



## Follow-Up Visit Report

DATE: April 30, 2012  
TO: Accrediting Commission for Community and Junior Colleges  
FROM: Team Chair  
SUBJECT: Report of Follow-Up Visit Team to Merced College, April 12, 2012

### Introduction:

A comprehensive visit to Merced College was conducted in March 2011. At its meeting of June 8-10, 2011, the Commission acted to require Merced College to submit a Follow-Up Report followed by a visit. The visiting team, Dr. Jackie L. Fisher, Sr.; Dr. Phoebe Helm; and Dr. Sandra Mayo, conducted the site visit to Merced College on April 12, 2012. The purpose of the team visit was to verify through examination of evidence that the Follow-Up Report prepared by the college was accurate; to determine if sustained, continuous, and positive improvements had been made at the institution; and to verify that the institution has addressed the recommendations made by the comprehensive evaluation team, resolved the deficiencies noted in those recommendations, and now meets the Eligibility Requirements, Accreditation Standards, and Commission policies.

In general, the team found that the college had prepared well for the visit by arranging for meetings with the individual and groups agreed upon earlier with the team chair and by assembling appropriate documents on the college's website. Over the course of the day, the team met with the Superintendent/President of the college, three members of the Board of Trustees, the Accreditation Liaison Officer, the Standing Accreditation Committee, the Academic Senate, and the College Council.

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

#### Recommendation 1: Program Review

In order to meet the standard and ensure that progress continues toward achieving the Sustainable Continuous Quality Improvement level of the Accrediting Commission for Community and Junior Colleges' rubric for program review, the team recommends that the college continue to apply the recommendations of the 1999 and 2005 comprehensive evaluation teams, fully implement its new program review process, and ensure that the process is ongoing, systematic and used to assess and improve student learning and achievement and that the results of program review are used to continually refine and improve program practices. (I.B.2, I.B.3, I.B.5, II.A, II.A.5, II.C.2, III.D.3)

#### Recommendation 2: Student Learning Outcomes

To meet the standard and ensure that the proficiency level of the Accrediting Commission for Community and Junior Colleges' (ACCJC) rubric for student learning outcomes is reached by

the fall 2012 deadline established by the ACCJC, the team recommends that the college continue its efforts to fully implement the recommendation of the previous team and ensure that student learning outcomes and assessment are ongoing, systematic and used for continuous quality improvement regardless of location or means of delivery; dialogue about student learning is ongoing, pervasive and robust; evaluation and fine tuning of organizational structures to support student learning is ongoing; student learning improvement is a visible priority in all practices and structures across the college; a timeline indicating how the college will meet the Commission's fall 2012 requirement of proficiency is created and published; and learning outcomes are specifically linked to program reviews. (II.A.1, II.A.1.a,c, II.A.2.a, h, II.C.2, III.A.1.c)

### Recommendation 3: Integrated Planning, Evaluation, and Resource Allocation, and Decision-Making Process

In order to meet the standard and ensure that the college progresses toward the Sustainable Continuous Quality Improvement level of the Accrediting Commission for Community and Junior Colleges' rubric for planning, the team recommends that the college continue to apply the recommendations of the 1999 and 2005 comprehensive evaluation teams and ensure that its established planning processes included ongoing and systematic evaluation and planning with clearly established timelines to refine its key processes and improve student learning. The team recommends that the college conduct dialogue about institutional effectiveness that is ongoing, robust and pervasive, continue collecting data, and ensure that analyses of the data are widely distributed and used throughout the institution, that there is ongoing review and adaptation of evaluation and planning processes; that there is a consistent and continuous commitment to improving student learning; and that educational effectiveness is a demonstrable priority in all planning structures and processes. (I.A.4, I.B.2, I.B.3, 4, II.A.2, III.A.2, III.A.6, III.B.2.b, III.C.2, III.D.1.a)

### Recommendation 5: Governing Board

In order to meet the standard, the team recommends that the Board model to the college its commitment to continuous improvement, develop and implement a written comprehensive Board development plan that includes, but does not rely primarily on travel and attendance at conferences, and specifically includes delegation of authority to the CEO (policy) without interference in the operation of the college, an examination of the participatory governance processes and the extent to which the Board's behavior supports those governance structures, accreditation standards for Board performance; and analysis of the governing board's 2010 self-evaluation and a plan for improvement. (IV.A.2.a, b; IV.A.3, IV.A.4, IV.A.5, IV.B.1.f, IV.B.1.g, IV.B.1.i, IV.B.1.j)

### Recommendation 8: Human Resources

In order to meet the standard, the team recommends that the college develop and implement an organizational structure that includes a fully functional human resources division and develop, implement, and evaluate a Faculty and Staff Diversity Plan in order to adequately assess its record in employment equity and diversity consistent with its mission. The team recommends that processes for hiring classified and management staff be integrated with Institutional Planning. The College also needs to systematically assess the effective use of human resources and use the results of the evaluation as the basis for improvement. (III.A.1.b, III.A.3, III.A.4.a-c, III.A.6.)

The college chose to respond to all of the 2011 Accrediting Commission for Community and Junior Colleges' recommendations in its Follow-Up Report, rather than limit the report to the recommendations listed above for which the Commission required a response. The college's response to each of the Commission's recommendations as well as the team's evaluation and conclusions regarding such are set forth below.

### **College Responses to the Team Recommendations:**

#### **Recommendation 1: Program Review**

**In order to meet the standard and ensure that progress continues toward achieving the Sustainable Continuous Quality Improvement level of the Accrediting Commission for Community and Junior Colleges' rubric for program review, the team recommends that the college continue to apply the recommendations of the 1999 and 2005 comprehensive evaluation teams, fully implement its new program review process, and ensure that the process is ongoing, systematic and used to assess and improve student learning and achievement and that the results of program review are used to continually refine and improve program practices. (I.B.2, I.B.3, I.B.5, II.A, II.A.5, II.C.2, III.D.3)**

**Findings and Evidence:** Since the comprehensive visit in March 2011, the college's College Council formed a task force to evaluate the existing program review process and make recommendations for improvement. The College Council also developed a draft Integrated Program Review Handbook to document its efforts to respond to this recommendation. After meeting with employees and attending meetings, the team found that the revised program review process involves comprehensive reviews and annual reviews for every instructional and non-instructional area/department. Also, the revised program review process incorporates implementation and assessment of student learning outcomes and service area outcomes. The team was able to verify through meetings with employees and examining the college's website MC4Me that the college is documenting its progress in satisfying this recommendation.

As stated in the Follow-Up Report, approval of any program changes or resource allocation requests must be verified by findings contained in the annual or comprehensive program review. The team was able to verify that the college is following this decision-making process after interviews with administrators.

The Follow-Up Report states that the college will achieve increased dialogue concerning improving student learning outcomes at the course and program levels by combining the "Integrated Planning Handbook" and the "Integrated Program Review Handbook" into a new integrated program review process. This task is to be completed and published in August 2012. The college states that all groups will utilize the integrated program review process, which will be located within CurricUNET in 2012. The Follow-Up Report indicates that at this time, every master planning committee is to submit a summary of its program reviews to the college's Assessment Review Committee for evaluation, which will ensure that program review and student learning outcomes/service learning outcomes results "are integrated into planning and resources allocation." Also, the Follow-Up Report indicates that by April 2013, the Assessment

Review Committee will perform a formative evaluation as a means to make changes if required. The Assessment Review Committee will publish findings and recommendations once a year.

After meeting with faculty, staff, and administrators, the team was able to confirm that there is broad acceptance and understanding of the new integrated program review and planning process. During the Follow-Up Visit, the team perceived that the college was in the process of completing its first round of program reviews involving the newly revised integrated program review process.

**Conclusion:** After conducting interviews and reviewing documents, the team confirmed that the college has fully integrated the planning and program review processes, but has not yet met the expectations of the Commission to ensure that the process is ongoing and systematic. The team was able to confirm that all constituent groups have accepted the newly revised integrated planning and program review process, but the evaluation team believes the college must complete a minimum of one complete program review cycle before it has fully satisfied the Commission's recommendation.

### **Recommendation 2: Student Learning Outcomes**

**To meet the standard and ensure that the proficiency level of the Accrediting Commission for Community and Junior Colleges' (ACCJC) rubric for student learning outcomes is reached by the fall 2012 deadline established by the ACCJC, the team recommends that the college continue its efforts to fully implement the recommendation of the previous team and ensure that student learning outcomes and assessment are ongoing, systematic and used for continuous quality improvement regardless of location or means of delivery; dialogue about student learning is ongoing, pervasive and robust; evaluation and fine tuning of organizational structures to support student learning is ongoing; student learning improvement is a visible priority in all practices and structures across the college; a timeline indicating how the college will meet the Commission's fall 2012 requirement of proficiency is created and published; and learning outcomes are specifically linked to program reviews. (II.A.1, II.A.1.a,c, II.A.2.a, h, II.C.2, III.A.1.c)**

**Findings and evidence:** The Follow-Up Report states that the Student Learning Outcome Coordinator is shepherding the college's efforts to meet requirements established in the "Sustainable Continuous Quality Improvement" section of the Accrediting Commission for Community and Junior Colleges' rubric for student learning outcomes. The report indicates that the college has established an ongoing assessment of student learning outcomes, which the Student Learning Coordinator documents on an Excel spreadsheet. The team met with the Coordinator to review some spreadsheets and verified that student learning outcomes and assessment results are being recorded and shared with areas and departments.

The team was able to verify that student learning outcomes and service learning outcomes will be included in the Integrated Program Review Handbook. This handbook will be published in fall 2012, and will be available on the college's public website within eighteen months after the date of the Follow-Up Visit. Data contained in the handbook will assist the faculty, administrators, and students in identifying areas in need of improvement and successes in implementing student learning outcomes.

The team was able to confirm by reviewing documents on the college's website and through interviews that student learning outcomes are being developed, implemented, and assessed. However, the team uncovered discrepancies regarding the percentage of student learning outcomes being developed and assessed at the program level. As reported at the Standing Accreditation Committee, 100 percent of course and program student learning outcomes have been identified and placed on a cycle for assessment and completion. In contrast, other documents revealed that some programs have approximately 40 percent of student learning outcomes reviewed and assessed. While interviews revealed that faculty members have embraced the assessment process, some faculty members are not performing enough assessments to ensure that the college achieves 100 percent assessment within the period set by the Commission.

**Conclusion:** The College has reached the Proficiency level with regard to student learning outcomes. The college has established a positive environment that has led most faculty members to develop and assess student learning outcomes and service learning outcomes. On the other hand, some faculty members appear to require additional incentives to ensure that the college achieves 100 percent compliance in the development and assessment of student learning outcomes at all levels within the period established by the Commission.

### **Recommendation 3: Integrated Planning, Evaluation, and Resource Allocation, and Decision-Making Process**

**In order to meet the standard and ensure that the college progresses toward the Sustainable Continuous Quality Improvement level of the Accrediting Commission for Community and Junior Colleges' rubric for planning, the team recommends that the college continue to apply the recommendations of the 1999 and 2005 comprehensive evaluation teams and ensure that its established planning processes included ongoing and systematic evaluation and planning with clearly established timelines to refine its key processes and improve student learning. The team recommends that the college conduct dialogue about institutional effectiveness that is ongoing, robust and pervasive, continue collecting data, and ensure that analyses of the data are widely distributed and used throughout the institution, that there is ongoing review and adaptation of evaluation and planning processes; that there is a consistent and continuous commitment to improving student learning; and that educational effectiveness is a demonstrable priority in all planning structures and processes. (I.A.4, I.B.2, I.B.3, 4, II.A.2, III.A.2, III.A.6, III.B.2.b, III.C.2, III.D.1.a)**

**Findings and evidence:** The team was able to verify through interviews and review of documents that the college continues to make improvements in its efforts to ensure that the resource allocation and decision-making processes have become more transparent to all employees and board members. The Follow-Up Report states that through enhanced dialogue and two full-day accreditation workshops, Accreditation Resolution Action Plans were created to serve as a guide to respond to the recommendations of the Commission. The action plan document serves as a means to ensure that resource allocation and decision making results from utilizing data. The team was able to verify that the establishment of permanent hiring priorities has been integrated with planning, program review, and resource allocation.

The team was able to confirm that the establishment of the College Council resulted from the Accreditation Resolution Action Plans. A primary function of the College Council is to manage all participatory governance organizational structures. Additionally, the College Council identifies professional development needs of members serving on participatory governance committees.

The team was able to verify that the college utilizes data as an integral component of the decision-making process. Also, data are applied in assessing student learning outcomes and service learning outcomes.

**Conclusion:** The College has not yet achieved attainment of the Sustainable Continuous Quality Improvement level of the Accrediting Commission for Community and Junior Colleges' planning rubric. The college provided evidence that utilizing data in planning, decision making, and resource allocation has improved its institutional effectiveness. The college anticipates an unrestricted reserve of approximately nine percent at end of the 2011-2012 academic year as a result of an improved integrated planning, decision-making, and resource allocation process. Yet, the College has not evaluated the plan for effectiveness.

#### **Recommendation 4: Communication**

**In order to meet this standard, the team recommends that the College improve communication by engaging in dialogue that is inclusive, respectful, intentional informed, and documented and about institutional quality and improvement. The dialogue should purposefully guide institutional change. This dialogue must include the use of the participatory governance process to develop and implement a plan for effective communication links so that information and recommendations are disseminated to all constituent groups. (I.A.4, I.B.1, I.B.2, I.B.3, I.B.4, I.B.5, I.B.6, I.B.7, III.A.4.c)**

**Findings and Evidence:** During the comprehensive visit in March 2011, the evaluation team discovered that there were problems with the communication between senior administrators and various faculty and other administrators. The college's Follow-Up Report stated that communication activities that are inclusive, respectful, intentional, and informed have been implemented. After attending a Standing Accreditation Committee meeting and speaking with college personnel, the team was able to verify that communication among all constituent groups has significantly improved.

The team confirmed through interviews and a review of documents that the College Council developed an ethics statement, which was disseminated to all constituent groups for review and feedback. Also, the team was able to confirm that the new ethics statement was approved by the Board of Trustees and printed in the *Campus Digest* publication. College personnel were provided training regarding effective communication, and after meeting with personnel and reviewing documents, the team confirmed that the learned communication skills, such as using consensus instead of voting, are being applied.

Since the time of the comprehensive evaluation in March 2011, the college has established a new organizational structure consisting of the three existing vice presidents and two new associate

vice president positions. All five positions report directly to the Superintendent/President, who has retired, but is serving as interim Superintendent/President until June 30, 2012. Before retiring on December 31, 2011, the Superintendent/President established the two associate vice president positions. Existing personnel were assigned by the Superintendent/President to fill both positions. The team found through interviews with staff that communication challenges are occurring between the associate vice presidents and vice presidents. As an example, directions given to staff by the vice presidents are being overturned by the associate vice presidents, or vice versa. The team informed the interim Superintendent/President about the communication problems resulting from the new organizational structure. In addition, the team learned through interviews that some employees fear that speaking out during or attending public meetings will result in retaliation and/or intimidation.

**Conclusion:** The team found that communication among constituents groups has improved, but poor communication between the vice presidents and the new associate vice presidents as well as the retaliation fears of some individual employees are of concern. The team suggests that the interim Superintendent/President take appropriate steps to correct the communication issues between senior administrators in order to meet the expectations of the Commission. In addition, the team believes that the college must continue working toward an inclusive environment that embraces open communication. This recommendation has not been fully addressed.

#### **Recommendation 5: Governing Board**

**In order to meet the standard, the team recommends that the Board model to the college its commitment to continuous improvement, develop and implement a written comprehensive Board development plan that includes, but does not rely primarily on travel and attendance at conferences, and specifically includes delegation of authority to the CEO (policy) without interference in the operation of the college, an examination of the participatory governance processes and the extent to which the Board's behavior supports those governance structures, accreditation standards for Board performance; and analysis of the governing board's 2010 self-evaluation and a plan for improvement. (IV.A.2.a, b; IV.A.3, IV.A.4, IV.A.5, IV.B.1.f, IV.B.1.g, IV.B.1.i, IV.B.1.j)**

**Findings and Evidence:** The team met with three of the seven governing board members to verify that they have met the Commission's recommendation. The college's Follow-Up Report indicated that the Board of Trustees held a workshop led by a consultant to specifically address the board-related accreditation recommendations. The three board members interviewed confirmed attendance at the workshop and indicated that activities carried out included updating the board's self-evaluation questionnaire and developing strategies to respond to results collected from the self-evaluation. Board members stated that they reached an agreement to schedule a minimum of two retreats annually to improve upon the manner in which they carry out their roles and responsibilities. Board members also confirmed that they have gained a better understanding of the integrated planning process and the district's participatory governance structure. The trustees interviewed indicated that they no longer interfere with or intervene in the daily operations of the college. Moreover, board members are willing to enforce appropriate sanctions against any board member who violates the closed session confidentiality statement in accordance with Government Code Section 54963.



The team was informed that at the regular meeting held in March 2012, the Board of Trustees decided to approve an annual, rather than three-year, contract for the Vice President of Instruction and decided not to renew the contract of the Vice President of Administrative Services. The team confirmed through interviews that the trustees' decisions regarding the contracts were not supported by a recommendation from the interim Superintendent/President. Board members interviewed stated that the actions were, however, conducted during the appropriate period for considering contract renewal and within the board's authority.

**Conclusion:** The team was able to confirm that board members have developed and implemented a professional development process for new and existing members. The trustee retreats have served as an appropriate venue to guide trustees in carrying out their roles and responsibilities in accordance with the district's board policy and procedures. Additionally, the team confirmed that board members no longer appear to interfere with daily operations during visits to the college. The team concludes that this recommendation has been met.

**Recommendation 6: Governing board review its' Code of Ethics and Develop a written Process for Sanctions**

**In order to meet the standard, the team recommends that the governing board develop, adopt, and implement a sanction or progressive discipline process for dealing with Board behavior that violates their code of ethics and that trustees sign a statement acknowledging that violation of closed session confidentiality will result in sanctions. (IV.B.1.h)**

**Findings and evidence:** The Follow-Up Report states that the Board of Trustees held a workshop to discuss and revise the district's Board Policy 2715, Code of Ethics/Standards of Practices. The workshop was facilitated by a consultant who guided board members through the revision process. The team met with three of the seven board members to verify that the revised code of ethics had been adopted. The team was able to verify that board members understood the district's code of ethics as well as the sanctions that will be imposed on board members who violate the code.

**Conclusion:** After meeting with three of the seven board members, the team concluded that this recommendation has been met.

**Recommendation 7: Review and/or update Mission Statement regularly**

**In order to meet the standard, the team recommends that the college institutionalize a timeline/schedule for regular and participatory review of the college mission statement with a process for changing the mission, vision and core values and beliefs when deemed appropriate through the review process. (I.A.1, I.A.2, I.A.3, I.A.4)**

**Findings and Evidence:** The College indicated in the Follow-Up Report that the College Council has established a timeline and process for regular, participatory review and revision of the district's mission and vision statements and core values. The team met with the interim Superintendent/President, vice presidents, and other personnel in addition to attending a meeting involving members of the Standing Accreditation Committee to verify that the process for reviewing the district's mission statement was being carried out as stated in the Follow-Up Report. The team was able to verify that the district's mission statement was made available for

review and comment by all constituent groups and that the College Council has established an annual review process.

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

### **Recommendation 8: Human Resources**

**In order to meet the standard, the team recommends that the college develop and implement an organizational structure that includes a fully functional human resources division and develop, implement, and evaluate a Faculty and Staff Diversity Plan in order to adequately assess its record in employment equity and diversity consistent with its mission. The team recommends that processes for hiring classified and management staff be integrated with Institutional Planning. The College also needs to systematically assess the effective use of human resources and use the results of the evaluation as the basis for improvement. (III.A.1.b, III.A.3, III.A.4.a-c, III.A.6.)**

**Findings and evidence:** Since the comprehensive visit in March 2011, the district has taken significant steps to meet this recommendation. After meeting with the interim Superintendent/President and Vice President of Administrative Services, the team was able to verify the Follow-Up Report's statement that a separate Human Resources Division has been established. The new division was formed by transferring a staff member, who performed human resource functions in the Office of Instruction, to the Office of Human Resources. Another employee was transferred from the Office of Grants and Institutional Research and is now serving as a Human Resources Technician. The district has completed the hiring process to fill the new position of Director of Human Resources, who will report to the College President, to begin employment May 1, 2012.

The Follow-Up Report stated that district's has established a committee to complete the Faculty and Diversity Plan in summer 2012. After reviewing the plan and board policies 3410 Nondiscrimination, 3420 Equal Employment Opportunity, 3430 Prohibition of Sexual Harassment, 5300 Student Equity, 7100 Commitment to Diversity, and 7120 Recruitment and Selection, the team confirmed that the district has demonstrated an effort to provide employment opportunities regardless of race, gender, sexual orientation, and ethnicity.

The team verified through documents posted on the district's website that the district has developed a revised staffing plan, which is integrated into the institutional planning process. Also, the district has implemented a formative evaluation process to ensure that the staffing plan matches the hiring priorities established by the district's integrated planning process.

**Conclusion:** The team found that the district has implemented plans to achieve its hiring priorities. However, the team believes that the district must administer more assessments of the plan's effectiveness in achieving the hiring priorities set by the human resources office (or unit) to determine the effectiveness of College human resource procedures. This recommendation has not been fully met.