

Peer Review Team Report

Lassen Community College
478-200 Hwy 139
Susanville, CA 96130

This report represents the findings of the peer review team that visited
Lassen Community College from March 9-12, 2020.

Dr. GH Javaheripour
Team Chair

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**Lassen Community College
Comprehensive Evaluation Visit**

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Summary of Evaluation Report

INSTITUTION: Lassen Community College

DATES OF VISIT: March 9 – 12, 2020

TEAM CHAIR: Dr. GH Javaheripour

From March 9 to March 12, 2020, eight members of the Peer Review Team visited Lassen Community College. The purpose of the visit was to determine whether the College meets the Accreditation Standards, Eligibility Requirements, Commission Policies, and the United States Department of Education (USDE) regulations. The team evaluated how well the College achieves its stated missions, providing recommendations for quality assurance and institutional improvement, and submitting recommendations to the Accrediting Commission for Community and Junior Colleges (ACCJC) regarding the accredited status of the College

In preparation for the visit, the Chair attended an ACCJC Workshop for Team Chairs on December 3, 2019, and subsequently reviewed ACCJC provided training materials, including Lassen Community College's Institutional Self Evaluation Report (ISER) in preparation for the peer review team visit. The Chair also an ACCJC co-facilitated training on February 5, 2020, with Lassen Community College Visiting Team members.

Also, several weeks before the site visit, the Team received an electronic version of the Lassen Community College's ISER. The flash drive also contained electronic links to evidence that supported information included in the ISER. As the Team members completed their pre-review, several members requested access to specific information related to the College's online course offerings. Team members were asked to determine what additional information they would need and from whom so that a meeting schedule could be developed to increase the efficiency of the time spent at the College during the visit. Team members also completed two assignments that provide a framework to develop the final Peer Review Team Report.

The Team Chair and Team Assistant conducted several teleconferences with the College staff and leadership to discuss logistics and other details for the visit as well as lodging arrangements for the entire team. During the visit the Team met regularly both at the College and in a designated space at the hotel in Susanville. The daily check-in allowed the Team to collaborate while working to validate the data provided in the ISER and review the need for additional information. The Team Chair, accompanied by Team members, facilitated two open forums during the visit; one meeting was held before the noon and one in the afternoon timeline to accommodate employees' schedules. The forum dates and times were scheduled and advertised by the College president's office before the visit.

Major Findings and Recommendations of the 2020 Peer Review Team

Team Commendations

Commendation 1: The team commends the College for offering unique approaches to providing library and learning support services in a supportive environment for all students (II.B.1).

Commendation 2: The team commends the College for assuring equitable access to all its students by providing appropriate, comprehensive, and reliable services to students regardless of service location or delivery method (II.C.3).

Commendation 3: The team commends the College for the approach to upholding the written code of professional ethics for all personnel, including consequences for violation (III.A.13, IV.C.2).

Team Recommendations

Recommendations to Meet Standards:

Recommendation 1: In order to meet the standard, the team recommends the College assess the accomplishment of its mission through program review, student learning outcomes, and student achievement. The College must engage in continuous, broad-based, systematic evaluation and planning by conducting and implementing program review and resource allocation into a comprehensive process that, in turn, leads to improvement of institutional effectiveness and academic quality. The College must broadly communicate the results so that the institution has a shared understanding of its strengths and weaknesses and sets appropriate priorities (I.A.3, I.B.5, I.B.6, I.B.8, I.B.9, II.A.2, II.C.1, III.D.1).

Recommendation 2: In order to meet the standard, the team recommends the College regularly assess student learning outcomes at the course, program, and institutional level (I.B.2, I.B.4, II.A.3, II.A.11, II.A.14).

Recommendation 3: In order to meet the standard, the team recommends the College establish a process for setting institution-set standards for student achievement appropriate to its mission and assess how well it is achieving them in pursuit of continuous improvement (I.B.3).

Recommendation 4: In order to meet the standard and the commission policy, the team recommends the College develop a transfer of credit policy and publish the information (II.A.10, Commission Policy on Transfer of Credit).

Recommendation 5: In order to meet the standard, the team recommends the College complete its policy process for the program viability policy (II.A.15).

Recommendation 6: In order to meet the standard, the team recommends the College develop a process for determining sufficient levels of staffing for management and classified positions (III.A.9, IV.B.2).

Recommendation 7: In order to meet the standard, the team recommends the College assure the feasibility and effectiveness of its physical resources by evaluating its facilities and equipment regularly to determine if physical resources support institutional programs and services (III.B.3).

Recommendation 8: In order to meet the standard, the team recommends the College engage in long-range capital planning and consider the total cost of ownership in planning and acquiring facilities and equipment (III.B.4).

Recommendation 9: In order to meet the standard, the team recommends the Governing Board delegate full responsibility and authority to the CEO to implement and administer board policies without board interference and hold the CEO accountable for the operation of the College (IV.C.12).

Recommendation 10: In order to meet the policy, the team recommends the College develop and implement clear processes for student complaints, including equitable access for all students regardless of location or modality, and ensure that records are collected and maintained in a secure location (Policy on Student and Public Complaints Against Institutions).

Recommendations to Improve Quality:

Recommendation 11: In order to improve effectiveness, the team recommends the College continue to improve its process to schedule courses in a manner that allows students to complete certificate and degree programs within an appropriate timeframe (II.A.6).

Recommendation 12: In order to improve institutional effectiveness, the team recommends that all board policies are regularly assessed and reviewed per the district board policy (IV.C.7).

Introduction

Lassen Community College (LCC) was founded in 1925 when the Junior College Department of the Lassen Union High School District was established and began conducting classes at the Lassen High School campus. A separate facility was opened in 1941 across from the high school. The Lassen Community College District was established in 1965 when the College district separated from the high school and elected a separate board of trustees. Each seat of the seven-member LCC Board of Trustees represents a region of the Lassen, Modoc, and Plumas counties. The student body elects one student to serve as the Student Trustees on the District Governing Board.

In 1971, LCC constructed its campus at 478-200 Highway 139 in Susanville, California. The campus consists of 139 acres and 39 buildings. The College serves approximately 5,000 students and generates approximately 1,750 FTES annually. LCC serves students through offering classes and programs in face-to-face, distance education, and correspondence modalities. Face-to-face classes are offered on LCC main campus, at the High Desert State Prison, and the California Correctional Center and correspondence courses are offered to incarcerated populations at forty-six (46) off-campus locations.

The College serves students through offering forty (40) Associate Degrees, seventeen (17) Associate Degrees for Transfer, three (3) General associate Degrees, fourteen (14) CTE Associate Degrees, and thirty-seven (37) Certificates of Achievement or Accomplishment. The Gun Smith Career Technology Program is one of only four such programs in the United States and attracts students from outside the region. The College operates a student housing facility that supports out-of-area students.

The Lassen Community College has served the communities located in the far northeast sector of California that are separated from the rest of the state by geography and distance. For the past ninety-five years, it has been a mainstay for economic development through the delivery of career technical and transfer programs. The College is currently experiencing significant leadership turnover. With the support from an experienced Board of Trustees, a dedicated community, and caring faculty, staff, and administrators, Lassen Community College will continue to provide educational and training services to the communities it serves.

Eligibility Requirements

1. Authority

The team confirmed that Lassen Community College is a member of the California Community College System and is authorized to provide educational programs by the California Education Code. This public, two-year college has maintained continuous accreditation with the Accrediting Commission for Community and Junior Colleges (ACCJC) of the Western Association of Schools and Colleges (WASC). ACCJC is a regional accrediting body recognized by the U.S. Department of Education and granted authority through the Higher Education Opportunity Act of 2008.

The College meets the ER.

2. Operational Status

The team confirmed that the College is operational and provided educational services to 4,985 students in the 2018-19 academic year. In addition to the Susanville campus, the College offers face-to-face instruction for incarcerated students in 2 local facilities as well as correspondence education for incarcerated students at 46 facilities.

The College meets the ER.

3. Degrees

The team confirmed that most courses offered by the College lead to a degree, certificate, or transfer-related outcome. Additionally, many of the students enrolled in courses at the College are pursuing a degree, certificate, or transfer.

The College meets the ER.

4. Chief Executive Officer

The team confirmed that the Board of Trustees for the College currently employs an Acting Superintendent/President as CEO of Lassen Community College. The CEO does not serve on the Board of Trustees but has been delegated responsibility for administering board policies in the day-to-day operation of the College. The recent change in the CEO position was reported to the ACCJC appropriately.

The College meets the ER.

5. Financial Accountability

The team confirmed that the College engages a qualified external auditor to conduct audits of all financial records, including Federal Financial Aid and grant records. The annual audits are certified, and explanations of findings are documented appropriately. Audit reports are presented to the Board of Trustees and available to the public.

The College meets the ER.

Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies

The evaluation items detailed in this Checklist are those which fall specifically under federal regulations and related Commission policies, beyond what is articulated in the Accreditation Standards; other evaluation items under ACCJC standards may address the same or similar subject matter. The peer review team evaluated the institution's compliance with Standards as well as the specific Checklist elements from federal regulations and related Commission policies noted here.

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

Evaluation Items:

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

[Regulation citation: 602.23(b).]

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative

The College has provided the appropriate opportunity for third party comment in advance of the team visit. The process for third party comment is published on the Accreditation page of the Lassen Community College website, and none were received before or during the visit.

Standards and Performance with Respect to Student Achievement

Evaluation Items:

<input checked="" type="checkbox"/>	The institution has defined elements of student achievement performance across the institution and has identified the expected measure of performance within each defined element. Course completion is included as one of these elements of student achievement. Other elements of student achievement performance for measurement have been determined as appropriate to the institution’s mission. (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards)
<input checked="" type="checkbox"/>	The institution has defined elements of student achievement performance within each instructional program and has identified the expected measure of performance within each defined element. The defined elements include, but are not limited to, job placement rates for program completers, and for programs in fields where licensure is required, the licensure examination passage rates for program completers. (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards)
<input type="checkbox"/>	The institution-set standards for programs and across the institution are relevant to guide self-evaluation and institutional improvement; the defined elements and expected performance levels are appropriate within higher education; the results are reported regularly across the campus; and the definition of elements and results are used in program-level and institution-wide planning to evaluate how well the institution fulfills its mission, to determine needed changes, to allocating resources, and to make improvements. (Standard I.B.3, Standard I.B.9)
<input type="checkbox"/>	The institution analyzes its performance as to the institution-set standards and as to student achievement and takes appropriate measures in areas where its performance is not at the expected level. (Standard I.B.4)

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

Conclusion Check-Off (mark one):

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

The College has established appropriate institution-set standards in the areas of course completion, job placement, licensure pass rates, and achievement as required and posted these on their website. However, the team found no evidence that the College regularly assesses performance against those standards or shares the results in a way that allows the institution to act if/when performance falls below the expected level. See Compliance Recommendation in Standard I.B.3.

Credits, Program Length, and Tuition

Evaluation Items:

<input checked="" type="checkbox"/>	Credit hour assignments and degree program lengths are within the range of good practice in higher education (in policy and procedure). (Standard II.A.9)
<input checked="" type="checkbox"/>	The assignment of credit hours and degree program lengths is verified by the institution and is reliable and accurate across classroom-based courses, laboratory classes, distance education classes, and for courses that involve clinical practice (if applicable to the institution). (Standard II.A.9)
<input checked="" type="checkbox"/>	Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition). (Standard I.C.2)
<input checked="" type="checkbox"/>	Any clock hour conversions to credit hours adhere to the Department of Education's conversion formula, both in policy and procedure and in practice. (Standard II.A.9)
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Institutional Degrees and Credits</i> .

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

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

Credit hour and program lengths policies and procedures at Lassen Community College, as described in Board Policy and Administrative Procedure 4024 – Hours and Units, are within an appropriate range for the degrees and certificates awarded by the College. The practices align with the Department of Education requirements and ACCJC policies.

Transfer Policies

Evaluation Items:

<input type="checkbox"/>	Transfer policies are appropriately disclosed to students and to the public. (Standard II.A.10)
<input type="checkbox"/>	Policies contain information about the criteria the institution uses to accept credits for transfer. (Standard II.A.10)
<input type="checkbox"/>	The institution complies with the Commission <i>Policy on Transfer of Credit</i> .

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

Conclusion Check-Off (mark one):

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

The team found no evidence that the College has appropriate policies nor discloses relevant information to students and the public about related to transfer of credit. While there is some general information about transfer in the College catalog, there is no clear guidance on the process for transferring credits to applied to program requirements at Lassen Community College or transferring credits earned at the College to an outside institution of higher education. See the Compliance Recommendation for Standard II.A.10.

Distance Education and Correspondence Education

Evaluation Items:

For Distance Education:	
<input checked="" type="checkbox"/>	The institution demonstrates regular and substantive interaction between students and the instructor.
<input checked="" type="checkbox"/>	The institution demonstrates comparable learning support services and student support services for distance education students. (Standards II.B.1, II.C.1)
<input checked="" type="checkbox"/>	The institution verifies that the student who registers in a distance education program is the same person who participates every time and completes the course or program and receives the academic credit.
For Correspondence Education:	
<input checked="" type="checkbox"/>	The institution demonstrates comparable learning support services and student support services for correspondence education students. (Standards II.B.1, II.C.1)
<input checked="" type="checkbox"/>	The institution verifies that the student who registers in a correspondence education program is the same person who participates every time and completes the course or program and receives the academic credit.
Overall:	
<input checked="" type="checkbox"/>	The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings. (Standard III.C.1)
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Distance Education and Correspondence Education</i> .

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

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the Institution does not meet the Commission’s requirements.
<input type="checkbox"/>	The college does not offer Distance Education or Correspondence Education.

Narrative:

Lassen Community College has an Online Education and Correspondence Education handbook for all faculty, which includes requirements for regular effective contact. The College has an informal peer review process where faculty look at the content and methods for both online and CE courses and offer informal feedback to their colleagues. The College has comparable student services for students in online and correspondence courses, including online tutoring, phone consultations with librarians and staff, off-site counseling and services for incarcerated students, and a prison library at the larger off-site locations. For Online Education, students use unique login and passwords to access their Canvas course shells, and so their identities are authenticated. For CE, students physically hand their paperwork and assignments/letters to the on-site coordinator at the prisons, and that person then brings that information to the College. Their identities are physically confirmed at the sites. The technology infrastructure is sufficient to support both Online Education and CE.

Student Complaints

Evaluation Items:

<input type="checkbox"/>	The institution has clear policies and procedures for handling student complaints, and the current policies and procedures are accessible to students in the college catalog and online.
<input type="checkbox"/>	The student complaint files for the previous seven years (since the last comprehensive evaluation) are available; the files demonstrate accurate implementation of the complaint policies and procedures.
<input type="checkbox"/>	The team analysis of the student complaint files identifies any issues that may be indicative of the institution’s noncompliance with any Accreditation Standards.
<input checked="" type="checkbox"/>	The institution posts on its website the names of associations, agencies, and governmental bodies that accredit, approve, or license the institution and any of its programs, and provides contact information for filing complaints with such entities. (Standard I.C.1)
<input type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Representation of Accredited Status</i> and the <i>Policy on Student and Public Complaints Against Institutions</i> .

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

Conclusion Check-Off (mark one):

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

Lassen Community College has an Administrative procedure 5530 that is posted within the Board Policies; however, the procedure is not clearly stated in the catalog and is not posted on the general website. There is no online form available for students to complete, so the process is not available to the incarcerated student population or distance education students. The team was not able to verify that the College keeps complaints on file and that the College has followed their complaint processes for student complaints. The College identifies the name of the accrediting agency or licensing body on its website.

Institutional Disclosure and Advertising and Recruitment Materials

Evaluation Items:

<input checked="" type="checkbox"/>	The institution provides accurate, timely (current), and appropriately detailed information to students and the public about its programs, locations, and policies. (Standard I.C.2)
<input checked="" type="checkbox"/>	The institution complies with the Commission <i>Policy on Institutional Advertising, Student Recruitment, and Policy on Representation of Accredited Status</i> .
<input checked="" type="checkbox"/>	The institution provides required information concerning its accredited status. (Standard I.C.12)

[Regulation citations: 602.16(a)(1)(vii); 668.6.]

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

The College provides detailed and accurate information about its programs and services in the Catalog, Course Schedule, website, and other appropriate materials and venues. The information about the College's accreditation status is well documented on the website and in other appropriate sources as required by the ACCJC policy.

Title IV Compliance

Evaluation Items:

<input checked="" type="checkbox"/>	The institution has presented evidence on the required components of the Title IV Program, including findings from any audits and program or other review activities by the USDE. (Standard III.D.15)
<input checked="" type="checkbox"/>	If applicable, the institution has addressed any issues raised by the USDE as to financial responsibility requirements, program record-keeping, etc. If issues were not timely addressed, the institution demonstrates it has the fiscal and administrative capacity to timely address issues in the future and to retain compliance with Title IV program requirements. (Standard III.D.15)
<input checked="" type="checkbox"/>	If applicable, the institution's student loan default rates are within the acceptable range defined by the USDE. Remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range. (Standard III.D.15)
<input checked="" type="checkbox"/>	If applicable, contractual relationships of the institution to offer or receive educational, library, and support services meet the Accreditation Standards and have been approved by the Commission through substantive change if required. (Standard III.D.16)
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Contractual Relationships with Non-Regionally Accredited Organizations</i> and the <i>Policy on Institutional Compliance with Title IV</i> .

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

Conclusion Check-Off:

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

The team has reviewed documentation on financial aid, including independent auditor reports and loan default rates, and the College complies with Title IV and ACCJC requirements.

Standard I

Mission, Academic Quality and Institutional Effectiveness

I.A. Mission

General Observations:

Lassen Community College communicates its purpose through its mission statement, vision statement, and strategic goals. Cumulatively, these three statements outline the College's commitment to students and the community it serves while minimizing barriers by providing educational opportunities, student support, and opportunities for career advancement and job placement. Through established processes, the College aligns its programs to the mission. This mission is reviewed regularly and is approved by the Board of Trustees. The mission is widely communicated to students, college personnel, and constituents.

Findings and Evidence:

The mission statement, vision statement, and strategic goals clearly describe the types of degrees and certificates. The statements also reflect a clear commitment to student achievement and success. Board Policy 1200 states the mission is reviewed "regularly." During the visit, it was clarified that the mission is reviewed annually. The mission statement was last affirmed by the Governing Board as part of the College strategic plan on October 8, 2019. (I.A.1)

There is evidence of a robust dialog related to the identification of areas for improvement, particularly related to student equity and achievement, which directly relates to the established strategic goals related to student success. Strategies to enhance institutional effectiveness and management of resources are identified through the program review process. (I.A.2)

The College has identified the Program Review process, for both instructional and non-instructional programs, as the method by which to document alignment of programs with the mission and drive institutional planning. The program review process and cycle are not consistently followed, and program review reports for non-instructional programs do not consistently address alignment with the mission. Therefore, the College cannot assess whether the mission guides institutional decision-making, planning, and resource allocation and informs institutional goals for student learning and achievement. The College has identified a need to improve the overall planning process but has not indicated any timeline for implementing the strategies identified (I.A.3)

The mission, vision, and strategic goals are easily identified in College publications, including the catalog and Comprehensive Institutional Master Plan, and easily found on the College web site. The Accreditation Self Study Survey indicates that almost 97% of respondents strongly agree or agree with the statement, "I am familiar with the College mission statement." (I.A.4)

Conclusions:

The College meets the Standard, except for I.A.3.

Recommendations to Meet Standards:

In order to meet the standard, the team recommends the College assess the accomplishment of its mission through program review, student learning outcomes, and student achievement. The College must engage in continuous, broad-based, systematic evaluation and planning by conducting and implementing program review and resource allocation into a comprehensive process that, in turn, leads to improvement of institutional effectiveness and academic quality. The College must broadly communicate the results so that the institution has a shared understanding of its strengths and weaknesses and sets appropriate priorities (I.A.3).

I.B. Assuring Academic Quality and Institutional Effectiveness

General Observations:

The College has established a structure to support dialog on student outcomes, student equity, as well as governance, planning, and accreditation. The assessment of learning outcomes and program review are the main driving forces for the institutional long- and short-term planning as well as resource allocation. However, the review and assessment of the program learning, instructional, and student support services outcomes, as well as program reviews, have not been done on a systematic and consistent basis.

Findings and Evidence:

The College has established structure to support dialog on student outcomes, student equity, as well as governance, planning, and accreditation. The participatory governance committees and operational meetings are the primary means of the dialogue at the institution. An annual survey is conducted to evaluate institutional processes. At the same time, there is a lack of institution-level data analysis and research conducted or shared by the College (I.B.1).

The College defines course-level student learning outcomes (SLOs) that are included in the COR (Course Outline of Record) as well as course syllabi and listed in a "Syllabus Checklist." The assessment of course level SLOs are conducted by faculty and submitted to the Office of Institutional Effectiveness to compile into reports for further analysis. There is no documented information on the course level SLO assessment cycle length. The Program Learning Outcomes (PLOs) and General Education Learning Outcomes are stated in the College Catalog. PLOs and Administrative Unit Outcomes (AUO) are assessed through the program review process, as identified in the Instructional & Non-Instructional Review Handbook (IPR & NIPR). Based on the review of the last three years' program reviews, none of the completed IPRs included assessment of the PLOs listed in the College Catalog. Some NIPR had AUO assessment, but it is very limited. Thus, based on the evidence reviewed and information obtained during the interviews, the team determined that program-levels outcomes were not being regularly and systematically assessed (I.B.2).

The institution has established institution-set standards for student achievement, including course and program completion, transfer, job placement, and licensure examination passage rates. Also, the College provided the link to the USDE College Scorecard for Lassen Community College.

Based on the evidence reviewed and interviews conducted, the team could not determine that the College has a process in place to assess how well they are achieving the set standards in pursuit of continuous improvement. Additionally, no evidence was found that the College engages in dialogue related to institution set standards (I.B.3).

Assessment results of Student Learning Outcomes/Administrative Unit Outcomes are an integral part of the program review process. Based on the established process, the program review recommendations should inform the College's master plans. The assessment results are distributed by the Office of Institutional Effectiveness; however, the process of distributing assessment results has been inconsistent. The team further determined that there is only a limited number of programs that have completed a program review, thus impacting the ability to support student learning and achievement through this process (I.B.4).

The institution has established a program review process that incorporates the evaluation of program and services, using data on student achievement and learning as it is delineated in the Instructional & Non-Instructional Program Review Handbook (IPR & NIPR). Based on the Planning Handbook, CTE programs should be reviewed every two years, while other instructional and non-instructional programs are reviewed every four years with an optional annual review. However, the team found the College does not follow the established timeline consistently. From 19 instructional programs identified by the College's Academic Senate, only eight complete IPR documents within the last four years. Furthermore, the alignment with the mission and achievement of institutional goals is reported inconsistently. The College has identified a need to improve the overall planning process but has not indicated any timeline for implementing the strategies identified (I.B.5).

The College provided examples of disaggregated data that are used for program review. Data are disaggregated by mode of delivery, gender, and ethnicity for enrollment and course success rate. The College's Student Equity Plan provides analysis and plans to address gaps in disaggregated subpopulations. The team could not identify any student learning and achievement disaggregated information and analysis in the completed program reviews (I.B.6).

The College's policies and procedures are published using BoardDocs. Policies and procedures are reviewed by designated entities such as the Board of Trustees, Academic Senate, and Consultation Council on an as-needed basis. Consultation Council oversees an annual evaluation of planning and governance processes each spring. Any changes are then reflected in the Institutional Planning and Budget development Handbook (I.B.7).

The participatory governance committee meetings are the primary communication vehicle utilized by the College. In November 2018, the institution implemented BoardDocs to better organize, disseminate, and improve access to the information provided at the committee meetings. The program review documents are published on the College website and are publicly available. The ISLOs and GESLOs are defined and published, but the team could find no evidence of assessment results. The College recognizes the need to strengthen the communication and discussion of the results of the institutional assessment and evaluation outcomes. The team recommends that data is readily accessible so the College can utilize the results in planning and setting appropriate priorities (I.B.8).

The College's Integrated Planning process is designed for continuous and systematic engagement in the evaluation and planning process. Based on the approved process and timeline, the assessment of learning outcomes and program review are the main driving forces for the institutional long and short term planning as well as resource allocation. The program review information from Instructional and Non-Instructional areas are then included in the master planning process. The Comprehensive Institutional Master Plan (CIMP) and the individual master plans address short and long-range needs for educational programs and services for human, physical, technology, and financial resources. However, based on the evidence provided and results of the interviews conducted, the team determined that the planning process is not applied consistently and does not always follow established timelines (I.B.9).

Conclusions:

The College does not meet the Standard.

Recommendations to Meet Standards:

In order to meet the standard, the team recommends the College regularly assess student learning outcomes at the course, program, and institutional level (I.B.2, I.B.4).

In order to meet the standard, the team recommends the College establish a process for setting institution-set standards for student achievement appropriate to its mission and assess how well it is achieving them in pursuit of continuous improvement (I.B.3).

In order to meet the standard, the team recommends the College assess the accomplishment of its mission through program review, student learning outcomes, and student achievement. The College must engage in continuous, broad-based, systematic evaluation and planning by conducting and implementing program review and resource allocation into a comprehensive process that, in turn, leads to improvement of institutional effectiveness and academic quality. The College must broadly communicate the results so that the institution has a shared understanding of its strengths and weaknesses and sets appropriate priorities (I.B.5, I.B.6, I.B.8, I.B.9).

I.C. Institutional Integrity

General Observations:

Lassen Community College provides clear and accurate information to students, prospective students, community constituents, and members of the public through accurate information in a print and online catalog and the College website. The College engages in regular review of information to ensure accuracy. The College Board, administration, faculty, staff, and students abide by a clearly defined code of ethics and demonstrates a commitment to academic integrity, honesty, and responsibility.

Findings and Evidence:

The institution conducts regular reviews of the information it publishes. Upon approval of the College's mission statement by the governing board, the College updates all campus publications. The College has an established practice for regular review and update of information in the catalog and website. The catalog is updated on an annual basis. The process has a clear timeline, a list of people, and steps involved in the process. On its institutional effectiveness website, the College provides a link to the California Community College Student Success Metrics as well as the USDE College Scorecard. Program Learning Outcomes are included in the Catalog, which published every year. Student learning outcomes for courses are recorded in each course syllabi. The College's Office of Academic Services reviews syllabi for accuracy syllabi for all courses. The accreditation status is visible on the website, including information regarding the ACCJC team visit (I.C.1).

The College's current and past catalogs are easily accessible on the website to view and download. Team members verified that the College catalog includes all required information listed in the "Catalog Requirements" section of the review manual. The College catalog is updated and published every year. The College publishes student achievement through a website link to the state Student Success Scorecard and Vision for Success Goals. Program Review serves as the primary vehicle to assess and present student learning and achievement data. The completed program reviews are available for the public on the College's Program Review website (I.C.2, I.C.3).

Based on the review of the College catalog, the team verified that the College catalog clearly describes its certificates and degrees, including program learning outcomes, courses, as well as career opportunities. Program descriptions include required courses, units, and prerequisites and program student learning outcomes as well as career opportunities. Institutional policies and procedures are reviewed annually. Also, policies and procedures that are included in the Catalog are reviewed annually during the catalog update process. Information related to tuition and fees can be accessed directly from the College website or through the College catalog. The Gainful Employment disclosure files are published under Program-Cost for all Gainful employment certificates of achievement on the College web site (I.C.4, I.C.5, I.C.6).

The College publishes a Board Policy related to Academic Freedom in the College Catalog and BoardDocs. Additionally, the policy is included in the faculty bargaining agreement. Governing Board policies and procedures are reviewed by the Board Policy Subcommittee on an as-needed basis and published on the BoardDocs and are easily accessible (I.C.7).

The College Catalog includes a section on Student Rules of Conduct. The Faculty Handbook includes the College's Honor Code. Also, different constituencies of the College have adopted a code of ethics: Board of Trustees, administration, faculty, management, classified staff, and Associated Student Body. For online education, students use unique login and passwords to access their Canvas course shells, and so their identities are authenticated. For correspondence education, students physically hand their paperwork and assignments/letters to the on-site coordinator at the prisons, and that person then ensures that information is delivered to the

College; student identities are physically confirmed at the sites. The technology infrastructure is sufficient to support both Online Education and CE (I.C.8).

The clear expectation that faculty distinguish between personal conviction and professionally accepted views is documented in the BP 4030. The College has established and communicates its code of conduct. In several specific circumstances, the College requires that staff, faculty, administrators, and/or students conform to a specific code of conduct; for example, athletic coaches; Gunsmithing program faculty, staff, and students; LVN students; and faculty and administrators who enter correctional facilities. The institution does not operate in foreign locations (I.C.9, I.C.10, I.C.11).

The College website publishes all the required reports and documents related to institutional accreditation. While the College has developed five new Associate Degrees for Transfer and discontinued its Public Safety Training Center, due to the high turnover in the College leadership positions, there was a delay in Substantive Change report submissions. The College has a plan to submit missing reports by Fall 2020. The College is also developing a formal notification process that ensures the ALO will be notified when a Substantive Change must be submitted to ACCJC (I.C.12).

Several agencies have certified/accredited programs at the College, such as Board of Vocational Nursing and Psychiatric Technicians; NRA Gunsmithing Schools; Northern California EMS Approval; Subaru University School Finder; AES Education Foundation - Find A Program. Links to these agencies and certifications are published on each program webpage as well as under the main accreditation page. The College communicates its accreditation status through its website and Catalog. The institution complies with the USDE's regulation on public notifications (I.C.13).

Lassen Community College is a public institution that does not generate financial returns for investors nor contribute to any external interests. Based on the Planning and Budget Development Handbook, the College's budget is guided by the College's Strategic Plan, which is informed by the Instructional and Non-Instructional Program Reviews (I.C.14).

Conclusions:

The College meets the Standard.

Standard II Student Learning Programs and Support Services

II.A. Instructional Programs

General Observations:

Lassen Community College offers instructional programs that are aligned with its mission. The programs are conducted at levels of quality and rigor consistent with higher education, and degree programs include a substantial component of general education. The College has developed a process to assess its educational quality through development and assessment of course student learning outcomes (SLOs) and program-level student learning outcomes (PSLOs). When assessments are completed, the College makes the results available to the public through the College web site.

Findings and Evidence:

Course and program offerings in both traditional and distance/correspondence education align with the College mission and are appropriate for post-secondary education. Program SLOs are included in the program descriptions in the catalog and include a list of degrees and certificates awarded in those programs. The College collects and publishes data related to the achievement of degrees and certificates (II.A.1).

Faculty are actively involved in the development of the course and program curriculum. The curriculum development and IPR processes are designed to ensure that course content and methods of instruction meeting accepted academic and professional standards of higher education. Through the IPR process, faculty evaluate the relationship between teaching methodologies and student performance. Criteria for program review include relevancy, appropriateness, currency, and planning for the future. Established processes for program review include analysis of student achievement data and SLO achievement. The program review process is not consistently followed for all programs. Because of this, documentation of improvements that have resulted from plans/goals in prior program reviews cannot be demonstrated (II.A.2).

The College has established SLOs for courses, programs, certificates, and degrees. Current course outlines include SLOs, and course syllabi contain the SLOs noted in the Course Outline of Record. Identified SLOs for courses and programs offered as DE/CE match the SLOs for the same courses and programs taught in the traditional modality. Faculty interviewed during the campus visit report that course SLOs are assessed each term, and program SLOs are assessed with program review. The College does not have an established procedure for identifying student learning outcomes for courses, programs, certificates, and degrees. The College does not have a clearly identified procedure for identifying SLOs for courses, programs, certificates, and degrees. College personnel reported that the procedure for identifying SLOs are included in the Faculty Handbook and Curriculum Handbook. The Curriculum Handbook refers to the "LCC SLO Handbook available on the Lassen Community College website." No SLO Handbook is posted on the LCC website or portal, and interviews with college personnel confirm that there is no current SLO Handbook.

Additionally, the document entitled “4 Steps to SLOs” that is posted on the College portal provides direction on selecting SLOs for assessment, data collection, and report of findings, but no direction on analysis of data and plans for improvement. Review of the course SLOs assessed in 2018 and 2019 and interviews with college administration indicate that while most of the course SLOs assessments were completed, several course SLO assessments have not been completed according to the schedule. According to the Institutional Program Review Handbook, program-level SLOs are to be assessed with Program Review. The Instructional Program Review template does provide direction on the assessment of PSLOs. IPRs reviewed did list the PSLOs but did not include an assessment of PSLO achievement. In 2019, no IPRs were completed, and in 2018 6 out of 8 scheduled IPRs were not completed (II.A.3).

The College offers a pre-collegiate level curriculum that is distinguished from the collegiate level curriculum through the established course numbering system. The Curriculum Handbook outlines the course numbering system, and pre-collegiate courses are identified in the course catalog. Processes for determining credit type and delivery mode of courses are outlined in the Curriculum Handbook. The College catalog clearly shows alignment and pathways between pre-collegiate curriculum and college-level curriculum. The catalog further provides information related to distinguishing pre-collegiate and college-level curriculum. Course numbering protocols, as outlined in the Curriculum Handbook, are reflected in the catalog (II.A.4).

The College uses processes following practices common to American higher education that are consistent with Board Policy 4020, Program, Curriculum, and Course Development. The College has established and follows procedures as outlined in the Curriculum Handbook to determine the depth, rigor, sequencing, time to completion, and synthesis of learning for each program it offers. As noted in the catalog, a minimum of 60 units is required for a degree (II.A.5).

The College schedules classes in alignment with student needs and program pathways, thus allowing students to complete programs within a reasonable time. One example presented during the campus visit is with the Fire Science program. In this case, courses are scheduled in the winter, outside the typical fire season. Such scheduling allows students to meet their community need for maintaining a community force of firefighters readily available to respond to emergencies. The College researcher provides data related to time-to-completion to division chairs for consideration when making course schedules. To improve, the team recommends that the College continues to investigate additional data points to evaluate time to completion (II.A.6).

One significant student population served by the College is students incarcerated at local prisons. These students cannot attend classes at the campus, and the College has developed courses that can be offered through correspondence education to meet the needs of this population. Protocols for approval of these types of courses are included in the Curriculum Handbook. The established protocols comply with federal definitions of distance education and correspondence education. Review of Curriculum Committee meetings indicates the committee consistently follows its protocols and processes. The College uses an established program review process to evaluate the effectiveness of its delivery modes. Part of the process includes analysis of data related to class retention and success and persistence, which can be disaggregated by mode of delivery and course section, allowing the College to assess student needs for specific populations. The

College provides equitable learning support for students for DE/CE students. For example, peer tutors are available at the prison locations, and Net Tutor, an online tutoring service, is available for DE/CE students. Library services for incarcerated students are provided at the prisons, and CE and/or online students can access library services through the website, or by telephone. Counseling services for online and/or CE students can be accessed using Skype, and a dedicated counselor for incarcerated students is present at the prisons. While the processes for assessment exist, the College does not consistently follow established processes and cycles for program review (II.A.7).

The College does not utilize a department-wide course and/or program examination (II.A.8).

The College awards degrees and certificates based on the established program SLOs. The College has demonstrated links between the award or course credit to the achievement of SLOs. SLO assessment measures include student performance on classroom assignments, exams, and laboratory assignments. Award of credit is consistent with accepted norms in higher education, and the achievement of program SLOs are directly related to the achievement of course SLOs within the program. This relationship is noted in the program SLO mapping, which illustrates what course SLOs correspond to the program SLOs. The College follows federal standards for clock-to-credit-hour conversions for the awarding of credit, as outlined in the Curriculum Handbook (II.A.9).

The College has established procedures related to the transfer of classes to other institutions, but no policy related to the transfer of credits to the College. The College maintains articulation agreements with CSU and UC institutions (II.A.10).

College programs include courses directly related to competency in the areas of communication, information, quantitative reasoning, analytic inquiry, ethical reasoning, and engagement in diverse perspectives through the incorporation of course-specific SLOs. Course SLOs are mapped to the General Education SLOs and program specific SLOs. The College process is to assess the achievement of program SLOs is assessed and documented as part of the program review process. However, program review schedules are not followed. While program SLOs are listed in the IPRs reviewed, there is no consistent evidence of assessment of outcome achievement and how assessment drives program improvement (II.A.11).

The College has established SLOs for general education. Board Policy 4025 outlines the philosophy for the inclusion of general education courses in college programs. This philosophy is reflected in the degree requirements. While the College catalog reflects requirements for completion of general education courses, the philosophy is not included in the catalog. The team suggests the College include Board Policy 4025 in the College Catalogue (II.A.12).

College programs include a focused area of inquiry or discipline that includes key theories and practices appropriate for the degree or certificate. The Curriculum Handbook clearly outlines requirements for the number of units in the major area for degrees and certificates. Review of Curriculum Committee minutes supports that the College is following established guidelines included in the Curriculum Handbook (II.A.13).

The College uses advisory board meetings and labor market data to verify the currency of employment opportunities for its career technical programs. The advisory board meetings reflect the discussion of program needs and curriculum discussions with members of faculty, administration, and industry constituents. One example of the collaboration between industry and CTE programs is found in the Automotive program. A collaboration with Subaru has led to the development of a certificate specific to the automaker – Subaru U. Successful students are certified by Subaru as technicians. CTE program SLOs reflect industry competency levels, including licensure exam pass rates, and are reviewed during advisory board meetings with industry representatives. A review of the SLO assessment report indicates that course SLOs are not consistently assessed each term per college practice. Program SLOs are assessed during the Program Review process, which is scheduled every two years. A review of completed IPRs indicates that the two-year cycle is not consistently followed (II.A.14).

The College does not currently have an established policy for program discontinuance. A draft policy was presented to and approved by the Academic Senate. That policy will be presented to the Board of Trustees at the next scheduled meeting in April 2020 (II.A.15).

The College has an established process to evaluate the effectiveness of its courses and programs. This evaluation takes place during the Instructional Program Review. The College has determined that IPR shall occur every four years for non-CTE programs, and every two years for CTE programs. Criteria for program review include relevance, appropriateness achievement of student learning outcomes, and planning for the future. Results of program review are discussed in a variety of settings, including the Academic Senate, Curriculum Committee, and Consultation Council, which is the primary planning body at the College. However, the process is not consistently followed, and the schedule for review is not consistently met. Consequently, the use of program review information is not consistently used in planning, and assessment of the effectiveness of changes and improvements in programs is not consistently evaluated (II.A.16).

Conclusions:

The College does not meet the Standard.

Recommendations to Meet Standards:

In order to meet the standard, the team recommends the College assess the accomplishment of its mission through program review, student learning outcomes, and student achievement. The College must engage in continuous, broad-based, systematic evaluation and planning by conducting and implementing program review and resource allocation into a comprehensive process that, in turn, leads to improvement of institutional effectiveness and academic quality. The College must broadly communicate the results so that the institution has a shared understanding of its strengths and weaknesses and sets appropriate priorities (II.A.2).

In order to meet the standard, the team recommends the College regularly assess student learning outcomes at the course, program, and institutional level (II.A.3, II.A.11, II.A.14).

In order to meet the standard and the commission policy, the team recommends the College develop a transfer of credit policy and publish the information (II.A.10, Commission Policy on Transfer of Credit).

In order to meet the standard, the team recommends the College complete its policy process for the program viability policy (II.A.15).

Recommendations to Improve Quality:

In order to improve effectiveness, the team recommends the College continue to improve its process to schedule courses in a manner that allows students to complete certificate and degree programs within an appropriate timeframe (II.A.6).

II.B. Library and Learning Support Services

General Observations:

Lassen Community College demonstrates its service to students by providing Library and Learning Support services to all students at the physical campus, and to the hundreds of incarcerated students it serves.

Findings and Evidence:

The College library does support student learning and achievement with its library and learning support services. Board Policy 404 ensures guidelines for holdings. Free tutoring is provided to all students, and tutors have some criteria for quality control. However, not all tutors are qualified, and some fall below a GPA of 2.9 in the area that is being tutored. NetTutor offers 24/7 online tutoring by highly qualified tutors for online students. Online resources and databases and curated videos are available to incarcerated students. There are also peer mentors who support incarcerated students on-site at the prisons (II.B.1).

The College does have processes in place to ensure faculty feedback and consultation in the selection of its resources. The librarian guides the appropriate selection of resources, and she maintains the educational materials accordingly. Computers in the ARC are available for instructional use, including calculators, Chromebooks, and free printing for students. There are adequate resources available to incarcerated students as well, including databases and eBooks. Instructors collaborate with a librarian on instructional sessions, orientations, and collection development. Tutors have minimal training using videos (II.B.2).

The College library does evaluate its services periodically through informal discussions with users, faculty, formal surveys, and reviews of analytics for users. User statistics indicate an appropriate level of usage by students, given the size of the institution, both online and in-person. There is a collaboration with content-area faculty to create LibGuides, and to plan and execute in-person instruction sessions led by a librarian. All tutors are recommended by content-area faculty members and interviewed by tutoring center staff (II.B.3).

The Library has benefitted from funding and support through the CCC by adopting Ex Libris as its Library Services Platform (LSP). It also benefits from consortium memberships that allow for cooperative buying power for subscriptions to major databases. Its membership with another consortium allows for inter-library loans for staff and students. Memberships and agreements are standard, and follow the typical agreements set forth by the CCC and state-level consortiums. The CVC-OEI provides a finite number of online tutoring hours through Net Tutor, which benefits students who are not able to attend physically at the campus (II.B.4).

Conclusions:

The College meets the Standard.

Commendations:

The team commends the College for offering unique approaches to providing library and learning support services in a supportive environment for all students (II.B.1).

II.C. Student Support Services

General Observations:

Lassen Community College is a small rural college and offers both face-to-face instruction and correspondence courses to incarcerated students. The College has a comprehensive Non-Instructional Program Review (NIPR) Process and Procedure handbook, which ties into the strategic plan and mission of the College. A regular evaluation cycle is not consistently applied across all programs. The College offers a sufficient variety of support services for its size. They strive to provide equitable access to all students regardless of location and rely heavily on online services to meet the needs of their wide geographic region.

Findings and Evidence:

According to the NIPR, student support programs are assessed every five years, with an annual update every year in between. Upon review of the evidence, the team discovered that the timeline for review is not always followed, and annual updates are not consistent (IIC.1).

Each NIPR focuses on identifying areas of growth and how to serve students regardless of location. The College uses statewide data (Launchpad, DataMart, Vision for Success), a variety of assessment methods (town hall meetings, the student voice project, transportation survey, community survey), as well as local reports (Equity Plan) to assist in the evaluation of their programs. Assessment results inform evidenced improvements to student services and programs in alignment with institutional goals. One example is the need to improve behavioral health support, which resulted in the hiring of a therapist in spring 2018 and the establishment of a Behavioral Intervention Team (BIT) (IIC.2).

The College services a large and rural region, encompassing 4,720 square miles. The application is available online through CCCApply and offered as a paper application to incarcerated

students. Each semester, staff from admissions and financial aid assistance at the prison facilities to enroll students and complete the California College Promise Grant (CCPG) application. A DVD or written orientation is provided to the correspondence students. Online tutoring is offered via Net tutor for distance education students, and peer tutors are available to face-to-face incarcerated students. The team commends the College's Basecamp for offering integrated student support services to equitably address student needs innovatively. Additionally, the College has provided highly effective student support services for their incarcerated students through the designated Counselor, on-site prison library, and peer mentorship program. Finally, the College's residence hall serves as a unique tool to support enrollment management by providing housing for out of state students (IIC.3).

The College offers a variety of co-curricular programs suited to the institution's mission. They offer ten intercollegiate athletic teams and adheres to college policies, procedures, association guidelines, and codes of conduct. The co-curricular and athletic programs have budgets to support their needs. The College is responsible for the fiscal control of these programs (IIC.4).

The College provides counseling and advising programs to support student development and the achievement of educational and career goals. The College prepares counselors and other personnel through professional development opportunities in the form of conferences, webinars, workshops, and specialized training (IIC.5).

The College adheres to established Board policies regarding admissions that are consistent with its mission. The College has two programs that require special admission: Licensed Vocational Nursing and Gunsmithing. Both programs list the requirements on their webpage and are on a first-come, first-served basis. The College advises students on clear pathways to degrees, certificates, and transfer goals through Ellucian Student Planner. The counselor provides printed copies of the educational plan to the incarcerated student population (IIC.6).

The College has adopted California's AB 705 placement policies using multiple measures to place students into math and English courses. An assessment test is no longer utilized. Since this process is new, validity studies to determine if the placement is successful will be conducted after two-years (IIC.7).

The College maintains students' records and strives to ensure that records are secure, confidential, and available in the future. They adhere to FERPA regulations and confidentiality. The College's institutional technology department uses Unitrend to back up all servers and institutional data. All content is encrypted before uploaded to the Cloud (IIC.8).

Conclusions:

The College meets the Standard, except IIC.1.

Commendations:

The team commends the College for assuring equitable access to all its students by providing appropriate, comprehensive, and reliable services to students regardless of service location or delivery method (II.C.3).

Recommendations to Meet Standards:

In order to meet the standard, the team recommends the College assess the accomplishment of its mission through program review, student learning outcomes, and student achievement. The College must engage in continuous, broad-based, systematic evaluation and planning by conducting and implementing program review and resource allocation into a comprehensive process that, in turn, leads to improvement of institutional effectiveness and academic quality. The College must broadly communicate the results so that the institution has a shared understanding of its strengths and weaknesses and sets appropriate priorities (II.C.1).

Standard III Resources

III.A. Human Resources

General Observations:

Lassen Community College's Human Services upholds its commitment to the faculty, staff, managers, and administrators of the institution. The following their policy and procedures for hiring, professional development to achieve a high level of academic quality. They have had some staffing issues and are working to improve.

Findings and Evidence:

The College ensures the integrity and quality of its programs and services by employing qualified administrators, faculty, and staff. The criteria for selection of the personnel are clearly and publicly stated in job announcements available online, on the Registry, and other printed sources when needed. The Office of Human Resources in consultation with area administrators review and revise the application packets (III.A.1).

The College requires discipline-specific minimum qualifications requirements for faculty as established by the Board of Governors. Their process is identified in the Lassen Community College Verification on Faculty to Meet Minimum Qualifications in Discipline of Instruction Resource Handbook, which includes disciplines present in the chancellor's Office Handbook (III.A.2).

The College follows its verification process review to ensure that Administrators meet the minimum qualifications for employment, which include reviewing appropriate education, training, experience, and reference checks before employment (III.A.3).

The College clearly shows their personnel holds the required degrees meet the minimum qualifications through their screening body and/or their process for equivalency (III.A.4).

The College has a clear process and procedure to evaluated administrators, managers, and confidential and classified employees who follow a regular schedule. They also have an AP, which outlines how they evaluate the Superintendent/President, which is at the end of each academic year (III.A.5).

The College maintains a sufficient amount of full-time and part-time faculty per the California Community Colleges Full-time Faculty Obligation Compliance Report (III.A.7).

The College has followed its policies and practices outlined in Lassen Community College Screening and Selection Handbook for part-time/adjunct faculty. They hold an orientation before the first class in both Spring and Fall. They also follow the evaluation process outlined in the collective bargaining agreement (III.A.8)

The College does not define what the sufficient number of staff to support the effective educational, technological, physical, and administrative operations of the institution and had many layoffs. They also do not define the sufficient number of Administrators that are needed to provide continuity and leadership that will support the institution's mission and purpose. They had recently discontinued contracts for three senior educational administrators in March 2019. They have since added more than three administrators and gave them the title of Acting Positions, which they do not have a procedure outlined to do this. There is no evidence the CEO shows the size needed for the size of staffing its administrators (III.A.9, III.A.10).

The College establishes and adheres to written personnel policies and procedures which are made available for review, which is fair, equitable, and consistently administered. The board regularly reviews and updates its board policies that relate to personnel. The College also develops administrative procedures for Recruitment and Hiring, which was adopted by their Consultation Counsel. The Academic Senate revised the LCC Recruitment Guide, which has been accepted by the Board. Their selection procedures are also followed in the hiring of college employees (III.A.11).

The College maintains its policies and practices for its programs, practices, and services that support its diverse personnel. The Board adopted Policies on Nondiscrimination, Commitment to Diversity, and Prohibition of Harassment. They have also created an EEO plan, which was recently revised by the Board. The Human Resources Office has created a more widespread approach in their recruitment for diverse personnel (III.A.12).

The College has demonstrated a written code of ethics, which includes one for each of the campus constituent groups, which include administration, board, faculty, management, classified employees, and students. These were developed in 1996 and periodically reviewed. Additionally, the team commends the College for requiring that all managers, administrators, and board members sign the code of ethics in an innovative approach to ensuring accountability and transparency (III.A.13).

The College has demonstrated professional development for its personnel. They have listed many professional development opportunities available within the College, but also sends people to outside training relevant to their work. They have also developed the Training, Education, and Collaboration Center (TECC) (III.A.14).

The College makes provisions for the security of confidentiality for personal records. They are maintained in locked cabinets in the Human Recourses Office. The records are only available to those authorized to view, and the employee has access to their file during working hours in the presence of an administrator or record custodian (III.A.15).

Conclusions:

The College meets the Standard, expect for III.A.9.

Commendations:

The team commends the College for the approach to upholding the written code of professional ethics for all personnel, including consequences for violation (III.A.13).

Recommendations to Meet Standards:

In order to meet the standard, the team recommends the College develop a process for determining sufficient levels of staffing for management and classified positions (III.A.9).

III.B. Physical Resources

General Observations:

The College facilities are constructed and maintained to assure access, safety, security, and a healthful learning working environment despite having limited financial resources. The College maintains 174,608 square feet of assignable space. Although the College has not constructed any new buildings during this review period, several improvements have been made in the areas of access, safety, and security. The College has also remodeled its Academic Resource Center and Allied Health Center Projects.

Findings and Evidence:

The College's Facilities and Operations Department is led by the College's Associate Vice President of Facilities and Operations. The department is responsible for the maintenance, grounds, and custodial services of the College. The College formed a Health and Safety Committee in 2013. The committee's charge is to investigate safety incident reports, evaluate safety data and maintain the College's Illness and Injury Prevention Plan (IIPP), as required under Senate Bill 198, the IIPP was last updated in 2018. The College has embarked on a campaign of improving both interior and exterior wayfinding throughout the campus. Interior wayfinding improvement has occurred on a project by project basis. Exterior wayfinding was improved using new color-coded building identification flags and associated campus map. The College Facilities Department and Health and Safety Committee are identifying barriers to access. As a small rural college, facilities dollars are stretched, and the College continues to try to leverage the limited funding to meet facilities needs (III.B.1).

The Facilities and Operations Department has implemented the use of an automated maintenance work order system—School Dude—in 2019. School Dude allows the Department to pull accurate and timely reports on the number and type of work orders submitted, work orders outstanding, and work orders completed, and enables submitters to track work order status. The College has several projects that have not been implemented due to lack of funding, but they continue to look for ways to leverage existing funds to address needs (III.B.2).

The Facilities Planning Committee is charged with planning and implementing site improvements and scheduled maintenance projects. However, the committee does not review or evaluate the utilization of buildings and equipment. (III.B.3)

The College does not engage in long-range capital planning and does not include the total cost of ownership in budget requests for new facilities and equipment. The College should develop a comprehensive facilities master plan and long-range capital plan with a ten to fifteen-year planning horizon. The College should also include the total cost of ownership in budget requests for new facilities and equipment, even if these costs cannot be fully funded. (III.B.4)

Conclusions:

The College does not meet the Standard.

Recommendations to Meet Standards:

In order to meet the standard, the team recommends the College assure the feasibility and effectiveness of its physical resources by evaluating its facilities and equipment regularly to determine if physical resources support institutional programs and services (III.B.3).

In order to meet the standard, the team recommends the College engage in long-range capital planning and consider the total cost of ownership in planning and acquiring facilities and equipment (III.B.4).

III.C. Technology Resources

General Observations:

Lassen Community College demonstrates its service to faculty, staff, and students by observing a five-year technology refresh schedule. The College reviews and updates its Technology Master Plan every year, with input from constituent groups through the Institutional Technology Planning Committee. The master plan for 2018-2023 is in need of updating, as it lacks clear targets and outcomes, with language indicating “implement and evaluate” for 8 out of 12 items in the achievement/target sections of the plan.

Findings and Evidence:

Technology Services supports both instructional technology and hardware/software needs at the College. Team members in this area support the help desk for students, faculty, and staff needs. Refresh planning happens every five years for desktop computers, and other needs are met on an as-needed basis (III.C.1).

The College has multi-year technology plans in place, indicating people who are involved in the consultation process, yearly targets, and other data. The team suggests the College review its technology plan for 2018-2023 and add clear information about benchmarks, accountability, outcomes, and clearer goals beyond “implement and evaluate” for most of the items listed (III.C.2).

The College has multiple off-site locations and two primary prison locations for teaching incarcerated students. The College does ensure access to its hardware and software as appropriate for all students and employees. There are some measures in place to ensure security, such as anti-virus programs, and cloud services are used through an external vendor to backup records and data (III.C.3).

The College provided online training for moving the Learning Management System from Moodle to Canvas in 2016. Subsequently, they have provided some training for faculty during flex days on various technologies, including Starfish and Office365. Several boot camps and written guides have also been made accessible to faculty. There is no current in-house training for faculty to address ADA compliance in their courses; when prompted, Technology Services refers these students to @ONE for external training (III.C.4)

The College has both BPs and ARs addressing the appropriate use of technology. They also have a new employee acknowledgment form and student rules of conduct that address the appropriate use of technology (III.C.5).

Conclusions:

The College meets the Standard.

III.D. Financial Resources

General Observations:

The College uses the shared governance model to facilitate discussion and decision-making regarding facilities issues with all constituency groups. The College uses its institutional planning process to identify short-term and long-range financial commitments. The Comprehensive Institutional Master Plan (CIMP) serves as the foundation for the budget. The CIMP is the overarching plan for all other College planning documents. The Facilities Planning Committee is charged with planning and implementing site improvements and scheduled maintenance projects. The Consultation Council makes the final decisions regarding the funding and implementation of capital projects.

Findings and Evidence:

Program reviews and institutional planning guide the College's budget development process. The College has used this approach successfully since 2008. Survey data has been used by the Academic Senate, and Consultation Council modifies this approach when necessary. However, the College's instructional program review is not regularly occurring in a way that would support instructional budget development processes (III.D.1).

The Consultation Council reviews the overall budget development process and surveys constituent groups regarding its effectiveness (III.D.2).

The College uses an incremental budgeting process where last year's budget is rolled forward into the following year's development budget. Once maintenance of effort costs have been addressed (e.g., step and column cost, increased employer benefit costs, etc.), if resources are available to support program expansion, requests from program reviews or annual updates are prioritized and then forwarded to the Consultation Council for consideration. The Consultation Council reviews applications for new grants. Grant applications are evaluated in the context as to whether they aligned with institutional priorities (III.D.3).

The College has adjusted its budget projections to reflect the impact of the Student-Centered Funding Formula (SCFF.) It considers the impact of collective bargaining, categorical and restricted revenues and expenditures on the budget. The College seeks external funding to support student success. The College carries adequate reserves as required by the Governing Board. The College's non-voter approved debt will be retired in the Spring of 2020 (III.D.4, III.D.9, III.D.11, III.D.13, III.D.14, III.D.16).

The College's external auditors review the internal control structure and make recommendations for improvement. Funds are expended with the major expenditure categories, and budget transfers are required when expenditures exceed the budget. The Comptroller is the only employee authorized to post budget adjustments. The Fiscal Services department has completed a non-instructional program review with annual updates to identify deficiencies in the department. The program review and annual updates are used as vehicles for continuous quality improvement. The Fiscal Services Department completed an annual update in 2018 (III.D.8).

The district is self-funded through the State-Wide Association of Community Colleges (SWACC) for property and liability and workers compensation insurance. The College purchases student insurance through Keenan and Associates, the program's third-party administrator. Board policy addresses the legal requirement for insurance. Most of the College's cash is held by the Lassen County Treasurer's Office (LCTO). The LCTO invests some of the College's funds in short term securities, consistent with the governing board's investment policy. Funds can also be invested with the state's Local Agency Investment Fund (LAIF) per the investment policy. However, the College does not currently have funds invested with LAIF (III.D.10).

The College removed post-employment benefits for new hires after July 1st, 1990. One employee is eligible to receive benefits, and the obligation is being paid for on a pay as you go basis. Management and administration have a hard cap on vacation accruals, and classified staff is encouraged to take vacation when necessary (III.D.12).

The College monitors student loan default rates to ensure compliance with federal requirements. Student loan default rates were 19.74 percent in fiscal year 14-15, 21.67 percent in fiscal year 15-16, and 28.57 percent in fiscal year 16-17, the most recent data available. The default rates are within federal guidelines. The College's financial aid and business services departments ensure that there is appropriate segregation of duties when Title IV aid funds are distributed. Funds are disbursed through Bank Mobile, a third-party service (III.D.15).

Conclusions:

The College meets the Standard.

Standard IV Leadership and Governance

IV.A. Decision-Making Roles & Processes

General Observations:

Lassen Community College demonstrates its commitment and recognizes and utilizes the contribution of Leadership throughout the organization for continuous improvement of the institution. They have clear governance roles designed to facilitate decisions that support student success.

Findings and Evidence:

The College creates support for administrators, faculty, staff, and students to take the initiative for improving practices by having a process for ideas to go through. The College, however, is not consistent in following the process to assure effective planning and implementation. Program reviews are inconsistent or do not exist; for example, the Library and Learning Center do not complete reviews, and Facilities and Operations have not updated since 2013 (IV.A.1).

The College establishes policy and procedures authorizing administrators, faculty, and staff participation in the decision-making process. The Executive Cabinet meets weekly, Academic Senate meets bi-weekly, and Consultation Council that serves as the primary avenue for a variety of issues to move forward has representation for all constitutes meets bi-weekly (IV.A.2).

The College clearly defines their policy and procedures for institutional governance and gives voice to their areas of responsibility and expertise. There is a revised Participatory Governance and Collegial Consultation Handbook and a budget process that is outlined in board policy. The College also held training on participatory governance by having the Academic Senate of Californian Community College and the Community College League of California hold a workshop in April 2018 (IV.A.3).

The College's faculty and academic administrators have clearly defined roles that affect instructional programs, curriculum, and student learning services. The curriculum and Academic Standards Committee is a sub-committee of the Academic Senate. The CIO, through delegation by the Superintendent/President, is involved jointly with the Senate to review curriculum and program development. The Instructional Program Review process is monitored by the senate. There is an Institutional Program Review Handbook, Academic Standards Handbook, and Board Policies and Administrative Procedures that outline these procedures (IV.A.4).

The College has a robust participatory governance structure where all constituent groups can participate. They have a structure of collegial consultation that forwards recommendations on all matters to the Superintendent/President and the Lassen Community College District Board of Trustees. They have established Board Policy's and Handbooks that outline the process (IV.A.5).

The College documents the process for decision-making and widely communicates the results across the institution. The communication is done in a variety of ways, such as conversations, emails, minutes, and agendas, which are posted to BoardDocs (IV.A.6).

The College evaluates its governance and decision-making policies and procedures, and the results of the evaluations are communicated through the Consultation Council. Board Policies have a defined review cycle (IV.A.7).

Conclusions:

The College meets the Standard.

IV.B. Chief Executive Officer

General Observations:

The Board policies provide for delegation of authority to the superintendent/ president to administer the College. The president has established administrative procedures to conduct the business of the College. The President has led the development of strategic plans, educational master plan, and its components adhere to the collegial processes, has developed an integrated planning process, which includes the submission and evaluation of program reviews to methodically allocate resources for the College programs. Further, there is evidence that the activities of the College adhere to regulatory statutes and the governing board policies and support the mission of the College, including control of budget and expenditures. Evidence indicates that the President communicated with the College community regarding different subjects, including the budget status. The College has experienced extensive turnover in its administrative and classified staff personnel. The College President abruptly resigned in December 2019. Currently, the entire administrative team of the College is serving in either “acting” or “interim” capacity.

Findings and Evidence:

The Superintendent/President directly reports to the Board of Trustees. The President administers the affairs of the College effectively based on the delegated authority from the related Board policies. The president sends frequent communication to the College community and updates the public by publishing annual reports about the College activities. The president chairs the Consultation Council, which serves as a clearinghouse for decision-making that involves participatory governance constituencies (IV.B.1).

The president develops and amends the administrative structure of the College and publishes the current organizational chart on the College’s website. However, there is no clear definition of what the College considers to be an appropriate number of staff or administration (IV.B.2).

The College has developed an IPR and NIPR to guide the program review process. The Comprehensive Institutional Master Plan (CIMP) sets the overall direction for the College and EMP, and its component plans feed into the CIMP. There is evidence that the institution has a

process in place for review of SLOs, and related Board policies such as the standards of scholarship, grading, and academic record symbols, etc. provide authoritative support to the plans (IV.B.3).

The president's job description assigns primary responsibility for the accreditation process to his office. The president identified an ALO and ensured the participation of constituency groups in the preparation of the ISER. The ISER was completed on time. Evidence indicates periodical ISER progress reports to the College community and the Board. The President provided for training of preparing an ISER in advance and conducted a presentation of the ISER to the College (IV.B.4).

The President relies upon Board policies and the related administrative procedures to administer the College. The fiscal management policies and procedures guide effective administrative processes to ensure the College operates sound budgeting, procurement, and asset management practices following federal and state regulations. Further, the president employs the related educational codes and government regulations to ensure that the instructional and student services standards are discharged accurately and support the mission of the College (IV.B.5).

The President effectively communicates with the community in the College's service area. He actively participates in regional consortia and governmental meetings to represent the College and its interests. He sends communicates to the community by publishing newsletters and annual reports (IV.B.6).

Conclusions:

The College meets the Standard

Recommendations to Meet Standards:

In order to meet the standard, the team recommends the College develop a process for determining sufficient levels of staffing for management and classified positions (IV.B.2).

IV.C. Governing Board

General Observations:

The College has a seven-member governing board and one Student Trustee elected by the student body. Issues and agendas are deliberated, and the members of the Board operate in unison when they reach a decision. The Board generally reviews its policies; however, it does not adhere to the annual review of the policies as indicated in its administrative procedures. Another administrative procedure provides for the Board members to discuss the business matters of the College directly with the College staff. The Board members, however, are supportive of the Superintendent/President and provide direction to the President and evaluate his effectiveness annually.

Findings and Evidence:

The members of the Board of Trustees for the Districts have authority over the academic quality, integrity, and effectiveness of student learning through numerous policies. The seven-member board is elected by region, and a student trustee represents the students' perspectives on the board. Title 5 and related Education Codes provide authority to the Board to discharge its duties on behalf of the constituency that elects the Board (IV.C.1).

The Board members discuss the effectiveness of the policies and processes at the district during the board meetings. The members of the Board support the majority decision of the Board in unison as prescribed in board policy. The board members act ethically, as indicated in its Ethics Policy, which is reviewed and reaffirmed by each member of the Board annually. The team commends the College for this innovative approach to accountability and transparency (IV.C.2).

The Board relies upon established board policies and the related administrative procedures to advertise and recruit the Superintendent/ President. The AP identifies the structure of the search committee. Upon the selection of a president, the Board identifies goals and standards by which the President is evaluated and conducts an annual evaluation of the Superintendent/ President (IV.C.3).

The seven members of the Board are elected from identified regions of the District's service area. The assignment of the number of board members to any region reflects the represented population of the service area as determined by the federal census every ten years. The student body, annually, elects a Student Trustee. Board policies establish the duties and responsibilities of the Board members and guidelines for avoiding any conflict of interest. The Board policies identify processes for informing, investigating, and sanctioning the Board members in case of any ethical infraction (IV.C.4).

The established policies define the Board's duties and responsibilities, the mission of the College, and the process for developing quality programs and the related curriculum and courses to support student learning and success. The College developed and presented a Strategic Plan in 2019 to the Board that guides the College's activities until the academic year 2024 (IV.C.5).

The Board has established clear policies that define the term of each member's service, the frequency of elections, the regions from which the Board members are elected, the frequency of Board meetings, and the process by which the Board meetings are conducted. All the Board policies and the related administrative procedures, meeting dates, agendas, minutes of the Board and its subcommittees' meetings are posted electronically at BoardDocs site, which the public can access and review (IV.C.6).

The members of the Board adhere to the policies and procedures related to the conduct of the Board. BP 2410 indicates, "...the annual review of the policies shall be conducted per procedures as established by the Board Policy Committee." The "last reviewed" dates on several board policies in the BoardDocs are dated, some to 2012. For example, the mission of the College was last reviewed on May 13, 2014. During three separate meetings of the Board in the

academic 2019/20, the Board reviewed and approved many Board Policies during each meeting of the Board (IV.C.7).

The College staff present regular updates to the Board of Trustees regarding the student learning and achievement scores through the presentation of the Scorecards, Student Success Matrix, and through reporting student equity and achievement plan (IV.C.8).

Board policies guide the Board education process and the Board President orients new Board members. Additionally, Board members receive periodic training on the Brown Act by the district's legal counsel and attend related trustee training workshops offered through the Community College League of California (CCLC). The Election policy of the board identifies staggered terms of office and election cycles for different regions of the district service area (IV.C.9).

Annually, the members of the Board evaluate the Board's activities. Aggregate results of the self-evaluation are presented during the public meeting of the Board and posted in the minutes in BoardDocs. The members of the Board participate in training provided by the CEO, the Community Colleges League of California, the district's legal counsel, or during the trustee related conferences (IV.C.10, IV.C.11).

The Board statements on delegation of authority (BP 2430 and AP 2430) contradict one another and detract from the Superintendent/President's authority to conduct the affairs of the College. The Board members must communicate all questions, concerns, and directions to the Superintendent/President and not interact with college staff on any matters related to college business. The statements in the Board Policy authorizes the President to acquire materials and services for ongoing service to the student; however, it does not set a limit for the delegated authority. In some cases, the Board retroactively decides not to ratify the purchases and contracts for consumable supplies or services, which could lead to a disruption of support for teaching and learning, which directly impacts student success (IV.C.12).

The minutes of the Board meeting provide evidence of the Board's annual self-evaluation and regular updates of accreditation progress. The Board reviews and approves formal submission of the comprehensive and mid-term reports to ACCJC (IV.C.13).

Conclusions:

The College meets the Standard, except IV.C.12.

Commendations:

The team commends the College for the approach to upholding the written code of professional ethics for all personnel, including consequences for violation (IV.C.2).

Recommendations to Meet Standards:

In order to meet the standard, the team recommends the Governing Board delegate full responsibility and authority to the CEO to implement and administer board policies without board interference and hold the CEO accountable for the operation of the College (IV.C.12).

Recommendations to Improve Quality:

In order to improve institutional effectiveness, the team recommends that all board policies are regularly assessed and reviewed per the district board policy (IV.C.7).

Quality Focus Essay

Project 1: Student Learning Outcomes

As progress on this project will become a focal point of the midterm report, the team suggests the following:

- Action Plan Step 1
 - Consider other data sets that may be meaningful and not tied to student ID, such as length of course (8 weeks vs. 16 weeks), days vs. evenings, delivery method & location, completion rates based on ethnicity/gender, etc.
 - Include faculty in decision making about data that will be useful to them to assess student achievement of outcomes
 - Assess how information is currently being distributed. Is the data reaching the individuals that will use it? Determine & document the process of how the data will be disseminated to faculty & administration
- Action Plan Step 2:
 - Establish a specific, measurable benchmark for increased submission – perhaps consider increasing by a specified percentage each year until reaching 100%.
 - Be specific in the development of timelines for submission.
 - Include faculty in the development of timelines for submission
 - Assess barriers – what is preventing submission?
 - Is there a knowledge gap on the part of those submitting assessments?
 - Is the process cumbersome and difficult to use? consider including department chairs and faculty in the list of responsible parties and a more specific timeline for completion
 - Once barriers are identified, what strategies can be implemented to reduce/eliminate those barriers?
 - Include faculty and department chairs in the “Responsible Party” list
 - Include professional development opportunities related to how to utilize meaningful data
 - Consider implementing SLO Handbook
- Action Plan Step 3:
 - Assess existing barriers to “closing the loop.”
 - Include the faculty and department chairs in establishing a methodology to “close the loop.”
 - Consider professional development for faculty is adjustments to pedagogy are to be considered
 - What is the currently accepted pedagogy?
 - How is academic freedom supported in the process?

The College has established a timeline of Spring 2020-Spring 2021 to complete the project. The team recognizes the breadth and depth of this project and would also suggest that timelines be reconsidered. The process of assessing barriers and providing professional development may require longer than the time outlined in the project.

Project 2: Guided Pathways/Meta-majors/Program Discontinuance

The College identified that significant improvements were needed in the area of developing meta-majors in the implementation of their guided pathways framework. They are on the cusp of identifying six or seven major areas that they decided to call “career pathways” that will help students get on the path and stay on the path to completion of a certificate or degree program. The College recognizes that LCC has too many degree options and academic program offerings for the size of their institution and cannot be sustained with regular class offerings required for students to complete degrees in a timeline manner.

The plan focuses on two tracks that include developing and integrating the career pathways and the discontinuance of programs that are not sustainable and dilute enrollment and completions. The College is well underway in meeting their deadlines for launching the career pathways (end of spring 2020) and published on the website and counseling publications by Fall 2020. The first step in the discontinuance of programs is to develop a procedure. The College has established a deadline of Fall 2020 with Board approval by the end of the semester. The Discontinuation/Revitalization Committee can then begin reviewing the program in Spring 2021.