November 27, 2013

Ms. Jill Board
President
Cerro Coso Community College
3000 College Heights Boulevard
Ridgecrest, CA 93555

Dear President Board,

Enclosed is a draft copy of the Report of the External Evaluation Team that recently visited your institution. This Report is confidential. The Commission's policy is to provide you the opportunity to correct any errors of fact contained in this draft report. Please provide me with any corrections within three working days so that I can submit the Report to the Commission in a timely manner. If I do not hear from you in this time period, I will assume there are no factual errors in the Report and will forward it to the Commission.

Thank you for your cooperation and your assistance to the team during the visit.

Sincerely,

Roger Wagner
Team Chair

FOLLOW UP VISIT EVALUATION REPORT

Cerro Coso Community College

3000 College Heights Boulevard

Ridgecrest, California 93555

A Confidential Report Prepared for the Accrediting Commission

For Community and Junior College

This report represents the findings of the evaluation team that visited

Cerro Coso Community College on October 28, 2013

Dr. Roger Wagner, Team Chair – Copper Mountain College

Mr. Joe Wyse, Team Member – Shasta College

DATE: November 8, 2013

TO: Accrediting Commission for Community and Junior Colleges

FROM: Roger Wagner, Team Chair

SUBJECT: Report of Follow-Up Visit Team to Cerro Coso Community College, October 28, 2013

Introduction:
An External Evaluation team visit was conducted to Cerro Coso Community College in October, 2012. At its meeting of January 9-11, 2013, the Commission acted to require Cerro Coso Community College to submit a Follow-Up Report followed by a visit. The visiting team, Dr. Roger Wagner and Mr. Joe Wyse, conducted the site visit to Cerro Coso Community College on October 28 and 29, 2013. The purpose of the team visit was to verify that the Follow-Up Report prepared by the College was accurate through examination of evidence, to determine if sustained, continuous, and addressed the recommendations made by the External Evaluation Team, resolved the deficiencies noted in those recommendations, and meets the Eligibility Requirements, Accreditation Standards and Commission policies.

The follow-up visit was divided between an examination of six (6) College Recommendation and four (4) District Recommendations. The visit was conducted over two days, one each at Cerro Coso Community College in Ridgecrest and the District Office in Bakersfield. In general, the team found that the College had prepared well for the visit by arranging for meetings with the individuals and groups agreed upon earlier by the Team Chair. Over the course of the day, the team met with twelve college constituents, including the President of the College, Vice Presidents' of Student Services and Academic Affairs, Institutional Research Representative, Manager of Human Resources, SLO Coordinator, and members of the faculty and staff.

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

College Recommendation 1: To fully meet the Standards, the team recommends the College establish a regular cycle by which to review the mission statement. (I.A, I.A.3, I.A.4)

College Recommendation 2: To fully meet the Standard, the team recommends that the College further improve and integrate all of its planning activities, including the development of a clear linkage of planning to college mission, program review, resource allocation, identified goals, and a means to evaluate planning processes for effectiveness. (I.B.1, I.B.2, I.B.3, I.B.4, I.B.5, I.B.6, I.B.7, II.A.2.f, II.B.3, III.A.6, IV.A.5, IV.B.2, IV.B.2.b)

College Recommendation 3: To fully meet the Standards, the team recommends that the College ensure that all courses and programs are evaluated through an ongoing systematic review and that Student Learning Outcomes, Service Department Outcomes, Program Level Outcomes, and Institutional Learning Outcomes assessment results are integrated into the planning and allocation process. (I.B.2, I.B.3, I.B.4, I.B.6, I.B.7, II.A.2.e, II.A.2.i, II.C.2, II.B.4, IIIA.1.c)

College Recommendation 3: To fully meet the Standards, the team recommends that the College develop and implement appropriate policies and procedures that incorporate effectiveness in producing student learning outcomes into the evaluation process that includes Adjunct faculty and others directly responsible for student progress toward achieving student learning outcomes. (III.A.1.b, III.A.1.c, III.A.3)

College Recommendation 4: To fully meet the Standards, the team recommends that the College develop and implement appropriate policies and procedures that incorporate effectiveness in producing students learning outcomes into the evaluation process, which includes Adjunct faculty and others directly responsible for student process toward achieving student learning outcomes. (III.A.1.B, III.A.1.c, III.A.3)

College Recommendation 5: To fully meet the Standards, the team recommends that student and staff equity and diversity plans be fully integrated with the College's planning processes and include strategies geared toward attracting a diverse pool of qualified applicants able to contribute to the success of the College's student population. (II.A.1.a, II.A.2.d, II.B.3.d, III.A, III.A.4.b)

College Recommendation 6: To fully meet the Standards, the team recommends the College develop and implement a process which allows the public, students, and employees to report safety conditions and other issues of disrepair to physical resources. Process should include tracking to ensure all necessary repairs are made promptly and follow up action is possible to assure that physical resources at all locations where it offers courses, programs, and services are constructed and maintained to assure access, safety, security and a healthful learning and working environment. (III.B.1.a, III.B.1.b)

District Recommendation 1: In order to comply with the Standards, the team recommends that the Board of Trustees establish a process to ensure that the Board's policies and procedures are evaluated on a regular basis and revised as appropriate. (IV.B.1.e)

District Recommendation 2: In order to comply with the Standards, the team recommends that the Board of Trustees, in consultation with the Chancellor, develop and implement a development program that meets the needs of the newer board members as well as board members who have considerable experience as a governing board member. (IV.B.1.f)

District Recommendation 3: In order to comply with the Standards, the team recommends that the Board of Trustees review the elements of its Self Evaluation Process and ensure that the Standards' minimum requirements for a Self Evaluation Process which: 1) have clearly defined processes in place, 2) have processes implemented, and 3) have processes published in the Board's policy manual that are included in the Self Evaluation Process. The Board's policy 2E2 prescribes additional requirements when conducting the Board's Self-Evaluation. (IV.B.1.g)

District Recommendation 4: In order to comply with the Standards, the team recommends the District conduct an evaluation of the new decision-making processes and evaluates the effectiveness of the new processes in decision-making and in communicating the decisions to affected users. (IV.B.3.g)

College Responses to the 2012 External Evaluation Team Recommendation

College Recommendation 1: To fully meet the Standards, the team recommends the College establish a regular cycle by which to review the mission statement. (I.A, I.A.3, I.A.4)

Findings and Evidence: At the time of the current visit, the College had revised its Participatory Governances Model to include a regular cycle by which the College would review the mission statement. The newly established procedure calls for a three-year mandatory review and revision cycle of the College's Mission Statement.

The revised Participatory Governances Model was reviewed by the College Council in April of 2013. The document was proofed, edited, and published for the September 2013 Council meeting. The Mission Statement Review process is conducted in concert with the District's long-range planning and takes place at the same time the District's mission vision, values, and strategic plan undergo their review and revision. The revised document includes provision for off-cycle review in the case of unforeseen events of a substantial nature.

Conclusion: The College has developed through a collegial process a schedule for a regular cycle of review and revision of its mission statement. Continued adherence to the newly adopted cycle should result in a regular and systematic review of the mission that is integrated with all of the colleges planning processes. The team believes that the College has fully met the expectations of the recommendation and now meets the Standards.

College Recommendation 2: To fully meet the Standard, the team recommends that the College further improve and integrate all of its planning activities, including the development of a clear linkage of planning to college mission, program review, resource allocation, identified goals, and a means to evaluate planning processes for effectiveness. (I.B.1, I.B.2, I.B.3, I.B.4, I.B.5, I.B.6, I.B.7, II.A.2.f, II.B.3, III.A.6, IV.A.5, IV.B.2, IV.B.2.b)

Findings and Evidence: At the time of the current visit, the team noted that the College has made substantive and complete progress in integrating all of its planning activities, including linking mission, program review, and resource allocation with its identified goals. The College has adopted new strategic goals that are both measureable and have identified assessment indicators. Human Resources, Maintenance and Operations, Information Technology, and Marketing have been fully integrated as operational units and have established Administrative Unit Outcomes (AUO's). These units are in the process of writing unit plans that will be included in the College's overall program review cycle. The College has revised many of its planning forms that are designed to simplify and integrate the resource allocation process. The College continues to rely on its use of broad-based dialogue to improve its processes and the quality of its planning activities.

Conclusion: The College has demonstrated that it has an effective and integrated planning process that includes both instructional and support services. Evidence was provided that supports the existence of a fully integrated planning process. Through what appears to be a more informal evaluation process, the college has evaluated its planning process and made improvement, demonstrating continuous quality

improvement. While substantial effort has been made to establish an effective evaluation of the planning process, it has not been fully developed. The team concludes that this recommendation has been partially addressed and the last step needed to meet this recommendation and meet the Standards is implementing a formal, systematic evaluation process into its planning cycle.

College Recommendation 3: **To fully meet the Standards, the team recommends that the College ensure that all courses and programs are evaluated through an ongoing systematic review and that Student Learning Outcomes, Service Department Outcomes, Program Level Outcomes, and Institutional Learning Outcomes assessment results are integrated into the planning and allocation process. (I.B.2, I.B.3, I.B.4, I.B.6, I.B.7, II.A.2.e, II.A.2.i, II.C.2, II.B.4, IIIA.1.c)**

Findings and Evidence: Cerro Coso has worked diligently to meet its schedule for completing program review deadlines. Evidence was given and reviewed for the following programs: Art, Kinesiology, Computer Science, General Education which represented those program that were identified during the initial team visit as being out of compliance. Revisions were made to the both the annual unit plan and the program review templates that helped to closer align and allow for the explicit tie-back to the last program review. Additional training was developed by members of the Institutional Effectiveness Committee and delivered for the first time in September, 2013. This comprehensive training program included; understanding continuous quality improvement, analyzing data, generating productive dialogue, and drawing conclusions/setting proper goals. The team observed that Student Learning Outcome improvements are now listed and integrated into program reviews. Budgeting is the last step in the College's planning process, and program reviews are utilized to form the basis for resource allocation.

Conclusion: The team recognizes that the College has made substantial progress regarding this recommendation. Process improvements are evident and well documented. The College is on track with adhering to its established timeline for program review. Learning assessment outcome results are included in the process, although not every area has fully integrated learning outcome assessments. The College has a plan with a timeline to have them fully implemented by the spring of 2014 and has demonstrated that those areas with assessed learning outcomes are integrating them into the planning and allocation process. The team concludes that the College has fully met the expectations of the recommendation and now meets the Standards.

College Recommendation 4: **To fully meet the Standards, the team recommends that the College develop and implement appropriate policies and procedures that incorporate effectiveness in producing student learning outcomes into the evaluation process that includes Adjunct faculty and others directly responsible for student progress toward achieving student learning outcomes. (III.A.1.b, III.A.1.c, III.A.3)**

Findings and Evidence: The visiting team verified that the correspondence between the faculty association and the district administration which affirmed that the current contract language includes SLO assessment in the evaluation of the adjunct faculty. In an April 18, 2013 letter to the Vice Chancellor of Human Resources, the faculty union president affirmed that "because the creation and facilitation of the learning environment includes the production of student learning outcomes, the current contract requires adjunct faculty to participate in the process of assessing student learning outcomes. As part of their evaluation, adjunct faculty will include a statement indicating that he or she has provided assessment information to his or her faculty chair and include a brief summary . . . of this information."

Conclusion: The Cerro Coso Community College staff interviewed affirmed that this is now included in the training for the evaluation process and has been put in place for the fall 2013 semester. The team believes that the College has fully met the expectations of the recommendation and now meets the Standards.

College Recommendation 5: **To fully meet the Standards, the team recommends that student and staff equity and diversity plans be fully integrated with the College's planning processes and include strategies geared toward attracting a diverse pool of qualified applicants able to contribute to the success of the College's student population. (II.A.1.a, II.A.2.d, II.B.3.d, III.A, III.A.4.b)**

Findings and Evidence: Human resources is a centralized district function. A full-time human resources officer is located at the Cerro Coso Community College administration office. This officer, although reporting to the Vice Chancellor at the district, has integrated well into the management team at Cerro Coso. For the first time, the human resources office at Cerro Coso was treated like all the other administrative offices and was asked to prepare an annual unit plan with administrative unit outcomes and goals. This plan was completed by the date listed in the goals section of the Follow-up Report (October, 2013). The plans include the goal to establish equity and diversity planning for 2014-15. The human resources office is slated to complete its first program review by May of 2014.

A major effort that the college and district has made to meet this recommendation is the development of the district's Equal Employment Opportunity and Staff Diversity Plan. A draft of this plan was completed in late spring of 2013. It has had one reading at the Chancellor's Cabinet level for the District. This plan includes data for all three of the district's colleges. The plan is expected to be finalized and presented to the board by spring 2014.

The student side of equity and diversity planning has centered on the District's application for and acceptance as an Achieving the Dream school. This effort supports data-driven decision making regarding student equity and success through close examination of disaggregated student success data. Additionally, the Vice President of Student Services will be leading Cerro Coso's efforts at completing a new Student Equity Plan over the next year.

Conclusion:

The College has made substantial progress on this recommendation. The visiting team expects that the adoption of the Equal Opportunity and Staff Diversity Plan, developing the new Student Equity Plan, and the implementation of the Achieving the Dream initiative over the upcoming semester(s) demonstrates integration of student and staff equity and diversity planning with the overall planning process. Continued adherence to the proposed timeline and established goals will result in both the Student Equity Plan and the Staff Diversity plan being fully integrated with the College's planning process. The Team concludes that the College has met the expectations of the recommendation and now meets the Standards.

College Recommendation 6: **To fully meet the Standards, the team recommends the College develop and implement a process which allows the public, students, and employees to report safety conditions and other issues of disrepair to physical resources. Process should include tracking to ensure all necessary repairs are made promptly and follow up action is possible to assure that physical resources at all locations where it offers courses, programs, and services are constructed and maintained to assure access, safety, security and a healthful learning and working environment. (III.B.1.a, III.B.1.b)**

Findings and Evidence:

This recommendation centered around the need for Cerro Coso Community College to improve the process for allowing all of the college community (the public, students, and employees) to report safety conditions and repair needs to the physical plant. The college has purchased a widely used work order tracking system (SchoolDude) in January of 2013. The system is available for taking work orders through the intranet system (InsideCC) for all employees and students. A review of the evidence shows that the system is being used. Training in the use of this tool is in progress and is noted as a continued need in the 2013 Follow-Up Report. The college has stated this as a goal to accomplish by June 2014 and progress on this should be reported on the Midterm report.

Conclusion:

Since the writing of the Follow-up Report, the college has made the system available to the public on its general website, thus the last group left which needed a process established to be able to report safety and disrepair conditions is for the public now has a means to do so. The team believes that the College has fully met the expectations of the recommendation and now meets the Standards.

District Recommendation 1: In order to comply with the Standards, the team recommends that the Board of Trustees establish a process to ensure that the Board's policies and procedures are evaluated on a regular basis and revised as appropriate. (IV.B.1.e)

Findings and Evidence: The Board of Trustees has been reviewing its Board Policy Manual and has created a schedule that ensures on-going review of policies over a two-year time period, and that change will assist in ensuring its policies are reviewed on a continuous basis with changes made as needed to keep the policies current.

The KCCD Board Policy currently includes eleven sections, including sections 5, 7, and 9, which are collective bargaining agreements that are negotiated every three years. Because those items are reviewed and negotiated regularly, the Board decided to remove those three sections from its policy manual. For the on-going review of policies by the Board, it has been determined that in odd numbered years, board policy sections 1, 3, and 11 will be reviewed. In even numbered years, board policy sections 2, 4, 6, 8, and 10 will be reviewed. In all instances, the Kern Community College District makes any regulatory changes resulting from changes in laws that may be referenced in various Board Policies.

Initially, a calendar was created to facilitate the review of section 1, 3, 5, 7, 9, and 11. The calendar was revised in July 2013. The Chancellor and Chief Financial Officer are charged with coordinating the evaluation of Section 1 and Section 3 of the Board Policy Manual and for the process of making recommended revisions to Board Policy by the October, 2013 KCCD Board of Trustees meeting.

A review of minutes of meetings from the Board of Trustees, the Chancellor's Cabinet meetings and other structured participatory governance meetings show active conversations and activities to update Board Policies on an on-going and routine schedule. The District Office established a review policy based on Board direction and those processes are in place and functioning as intended.

Conclusion: The District has defined a process for the periodic review and appropriate revision of the KCCD Board Policy Manual to ensure an ongoing and systematic review of Board policies and revisions where appropriate. This process began in January 2013 and will be evaluated for its efficacy and needed modifications by May 2014.

The Board meets the requirements of Standard IV.B.1.e and has implemented actions that fully address District Recommendation #1.

District Recommendation 2: **In order to comply with the Standards, the team recommends that the Board of Trustees, in consultation with the Chancellor, develop and implement a development program that meets the needs of the newer board members as well as board members who have considerable experience as a governing board member. (IV.B.1.f)**

Findings and Evidence: Board Policy 2 E, Board Members are receiving information on available professional development training opportunities from a wide range of governing board training providers. In addition to these external training opportunities, the board members also have the option of taking internally prepared training programs. Board members, during the conversation with the team chair, commented on specific trainings they attended and noted the comprehensive development plan meets the needs of new trustees and the more experienced members of the governing board. The board member development plan is now part of Board Policy 2F entitled *Board In-Service Development Plan*.

Development of the new training plan for governing board members has been accomplished and is being followed by members of the board who spoke with the team chair during the site visit. The Board Policy has been developed and is operational.

Conclusion: The Board meets the requirements of Standard IV.B.1.f and the requirements of this recommendation have been fully implemented.

District Recommendation 3: **In order to comply with the Standards, the team recommends that the Board of Trustees review the elements of its Self Evaluation Process and ensure that the Standards' minimum requirements for a Self Evaluation Process which: 1) have clearly defined processes in place, 2) have processes implemented, and 3) have processes published in the Board's policy manual that are included in the Self Evaluation Process. The Board's policy 2E2 prescribes additional requirements when conducting the Board's Self-Evaluation. (IV.B.1.g)**

Findings and Evidence: This Recommendation was intended to address not the contents of the governing board's evaluation process but the fact that an evaluation of the process could not be located nor could the 2012 team determine that an evaluation of the process had occurred. In preparation for the Follow-Up Report, it appears that there was an evaluation of the existing process, and, as a result, the timeline for conducting the evaluation and the frequency of the evaluation of the governing board's self-evaluation was reexamined.

The process was previously noted as being in place and operational. What was missing was evidence of the evaluation of the existing process. Supporting evidence provided to the team and included in the Follow-Up Report reiterates what had previously been identified and reported in the Team Evaluation Report from the comprehensive evaluation conducted in October 2012. In the Follow-Up Report, the College again lists the same evidence previously reviewed by the team with no comments about how the Board reviews the self evaluation instrument and makes any necessary adjustments.

In preparing the Follow-Up Report, the District commented that the governing board was going to review its process during the October 30th Board Meeting. Prior to that time, the District provided evidence to show that all of the governing board policies, forms and other material prepared to guide the self evaluation process were reviewed and approved by the Board. The documents used have been deemed to remain appropriate, and the self-evaluation process is working as intended as evidenced by the lack of changes made to the current practices.

Through analysis and review of those materials the District had in fact conducted an evaluation of its self-evaluation process thereby meeting the requirements of this recommendation and bringing the District (and College) into compliance with the requirements of Standard IV.B.1.g.

Conclusion: The Kern Community College District Board of Trustees has a process in place to evaluate the practice used by the District to complete a governing board self-evaluation. This recommendation has been addressed as action has been taken to fully implement changes that address the requirements of Standard IV.B.1.g, and the Board is in compliance with this Standard.

District Recommendation 4: **In order to comply with the Standards, the team recommends the District conduct an evaluation of the new decision-making processes and evaluates the effectiveness of the new processes in decision-making and in communicating the decisions to affected users. (IV.B.3.g)**

Findings and Evidence: The team evaluated actions to implement this recommendation from several different approaches. Evidence was provided to show that the decision-making process specifically related to issues of centralization and decentralization of support services provided in support of the colleges is evaluated regularly, and modifications are made quickly once a change is considered necessary. Minutes from meetings combined with information obtained during interviews confirmed that the decision-making processes are being evaluated on a regular basis. This is occurring as decisions are being made. As they move through the decision-making process, the participants comment about the effectiveness of the process. As a result of these reviews, changes have been made and the process refined. The last approved document that was prepared to publicize the Decision-Making Process was dated April 2012. At the time of the team visit, the team was uncertain about actions taken to review the decision process. During this visit, more information was obtained and, as a result, confirmed that the processes used to make-decisions are being reviewed.

The team had lengthy conversations with each executive at the District Office who was responsible for providing support for college-level functions. It was clear that each support area was determined in consultation with the colleges. The conversations revealed that the functionality and level of control over the various activities changes over time with functions being centralized and then decentralized depending on what is appropriate and necessary at that time and considering the limited amount of resources that have been available during the recession when resources were being reduced. The last full-scale review of functions provided by the District Office occurred in May 2012 using the Decision-Making Process noted above.

Interviews with District Office Vice Chancellors and representatives from the colleges revealed that the decision-making process and the review of the process is on-going and routine. The Kern Community College District uses the practice that best services the colleges with some services centralized at the District and others decentralized with the college having primary control. The decisions involve a collaborative process and the decision on whether to offer decentralized or centralized services is different for types of services provided.

Some services like technology have both a centralized service and a decentralized service component. At the time of this visit, the team learned that the services are consistent with the previously reported division of functions being consistent with those included in the College's Self Evaluation Report. One area that was unclear was how human resource services were being provided to the College. The concerns previously stated by the Evaluation Team have been resolved with the decision-making model used being a key factor when evaluating services offered at the colleges.

To provide more detail for the next review of the Decision-Making Process, the Follow-Up Report notes that the Consultation Council will evaluate the process in fall 2013. This evaluation will provide further documentation to support other evidence to show how the Decision-Making Process is being evaluated and what changes, if any, are made based on the evaluation.

The team suggests that the College and the Kern CCD modify their Decision-Making Flowchart in a way that shows the feedback and evaluation process that occurs. Currently the chart is linear and is formatted in a way the highlights where decisions are made from an organizational viewpoint. In this format, a feedback-loop is not normally recorded as the intent is to show where decisions are made along a continuous line going up the chain of command until a decision is made.

Conclusion: The College and Kern CCD have provided evidence that shows the Decision-Making process is being evaluated. The requirements of this recommendation have been implemented and the District now meets Standard IV.B.3.g. It is suggested that the College and the District provide more information on the structure of the evaluation and include documentation of the data obtained from the evaluation.

General Conclusions: The evaluation team found an overall sense of cooperation and optimism from all of the College's constituency groups. Clearly, substantial progress has been made in those areas where full compliance was not yet achieved.