

ADD 6/7/2017

Follow-Up Visit Report

Accrediting Commission for Community Colleges

Napa Valley College
2277 Napa Vallejo Hwy
Napa, CA 94558

This report represents the findings of the

Napa Valley College, March 24, 2017

Submitted to:

The Accrediting Commission for Community and Junior Colleges

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Follow-Up Visit Report

DATE: March 24, 2017
TO: Accrediting Commission for Community and Junior Colleges
FROM: William Dowling, Team Chair
SUBJECT: Team Report of Follow-Up Visit Team to Napa Valley College, March 24, 2017

Introduction:

A comprehensive evaluation team visit was conducted at Napa Valley College in October 2015. At its meeting of January 6, 2016 the Commission took action in requiring Napa Valley College to submit a Follow-Up Report. This Commission action was followed by a visit of Commission personnel to the College in February 2016. The College was found out of compliance with the following Eligibility Requirements and Standards: ER 11-IR 1, II.A.3; III.A.5, III.A.6, III.B.2, III.D.2, III.D.4, and III.D.11 as reflected in team recommendations 1, 5, and 9. The College submitted a follow-up report in March 2017 and a follow-up team visit occurred on March 24, 2017.

The purpose of the team visit was to verify that the Commission's findings from the 2015 visit were accurate and through examination of evidence that positive improvements had been made at the institution, and that the institution has addressed the recommendations made by the evaluation team. The Commission's findings, recommendations, and needs to Eligibility Requirements, Accreditation Standards, and Commission policies (together Commission's Standards)

The team found that the College had prepared well for the visit by arranging for meetings with the individuals agreed upon earlier with the team chair and by assembling appropriate evidence in support of addressing the recommendations. Over the course of the visit, the team met with Superintendent/President; Executive Director of Human Resources; Learning Outcomes Assessment Faculty Coordinators; Director of Facilities Services; Vice President of Administrative Services; Interim Vice President of Instruction; Dean of Research, Planning and Institutional Effectiveness.

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

Recommendation 1: In order to meet the standards, the team recommends that the College fully engage in a broad-based effort that leads to the identification of Student Learning Outcomes at the course, program, and degree levels, and that leads to regular assessment of student performance. To meet the Standards, the College develop student learning outcomes and assessment that is ongoing, systematic, and used for continuous quality improvement, where student learning improvement is an explicit priority in all practices and structures of the College. The team further recommends that training be provided for all personnel in the development and assessment of learning outcomes at the course, program, institutional, and service levels. (Standards ER.2, II.A.3, ER.11)

Recommendation 5. In order to meet the standards, the team recommends that the evaluation process be regularly and consistently conducted. The team recommends that faculty, administrators, and students be involved in the evaluation process. The team also recommends that the results of the evaluation be used for the improvement of the program. (III.A.6)

Recommendation 6. In order to meet the standards, the team recommends that institutional plans (i.e., Campus Strategic Plan, Educational Master Plan, 5-Year Facilities Plan, and other appropriate plans; e.g., staffing plan, financial plan, etc.) be integrated with other plans. The team also recommends that the availability and expense of equipment be considered.

Team Analysis of College Response to the 2015 Evaluation Team Findings and Recommendations

Recommendation 1: In order to meet the Standards, the team recommends that the College fully engage in a broad-based dialogue that leads to the identification of Student Learning Outcomes at the course, program, and degree levels, and that leads to regular assessment of student progress toward achievement of the outcomes. The team further recommends that, in order to meet the Standards, the College develop student learning outcomes and assessment that is ongoing, systematic, and used for continuous quality improvement where student learning improvement and excellence is a visible priority in all practices and structures across the College. The team further recommends that training be provided for all personnel in the development and assessment of learning outcomes at the course, program, institutional and service levels. (Standards I.B.2, II.A.3; ER 11)

Findings and Evidence: Napa Valley College has made significant improvements over the last 18 months to address concerns cited within Recommendation 1. The College has improved outcomes assessment through faculty-led course, program, and degree level assessment, and certificates and degrees. The College has also made progress in using assessment results through tools such as assessment and assessment results templates to improve the quality of dialogue through dedicated opportunities, such as Flex Day and regular division meetings. In order to ensure that CLOs are listed correctly on course syllabi, the College has developed a Congruency Certification form. Napa Valley College has also created more professional development opportunities, both internal and external, surrounding assessment. And finally, the College has committed resources (e.g., 80% reassigned time for two learning outcomes Assessment Faculty Coordinators) and developed practices to ensure that all of these improvements are being institutionalized so that they may be sustained over time.

Most learning outcomes have been identified and assessed across the College. As of January 2017, 96% of courses, 97% of degree and certificate programs, and 100% of Academic Support Services had outcomes identified. The College now has a more formal process to document and track assessment and to calculate the proportion of courses engaged in ongoing assessment and has also established a 6-year assessment cycle to create better consistency in outcomes assessment reporting. As of February 2017, 87% of courses, 100% of degree and certificate programs, and 100% of Academic Support Services had outcomes assessed. The majority of courses that have not been assessed are courses that have not been offered in recent years. The Curriculum Committee is working on revising the process to archive or assess courses still in the catalog, but that have not been offered in the last 6 years.

Interviews with College personnel and evidence provided indicate assessment is being used for continuous quality improvement. Reports from the 2015 evaluation team cited that 51% of courses and programs have substantive action plans developed with assessment data. Various tools have also been provided to capture dialogue about assessment and findings and use (e.g., Assessment Plans and PLO Assessment Results Template). Examples of learning outcomes and assessment results leading to curricular improvements and resource allocations were shared in interviews and in the evidence provided. Faculty also have had the opportunity to dialogue about assessment results

during the College's Flex Day (using 2010) and various division meetings, where assessment is a regular agenda item.

The College has implemented a review process to ensure that C.O.O.s listed on syllabi are the same as those recorded on official Course Outlines of Record. Each semester, division deans/chairs record the alignment between the Course Outline of Record and syllabi on a Learning Outcomes Certification form. Overall congruence is improving, and the Interim Vice President of Instruction is working to clarify expectations and timelines for submissions and completion of syllabi; thus continued improvement is expected.

Increased opportunities for professional development have been offered since fall 2015 regarding outcomes assessment. The Learning Outcomes Assessment Faculty Coordinators held a series of workshops tailored to different constituent groups (e.g., faculty, division secretaries, etc.) and redesigned the Learning Outcomes Assessment website to provide a variety of assessment tools and resources. Faculty and staff also have attended external workshops on methods and faculty also have attended external workshops on methods.

In order to institutionalize improvements to the use and practices for assessment, the College has committed resources and developed practices to ensure they can be sustained over time. Human resources have been devoted to supporting assessment in the form of increased reassigned time for two Learning Outcomes Assessment Faculty Coordinators as well as providing support for Program Coordinators to oversee assessment and discussion of results. The faculty coordinators have established a Learning Outcomes Assessment Committee to facilitate assessment completion and dialog at department levels. The coordinators have assisted in providing learning outcomes information to adjunct faculty through templates, videos, etc. and are overseeing assessment collection for programs that do not have dedicated Program Coordinators. Systematic reviews and evaluation of practices have been put into place to ensure the continued use and improvement of college-wide processes related to assessment. In particular, the College worked with a Partnership Resource Team (provided through the Institutional Effectiveness Partnership Initiative) to create an Innovation and Effectiveness Plan that included a component devoted to assessment.

Conclusion: The College has fully addressed this recommendation and meets the Standard Eligibility Requirement.

Recommendation 5: In order to meet the standards, the team recommends that performance evaluations are regularly and consistently conducted for all employees. The team recommends that faculty, academic administrators, and support staff use the results of learning outcomes assessment to improve teaching and learning. (Standards III.A.5, III.A.6)

Findings and Evidence: The College has addressed the timely completion of performance evaluations for administrative/confidential and classified employees. The College has incorporated the use of outcomes assessments as part of the performance evaluation process for

administrative/confidential and classified employees. The College is currently in negotiations with the faculty union to strengthen the performance evaluation process to incorporate how part-time/adjunct faculty members use the results of learning outcomes assessment to improve teaching and learning.

All performance evaluations for administrative/confidential and classified employees for 2015 were completed. Ninety-nine percent of the performance evaluations for administrative/confidential and classified employees for 2016 were completed. The success of completing the past due performance evaluations was attributed to ongoing communications with managers and individual support from the Office of Human Resources. To sustain timely completion of all performance evaluations, the Office of Human Resources created a template that includes the names of the employees to be evaluated and the due date. A tracking system was developed to assist each manager with the timely completion of performance evaluations. Each manager received a list of assigned

The administrative/confidential group developed a process to incorporate learning outcomes assessment into the performance evaluation of administrative administrators. A statement of understanding was approved February 2017 with the intention of using the new process in spring 2017. This is a new evaluation element so no evidence of these assessments might lead to the improvement of teaching and learning.

The Classified Association developed a process to incorporate learning outcomes assessment into the performance evaluation of select classified employees. Specific positions were identified such as instructional and Lab Assistants. This is a new evaluation element so no evidence has been gathered yet on how the results of these assessments might lead to the improvement of teaching and learning.

Performance evaluations for full-time faculty members have been completed regularly and consistently. Performance evaluations for part-time faculty members are not as regular and consistent. However, these performance evaluations are now being tracked and individuals are being led into more regular and consistent evaluations.

Full-time faculty members have as a component of their performance evaluation consideration of how they use the results of learning outcomes assessment to improve teaching and learning. For part-time faculty members the college is working through its collective bargaining process to revise their performance evaluation process to include this component. There has been a delay in completing this revision because the college is also working through "re-employment" rights for part-time faculty that is required under the contract. The college is addressing both these issues by the end of the fiscal year ending 6/30/17.

Conclusion: The College has fully addressed all 10 communication and meets the NSAC

Recommendations

institutional plan (including campus and other appropriate plans; e.g. staffing plan) with financial plans to ensure that all plans are integrated with other institutional short- and long-range institutional plans. Further, the team recommends the College's plan be updated annually to reflect changes in enrollment, availability and expenditure requirements. (Standards III.B.3, III.D.2, III.D.4, III.D.5, IV.A.1, IV.A.2)

Findings and Evidence: The College provided an updated Five-Year Construction Plan with no new construction, and the revised Three-Year Plan incorporated the Five-Year Construction Plan linking the institutional plan to the capital plan.

Regarding enrollment, the College has sufficient enrollment to remain financially viable. California Community College 2016-17 Final Principal Agreement with the State of California College is a flat enrollment. This income is sufficient to cover the operating expenses which is based on enrollment. Instead, revenues which are dependent on enrollment rather than increases/decreases in property taxes. Consequently, the College's enrollment is projected to remain flat through enrollment. The College has now projected flat enrollment through 2016-17 and the Three-year Plan reflects flat enrollment in enrollment projections, thus linking enrollment institutional plan to the financial plan. The College provided additional evidence in the Year Financial Plan that the College's program expenditures as a result of capital outlay expenditures.

The College provided evidence for 2017-18 and 2016-17, and those allocations are being placed into a reserve with the county but not an OPFB trust. The OPFB plan was incorporated into the College's financial plan. The College provided evidence that the Three-Year Plan is a flat enrollment through 2018-19. Enrollment increases through 2018-19 as a result of capital outlay expenditures have been incorporated into long-range planning. The College does not have any major capital expenditures in the unimodalized 2016-2019.

Conclusion