Follow-Up Report Fall 2012

Victor Valley College
18422 Bear Valley Road
Victorville, California 92395

A confidential report prepared for the Accrediting Commission
for Community and Junior Colleges

The report represents the findings of the evaluation team that visited
Victor Valley College
on
November 7, 2012

Team Chair:
Dr. Henry Shannon, Superintendent/President, Chaffey College

Team Members:
Mr. Michael Carley, Director, Institutional Research, Porterville College
Ms. Virginia Guleff, Dean of Instruction, Mendocino College
Mr. Gary Whitfield, Vice President, College and Administrative Services, Columbia College

FOLLOW-UP VISIT REPORT

Date: November 2012

To: Accrediting Commission for Community and Junior Colleges

From: Henry D. Shannon, Team Chair

Subject: Report of Follow-Up Visit Team to Victor Valley College,

                      November 7, 2012

Introduction:

A comprehensive visit was conducted of Victor Valley College in March 2011. At its meeting of June 8-10, 2011, the Commission acted to require Victor Valley to submit a Follow-Up Report by March 15, 2012, followed by a visit of Commission representatives. The visiting team, Mr. Michael Carley and Mr. Gary Whitfield, conducted the site visit to Victor Valley College on April 19, 2012. At the June 6-8, 2012 meeting, the Commission decided to continue Victor Valley College on Probation on the basis of a follow-up report with a visit. The Follow-Up Report was completed and submitted on October 12, 2012. The current visiting team consisted of the following: Dr. Henry Shannon, Mr. Michael Carley, Ms. Virginia Guleff, and Mr. Gary Whitfield. The purpose of the visit was to verify that the Follow-Up Report prepared by the College was accurate through the examination of evidence, to determine if sustained, continuous, and positive improvements had been made at the institution, and the institution has addressed the recommendations made by the evaluation teams, resolved deficiencies noted in those recommendations, and now meets the Eligibility Requirements, Accreditation Standards, and Commission policies.

The team found that the College has prepared well for the visit by arranging with individuals and groups and by assembling appropriate documents on the College's website. Over the course of the day (November 7, 2012), they met with the Superintendent/President of the College, the president of the Board of Trustees, the Accreditation Liaison Officer, the Faculty Senate President, the classified representative, the Accreditation Committee, the Chief Financial Officer and 15 more faculty and staff.

College Responses to the Team Recommendations:

Recommendation 1: In order to meet the Standards, the College should revise its planning documents to reflect the current mission so that the mission is central to institutional planning and decision making. Furthermore, the College should adhere to its policy of annually reviewing its mission statement and update its Educational Master Plan using its current mission statement. (I.A.3, I.A.4)

Findings and Evidence: As of the spring 2012 Follow-Up Visit, the team found that this recommendation had already been "mostly addressed." The only remaining issues of concern were that the revised Educational Master Plan was still in draft form, and there were some very minor inconsistencies in the way the mission was presented in some of the other College plans.

Since that visit, the College has officially adopted the new Educational Master Plan, which includes the current mission statement. That plan was adopted by the Board of Trustees on October 9, 2012. The College has also updated a number of their other plans to more accurately and consistently reflect the current mission.

It does appear that the College has established both the policy and practice of reviewing its mission statement annually.

Conclusion: The team concludes the recommendation has been met.

<u>Recommendation 2</u>: As noted in recommendations 1 and 6 of the 2005 Accreditation Evaluation Report, and in recommendations from the reports of 1993 and 1999, and in order to meet the Standards and the Eligibility Requirements, the College should establish and maintain an ongoing, collegial, self-reflective dialogue about the continuous improvement of student learning and institutional processes. (I.B.1, E.R. 19) This process should include:

- Goals to improve effectiveness that are stated in measurable terms so that the degree to which they are achieved can be determined and widely discussed. (I.B.2)

- An evaluation of all programs throughout the College so that it assesses progress toward those goals and ensures that participation is broad-based throughout the College. (I.B.3, I.B.4)

- Documented assessment results for all courses, programs, and the institution. (I.B.5, II.A.1.a, II.B.4)

- Formal processes to evaluate the effectiveness of its ongoing planning and resource allocation processes. (I.B.6, I.B.7)

- Integration of planning with decision-making and budgeting processes to ensure that decisions to allocate staff, equipment, resources, and facilities throughout the College are based on identified strategic priorities and to ensure a continuous cycle of evaluation and improvement based upon data. (I.B.2, I.B.3, I.B.6, III.C.2, IV.B.2.b)

- An integration of the total cost of facilities ownership in both the short and long term planning processes. (III.B.1.c)

- An assessment of physical resource planning with the involvement of the campus community. (III.B.1.a, III.B.2.a, III.B.2.b)

- A systematic assessment of the effective use of financial resources, with particular regard to meeting the needs of Library materials and technological resources, and the use of the results of this assessment as the basis for improvement. (II.C.1, II.C.2, III.D.3)

With regard to Recommendation 2 above, the 2008 Follow-Up visiting team did note that Victor Valley College had established a program review and planning process, but the current visiting team could find little evidence that more than a few programs have actually completed a cycle of assessment and improvement.

Findings and Evidence: As of the spring 2012 visit, the College had worked to refine their program review processes for clarity and to engender greater participation. Since the spring 2012 visit, the College has continued to refine program review and planning process, though there is still some work to do. The visiting team found some reason for optimism as the College had adopted a definition of programs, had created a list of programs to undergo review, and had established a cycle for review.

The team was concerned, however, that the definition of programs remained vague and unclear, that the length of the cycle (six years with annual updates) was too long, and that many programs still did not appear to be participating in the program review process. In addition, of those that participate in program review, many did not include assessment information.

The College has continued to make substantial progress on this recommendation. There appears to have been some confusion about the program review submissions process during the 2011–12 cycle which led to the apparent lack of participation the spring 2012 team found. The actual participation rate for 2011–12 is much higher than initially reported.

Additionally, the College has altered its planned six-year program review cycle, which was a cause of concern during the April visit. They have reduced the cycle to three years with annual updates. There is now greater clarity and detail available about the process for both the program review cycle and the annual updates.

There remains some confusion however about the definition of a program for the purposes of program review, and this confusion has led to some duplication. For example, there are approximately 43 programs listed in their document; all but 4 of which seem to have program review documents available for 2011–12. However, there are an additional 8 program reviews that were created. In some cases there are overlapping program reviews because subject areas within a department complete document while the department also completes one.

Similarly, for non-instructional program reviews, the vast majority listed on the program listing has been reviewed, but there are about a dozen or so program reviews that are not part of the program listing. A couple of programs seem to have multiple program reviews for the same academic year, some of which are drafts and others are final versions.

The team notes that some of the discrepancy arises from the fact that the program listing was created after the program review documents were in process during 2011–12, so the final list had not yet been determined. Nonetheless, the program listing remains problematic as some staff are not clear or perhaps may not agree as to whether the appropriate program to be reviewed is the one listed in the program listing. The College has more work to do to determine exactly which programs need to complete the process. The team is confident that they will be able to accomplish this as there appears to be great enthusiasm for the new process and healthy communication among those leading the effort.

To its credit, the College seems to be aware of these issues and is continually working on them. The College can continue to improve its effectiveness by working to address the clarity in both the definition of a program and the list of instructional and non-instructional programs.

Another remaining issue is that most instructional program reviews do not currently include assessment reporting. Assessment was a required portion of the existing program review process, but most programs only report assessment definitions and plans, but little assessment information itself. The recent adoption of TracDat software should help with documenting assessment results, but a number of courses and programs still lack documented assessment results; (more information on outcomes assessment below in Recommendation 3).

Conclusion: The College has made very substantial progress on this recommendation just in the past few months. There remains work to be done, but the team is confident that with continued

focused effort, the planning issues identified by the 2011 accreditation visiting team will be resolved.

Recommendation 3: As noted in recommendation 2 of the 2005 Accreditation Evaluation Report, and in order to meet the Standards and the Eligibility Requirements, the College should complete the development of student learning outcomes for all programs and ensure that student learning outcomes found on course syllabi are the same as the student learning outcomes found on the approved course outlines of record. The institution must accelerate its efforts to assess all student learning outcomes for every course, instructional and student support program, and incorporate analysis of student learning outcomes into course and program improvements. This effort must be accomplished by fall 2012 as a result of broad-based dialogue with administrative, institutional and research support. Student learning outcomes need to become an integral part of the program review process, including incorporating detailed documented analysis from SLO assessments and data based research. Additionally, faculty and others directly responsible for student progress toward achieving stated learning outcomes should have, as a component of their evaluation, effectiveness in producing those learning outcomes. (I.B.1-7, II.A.1.c., II.A.2.a-b, II.A. 2.e-f, II.B.4, II.C.2, III.A.1.c, E.R.10)

Findings and Evidence: For the spring 2012 visit, the College was not required by the Commission to respond to this recommendation nor was the visiting team required to follow up on Recommendation 3. At the time of the spring 2012 visit, though, the visiting team did note that the College provided evidence indicating that substantial effort in training and dialogue on

outcomes and assessment practices were in progress. However, a need for a sufficient mechanism for storing and reviewing assessments was noted along with the College's plans to adopt and implement TracDat for this purpose.

The College has been given recommendations regarding student learning outcomes (SLOs) since 2005. Based on evidence provided to the fall 2012 visiting team, all courses have SLOs and all are on an assessment schedule. However, not all course-level SLOs have been assessed at this point. Based on evidence submitted (TracDat report R3-1), Out of a total of 39 disciplines, 21 have assessed at least half of their course-level SLOs; 28% have assessed less than half. 10% have assessed 100% of their course-level SLOs; 7% have not assessed any. For the institution as a whole, 51% of course-level SLOs have been assessed based on a tally from the TracDat report (R3-1).

The College has developed a procedure in response to the recommendation and concern regarding course-level SLOs on syllabi matching with those in the course outlines of record. Instructional deans are responsible for verifying that SLOs are on syllabi and match with course outlines of record. A random sampling confirmed that SLOs on syllabi match SLOs on the course outlines of record.

Program-level and Institutional-level SLOs have been identified by the College. Institutional SLOs are widely published. Program-level SLOs appear on some web pages for specific disciplines but are not published in the catalog; the College plans to include them in next year's catalog.

Evidence for program-level and institutional-level assessment was also provided through

TracDat reports (R3-1). In terms of instructional program-level assessments, it appears that two

programs, Child Development and Biology have participated. The program-level assessments,

though, are a collection and a repetition of course-level SLO assessments. Little evidence exists

for program-wide discussion on results. Additionally, since course-level assessments are also

used for assessments at the program-level, the findings appear to be mired at the course-level and

program-level conclusions do not appear to be drawn or widely disseminated.

Non-instructional program-level assessments in the areas of student services and administrative

services are more robust. The evidence provided indicates that student services in particular are

engaging in using program-level results to create action plans and implement change.

In terms of institutional-level student learning outcomes, a number of non-instructional program-

level outcomes and instructional course-level SLOs have been identified. However, clear

mappings between these program and course-level outcomes to a specific SLO was not evident.

The same is true for General Education Outcomes. A number of course-level SLOs have been

identified; however, many have not been assessed and a clear link between the course-level

outcomes/results and the GEOs have not been made.

Evidence for wide-spread dialogue about SLO assessment cycles and processes was provided.

At this point, though, based on evidence submitted, there does not seem to be wide-spread

dialogue about assessment results; neither is there on-going dialogue based on the results of

course, program and institutional-level SLOs in decision making processes related to continuous improvement.

Conclusion: The College has made significant progress on Recommendation 3. However, the Commission noted in Recommendation 3 that efforts must be accelerated to assess all SLOs for every course, instructional and student support program and incorporate analyses into improvements and that this must be accomplished by fall 2012. As detailed above, there are remaining components to address in this recommendation. The team finds that the College has partially met this recommendation.

Recommendation 4: As noted in recommendation 6 of the 2005 Accreditation Evaluation Report, and in order to meet the Standards, the College should cultivate a campus environment of empowerment, innovation, and institutional excellence by creating a culture of respect, civility, dialogue and trust. (I.B.1, I.B.4, II.A.2.a, II.A.2.b, II.C.1.a, III.A, III.A.1.d, III.A.4.c, IV.A.1, IV.A.2, IV.A.3, IV.A.5, IV.B.2.b [emphasis on "collegial process"])

Findings and Evidence: The College had made substantial progress on this recommendation by the time of the spring 2012 visit and has made further progress since then.

Since the spring visit, the College has focused on two strategies: broadening participation across campus and improving communication.

Real progress seems to have been made in broadening participation. Some employees who were overextended previously are now serving on fewer committees, while others are stepping up. An increasing number of faculty and classified staff are participating in a variety of committees and the participatory governance processes.

A communications task force was established which compiled a set of six recommendations that were recently adopted by the College Council. These recommendations, if implemented, should improve communications and other procedures that will lead to a better climate throughout the College. It is not entirely clear at this point who will be responsible for implementing each of those recommendations, but this topic is currently under discussion.

The College could further improve institutional effectiveness by continuing its efforts to document processes and procedures, particularly Administrative Procedure 1201 which describes their participatory governance processes and procedures. Discussions among College staff indicate that such an effort is already in progress.

Conclusion: This recommendation seems to be largely resolved. Victor Valley College is to be commended for progress made to date.

Recommendation 5: In order to meet the Standards, the College should examine and provide evidence that appropriate leadership ensures the accessibility, quality and eligibility of online and hybrid courses and programs, and that such programs demonstrate

that all services, regardless of location or means of delivery, support student learning and enhance achievement of the mission of the institution. (II.A, II.B, IV.A.1)

Findings and Evidence: In the spring 2012 Follow-Up Report, the team noted the formation of the Distance Education Advisory Task Force (DTEAF) and the development of a Distance Education Plan. A distance education facilitator had been identified as well as a distance education coordinator. Further implementation of the plan was scheduled to take place in the fall 2012 semester.

The fall 2012 visit indicates that Victor Valley College has thoroughly examined its online and hybrid courses and programs. Clear evidence that appropriate leadership ensures the accessibility, quality, and eligibility on distance education programs was provided; further, clear evidence was provided that all services, regardless of location or means of delivery, support student learning and enhance achievement of the mission of its institution.

As part of the implementation of the Distance Education Plan, the distance education facilitator (faculty member) and the distance education coordinator (administrator), along with DETAF, hosted two Distance Education Academy sessions in partnership with @One. The academies have been well attended and a random sampling of online courses indicated that information from the academies has been put into practice. The online courses use a consistent platform, Blackboard, as a gateway to all classes. Syllabi in online classes contain SLOs and TracDat, the repository for SLO assessments has been modified to indicate assessments for online courses. The online courses also demonstrated regular effective contact between instructors and students.

Instructors use an activity meter in Blackboard to assist in tracking student participation. There is keen awareness of this requirement on campus. This fall, the Academic Senate passed a policy on Regular Effective Contact and is in the process of forwarding it to College Council for the Council's consideration. Finally, a staff member has been identified to work with the distance education coordinator to ensure ADA (508) compliance in all distance education classes.

Additionally, regarding the Substantive Change Proposal, in January 2012, the college interim vice president emailed the Commission to request special permission to respond to the April 2004 submission, on which action had been deferred since specific programs which offer more than 50% online had not been identified.

The Commission granted permission to the College to submit a Substantive Change Application in August 2012. A draft Substantive Change Proposal was created by the Distance Education Advisory Task Force, the distance education facilitator, and the distance education coordinator. The proposal was submitted to the Commission on October 15, 2012; a copy was made available to the visiting team.

The Substantive Change Proposal also indicates a broad-based campus discussion in the planning process; a clear connection between the Distance Education program at Victor Valley College and the Victor Valley College mission; the use of college data to inform decisions; and a commitment to quality from instructors, staff, and administrators associated with the Distance Education program.

Additionally, during the visiting team interviews, the College confirmed that the off-site centers, particularly the Victor Valley Regional Public Safety Training Center (RPSTC), do not offer more than 50% of any college program. The current dean of instruction monitors this with the research office; it is anticipated that in the future, the RPSTC will eventually house more than 50% of the public safety programs, and the College is poised to present a Substantive Change Proposal to the Commission when that occurs.

Conclusions: The team concludes that this recommendation has been fully met.

Recommendation 6: **In order to meet the Standards, the College should develop long-term fiscal plans that support student learning programs and services that will not rely on using unrestricted reserves to cover deficits. Additionally, the College should provide timely, accurate and comprehensive financial data and budget projections for review and discussion throughout the institution. (III.D, III.D.1.a, III.D.1.c, III.D.2.b, III.D.2.c, E.R. 17)**

Findings and Evidence: Since the last visit the College has taken a more conservative approach in budgeting revenues and taken into account the loss of "trigger cuts" amounting to $3 million dollars if the California tax measure failed on November 6. The tax measure was projected to fail, but in fact passed. The passage will prevent the trigger cuts from happening, but the college's unrestricted budget will still be structurally out of balance by $8.1 million dollars.

The $8.1 million includes an additional commitment of $3.1 million to fund the Other Post-Employment Benefits (OPEB) liability of the College. This additional commitment now is projected to generate sufficient interest earnings to fund future obligations.

The 2013–14 estimated budget is currently $5.5 million out of balance, but the College has recently negotiated medical benefit concessions that should save $650,000 during the fiscal year.

The Board of Trustees passed resolution #12-07 on July 10, 2012, stating "the Superintendent/President of Victor Valley Community College District is hereby authorized and directed to establish a policy goal of balancing the District's budget by Fiscal Year 2015–2016."

The College does maintain a Special Reserve Fund or a Guaranteed Investment Contract that is projected to have a balance of $26.6 million at the end of fiscal year 2012–13. This fund has been determined to be unrestricted in its use and is accounted for separately from the unrestricted fund balance. The Board of Trustee's has given direction that this fund is not to be used to balance the unrestricted fund.

The College did enter into an agreement with the Fiscal Crisis and Management Assistant Team (FCMAT) on August 17, 2012, with the Scope of Work as follows:

"The Victor Valley Community College District is requesting the FCMAT Team to assist in reviewing the 2012–13 budget. The Team will review the current and three subsequent fiscal years through 2015–16 and develop a multi-year financial projection (MYFP). This component

will provide recommendations to enhance revenues or reduce expenditure to help the college with the current structural budget deficit. The MYFP will align programs and staffing to a financial plan that will assist the college in sustaining its recommended reserve levels and long term fiscal solvency."

The report from FCMAT was not completed at the time of the November 7, 2012 visit.

The College superintendent/president webpage links to the Budget Office so all staff and visitors to the site can read the superintendent/president's budget message, a 5-year budget projection, and currently a budget workshop presentation. The information gives the reader the budget information needed to understand the financial position of the College. The college Budget, Finance, and Planning Committee meets monthly and is informed of state budget issues. The committee also uses program review data and requests to allocate resources. All meeting agendas and minutes can be found on the committee's webpage.

Conclusion: The Board of Trustees, Superintendent/President and college staff understands the importance of fixing the structural unrestricted budget deficit. The College entered into an agreement with FCMAT to help identify a financial plan to correct the long term deficit position, but at the time of the visit, the plan was not complete. The College did negotiate medical benefit cost reductions and will fund the Other Post-Retirement Benefits liability so future years will be funded by interest earnings.

The College has done an excellent job of providing timely, accurate, and comprehensive financial data and budget projections for review and discussion throughout the institution.

The team concludes the recommendation has been partially addressed, but implementation of a plan to correct the long-term structural budget deficit is vital to the long-term health of the College.

Recommendation 7: In order to meet the standards, the team recommends that the College build and maintain a system for effective, stable and sustainable leadership, to include:

- Creating a process for succession planning in order to avoid gaps in leadership.
- Assisting all employees and students to grow professionally by developing their leadership skills and encouraging their participation in governance groups.
- Addressing leadership needs in the key campus areas of student services and distance learning. (IV.A, IV.A.1, IV.A.2, IV.A.2.a, IV.A.2.b, IV.A.3, IV.A.5, IV.B.1, IV.B.1.j, IV.B.2, IV.B.2.a)

Findings and Evidence: The College fully met this recommendation. The only key leadership position currently filled by an interim is the executive vice president of instruction and student services. The College kept the position filled by the same interim staff member for two years to keep the work accomplished on their Accreditation on track. The position is currently open and posted on the Human Resources webpage.

It was also evident the leadership in distance learning has been met, and the work by the coordinator and facilitator has brought the distance education program to a level where there is support and training.

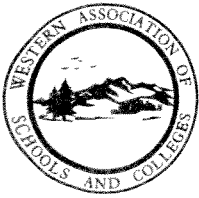**Conclusion:** The team concludes the recommendation has been met.

Recommendation 8: In order to meet the Standards, members of the Board of Trustees must limit their role in governing the College to those responsibilities established in Board Policy, including delegating power and authority to the Superintendent/President to lead the district and to make administrative decisions regarding the effective implementation of Board Policies without Board interference. Trustees must avoid micromanaging institutional operations including their participation in campus committees and governance groups. Additionally, the Board must establish and follow specific, regular time interval for evaluating its performance. (IV.B, IV.B.1, IV.B.1.a-e, IV.B.1.g; IV.B.1.j, IV.B.2, IV.B.2.a-e)

Findings and Evidence: As noted in the spring 2012 Follow-Up Report, the Board of Trustees held a workshop in May 2011 with a consultant on the subject of board roles and responsibilities; the Board also revised District Board Policy 2715, Code of Ethics/Standards of Practice. The Board has taken avoiding micromanaging seriously and are not inserting themselves in staff committee meetings. Furthermore, the Board of Trustees conducted a public workshop on micromanaging, and established and implemented a regular self-evaluation session. Evidence, both verbal and written, support that the Board of Trustees has delegated the daily operations of

the College to the superintendent/president. The team observed evidence that the College has worked diligently to address this recommendation.

Conclusion: The team concludes that this recommendation has been met.

MEMO TO: Dr. Christopher O'Hearn, Superintendent/President
Victor Valley College
18422 Bear Valley Road
Victorville, CA 92395

FROM: Barbara A. Beno, President

DATE: December 4, 2012

SUBJECT: Enclosed Report of the External Evaluation Team

Previously, the chairperson of the External Evaluation Team (Evaluation Team) that recently visited Victor Valley College sent you a draft External Evaluation Report (Report) affording you the opportunity to correct errors of fact. We assume you have responded to the Team Chair. The Commission now has received the final version of the Report, a copy of which is enclosed for you. Please examine the enclosed Report.

- If you believe that the Report contains inaccuracies, you are invited to call them to the attention of the Commission. To do so, you should submit a letter stating recommended corrections to the ACCJC President. The letter should arrive at the Commission office by end of day **December 10, 2012,** in order to be included in Commission materials. The letter may also be sent electronically as a PDF.

- ACCJC policy provides that, if desired, the Chief Executive Officer (CEO) may request an appearance before the Commission to discuss the Report. The Commission requires that the institution notify the Commission office by **December 12, 2012,** or earlier, of its intent to attend the meeting. This enables the Commission to invite the Team Chair to attend.

- If the institution also wishes to submit additional material to the Commission, it should exercise care, keeping in mind the Commission cannot read and absorb large amounts of material on short notice. Material should arrive at the ACCJC office with the written notification that the CEO has accepted the invitation to address the Commission, no later than December 17, 2012.

The next meeting of the Accrediting Commission will be held on **January 9-11, 2013,** at The Hyatt Regency Hotel, San Francisco Airport, 1333 Bayshore Highway, Burlingame, California. The enclosure, "Procedures for an Institutional Chief Executive Officer's Appearance Before the Commission," addresses the protocol of such appearances.
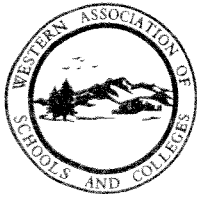
Please note that the Commission will not consider the institution as being indifferent if its chief administrator does not choose to appear before the Commission. If the institution does request to be heard at the Commission meeting, the chairperson of the Evaluation Team will also be asked to be present to explain the reasons for statements in the Report. Both parties will be allowed brief testimony before the Commission deliberates in private.

The enclosed Report should be considered confidential and not given general distribution until it has been acted upon by the Commission and you have been notified by letter of the action taken.

BAB/tl

Enclosure

cc: Mr. Peter Allan, Accreditation Liaison Officer (w/o enclosure)

<u>Procedures for an Institutional Chief Executive Officer's
Appearance Before the Commission</u>

The Commission considers accreditation actions institutional in January and June of each calendar year. ACCJC policy provides that when the Commission is deliberating or acting upon matters that concern an institution, it will invite the Chief Executive Officer (CEO) of the institution to meet with the Commission in Executive Session.[1] The appearance is for the purpose of discussing issues of substance and any Accreditation Standards deficiencies noted in the report. There is no requirement that the CEO attend the Commission meeting. If the Commission is considering institutional action as a result of an evaluation team visit, and if the CEO elects to attend the meeting, the Commission will also invite the Chair of the Evaluation Team (Team Chair) or designee to attend.

An institution must send written notification to the ACCJC office at least 15 working days before the scheduled Commission meeting if the CEO wishes to attend. If the institution wishes to bring written material to the meeting, it must send the material to the Commission at least 15 working days prior to the scheduled meeting, with the institution's written acceptance of the invitation to appear before the Commission. The institution should bear in mind the evaluation of the institution is based upon the conditions at the institution at the time of the team visit.

At the meeting, the institutional CEO will be invited to make a brief presentation, followed by questions from the Commission. The Commission reserves the right to establish a time limit on such presentations.
The CEO is expected to be the presenter, and should consult with Commission staff if there are plans to invite other representatives to join the CEO. On the day of the Commission meeting, ACCJC staff will escort the CEO (and additional representatives) to and from the designated waiting area to the meeting at the appropriate time. An institution's presentation should not exceed five (5) minutes.

The Team Chair or designee will also be invited to attend. The Commissioners may ask questions of the Team Chair after college representatives have exited. The Team Chair will then be excused, and the Commission will continue its deliberations in closed session.

The CEO will be notified in writing of the subsequent action taken by the Commission.

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[1] Policies that are relative to this process are the *Policy on Access to Commission Meetings, Policy on Commission Actions on Institutions, Policy on Commission Good Practice in Relations with Members Institutions, and Policy on the Rights and Responsibilities of ACCJC and Member Institutions.*