715 and BP 2710 address the Governing Board code of ethics and conflict of interest policies. (Standard IV.C.1, ER 7)

As stated in Board Policy 2010, and verified by the team through interviews with all five trustees and the CEO, the Governing Board acts as a collective unit and has authority only when acting as a unit at scheduled regular and special Board of Trustees meetings. Once the

board reaches a decision, all board members support the decision as the will of the duly elected board. (Standard IV.C.2)

BP 2431, CEO Selection, establishes that in the event of a CEO vacancy the Governing Board will establish a fair and open search process. BP 2435, Evaluation of Superintendent/President, establishes that the Superintendent/President will be evaluated at least annually. Evidence includes Special Board Meeting Minutes from summer 2014 Retreat in which discussion of the CEO's goals for 2014-15 occurred. (Standard IV.C.3)

The Governing Board is an independent policy-making body that reflects the public interest in the institution's educational quality. It advocates for and defends the institution and protects it from undue influence or political pressure. The Board of Trustees serves in the best interest of the institution and in accordance with board policy. BP 2200 establishes the Board Duties and Responsibilities. Board Meeting minutes from January 29, 2008 and from February 19, 2008 serve as evidence to confirm the governing board's commitment to reflect constituent and public interest and illustrate the thoughtful process used to determine the location to build a new Public Safety Training complex. (Standard IV.C.4; ER 7)

The Governing Board establishes policies consistent with the District mission to ensure the quality, integrity, and improvement of student learning programs and services and the resources necessary to support them. The governing board has ultimate responsibility for educational quality, legal matters, and financial integrity and stability. BP 2200, Board Duties and Responsibilities, establishes the process for review, development, and approval of Board Policies. The Board of Trustees webpage, Board Policy Directory, illustrates the range and breadth of policies in place. BP 2200 also establishes the Governing Board's responsibility for approving the annual budget and the expenditures of all funds. BP 6400, Audits, establishes that there will be an annual outside audit of all funds, books and accounts of the District in accordance with the regulations of Title 5. Evidence supporting the Board's role in the financial integrity of the District and oversight includes Board of Trustee Agendas highlighting Monthly Financial Statements for review and the employment of several audit firms in rotation for the preparation of the annual report. (Standard IV.C.5)

The Governing Board has published bylaws and policies specifying the board's organization, duties and responsibilities, elections, officers, administrative procedures, and regular meetings. All board policies are available on the College website under the Board of Trustees webpage. (Standard IV.C.6)

The Governing Board follows its bylaws and policies as demonstrated by samples of board agendas and minutes. New board members have participated in an orientation to ensure they understand the responsibilities and management of the board. In 2014-2015, the board systematically reviewed all of its policies and revised as necessary. This review was conducted in conjunction with a review of the Allan Hancock College mission, and the mission statement is now reviewed annually. The review schedule for the board policies is noted in Standard IV.C.10. (Standard IV.C.7)

Evidence was provided that the Board regularly reviews key indicators of student learning and achievement at regular board meetings and annual planning retreats. The board meetings

and retreats include a review of student success data and other institutional effectiveness indicators. The board members are also invited to attend campus summits and all-staff day meetings where additional college level data on student learning and achievement is shared. The Superintendent/President provides information on grants and other awards to the board as an effort to focus on academic quality. The strategic plan and all master plans are reviewed and approved by the board and then posted on the public website. (Standard IV.C.8)

The governing board provides ongoing training for its members in addition to new member orientation. In fall 2013, the board had a special session on roles and expectations as a new Superintendent/President had been hired. New members are provided with in-depth orientation and training through the superintendent's/president's office when a member joins the board. Additional professional development opportunities are available through the Community College League of California for trustees and statewide BOT organizations. One board member completed the "Excellence in Trusteeship" designation, and four other board members are pursuing this designation. The board members complete a board self-evaluation survey at the beginning of each fall term. This self-evaluation survey informs the board discussion, as they agree on improvements to be made in the coming year. Terms for trustees are staggered so that two or three of the trustees are elected at each trustee election. (Standard IV.C.9)

BP 2745, Board Self-Evaluation, describes the process the Board utilizes to assess its own performance in order to identify strengths and areas for improvement. The self-evaluation is conducted annually and reviewed by the Board at the beginning of the fall semester. The self-evaluation process was broadened in 2014 to ensure input from key stakeholders within the institution and the community. Evaluation results in 2014 indicated that improvements could be made with additional trustee training and the review of board policies. Both of these recommendations were implemented. In the 2015 Board evaluation, the Board members indicated a need for documenting the linkage between actions and the mission. A reporting tool has now been modified to show how each action aligns with the College mission. The Board has shown their commitment to improving the process with annual evaluations and improvements. The results of the Board self-evaluation are discussed publicly at a Board meeting. (Standard IV.C.10)

Board Policy 2715, Code of Ethics/Standards of Practice, and Board Policy 2710, Conflict of Interest, demonstrate the Board of Trustees has implemented both a code of ethics and a conflict of interest policy. Board members have participated in CCLC training to ensure understanding of their responsibilities in these areas. Interviews with all Trustees and with the CEO validated that the AHC Trustees are diligent about their adherence to both the letter and the spirit of these policies. Any violation of policy is directed to the Board President or the Board of Trustees, and then an ad hoc committee is formed to recommend further action. (Standard IV.C.11; ER 7)

Board Policy 2430, Delegation of Authority to the Superintendent/President, specifically delegates the Board's authority to the president. This policy also describes the responsibility of the president to report back to and advise the Board on District issues. Accountability of

the president is maintained through an annual evaluation which is reported in the Board minutes. (Standard IV.C.12)

The Board has received information about the eligibility requirements and Accreditation Standards through presentations and regular communication from the CEO and Accreditation Liaison Officer. In addition, the Board President participated in a regional ACCJC accreditation training, which was hosted by AHC, and provided a report about this training to the other Trustees. The Board reviews and approves all reports to the Commission, including the Institutional Self-Evaluation Report, which was approved on July 12, 2016. The Board conducts an annual self-evaluation to ensure the Trustees are functioning appropriately, and makes recommendations for improvement as needed. The Board reviewed and approved the Institution Set Standards as a critical component of the Accreditation Standards and assists the College's efforts to improve and excel. (Standard IV.C.13)

Conclusion

The College meets the Standards and related Eligibility Requirements.

Quality Focus Essay Feedback/Advice

The intent of the Quality Focus Essay as described by the ACCJC is to identify two or three action projects that will lead to improving student outcomes. “The projects should be related to Accreditation Standards, emerge from the institution’s examination of its own effectiveness in accomplishing its mission *in the context of student learning and student achievement, be based on the institution’s analysis of data collected, and identify areas of needed change, development, and improvement.*”

The two action projects described by AHC are: 1) Integrated Planning and Decision Making, and 2) Integrated Planning, Program Review, and Resource Allocation. The Essay goes into detail on processes and anticipated next steps with regards to enhancing integrated planning and decision making and only tangentially refers to the impact these actions will have on improving student learning and achievement outcomes. Although the team felt that AHC was overly ambitious in the breadth of the action projects, the projects are appropriate in helping the institution reach sustainable continuous quality improvement.

As stated in the essay: “Overarching goals of an improved process of integrated planning and decision making is a focus and commitment on the College Mission, Vision, and Philosophy with demonstrated support for student learning and achievement.” The initiatives listed as bullet points do not describe in detail how they will have an impact on improving student outcomes nor what measures will be used to determine success.

The College has identified 13 Action Steps and 10 Action Steps respectively for the two projects. The two action projects are indeed laudable and based in the Accreditation Standards. AHC has demonstrated a certain growing expertise in developing processes in which major plans inform action. The two plans described in the QFE are, however, overlapping in their nature with little mention of measureable outcomes. Improved integrated planning and program review processes should lead to improved student learning outcomes, but it is unclear how these improved processes will be the foundation for improving student achievement.

A timeline of fall 2017 and spring 2018 has been established for Integrated Planning and Decision Making. Spring 2017 is the timeline for Integrated Planning, Program Review, and Resource Allocation.

Clean lines of responsibility have been established for each element of the Action Projects.

Resources other than human time and effort are not required to implement and sustain the projects. The committees responsible for the action plans and sustainability have been clearly identified.

The College does not identify a specific plan for evaluating the outcomes and effectiveness of the projects. It states analysis of data and ongoing evaluation of integrated planning, implementation, and re-evaluation is needed to accomplish the mission.

The College might consider taking the next step of sustainable quality improvement by applying the processes that created these action plans to efforts that impact directly student achievement. AHC lists many goals and action steps throughout the QFE and if achieved will surely improve the College's effectiveness in planning. During interviews with the Vice President of Academic Affairs and the Vice President of Institutional Effectiveness, the team was informed of the intent of these action plans is to increase efficiencies in the program review process, increase integrated data use, identify achievement gaps and thus identify areas in which student achievement can be addressed.