



Golden West College Accreditation Midterm Report

Submitted by:
Golden West College
15744 Goldenwest Street
Huntington Beach, CA 92647

Submitted to:
Accrediting Commission for Community and Junior Colleges
Western Association of Schools and Colleges

Submitted on:
March 15, 2016

CERTIFICATION of the MIDTERM REPORT

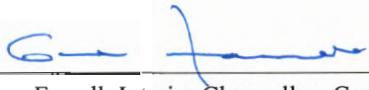
To: Accrediting Commission for Community and Junior College of
The Western Association of Schools and Colleges

From: Wes Bryan, President
Golden West College
15744 Goldenwest Street
Huntington Beach, CA 92647

I certify there was broad participation by the campus community and believe this report accurately reflects the nature and substance of this institution.



David Grant, President, Board of Trustees, Coast Community College District 2/29/14
Date



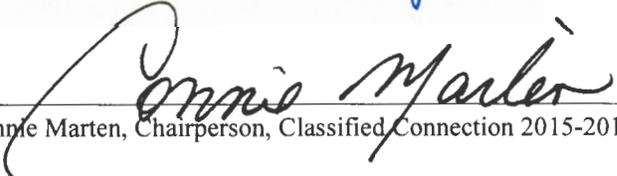
Gene Farrell, Interim Chancellor, Coast Community College District 2/24/16
Date



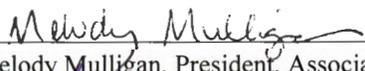
Wes Bryan, President, Golden West College 2/25/16
Date



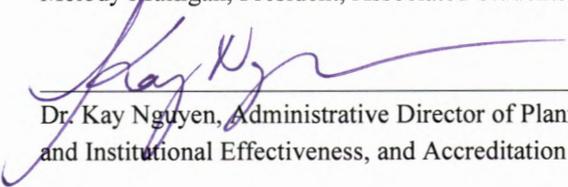
Martie Ramm Engle, Faculty, President, Academic Senate 2015-2016 2/25/16
Date



Connie Marten, Chairperson, Classified Connection 2015-2016 2-16-16
Date



Melody Mulligan, President, Associated Students Government, 2015-2016 2-26-16
Date



Dr. Kay Nguyen, Administrative Director of Planning, Research
and Institutional Effectiveness, and Accreditation Liaison Officer 2/16/16
Date

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STATEMENT ON COLLEGE REPORT PREPARATION

In March 2015, Golden West College submitted a Follow-Up Report to the Accrediting Commission for Community and Junior Colleges (ACCJC) responding to four College recommendations and one District recommendation. Subsequently, the College received the ACCJC action letter in June 2015 indicating the “Warning” status has been removed and our accreditation has been reaffirmed. Based on discussions among the President’s Cabinet and through discussions with the Academic Senate executive team, it was determined that individuals who were primarily responsible for developing responses to the 2014 and 2015 Follow-Up Reports would continue to work on the Mid-Term Report. The College President, the Vice President of Instruction and Student Learning, the Vice President of Student Life and Administrative Services, and the Administrative Director of Institutional Effectiveness and Accreditation Liaison Officer (ALO) served as the primary writers for the College recommendations and College-related actionable improvement plans. The College ALO worked with the District Vice Chancellor of Education Services to address District-related recommendations and actionable improvement plans. Assistance was obtained from other administrators, faculty, and staff as needed for the completion of this report. A first draft of this report was presented for feedback to the College’s Academic Senate and to the campus at large via “Campus Conversation” open meetings. The subsequent draft of the report was presented to the District’s Board of Trustees on February 3, 2015. The second draft of the report was posted on the campus portal the first week of February and faculty, staff, managers, and students were invited to provide feedback. The feedback helped create the final version of the Mid-Term Report, which was submitted to the District Board of Trustees on February 17, 2016 for final approval.

Individuals working on College-related recommendations and actionable improvement plans are listed below:

Wes Bryan, College President
Janet Houlihan, Vice President
Omid Pourzanjani, Vice President
Kay Nguyen, Accreditation Liaison Officer
Sacha Moore, Faculty, Student Learning Outcomes Coordinator
Theresa Lavarini, Faculty, Student Learning Outcomes Coordinator
Jaima Bennett, Faculty
Martie Ramm Engle, Faculty, Academic Senate President
Karen Kuehner, Classified Staff
Stephanie Dumont, Faculty

STATEMENT ON DISTRICT PARTICIPATION IN REPORT PREPARATION

Based on discussions at the Chancellor's Cabinet, in order to provide continuity, it was determined that, to the extent possible, the same district-wide workgroup who had previously worked on developing the responses to the ACCJC District-level recommendations included in the letters sent to the colleges by ACCJC in July 2013 and July 2014 develop the responses to District Recommendations and Commission Recommendation 1 for the midterm reports due to ACCJC by March 15, 2016. The initial workgroup was constituted based on the recommendation of the Chancellor's Cabinet, which is chaired by the Chancellor and is composed of the three College Presidents, the three Vice Chancellors, the District Director of Public Information and Governmental Affairs and the District Director of Board Operations/Secretary of the Board of Trustees.

The members of the workgroup are listed below:

Coastline Community College
Ann Holliday, President Academic Senate
Margaret Lovig, Faculty

Golden West College
Wes Bryan, President
Gregg Carr, Past President Academic Senate; Past President Coast Federation of Educators
Ron Lowenberg, Dean
Kay Nguyen, Administrative Director & ALO

Orange Coast College
Georgie Monahan, Faculty
Sheri Sterner, Administrative Director & ALO

District Office
Dr. Andreea Serban, Vice Chancellor Educational Services and Technology

The reconstituted committee prepared a first draft in early October 2015, which was provided to the respective college Accreditation Liaison Officers for circulation to their respective Accreditation committees for review. Input from these reviews was taken into consideration in preparing a second draft, which was then transmitted to the respective colleges for inclusion in their final report. The colleges have the final authority for the preparation of their final report.

RESPONSE TO COLLEGE RECOMMENDATIONS

College Recommendation 1: In order to improve effectiveness, the College should implement a process and timeline to evaluate the newly implemented structure for staffing, core planning structure, and planning processes to ensure they align with the mission and have resulted in improved student success (I.A.1, I.A.3, I.A.4,I.B,III.A.2,IV.B.2.a)

The College was not required to address this recommendation in the 2014 and 2015 Follow-Up Reports because the recommendation relates to the improvement of college effectiveness rather than ensuring the College meets accreditation standards. In recognition of the recommendation, the College administered the Personal Assessment of College Environment ([COL 1.1 PACE survey](#)) at the end of fall 2014. The purpose of the survey was to gauge the effectiveness of the College's newly implemented staffing and core planning structures to ensure that they are aligned with the College's mission and, as a result, improve student success. The results were shared at the Management Retreat in March 2015 ([COL 1.2](#)). As a result of work done at the retreat, several initiatives are under-way to improve College-wide processes, including the purchasing approval process ([COL 1.3](#)) and the use of SharePoint to approve campus requests ([COL 1.4](#)). The College is also working with the District to improve the efficiency of contract approvals.

In addition to the PACE survey, the Institutional Effectiveness Committee revised the "Committee Effectiveness Evaluation Survey" in spring 2015 ([COL 1.5](#)). This survey allows committee members the opportunity to evaluate the effectiveness of the core planning committee(s) on which they serve. The survey helps to determine whether those committees are effective in terms of producing results related to their mission and charge. The survey was sent to all members serving on College core planning committees. While the results ([COL 1.6 Committee Effectiveness Evaluation Results](#)) were positive, there were areas in need of improvement, including a need to increase the level of shared leadership within each committee. The results were shared with each committee chair. Based on a recommendation from IEC, the Planning and Budget Committee appointed a task force to focus on improving committee effectiveness ([COL 1.7 Committee Effectiveness Task Force Proposal](#); [COL 1.8 P&B minutes appointing taskforce](#); [COL 1.9 IEC minutes appointing task force](#)).

The goal of the task force is to gather all committee chairs in order to share best practices for improving committee effectiveness ([COL 1.10 Committee chairs luncheon outcome](#)), and to determine whether there are overlaps or gaps between committees in terms of their purpose and how they align with the institution's mission.

To ensure that the College-wide planning processes also align with the College's mission and help to improve student success, the College revised the Planning and Decision-Making Guide (PDMG) throughout the 2013-14 academic year. The newly revised PDMG was approved and adopted by the Planning and Budget Committee in fall 2014. The revised PDMG includes a revised integrated planning and program review cycle, a revised program review classified requests prioritization process flow chart, a revised request for resources form, a revised resource request from program review flow chart, a revised resource request prioritization rubric, and a revised ongoing budget review and development process flow chart.

The new Resource Request Prioritization Rubric ([COL 1.11](#)) helps prioritize financial requests and planning based on how each request links to the College goals and key performance indicators. This new process ensures that any allocation of resources through planning will lead to achievement of College goals and improvement of key performance indicators. Additionally, the Academic Senate instituted an additional round of mid-cycle requests in fall 2015 ([COL 1.12 fall 2015 faculty prioritization outcome](#)) to accommodate the new state allocations received to increase the number of full-time faculty. This was a clear demonstration of modifying an established staffing process to meet new demands.

Because the College is working on initiatives to address survey results from the 2014 PACE survey, we will administer the survey again in 2016 to determine whether the College has made progress in terms of improving the staffing and core planning structures. In terms of improving core planning committee effectiveness, the College continues to utilize the committee effectiveness survey to engage in improvement dialogues. In terms of improving planning processes, the College continues to evaluate and improve the Planning and Decision-Making Guide ([COL 1.13](#)), particularly how the process of planning and resource allocation helps fulfill the College's mission and improve student success.

Evidence:

[COL 1.1 - PACE survey](#)

[COL 1.2 - Management Retreat in March 2015](#)

[COL 1.3 - Purchasing approval process](#)

[COL 1.4 - Workflows in Share point](#)

[COL 1.5 - Committee Effectiveness Evaluation Survey Instrument](#)

[COL 1.6 - Committee Effectiveness Evaluation Results](#)

[COL 1.7 - IEC minutes appointing task force](#)

[COL 1.8 - P&B minutes appointing taskforce](#)

[COL 1.9 - Committee Effectiveness Task Force Proposal](#)

[COL 1.10 - Outcome of committee chairs luncheon](#)

[COL 1.11 - Resource Request Prioritization Rubric](#)

[COL 1.12 - Fall 2015 faculty prioritization outcome](#)

[COL 1.13 - Planning Decision Making Guide](#)

College Recommendation 2: In order to fully meet the standards and improve institutional planning, the College must implement a process to more specifically create and link objectives that lead to accomplishment of the institutional goals and improvement in Key Performance Indicators (KPIs). (Standards I.A.1, I.A.4, I.B.1-7, III.B.2.b)

Progress and Accomplishments:

This recommendation has been met per the ACCJC visiting team report on April 13, 2015 ([COL 2.1 ACCJC Team Report](#)) and ACCJC action letter on June 29, 2015 ([COL 2.2 ACCJC Action Letter](#)). In order to address the recommendation, the College adopted the new Planning and Decision-Making Guide (PDMG) on May 15, 2014. Newly revised components of the PDMG include: a revised integrated planning and program review cycle, a revised program review classified requests prioritization process flow chart, a revised request for resources form, a revised resource request from program review flow chart, a revised resource request prioritization rubric, and a revised ongoing budget review and development process flow chart ([COL 2.3 Planning and Decision-Making Guide](#)).

Based on the visiting team's assessment, the College has satisfied the recommendation, resolved the deficiencies, and meets the Standards.

In order to sustain our progress in this area, in spring 2015, the College utilized the new Resource Request Prioritization Rubric ([COL 2.4](#)) to prioritize resource requests based on how each request links to the College goals and key performance indicators. This new process ensures that any allocation of resources will go toward achieving College goals and improving key performance indicators. With the use of the new rubric, 15 requested items with average ratings of 74 (out of 100) were approved for funding ([COL 2.5 2014-15 Resource Allocation Outcome](#)). The requested items moved through the acquisition process during summer 2015.

Additionally, by spring 2016, the Planning and Budget Committee will complete a self-evaluation of the prioritization process ([COL 2.6](#)) and all recipients of resource funding will be required to submit a 5-column model ([COL 2.7](#)) to indicate how the approved allocation has helped their programs. Furthermore, the College continues to solicit feedback from campus constituents regarding the program review and resource allocation processes through trainings and campus forums.

As described previously, during fall 2015, the Institutional Effectiveness Committee (IEC) worked on improving the program review process by reviewing relevant program review data and revising the program review template ([COL 2.8 Revised Program Review Template](#)). Changes to the process are continuous and documented through the Planning and Budget Committee and IEC minutes, as well as through any iterations of the PDMG moving forward. Finally, the annual assessment of college goals and key performance indicators ([COL 2.9](#)) allow the College to determine whether implemented activities and resources have led to achievement of College goals and improvement of KPIs.

Evidence:

[COL 2.1 - ACCJC 2015 Team Report](#)

[COL 2.2 - ACCJC 2015 Action Letter](#)

[COL 2.3 - Planning and Decision-Making Guide](#)

[COL 2.4 - Resource Request Prioritization Rubric](#)

[COL 2.5 - 2014-15 Resource Allocation Outcome](#)

[COL 2.6 - P&B Resource Allocation Process Evaluation](#)

[COL 2.7 - Resource Allocation Recipient 5CM form](#)

[COL 2.8 - Revised Program Review Template](#)

[COL 2.9 Goals and KPI Assessment Samples](#)

College Recommendation 3: In order to meet the standard, it is recommended that the College complete the process of mapping or aligning the course-level SLOs with program-level SLOs and general education SLOs and expedite the process of assessing the SLOs.*(Standards II.A.2.f, II.A.2., II.A.2.i, ER 10, ER 19)*

This recommendation has been met per the ACCJC visiting team report on April 13, 2015 ([COL 3.1 ACCJC Team Report](#)) and the ACCJC action letter on June 29, 2015 ([COL 3.2 ACCJC Action Letter](#)). In order to address the recommendation, the College increased the percentage of release time for SLO coordinators to provide assessment support to instructional programs and student services areas. The College has taken a stance and made a commitment to require every course and program to be assessed every semester. While 87% of courses have been assessed and 88% of programs have been assessed within this current program review cycle, the College is looking to complete all course SLOs and program SLOs assessment before the College starts a new program review cycle for 2016-2019 ([COL 3.3 SLO Inventory](#)).

According to the visiting team's assessment in April 2015, "the College has significantly aligned course-level SLOs with program-level SLOs and general education/institutional SLOs. The percentage of active and offered courses that have had course-level SLOs assessed has increased substantially during the past year. With the requirement that at least one course-level student learning outcome is assessed every semester a course is offered, and the alignment of all course-level SLOs with program SLOs and institutional SLOs, the College has institutionalized a regular assessment cycle that will ensure ongoing evaluation of student learning at all levels. The College has satisfied the recommendation, resolved the deficiencies, and meets the Standards."

Aside from the increase in assessment activities, the Planning and Budget Committee has also improved the new resource request form ([COL 3.4 Resource Request Form](#)) and resource allocation rubric ([COL 3.5 Resource Allocation Rubric](#)). The use of the revised resource request form and the resource allocation rubric emphasize the integration of program review, assessment, planning, and budgeting by requiring departments to justify their resource requests based on their program review reports, outcomes assessment, and student achievement data. The resource request form demonstrates the institutional commitment to outcomes assessment, including student learning outcomes (SLOs), administrative unit outcomes (AUOs), and service area outcomes (SAOs). Departments that have not participated in outcomes assessment are not eligible for resource allocation.

Currently, the College is using TracDat to store all assessment activities. As of fall 2015, SLO assessments dating from fall 2013 through fall 2015 have been entered into TracDat by the Office of Research, Planning, and Institutional Effectiveness (ORPIE) staff ([COL 3.6 TracDat Summary Results](#)). Several faculty (Library) were trained on inputting SLO assessment in TracDat version 4. With the recent upgrade to TracDat version 5, the College is steadily rolling out TracDat training, with the plan to expand training in spring 2016 for faculty chairs in all departments. To ensure the faculty's ease of using TracDat, ORPIE developed a TracDat user guide with easy to follow instructions for navigating the program ([COL 3.7 TracDat User Guide](#)).

These efforts will ensure ongoing assessment activities that lead to improvement in student learning, programs, and services. ORPIE and the SLO coordinators are increasing the number of training opportunities for faculty and managers. Discussions on how to improve the College assessment process are ongoing in various core planning committees, including the Institutional Effectiveness Committee, Council of Chairs and Deans, Council for Curriculum and Instruction, and the Planning and Budget Committee. Additionally, the College has shifted the approach to assessment by celebrating the great work that faculty and departments are doing through outcomes assessment. The ORPIE newsletters ([COL 3.8 ORPIE newsletter](#)) now feature a section on successful assessment activities by highlighting different assessment efforts on campus and sharing best practices in regards to assessment. ORPIE has also started a new contest series to engage faculty and staff with assessment and data. In the latest research newsletter, GWC employees were invited to participate in a contest to identify the correct outcomes assessment forms on ORPIE's website. The first five participants received small prizes. The new contest was met with positive feedback and the College will continue to identify different ways to sustain and improve College-wide assessment efforts.

Evidence:

[COL 3.1 ACCJC 2015 Team Report](#)
[COL 3.2 ACCJC 2015 Action Letter](#)
[COL 3.3 SLO Inventory](#)
[COL 3.4 Resource Request Form](#)
[COL 3.5 Resource Allocation Rubric](#)
[COL 3.6 TracDat Summary Results](#)
[COL 3.7 TracDat User Guide](#)
[COL 3.8 ORPIE newsletter](#)

College Recommendation 4: In order to meet the Standards, it is recommended that the College ensure that all students receive a course syllabus containing course-level student learning outcomes, properly labeled, for all courses regardless of delivery modality. (II.A.6)

Progress and Accomplishments:

This recommendation has been met per the ACCJC visiting team report on May 09, 2014 ([COL 4.1 ACCJC 2014 Visiting Team Report](#)) and the recommendation was removed based on the July 2014 ACCJC letter ([COL 4.2 ACCJC 2014 Action Letter](#)). The College addressed this recommendation by adding a feature through MyGWC that allows faculty to post their syllabi for each course section. Students then have the ability to access the course syllabus via the College online searchable schedule. Additionally, each course section has a syllabus template that is automatically prefilled with the official course-level student learning outcomes from the course outline of record ([COL 4.3 Sample from Student Searchable Schedule](#)). GWC faculty members upload their syllabi for each course prior to the start of each semester, and every effort is made to have the syllabi available prior to start of registration for each term.

According to the ACCJC visiting team report, “with the addition of the pre-filled course level SLO web page and the uploading of all syllabi for each course linked to the searchable online schedule, the widespread adoption and use of these features, and by the distribution of hard copy syllabi in classrooms, the institution fully addressed the recommendation, corrected the deficiencies, and the Accreditation Standard was met and confirmed by ACCJC.”

The College continues to work with the faculty through regular reminders to ensure they are posting their syllabi with student learning outcomes. To assist academic deans with sending reminders to faculty, the Office of Research, Planning, and Institutional Effectiveness developed a report ([COL 4.4 Syllabi Argos Report](#)) through MyGWC that shows a list of course sections that still need syllabi to be posted. The deans access the report regularly and send out reminders to the faculty to post their syllabi ([COL 4.5 Sample reminders from deans to faculty](#)). The following chart shows the percentage of sections that have had syllabi posted on MyGWC for the last three semesters. The result demonstrates that this effort has been institutionalized and is self-sustaining.

Semester	Courses	Syllabi	Percentage
Fall 2014	1027	961	94%
Spring 2015	1087	1053	97%
Fall 2015	1017	941	93%

Evidence:

[COL 4.1 ACCJC 2014 Visiting Team Report](#)

[COL 4.2 ACCJC 2014 Action Letter](#)

[COL 4.3 Sample from Student Searchable Schedule](#)

[COL 4.4 Syllabi Argos Report](#)

[COL 4.5 Sample reminders from deans to faculty](#)

College Recommendation 5: In order to meet the standard, the College must develop and implement a policy and/or procedures for measuring the program length and intended outcomes of degrees and certificates offered by the College.

(Standards II.A, II.A.1, II.A.2, II.A.2.h, II.A.6a-c)

This recommendation has been met per the ACCJC visiting team report on April 13, 2015 ([COL 5.1 ACCJC Team Report](#)) and the ACCJC action letter on June 29, 2015 ([COL 5.2 ACCJC Action Letter](#)). Golden West College's 2014-15 catalog reflected the new and revised format for presenting programs to students based on the program sequence template. The template contains program outcomes and plans with course sequences and duration for all majors and certificates. To ensure that the College will sustain this effort, the College's Council for Curriculum and Instruction (CCI) adopted a new policy on October 7, 2014 ([COL 5.3 CCI October 7, 2014 minutes](#)) that requires all new and modified program proposals to include an updated/validated program sequence and duration document for review and approval.

According to the visiting team's assessment, "with the requirement that all future Council for Curriculum and Instruction discussions about programs and degrees include a mandated time to completion proposal and with the addition of the completed time to completion template as a part of the College catalog, the College has satisfied this recommendation, resolved the deficiencies, and meets the Standards."

The College continues to utilize the program template to measure program length. Since the visit from the ACCJC team, per the new CCI policy, new programs submitted to CCI for review and approval were presented in the new template and included course sequences and units required to complete the program ([COL 5.4 Proposed programs examples](#)).

As part of the continuous improvement process, CCI continues to discuss and evaluate the use of the program sequence template to determine whether modifications should be made to increase its effectiveness ([COL 5.5 CCI minutes discussing program template](#)).

The College continues every effort to present to students clear information about all the programs we offer. Our 2015-16 College catalog has been enhanced to be more interactive and accessible. We transitioned the catalog from traditional printed/pdf format to a web/mobile format. This new catalog website was created for the 2015-16 academic year and can be found at: <http://catalog.goldenwestcollege.edu/> ([COL5.6](#))

Evidence:

[COL 5.1 ACCJC 2015 Team Report](#)

[COL 5.2 ACCJC Action Letter](#)

[COL 5.3 CCI October 7, 2014 minutes](#)

[COL 5.4 Proposed programs examples](#)

[COL 5.5 CCI minutes discussing program template](#)

COL 5.6 College Catalog Link - <http://catalog.goldenwestcollege.edu/>

College Recommendation 6a: In order to meet the standards, the College must develop financial planning processes that include the following:

- a. Consider its long-range financial priorities when making short range financial plans.**

This recommendation has been met per the ACCJC visiting report on April 13, 2015 ([COL 6a.1 ACCJC Team Report](#)) and the ACCJC action letter on June 29, 2015 ([COL 6a.2 ACCJC Action Letter](#)). In order to address the recommendation, the College adopted the new Planning and Decision-Making Guide (PDMG) on May 15, 2014 ([COL 6a.3 Planning and Decision Making Guide](#)). The PDMG directs the College through various decision-making processes that affect the College's long-term and short-term planning and budgeting. This demonstrates the College's consideration of long-range financial priorities when making short-range financial plans. The College accomplishes this through the resource allocation process, which helps the Planning & Budget Committee, the College's planning teams, and the College President prioritize annual requests based on the demonstrated needs from program review. The process also makes evident the impact resource requests (if funded) have on College goals and student outcomes.

According to the visiting team's assessment, the financial planning processes and long-range plans have been completed and fully implemented. As stated in the team's report, "The institution clearly identifies, plans, and allocates resources for payment of liabilities and future obligations. ... The College has satisfied the recommendation, resolved the deficiencies, and meets the Standards."

In spring 2015, the College utilized the new resource request form ([COL 6a.4 Resource Request Form](#)) and rubric ([COL 6a.5 Resource Allocation Rubric](#)) to prioritize resource requests based on how each request links to the College goals and key performance indicators. With the use of the new rubric, 15 requested items were approved for funding ([COL 6a.6 2014-15 Resource Allocation Outcome](#)).

By spring 2016, the Planning and Budget Committee will complete a self-evaluation of the prioritization process ([COL 6a.7 Resource Allocation Process Evaluation](#)) and all recipients of resource funding will submit a 5-column model ([COL 6a.8 Funding recipient 5-column model](#)) to indicate how the approved resource allocations helped their programs. Additionally, the College continues to solicit feedback from campus constituents regarding the program review and resource allocation processes through trainings and campus forums. Changes to the process will be continuous and documented through P&B minutes and reflected in annual updates to the College Long-Range Financial Plan, as well as through any iterations of the PDMG moving forward.

Evidence:

[COL 6a.1 ACCJC 2015 Team Report](#)

[COL 6a.2 ACCJC 2015 Action Letter](#)

[COL 6a.3 Planning and Decision Making Guide](#)

[COL 6a.4 Resource Request Form](#)

[COL 6a.5 Resource Allocation Rubric](#)

[COL 6a.6 2014-15 Resource Allocation Outcome](#)

[COL 6a.7 Resource Allocation Process Evaluation](#)
[COL 6a.8 Funding recipient 5-column model](#)

College Recommendation 6b: In order to meet the standards, the College must develop financial planning processes that include the following:

b. Develop financial plans that are integrated with and support all institutional plans

This recommendation has been met per the ACCJC visiting report on April 13, 2015 ([COL 6b.1](#)) and the ACCJC action letter on June 29, 2015 ([COL 6b.2](#)). In order to address the recommendation, the College adopted the Long-Range Financial Plan ([COL 6b.3](#)), which was approved on May 15, 2014. This plan incorporates all College-level plans to ensure that all financial commitments are considered when making financial decisions. In November 2014, the Vice President of Student Life and Administrative Services presented a recommendation for the allocation of the 2013-14 ending balance. This recommendation was made after a thorough review of the Long-Range Financial Plan and a review of the campus' financial needs. The recommendation was approved by the Planning and Budget Committee on November 26, 2014 ([COL 6b.4 P&B 11/26/2014 minutes](#)).

According to the visiting team's assessment, "the financial planning processes and long-range plans have been completed and fully implemented. The College has satisfied this recommendation and now meets the Standards."

To ensure continuous compliance with the standard, the VP of SLAS has convened a subcommittee to review the Long-Range Financial Plan in fall 2015 and make recommendations for any changes ([COL 6b.5 LRFP subcommittee minutes](#)). Recommended changes will move forward to P&B for discussion and approval in spring 2016. Additionally, after analysis of the College's financial commitments, the VP of SLAS presented a recommendation to P&B in fall 2015 regarding the funding status for resource allocations based on the 2014-15 ending balance ([COL 6b.6 P&B 12/09/15 meeting minutes](#)).

Evidence:

[COL 6b.1 ACCJC 2015 Team Report](#)
[COL 6b.2 ACCJC 2015 Action Letter](#)
[COL 6b.3 Long-Range Financial Plan](#)
[COL 6b.4 P&B 11/26/2014 minutes](#)
[COL 6b.5 LRFP subcommittee minutes](#)
[COL 6b.6 P&B 12/09/15 meeting minutes](#)

College Recommendation 6c: In order to meet the standards, the College must develop financial planning processes that include the following:

- c. As was noted by the 2000 and 2007 evaluation teams, the College must develop an enrollment management plan in order to maintain the financial viability of the organization (Standards III.D.1.a, III.D.1.c)**

This recommendation has been met per the ACCJC visiting report on April 13, 2015 ([COL 6c.1 ACCJC 2015 Visiting Team Report](#)) and the ACCJC action letter on June 29, 2015 ([COL 6c.2 ACCJC 2015 Action Letter](#)). To address the recommendation and to maintain the financial viability of the institution, the College developed an Enrollment Management Plan ([COL 6c.3 EMP 2014](#)), which was approved on May 14, 2014. The following goals are included in the EMP: Enrollment goals from 2013-14 to 2017-18, accreditation standards, equity and access, student involvement, student success, process refinement, student success pathways, improving remediation and completions, improving financial support, persistence and completion, and outreach goals. The plan discusses the financial implications for each respective goal to assist in maintaining the financial viability of the organization. According to the visiting team's assessment, the College has satisfied the recommendation, resolved the deficiencies, and meets the Standards.

To ensure continuous compliance with the standard, the College continues to review and update the EMP through the Council of Chairs and Deans and utilizes the document to maximize apportionment funding while increasing student success ([COL 6c.4 CCD Minutes 10062014](#); [COL 6c.5 CCD Minutes 11172014](#)). For an example, the EMP now incorporates instructional division plans, with specific strategic goals to improve student success within the course and program ([COL 6c.6 Enrollment Management Plan Fall 2015 version](#)). Additionally, the EMP's Guiding Principles were reviewed, refined and moved from the appendices to the main body of the document. The Guiding Principles were used in determining course scheduling for the 2015-2016 academic year. Since the approval and implementation of the Enrollment Management Plan in May 2014, the College has been able to accomplish the following:

EMP accomplishments for 2014-2015:

- Implemented TracDat to better manage SLO assessment data. This program provides better visibility of the exploration and outcomes of assessments, which helps faculty continue to improve education for their students.
- Designed the new Student Services building
- Designed the new Math and Science building
- Designed the new Criminal Justice building
- Increased efforts to build partnerships with ten (10) local high schools with highest transfer numbers to GWC
- Instituted the new program for reducing the number of students who are dropped for non-payment, which reduced the number of drops for non-payment by 95% for spring 2015 registration.
- Instituted a new program for college-ready math

The EMP is a living document and is reviewed and updated frequently by CCD. The enrollment targets and actuals, as well as the plan's goals were reviewed and updated at various CCD

meetings ([COL 6c.7 CCD Minutes 03022015](#); [COL 6c.8 CCD Minutes 10052015](#); [COL 6.c9 CCD Minutes11022015](#)). Through these discussions and the use of the Guiding Principles, the College is able to make data-informed enrollment and course scheduling decisions that ensure and maintain the financial viability of the institution. The Vice President of Instruction and Student Learning frequently provides updates regarding the EMP and work done through CCD to the Planning and Budget Committee ([COL 6c.10 PB Minutes 09232015](#); [COL 6c.11 PB Minutes 10142015](#); [COL 6c.12 PB Minutes 11182015](#)). The EMP is under the same evaluation cycle as all other core planning documents and the next evaluation of the plan will occur in spring 2016. The College will use evaluation results to continue to refine and update the Enrollment Management Plan, focusing on improving student success and the College's financial stability.

Evidence:

[COL 6c.1 ACCJC 2015 Team Report](#)
[COL 6c.2 ACCJC 2015 Action Letter](#)
[COL 6c.3 EMP 2014](#)
[COL 6c.4 CCD Minutes 10062014](#)
[COL 6c.5 CCD Minutes 11172014](#)
[COL 6c.6 Enrollment Management Plan Fall 2015 version](#)
[COL 6c.7 CCD Minutes 03022015](#)
[COL 6c.8 CCD Minutes 10052015](#)
[COL 6.c9 CCD Minutes11022015](#)
[COL 6c.10 PB Minutes 09232015](#)
[COL 6c.11 PB Minutes 10142015](#)
[COL 6c.12 PB Minutes 11182015](#)

RESPONSE TO DISTRICT RECOMMENDATIONS

District Recommendation 1: To meet the Standard, and as recommended by the 2007 team, the team recommends that faculty and others directly responsible for student progress towards achieving stated student learning outcomes have, as a component of their evaluation, effectiveness in producing those learning outcomes (Standard III.A.1.c)

This recommendation has been met (see June 2014 ACCJC action letter)

The District and its employee groups have integrated SLOs in the employee evaluations. In the full-time faculty, part-time faculty 7.5 Load Hour Equivalent (LHE) and above contract language has been approved by the negotiation teams. The full-time and part-time faculty above 7.5 LHE have also come to agreement on an interim plan that went into effect in spring 2014 until a full successor agreement has been approved ([DIS 1.1 - Joint SLO Letter CFE and District 11-13-13](#); [DIS 1.2 - Form CFE Agreement Appendix B - page 94](#)). The District has also directed evaluators of part-time faculty below 7.5 LHE to use the present evaluation process and forms to specifically address the use of SLOs ([DIS 1.3 - CCA Part-time Evaluation Form](#)). These directions have been implemented during the spring 2014 semester, and will continue to be until successor agreements are realized.

The Accreditation Visiting Teams who visited the three colleges in April 2014 concluded in each of the three evaluation reports that *“The District has fully addressed the recommendation and meets the Standards.”* The 2014 Accreditation Visiting Teams also noted in their conclusion the following: *“Employee groups and the District have engaged in serious discussions regarding the inclusion of SLOs as a component of evaluation processes. The team had access to evaluations and was able to validate that SLOs are being used as part of evaluation processes.”*

Since the last accreditation follow up visit in April 2015, the District and the Coast Community College Association (CCA), which represent part-time faculty below 7.5 LHE, have reached agreement on a new contract which was brought to the Board of Trustees to the January 20, 2016 Board meeting for ratification ([DIS 1.4 - Board Agenda Item Ratification of Agreement with CCA 1-20-16](#)). This contract puts into effect the directions implemented in spring 2014. The District and the Coast Federation of Educators, which represents full-time faculty and part-time faculty above 7.5 LHE have continued negotiations on a new contract. During these negotiations, five Tentative Agreements have been signed by the District and the Coast Federation of Educators which relate to changing the faculty evaluation forms to integrate SLOs ([DIS 1.5 - TA - Faculty Observation Report 10-16-15](#); [DIS 1.6 - TA - Faculty Self Evaluation Form 10-23-15](#); [DIS 1.7 - TA - Distance Learning Faculty Evaluation Report 10-16-15](#); [DIS 1.8 - TA - Administrative Feedback and Evaluation Form 9-25-15](#); [DIS 1.9 - TA - Regular-Temporary-Categorical Faculty Eval Summary Report 10-23-15](#)). These tentative agreements will be incorporated in the new contract once negotiations conclude.

Evidence:

[DIS 1.1 - Joint SLO Letter CFE and District 11-13-13](#)
[DIS 1.2 - Form CFE Agreement Appendix B - page 94](#)
[DIS 1.3 - CCA Part-time Evaluation Form](#)

[DIS 1.4 - Board Agenda Item Ratification of Agreement with CCA 1-20-16](#)
[DIS 1.5 - TA - Faculty Observation Report 10-16-15](#)
[DIS 1.6 - TA - Faculty Self Evaluation Form 10-23-15](#)
[DIS 1.7 - TA - Distance Learning Faculty Evaluation Report 10-16-15](#)
[DIS 1.8 - TA - Administrative Feedback and Evaluation Form 9-25-15](#)
[DIS 1.9 - TA - Regular-Temporary-Categorical Faculty Eval Summary Report 10-23-15](#)
[DIS 1.10 - ACCJC 2014 Action Letter](#)

District Recommendation 2: To meet the Standards, and as recommended by the 2007 team, the team recommends that the Board and district follow their policies regarding the delegation of authority to the Chancellor for effective operation of the district and to the college presidents for the effective operation of the colleges. Further, the team recommends that the district develop administrative procedures that effectively carry out delegation of authority to the Chancellor and the college presidents. (Standards IV.B.1.j, IV.B.3.a, IV.B.3.g)

This recommendation has been met (see June 2015 ACCJC action letter)

Since the last comprehensive evaluation visit in March 2013, 17 board policies and administrative procedures related to delegation of authority to the Chancellor and the Presidents were revised or created spanning all key areas of the district and the colleges. Some of these board policies and administrative procedures were revised multiple times during this period to further clarify or add to the delegation of authority. These board policies and administrative procedures include:

[BP 2430 Delegation of Authority to CEO – revision \(DIS 2.1\)](#)
[AP 2430 Delegation of Authority to CEO – new \(DIS 2.2\)](#)
[BP 2200 Board Duties and Responsibilities – revision \(DIS 2.3\)](#)
[BP 2320 Special and Emergency Meetings – new \(DIS 2.4\)](#)
[BP 2905 General Counsel – revision \(DIS 2.5\)](#)
[BP 6100 Delegation of Authority – revision \(DIS 2.6\)](#)
[AP 6100 Delegation of Authority – new \(DIS 2.7\)](#)
[BP 6150 Designation of Authorized Signatures – revision \(DIS 2.8\)](#)
[AP 6150 Designation of Authorized Signatures – new \(DIS 2.9\)](#)
[BP 6340 Bids and Contracts – revision \(DIS 2.10\)](#)
[AP 6340 Bids and Contracts – new \(DIS 2.11\)](#)
[BP 6350 Contracts Relating to Construction – new \(DIS 2.12\)](#)
[AP 6350 Contracts Relating to Construction – new \(DIS 2.13\)](#)
[BP 6370 Contract for Independent Contractor or Professional Experts – new \(DIS 2.14\)](#)
[AP 6370 Contract for Independent Contractor or Professional Experts – new \(DIS 2.15\)](#)
[BP 7110 Delegation of Authority Human Resources– new \(DIS 2.16\)](#)
[AP 7110 Delegation of Authority Human Resources– new \(DIS 2.17\)](#)

The operational implementation of the revised or new relevant board policies and administrative procedures was defined and communicated to all district managers on January 23, 2014 by the manager of the District Risk Services. The changes were implemented effective with the Board

meeting on February 5, 2014 ([DIS 2.18 Memorandum to District Managers Support Staff Re Delegation Authority Contracts Submission Review 1/23/2014](#), [DIS 2.19 Contract Submission and Review Procedures 1/22/2014](#)). Subsequently, additional revisions and clarifications were provided to managers and staff relative to the implementation of these board policies and administrative procedures ([DIS 2.20 E-mail from Risk Services Revision of Procedures for Submission and Review of Contracts Sep 2014](#); [DIS 2.21 CCCD Contract Submission and Review Procedures Sep 2014](#))

The Accreditation Visiting Teams who visited the three colleges in April 2014 concluded in each of the three evaluation reports that *“The District has fully addressed the recommendation and meets the Standards.”* The 2014 Accreditation Visiting Teams also noted in their conclusion the following: *“Tremendous improvement in the operationalization of the policies was evidenced. Since the operationalization of these policies is relatively new, close monitoring is needed to ensure smooth transition of the changes and to ensure college personnel understand the changes and work within agreed upon policies and procedures.”*

The Accreditation Visiting Teams who visited two of the three colleges in the District in April 2015 concluded in each of the two evaluation reports that *“The District has satisfied this recommendation and now meets the Standards.”* The 2015 Accreditation Visiting Teams noted in their follow up evaluation report:

“The team was able to verify that the newly created and revised board policies and corresponding administrative procedures relating to the delegation of authority are being implemented. Interviews with the Interim Chancellor, Coastline’s President, the Board of Trustees, Board Secretary and District General Counsel, as well as the review of several months of Board minutes indicate that board polices are being followed.”

“There has been an incredible transformation in regards to the Board of Trustees adhering to the board policies regarding the delegation of authority to the chancellor. The board fully recognizes that its role is to delegate authority to the chancellor and then hold him/her accountable in the operation of the district. Additionally it is clear that the chancellor effectively delegates authority to the presidents and then holds them accountable in the operation of the campuses.”

Since the last accreditation follow up reports submitted in March 2015, the board policies and administrative procedures related to delegation of authority have continued to be followed. In addition, in order to further clarify the delegation of authority, additional revisions to relevant board policies and administrative procedures have been approved through the District Consultation Council and brought to the Board for first reading and then for approval/ratification as follows:

[AP 6200 Budget Preparation – revision ratified at the June 17, 2015 Board meeting \(DIS 2.22\)](#)
[BP 3300 \(DIS 2.23\)](#) and [AP 3300 Inspection and Copying of Public Records \(DIS 2.24\)](#) –
revisions approval/ratification at the October 20, 2015 Board meeting
BP 7110 Delegation of Authority Human Resources - revision first reading at the December 9,
2015 Board meeting/approval at the January 20, 2016 Board meeting ([DIS 2.25](#))

For the first time, through the work of the District Consultation Council, the District has developed the District Level Decision Making and Participatory Governance Document. The document further clarifies the delegation of authority to the Chancellor and College Presidents and their role in leading the District and its three Colleges ([DIS 2.26 - CCCD Decision Making 10-7-2015](#)).

Evidence:

[DIS 2.1 - BP 2430 Delegation of Authority to CEO](#)
[DIS 2.2 - AP 2430 Delegation of Authority to CEO](#)
[DIS 2.3 - BP 2200 Board Duties and Responsibilities](#)
[DIS 2.4 - BP 2320 Special and Emergency Meetings](#)
[DIS 2.5 - BP 2905 General Counsel](#)
[DIS 2.6 - BP 6100 Delegation of Authority](#)
[DIS 2.7 - AP 6100 Delegation of Authority](#)
[DIS 2.8 - BP 6150 Designation of Authorized Signatures](#)
[DIS 2.9 - AP 6150 Designation of Authorized Signatures](#)
[DIS 2.10 - BP 6340 Bids and Contracts](#)
[DIS 2.11 - AP 6340 Bids and Contracts](#)
[DIS 2.12 - BP 6350 Contracts Relating to Construction](#)
[DIS 2.13 - AP 6350 Contracts Relating to Construction](#)
[DIS 2.14 - BP 6370 Contracts for Independent Contractor or Professional Expert Services](#)
[DIS 2.15 - AP 6370 Contract for Independent Contractor or Professional Expert Services](#)
[DIS 2.16 - BP 7110 Delegation of Authority HR](#)
[DIS 2.17 - AP 7110 Delegation of Authority](#)
[DIS 2.18 Memorandum to District Managers Support Staff Delegation Authority](#)
[DIS 2.19 Contract Submission and Review Procedures](#)
[DIS 2.20 E-mail from Risk Services Revision of Procedures for Submission and Review of Contracts Sep 2014](#)
[DIS 2.21 CCCD Contract Submission and Review Procedures Sep 2014](#)
[DIS 2.22 - AP 6200 Budget Preparation](#)
[DIS 2.23 - BP 3300 Inspection and Copying of Public Records](#)
[DIS 2.24 - AP 3300 Inspection and Copying of Public Records](#)
[DIS 2.25 - BP 7110 Delegation of Authority Human Resources 11 11 15](#)
[DIS 2.26 - CCCD Decision Making 10 7 2015](#)
[DIS 2.27 – ACCJC 2015 Action Letter](#)

District Recommendation 3: To meet the Standard, the team recommends that the Board of Trustees follow its established process for self-evaluation of Board performance as published in its board policy. (Standard IV.B.1.g)

This recommendation has been met (see June 2014 ACCJC action letter)

In August 2012, the Board of Trustees revised Board Policy 2745 Board Self Evaluation ([DIS 3.1](#)) and developed a new process for its evaluation which was implemented in fall 2013. The revised process included, in addition to a self-evaluation by the Board members, a 360 evaluation

of the Board through a survey sent to all District employees, development of Board goals, and development of action plans relative to the Board goals.

The Accreditation Visiting Teams who visited the three colleges in April 2014 concluded in each of the three evaluation reports that *“The District has satisfied this recommendation and now meets the standard.”*

The 2014 Accreditation Visiting Teams noted:

“The Board is to be commended for taking the extra step of making public the results of both its own self-evaluation and the employee survey, including all written comments, in an effort to be transparent. It is evident that the Board has taken the self-evaluation process very seriously and has devoted a great deal of time and effort to improving its performance.”

“The revised Board Policy 2745 regarding Board Self-Evaluation is posted, along with all other board policies, on the district website. The Board has followed the new board policy and recently conducted a self-evaluation that included input from all district employees. The Board developed 2013 Board Goals and Action Plans based on the self-evaluation.”

Consistent with BP 2745, the Board of Trustees conducted a comprehensive self-evaluation again in fall 2015. The survey sent to all employees in fall 2013 was administered again in fall 2015 with a deadline to respond of October 19, 2015 ([DIS 3.2 E-mail from Board President to All District Employees 9-30-15](#); [DIS 3.3 E-mail from Board President to All District Employees 10-13-15](#)). The Board discussed its evaluation at the November 4, 2015 Board meeting as well as its previous goals ([DIS 3.4 - 11-4-2015 Board Agenda Item on Board Evaluation](#); [DIS 3.5 - BOT Self-Eval Report 2013 2015](#); [DIS 3.6 - Survey of District Employees Regarding Board](#); [DIS 3.7 - 2013-2014 Board Goals + Added Goals](#)). At the November 18, 2015 Board meeting, new Board goals for 2015-17 were discussed ([DIS 3.8 - 11-18-2015 Board Agenda Item on Adoption of Board Goals and Plans](#); [DIS 3.9 - 2015-2017 Board Goals 11-18-2015](#)).

Evidence:

[DIS 3.1 - BP 2745 Board Self Evaluation](#)

[DIS 3.2 - Email to All Employee Re Board Evaluation 9-30-15](#)

[DIS 3.3 -Email to All Employee Re Board Evaluation 10-13-15](#)

[DIS 3.4 - 11-4-2015 Board Agenda Item on Board Evaluation](#)

[DIS 3.5 - BOT Self-Eval Report 2013 2015](#)

[DIS 3.6 - Survey of District Employees Regarding Board](#)

[DIS 3.7- 2013-2014 Board Goals + Added Goals](#)

[DIS 3.8 - 11-18-2015 Board Agenda Item on Adoption of Board Goals and Plans](#)

[DIS 3.9 - 2015-2017 Board Goals 11-18-2015](#)

[DIS 3.10 ACCJC 2014 Action Letter](#)

District Recommendation 4: To meet the Standards, and as recommended by the 2007 team, the team recommends that the Board implement a process for the evaluation of its policies and procedures according to an identified timeline and revise the policies as necessary. (Standard IV.B.1.e)

This recommendation has been met (see June 2014 ACCJC action letter)

The development and implementation of BP 2410 ([DIS 4.1](#)) and AP 2410 Board Policies and Administrative Procedures ([DIS 4.2](#)) in March 2012 helped to clarify the process and responsibilities for revision and/or creation of policies and procedures. AP 2410 has been followed consistently since its ratification and has ensured that, with an established schedule which calls for reviewing and updating all existing board policies and administrative procedures on a four-year cycle, those responsible, and the District overall, stay on track.

In spring 2012, the Board of Trustees approved and directed staff to work on re-aligning the board policies and administrative procedures to conform to the chapter and numbering structure recommended by the Community College League of California (CCLC) ([DIS 4.3 - Board Meeting Minutes 3-21-12](#)). The Vice Chancellor of Educational Services and Technology convened a working group with representation from the units of the District Office who have overall responsibility for each area to work on this re-alignment. The Board of Trustees approved the implementation of the proposed recommendations at the August 1, 2012 meeting.

The Vice Chancellor of Educational Services and Technology has continued to provide overall coordination for this process.

Since the last accreditation follow up visit in April 2015, the review and revision of board policies and administrative procedures have continued as scheduled at a steady pace. Between April 15, 2015 and January 20, 2016, 16 Board Policies and 17 Administrative Procedures were revised or created.

The Accreditation Visiting Teams who visited the three colleges in April 2014 concluded in each of the three evaluation reports that “*The District has satisfied this recommendation and now meets the standard.*”

The 2014 Accreditation Visiting Teams noted:

“All board policies and administrative procedures have now been reviewed, revised, or newly created except for a small number of Human Resources policies and procedures that must go through collective bargaining processes.”

“A four-year review cycle has been established so that, during each year, a group of the board policies and administrative procedures will be updated, reviewed, and revised as needed by the Board of Trustees after going through the consultation process. At the completion of each four year cycle, all board policies and administrative procedures will have been reviewed. During the interim years, the Vice Chancellor of Educational Services and Technology is responsible for reviewing any CCLC recommendations for change and bringing them to the attention of the appropriate district or college administrators who will then develop recommendations. Any resulting new policies and procedures will then go through the consultation process and be submitted to the Board of Trustees for approval.”

The District has continued to follow the process defined in BP 2410 and AP 2410 for revision of existing board policies and administrative procedures and creation of new ones, as needed. A schedule for continued review and updating of all board policies and administrative procedures within a four-year cycle has been established, followed and continuously updated.

As of January 2016, of the total 177 board policies currently in place only 13 have not had their revision finalized. These 13 board policies are in various stages in the revision process. These board policies have required discussions with the District Collective Bargaining Units and thus have taken longer to complete. It is expected that the revision of these 13 board policies will be completed by May 2016. In addition, 95 Administrative Procedures have been revised or created since January 2012.

Evidence:

[DIS 4.1 - BP 2410 Board Policies and Administrative Procedures](#)

[DIS 4.2 – AP 2410 Board Policies and Administrative Procedures](#)

[DIS 4.3 - Board Meeting Minutes 3-21-12](#)

[DIS 4.4 – ACCJC 2014 Action Letter](#)

Commission Recommendation 1: To meet the Standards, the District needs to examine the role of the four board employees who report directly to the Board of Trustees to ensure there is no conflict with the delegation of authority of the Chancellor and the college presidents. (Standard IV.B.3.a, IV.B.3.b)

This recommendation has been met (see June 2014 ACCJC action letter)

BP 2200 Board Duties and Responsibilities ([COM 1.1](#)) was revised and changed the reporting relationship of the Board Secretary from reporting exclusively to the Board of Trustees to a dual reporting relationship to both the Board of Trustees and the Chancellor. The Chancellor and the Board of Trustees work together to hire and evaluate the Board Secretary which previously was done exclusively by the Board of Trustees.

The job description for the Board Secretary was revised to remove responsibilities that overlap with the delegation of authority to the Chancellor and College Presidents and to reflect the support role that this position has relative to the Board of Trustees and the Chancellor. The title of the position was changed to District Director of Board Operations/Secretary of the Board of Trustees ([COM 1.2](#) Job Description of the Board Secretary revised 1-27-2014).

The Accreditation Visiting Teams who visited the three colleges in April 2014 concluded in each of the three evaluation reports that *“The District has substantively addressed this recommendation and now meets the standards.”*

The 2014 Accreditation Visiting Teams noted:

“As part of the Chancellor’s commitment to work with the Board of Trustees to address issues surrounding the delegation of authority, the role of the Board Secretary was thoroughly examined. (The other three employees referenced in this recommendation report to the Board

Secretary, not directly to the Board of Trustees or the Chancellor.) The most concrete changes resulting from this review occurred through a substantial revision to the job description for this position. The reporting relationship has been changed from reporting exclusively to the Board of Trustees to a dual reporting relationship to the Board of Trustees and the Chancellor, with the assumption that the Chancellor and the Board will jointly hire and evaluate the employee in this position. Also, a number of job functions that would more appropriately be among the responsibilities of the Chancellor (for example, “serve as a representative of the Board on strategic committees and task forces to advance the District mission, goals, and objectives,” “direct the preparation and maintenance of Board Policies and Administrative Procedures,” etc.) were either eliminated from the job description or revised to reflect a supporting role. All relevant board policies and administrative procedures have also been revised to reflect these changes.”

“The District has responded substantively to this recommendation, but there has not yet been enough experience with the changes in the reporting relationship and the functions of this position to evaluate their effectiveness in addressing concerns regarding delegation of authority to the Chancellor.”

The changes in the reporting relationship and job responsibilities for the District Director of Board Operations/Secretary of the Board of Trustees have continued to be implemented and clarified. Consistent with the dual reporting, the District Director of Board Operations/Secretary of the Board of Trustees meets regularly with the Chancellor. The District Director of Board Operations/Secretary of the Board of Trustees meets regularly with the Chancellor’s Cabinet to review the Board Agenda, prior to publication. The Chancellor participates in the evaluation of the person in the position. The most recent regularly scheduled performance evaluation was conducted on September 16, 2015 ([COM 1.3 - Board Meeting Evaluation of District Director - Secretary of the Board 9-16-2015](#)). The Interim Chancellor contributed to and participated in this evaluation.

Evidence:

[COM 1.1 - BP 2200 Board Duties and Responsibilities](#)

[COM 1.2 - Job Description of the Board Secretary revised 1-27-2014](#)

[COM 1.3 - Board Meeting Evaluation of District Director - Secretary of the Board 9-16-2015](#)

[COM 1.4 – ACCJC 2014 Action Letter](#)

PROGRESS ON ACTIONABLE IMPROVEMENT PLANS

Actionable Improvement Plan 1 (Standard I.A.4)

The College will monitor and review the effectiveness of the adopted changes to the new organizational structure to ensure that services to students continue to be improved in accordance with our mission.

Analysis and Findings:

The College administered the Personal Assessment of College Environment Survey ([AIP 1.1 PACE survey](#)) at the end of fall 2014. The purpose of the survey was to gauge the effectiveness of the College's newly implemented staffing and core planning structures. The results were shared campus wide, which prompted a Management Retreat in March 2015 ([AIP 1.2](#)). As a result of work done at the retreat, several initiatives are under-way to improve College-wide processes, including the purchasing approval process ([AIP 1.3](#)) and the use of Share point to approve campus requests ([AIP 1.4](#)). The College is also working with the District to improve the efficiency of contract approvals.

In addition to the PACE survey, the Institutional Effectiveness Committee revised the "Committee Effectiveness Evaluation Survey" in spring 2015 ([AIP 1.5](#)). This survey allows committee members the opportunity to evaluate the effectiveness of the core planning committee(s) on which they serve. The survey helps to determine whether those committees are effective in terms of producing results related to their mission and charge. The results ([AIP 1.6](#)) were shared with each committee chair and IEC made recommendations to the Planning and Budget Committee regarding the use of the survey results. Based on a recommendation from IEC, the Planning and Budget Committee appointed a task force to focus on improving committee effectiveness ([AIP 1.7 IEC minutes appointing task force](#); [AIP 1.8 P&B minutes appointing taskforce](#); [AIP 1.9 Committee Effectiveness Task Force Proposal](#)).

Through the surveys, the College was able to identify areas in need of improvement and implemented several initiatives to address those. The College will continue to monitor and review these processes. The PACE survey will be administered again in fall 2016 and the Committee Effectiveness Survey is administered annually in the spring.

Conclusion:

This actionable improvement plan has been fully addressed and the College will continue this ongoing effort.

Evidence:

[AIP 1.1 PACE survey](#)

[AIP 1.2 Management Retreat in March 2015](#)

[AIP 1.3 College purchasing approval process](#)

[AIP 1.4 Sharepoint Workflow process](#)

[AIP 1.5 Committee Effectiveness Evaluation Survey](#)

[AIP 1.6 Committee Effectiveness Survey Results](#)

[AIP 1.7 IEC minutes appointing task force](#)

[AIP 1.8 P&B minutes appointing taskforce](#)
[AIP 1.9 Committee Effectiveness Task Force Proposal](#)

Actionable Improvement Plan 2 (Standard I.B.4)

The College evaluates its core planning team structure annually in the spring in an effort to maximize active participation, overall satisfaction from all appropriate entities, and allocate available resources to improve institutional effectiveness.

Analysis and Findings:

As indicated previously, the Institutional Effectiveness Committee revised the “Committee Effectiveness Evaluation Survey” in spring 2015 ([AIP 2.1](#)). This survey allows committee members the opportunity to evaluate the effectiveness of the core planning committee(s) on which they serve. The survey helps to determine whether those committees are effective in terms of producing results related to their mission and charge. The results ([AIP 2.2 Committee Effectiveness Survey Results](#)) were shared with each committee chair and IEC made recommendations to the Planning and Budget Committee regarding the use of the survey results. Based on a recommendation from IEC, the Planning and Budget Committee appointed a task force to focus on improving committee effectiveness ([AIP 2.3 IEC minutes appointing task force](#); [AIP 2.4 P&B minutes appointing taskforce](#); [AIP 2.5 Committee Effectiveness Task Force Proposal](#)). A committee chairs appreciation luncheon was held to springboard the process of providing training to committee chairs and identifying resources needed in order to have effective committee meetings ([AIP 2.6 Committee Chairs Luncheon Outcome](#)). One of the recommendations from this task force is to have a dedicated meeting room that is equipped with the technology necessary to engage committee members. The College will continue to monitor the effectiveness of its core planning committee structures by continuing to administer the Committee Effectiveness Survey in the spring.

Conclusion:

This actionable improvement plan has been fully addressed and the College will continue this ongoing effort.

Evidence:

[AIP 2.1 Committee Effectiveness Evaluation Survey](#)
[AIP 2.2 Committee Effectiveness Survey Results](#)
[AIP 2.3 IEC minutes appointing task force](#)
[AIP 2.4 P&B minutes appointing taskforce](#)
[AIP 2.5 Committee Effectiveness Task Force Proposal](#)
[AIP 2.6 Committee Chairs Luncheon Outcome](#)

Actionable Improvement Plan 3 (Standard II.A.6)

To address and comply with Standard II.A.6 and in support of the Academic Senate's actions regarding course syllabi, the College will require all instructors to post their course syllabi in their online course shells, including specific learning objectives consistent with those in the institution's officially approved course outline, no later than the first day of instruction.

Analysis and Findings:

Since the development of an online portal through MyGWC, which allows faculty to post their syllabi online, the College is seeing a tremendous increase in the number of syllabi posted on the searchable schedule prior to the start of the semester ([AIP 3.1 Sample of Syllabi Posting](#)). Additionally, the College's instructional deans regularly send email reminders to their faculty to encourage the posting of the syllabi (including SLOs) prior to the start of the registration for each term ([AIP 3.2 Instructional deans' emails to faculty](#)).

The following chart shows the percentage of sections that have syllabi posted on MyGWC for the last three semesters. The result demonstrates that this effort is institutionalized and self-sustaining.

Semester	Total Sections	Sections with Syllabi Posted	Percentage
Fall 2014	1027	961	94%
Spring 2015	1087	1053	97%
Fall 2015	1017	941	93%

Conclusion:

This actionable improvement plan has been fully addressed and the College will continue this ongoing effort.

Evidence:

[AIP 3.1 Sample of Syllabi Posting](#)

[AIP 3.2 Instructional deans' emails to faculty](#)

Actionable Improvement Plan 4 (Standard III.A.1)

In order to fully achieve Standard III.A.1.c, the College and the District will work through negotiations to ensure that the evaluation process for faculty includes student learning outcomes (SLOs) as indicators of instructional effectiveness. Absent such an agreement, and to meet this standard, commencing in spring 2013, instructors shall provide evidence that they have posted SLOs on the syllabi for the classes they are currently teaching. Having completed and documented the assessment of SLOs to improve student learning, instructors shall also document the changes they have made as a result of those assessments.

Analysis and Findings:

The official SLOs for each course are automatically posted on the online searchable schedule ([AIP 4.1 Sample of SLO's posted on Student Searchable Schedule](#)). Faculty members make every effort to include their SLOs on their syllabi and to post their syllabi on the online searchable schedule prior to the start of registration for each term.

The College SLO coordinators work with faculty to ensure that every course offered within the semester has at least one SLO assessed by the end of the semester. The College utilizes a 5-step model ([AIP 4.2 SLO5SM](#)) form to collect course-level outcomes assessments. Under step 5 of the 5SM, faculty members are asked to explain how they will “use the results of the assessment to enact changes in teaching, standards, and/or assessment methods.” In addition, the Office of Research, Planning, and Institutional Effectiveness administers the “SLO Dialogue Survey” every year to gather faculty feedback on their experiences with student learning ([AIP 4.3 SLO Dialogue Survey Results](#)). Within the survey, faculty share 1) how often they engage in student learning focused conversations; 2) what avenues they find to be effective for engaging in conversations with their colleagues about student learning; and 3) changes they will make to improve student learning in the classroom. The College’s instructional deans evaluate faculty on their compliance and commitment to this work during each full-time and part-time faculty evaluation cycle ([AIP 4.4 Faculty observation form](#)).

Conclusion:

This actionable improvement plan has been fully addressed and the College will continue this ongoing effort.

Evidence:

[AIP 4.1 Sample SLO's posted on Student Searchable Schedule](#)

[AIP 4.2 SLO5SM](#)

[AIP 4.3 SLO Dialogue Survey Results](#)

[AIP 4.4 Faculty observation form](#)

Actionable Improvement Plan 5 (Standard IV.A.1)

- The College will continue its commitment to the current governance committee structures in place to increase participation and engagement of all constituent groups in fostering an environment of empowerment, innovation, and institutional excellence.
- The College will continue to work with the District to clarify processes for developing, presenting, and implementing innovative ideas to ensure institutional excellence in a multi-college district.

Analysis and Findings:

The College continues to assess the effectiveness of its core planning committees at the end of every spring semester and shares the results in the fall ([AIP 5.1 Committee Effectiveness Evaluation Survey](#)). This fall semester, the College developed a task force to identify strategies to improve committee effectiveness. The task force recommended a meeting with all committee chairs to discuss ways in which the College's committees can be improved in the areas of ownership, leadership sharing, clarity and purpose, and results. The College hosted a luncheon with all committee chairs and ideas on how to improve committees were shared ([AIP 5.2 Outcomes of committee effectiveness chairs luncheon](#)). The College will continue to engage in this iterative process of assessing, dialoguing, and implementing improvement strategies.

The College has worked with its sister colleges and the District on two major District-wide initiatives to clarify processes for developing, presenting, and implementing innovative ideas.

- (1) The colleges worked through a collaborative process to redesign and realign three District-wide committees as sub-committees of the District Consultation Council, the primary shared District-wide participatory governance committee. The three sub-committees are: 1) Budget, 2) Technology, and 3) Board Policy and Administrative Procedures. The college presidents and several faculty members participated in the committees that drafted these proposals ([AIP 5.3 DCC 060515 minutes](#); [AIP 5.4 CCCD Decision Making Guide](#)).
- (2) The District and colleges have embarked on new efforts utilizing continuous improvement tools and methodologies. A consultant team was selected to engage with the Board of Trustees and the chancellor. This work preceded and was coordinated with the Board of Trustees self-evaluation process, which culminated with the adoption of new Board Goals. Concurrently, the chancellor called for a one-day summit meeting with senior level managers District-wide with the same consultant team. One of the outcomes of that summit was the creation of a team that will provide oversight and guidance for engaging in a deep review of areas that experience dysfunction, delays, or inefficiencies. Currently, District-wide teams are examining four areas: 1) purchasing, 2) on-boarding of new employees, 3) financial aid, and 4) information technologies ([AIP 5.5 Chancellor's Announcement of Process Improvement Team](#)).

Conclusion:

This actionable improvement plan has been fully addressed and the College will continue this ongoing effort.

Evidence:

[AIP 5.1 Committee Effectiveness Evaluation Survey](#)

[AIP 5.2 Outcomes of committee effectiveness chairs luncheon](#)

[AIP 5.3 DCC 060515 minutes](#)

[AIP 5.4 CCCD Decision Making Guide 10/07/2015](#)

[AIP 5.5 Chancellor's Announcement of Process Improvement Team](#)

Actionable Improvement Plan 6 (Standard IV.B.1)

Complete the review of all existing board policies by the end of spring 2013

Analysis and Findings:

The development and implementation of BP 2410 ([DIS AIP6.1](#)) and AP 2410 Board Policies and Administrative Procedures ([DIS AIP6.2](#)) in March 2012 helped to clarify the process and responsibilities for revision and/or creation of policies and procedures. AP 2410 has been followed consistently since its ratification and has ensured that, with an established schedule which calls for reviewing and updating all existing board policies and administrative procedures on a four-year cycle, those responsible, and the District overall, stay on track.

In spring 2012, the Board of Trustees approved and directed staff to work on re-aligning the board policies and administrative procedures to conform to the chapter and numbering structure recommended by the Community College League of California (CCLC) ([DIS AIP6.3 - Board Meeting Minutes 3-21-12](#)). The Vice Chancellor of Educational Services and Technology convened a working group with representation from the units of the District Office who have overall responsibility for each area to work on this re-alignment. The Board of Trustees approved the implementation of the proposed recommendations at the August 1, 2012 meeting.

The Vice Chancellor of Educational Services and Technology has continued to provide overall coordination for this process.

The District has continued to follow the process defined in BP 2410 and AP 2410 for revision of existing board policies and administrative procedures and creation of new ones, as needed. A schedule for continued review and updating of all board policies and administrative procedures within a four-year cycle has been established, followed and continuously updated.

As of January 2016, of the total 177 board policies currently in place only 13 have not had their revision finalized. These 13 board policies are in various stages in the revision process. These board policies have required discussions with the District Collective Bargaining Units and thus have taken longer to complete. It is expected that the revision of these 13 board policies will be completed by May 2016. In addition, 95 Administrative Procedures have been revised or created since January 2012.

Conclusion:

The District has followed the process defined in BP 2410 and AP 2410 for revision of existing board policies and administrative procedures, as needed. The District and the Board of Trustees completed a full review and revision of all but 13 of its existing board policies and administrative procedures and created new ones, as needed. A schedule for continued review and updating of all board policies and administrative procedures within a four-year cycle has been established and has been followed.

This action improvement plan has been fully addressed.

Evidence:

[DIS AIP6.1 - BP 2410 Board Policies and Administrative Procedures](#)

[DIS AIP6.2 – AP 2410 Board Policies and Administrative Procedures](#)

[DIS AIP6.3 - Board Meeting Minutes 3-21-12](#)

Actionable Improvement Plan 7 (Standard IV.B.1)

The Board will model best practices of continuous improvement by completing its evaluation process and taking appropriate action in response to the evaluation summary.

Analysis and Findings:*Review of Evaluation Procedure*

In August 2012, the Board of Trustees revised Board Policy 2745 Board Self Evaluation ([DIS AIP7.1](#)) and developed a new process for its evaluation which was implemented in fall 2013. The revised process included, in addition to a self-evaluation by the Board members, a 360 evaluation of the Board through a survey sent to all District employees, development of Board goals, and development of action plans relative to the Board goals.

In fall 2013, the Board of Trustees conducted its evaluation consistent with the revised Board Policy 2745. On October 16, 2013, the Board discussed the evaluation results during a study session for this purpose ([DIS AIP 7.2 Board of Trustees Meeting Agenda and Minutes 10-16-2013](#), [DIS AIP7.3 Board of Trustees Self Evaluation](#), [DIS AIP7.4 Survey Results of District Employees Regarding the Board of Trustees](#)).

Actions taken as a result of the evaluation were determined at the public meetings held on 10/16/2013 and 11/6/2013. This resulted in identifying goals and action plans for the Board of Trustees ([DIS AIP7.5 Goals and Action Plans Adopted at the November 6, 2013 Board meeting](#)). The Board Accreditation Committee was charged to develop the process and measures to address areas of improvement.

Consistent with BP 2745, the Board of Trustees conducted a comprehensive self-evaluation again in fall 2015. The survey sent to all employees in fall 2013 was administered again in fall 2015 with a deadline to respond of October 19, 2015 ([DIS AIP7.6 E-mail from Board President to All District Employees 9-30-15](#); [DIS AIP7.7 E-mail from Board President to All District Employees 10-13-15](#)). The Board discussed its evaluation at the November 4, 2015 Board meeting as well as its previous goals ([DIS AIP7.8 - 11-4-2015 Board Agenda Item on Board Evaluation](#); [DIS AIP7.9 - BOT Self-Eval Report 2013 2015](#); [DIS AIP7.10 - Survey of District Employees Regarding Board](#); [DIS AIP2.11 - 2013-2014 Board Goals + Added Goals](#)). At the November 18, 2015 Board meeting, new Board goals for 2015-17 were discussed ([DIS AIP7.12 - 11-18-2015 Board Agenda Item on Adoption of Board Goals and Plans](#); [DIS AIP7.13 - 2015-2017 Board Goals 11-18-2015](#)).

Conclusion:

This action improvement plan has been fully addressed.

Evidence:

[DIS AIP7.1 – BP 2745 Board Self Evaluation](#)

[DIS AIP7.2 Board of Trustees Meeting Agenda and Minutes 10-16-2013](#)

[DIS AIP7.3 Board of Trustees Self Evaluation](#)

[DIS AIP7.4 Survey Results of District Employees Regarding the Board of Trustees](#)

[DIS AIP7.5 Goals and Action Plans Adopted at the November 6, 2013 Board meeting](#)

[DIS AIP7.6 E-mail from Board President to All District Employees 9-30-15](#)

[DIS AIP7.7 E-mail from Board President to All District Employees 10-13-15](#)

[DIS AIP7.8 - 11-4-2015 Board Agenda Item on Board Evaluation](#)

[DIS AIP7.9 - BOT Self-Eval Report 2013 2015](#)

[DIS AIP7.10 - Survey of District Employees Regarding Board](#)

[DIS AIP7.11 - 2013-2014 Board Goals + Added Goals](#)

[DIS AIP7.12 - 11-18-2015 Board Agenda Item on Adoption of Board Goals and Plans](#)

[DIS AIP7.13 - 2015-2017 Board Goals 11-18-2015](#)

Actionable Improvement Plan 8 (Standard IV.B.1)

The college encourages the Board continue to work on clarifying the delegation of authority through the development of an administrative procedure related to BP 2201.

Analysis and Findings:

Board Policy 2430 Delegation of Authority to CEO was revised in December 2013 to more specifically define the delegation of authority to the Chancellor and the College Presidents and combined two different board policies which were overlapping (former BP 2201 Standards of Administration and BP 2430 Delegation of Authority). A new administrative procedure was created and ratified by the Board in December 2013 that indicates the specific areas for which the Chancellor and the College Presidents are responsible. The administrative procedure was created based on discussions with the Chancellor and the College Presidents ([DIS AIP8.1. BP and AP 2430 Delegation of Authority to CEO](#)). The delegation of authority to the CEO and College Presidents as stated in BP and AP 2430 has been followed consistently since December 2013.

Conclusion:

This action improvement plan has been fully addressed.

Evidence:

[DIS AIP8.1. BP and AP 2430 Delegation of Authority to CEO](#)

Actionable Improvement Plan 9 (Standard IV.B.2)

The Planning and Budget Committee will continue to monitor and review the effectiveness of the adopted changes to the College's organizational structure and the core committee structures to ensure that services to students and student success continue to improve. IEC will help with reporting these assessments, which will be discussed with AIC and the P&B Committee.

Analysis and Findings:

As indicated previously, the Institutional Effectiveness Committee revised the "Committee Effectiveness Evaluation Survey" in spring 2015 ([AIP 9.1](#)). This survey allows committee members the opportunity to evaluate the effectiveness of the core planning committee(s) on which they serve. The survey helps to determine whether those committees are effective in terms of producing results related to their mission and charge. The results were shared with each committee chair and IEC made recommendations to the Planning and Budget Committee regarding the use of the survey results. Based on a recommendation from IEC, the Planning and Budget Committee appointed a task force to focus on improving committee effectiveness ([AIP 9.2 IEC minutes appointing task force](#); [AIP 9.3 P&B minutes appointing taskforce](#); [AIP 9.4 Committee Effectiveness Task Force Proposal](#)). A committee chairs appreciation luncheon was held to springboard the process of providing training to committee chairs and identifying resources needed in order to have effective committee meetings ([AIP 9.5 Committees Chairs Luncheon Outcome](#)). One of the recommendations of this task force is to have a dedicated meeting room that is equipped with the technology necessary to engage committee members. The College will continue to monitor the effectiveness of its core planning committee structures by continuing to administer the Committee Effectiveness Survey in the spring.

Conclusion:

This actionable improvement plan has been fully addressed and the College will continue this ongoing effort.

Evidence:

[AIP 9.1 Committee Effectiveness Evaluation Survey](#)
[AIP 9.2 IEC minutes appointing task force](#)
[AIP 9.3 P&B minutes appointing taskforce](#)
[AIP 9.4 Committee Effectiveness Task Force Proposal](#)
[AIP 9.5 Committees Chairs Luncheon Outcome](#)

Actionable Improvement Plan 10 (Standard IV.B.2)

The President will continue to work with administrators and faculty to address the overlaps in areas of mutual responsibilities and role definition, including how to minimize conflicts over jurisdiction through mutual agreement. Each semester, the President will continue to hold face-to-face campus conversations to improve campus-wide engagement.

Analysis and Findings:

The College's Academic Issues Council is comprised of GWC's executive team and faculty leadership team. AIC meets twice a month to discuss and resolve College-wide issues ([AIP 10.1 AIC sample agenda](#)). Additionally, the College President continues to hold face-to-face campus conversations each semester to improve campus-wide engagement. Campus conversation topics include accreditation, enrollment, facilities, student engagement, and other issues relating to College improvements ([AIP 10.2 Samples of campus conversations](#)).

Conclusion:

This actionable improvement plan has been fully addressed and the College will continue this ongoing effort.

Evidence:

[AIP 10.1 AIC sample agenda](#) [Samples of campus conversations](#)
[AIP 10.2 Samples of campus conversations](#)

Actionable Improvement Plan 11 (Standard IV.B.3)

The college recommends that the District Office develop and implement an administrative program review process for self-improvement of its services to the colleges.

Analysis and Findings:

The District Office developed an approach and process for conducting administrative program reviews for the District Office departments in spring 2013 ([DIS AIP11.1 . Coast Community College District Program Review for District Office Units](#)). The first ever program review for District Office departments was conducted in fall 2013. The results from this first program review supported staff augmentations for the District Human Resources Offices and changes in the Risk Services Department. The process called for an annual program review cycle. Due to the changes in the Chancellor position starting in August 2014, the process has been suspended pending the hiring of a permanent Chancellor.

Conclusion:

This action improvement plan has been partially addressed. Pending the hiring of a permanent Chancellor, the program review process for District Office departments will need to be revisited.

Evidence:

[DIS AIP11.1 . Coast Community College District Program Review for District Office Units](#)



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