PEER REVIEW TEAM REPORT

Napa Valley College
2277 Napa-Vallejo Highway
Napa, CA 94558

This report represents the findings of the Peer Review Team that conducted a Focused Site Visit to Napa Valley College from October 10-12, 2022. The Commission acted on the accredited status of the institution during its January 2023 meeting and this team report must be reviewed in conjunction with the Commission's Action letter.

Dr. Lori Bennett
Team Chair

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Peer Review Team Roster
TEAM ISER REVIEW

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President

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Superintendent/President

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Moreno Valley College
Vice President of Student Services

Mr. Cory Wathen
Saddleback College
Vice President for College Administrative Services

ACCJC STAFF LIAISON
Dr. Catherine Webb
Vice President

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Summary of Focused Site Visit

INSTITUTION: Napa Valley College

DATES OF VISIT: October 10-12, 2022

TEAM CHAIR: Dr. Lori Bennett

This Peer Review Team Report is based on the formative and summative components of the comprehensive peer review process. In February, 2022, the team conducted Team ISER Review (formative component) to identify where the college meets Standards and to identify areas of attention for the Focused Site Visit (summative component) by providing Core Inquiries that the team will pursue to validate compliance, improvement, or areas of excellence. The Core Inquiries are appended to this report.

An eight-member peer review team conducted a Focused Site Visit to Napa Valley College on October 10-12, 2022 for the purpose of completing its Peer Review Team Report and determination of whether the College continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and U.S. Department of Education regulations.

The team chair and vice chair held a pre-Focused Site Visit meeting with the college CEO on August 12, 2022 to discuss updates since the Team ISER Review and to plan for the Focused Site Visit. During the Focused Site Visit, team members met with approximately 70 faculty, administrators, classified staff, and students in scheduled meetings, group interviews, and individual interviews. Team members met with two trustees from the College. The team held one open forum, at which approximately 25 people attended, and which provided the College community and others an opportunity to share their thoughts with members of the Focused Site Visit team. The team evaluated how well the College is achieving its stated purposes, providing recommendations for quality assurance and institutional improvement. The team thanks the College staff for coordinating and hosting the Focused Site Visit meetings and interviews, and ensuring a smooth and collegial process.

Major Findings and Recommendations of the
Peer Review Team Report

Team Recommendations

Recommendations to Meet Standards:

Recommendation 1:

In order to meet the Standards, the team recommends the College implement processes, including consistent program review and student learning outcome assessment, to ensure the effectiveness of all of its services in meeting student needs. (I.B.2)

Recommendation 2:

In order to meet the Standards, the team recommends the College develop and implement a regular cycle of review and evaluation of institutional practices, board policies, and administrative procedures to ensure effectiveness. (I.B.7, I.C.5, IV.A.7)

Recommendation 3:

In order to meet the Standards, the team recommends the College plan for and evaluate total cost of ownership of its physical and technological resources. (III.B.4, III.C.2)

Recommendation 4:

In order to meet the Standards, the team recommends the College integrate its planning and resource allocation for institutional and annual unit plans to ensure that resources meet both short-term and long-term needs of the institution and support and sustain student learning programs and services. (III.D.1, III.D.2, III.D.3, III.D.4)

Recommendation 5:

In order to meet the Standards, the team recommends that decision-making roles and processes throughout the institution be clarified and clearly defined to ensure all constituencies have shared understanding for appropriate participation. (IV.A.1, IV.A.2, IV.A.3, IV.A.5)

Recommendation 6:
In order to meet the Standards, the team recommends the Board delegate full responsibility and authority to the CEO without Board interference. (IV.C.12)

Recommendations to Improve Quality:

Recommendation 7:

In order increase institutional effectiveness, the team recommends the College plan for and allocate appropriate resources to ensure payment of liabilities and future obligations, including Other Post-Employment Benefits. (III.D.11, III.D.12)

<u>Recommendation 8:</u>

In order to increase effectiveness, the team recommends the College improve its practices for maintaining clear and consistent records concerning student complaints. (*Policy on Student and Public Complaints Against Institutions*.)

Introduction

The Napa Valley Community College District encompasses Napa County and a small part of Sonoma County. The main campus is located on the southern edge of the City of Napa, at the south entrance to Napa Valley, approximately fifty miles northeast of San Francisco. In 1942, Napa Junior College was founded as part of Napa Union High School District. In 1949, a separate college facility was built adjacent to the high school to accommodate increasing enrollment. In 1962, the Napa Valley community affirmed its commitment to the college, approving a bond issue to purchase land previously occupied by the Napa State Hospital and build a new college campus at the current site. Napa College changed its name to Napa Valley College (NVC) in 1982. In 1994, the District established a permanent Upper Valley Campus in the City of St. Helena, some twenty miles north of the main campus, bringing expanded educational opportunities to the residents of the north valley.

Today, the Napa Valley Community College District serves over eight thousand students annually, drawing from all communities in the Napa Valley and outlying areas. NVC offers a wide range of educational programs supporting associate degrees, transfer preparation, workforce training, career-technical education, health occupations, and basic skills. NVC also supports lifelong learning through non-credit and community education programs. The college provides a schedule of cultural events for students and the community through the performing and visual arts, including gallery exhibitions, plays, musical theater productions, and vocal and instrumental musical performances. NVC also offers collegiate athletics programs, including men and women's basketball, baseball, soccer, volleyball, golf, and softball.

In 2008, NVC achieved federal designation as a Hispanic Service Institution (HSI). Approximately 40% of the college's current students identify as Hispanic, and in recent years, over one-third of NVC students were first-generation college students. Since 2014, NVC has been awarded three multi-million-dollar HSI grants, allowing the college to invest in new educational equipment, programs, mentoring, and outreach services to support these student populations.

In 2014, the first of several major shocks hit NVC, beginning with a 6.0 earthquake centered a mere six miles from campus. The quake caused a temporary campus closure, invigorated the college's emergency planning, and affirmed the college's importance to the community during emergencies, a role assumed repeatedly in recent years.

Between 2016 and 2018, the Napa Valley community and the college were severely impacted by several wildfires that ravaged the valley. Many students, faculty, and staff endured evacuations, and some lost their homes. In every case, the NVC community proved itself flexible, resilient, and resourceful, continuing operations and serving students amidst unhealthy air quality, unpredictable public safety power outages, mandatory evacuations, and wide spread traffic interruptions. During the wildfires of fall 2017, the college served as an official evacuation site, providing temporary shelter and aid to hundreds of individuals and families.

In spring 2020, NVC converted the bulk of its instruction to online delivery due to COVID-19.

In 2018, the college began its transition to a community-supported funding model. Around the same time, the college also began planning for the construction of on-campus student housing. In recent years, the college has diversified its student services, increased its ties to community activities, formed new community partnerships, provided vaccination sites, and hosted a new professional baseball team, the Napa Silverados.

NVC provides academic and vocational programs, student services, community education, and cultural and recreational activities. NVC serves community members and local industries, offers associate degrees and certificates, prepares students for transfer and employment, and provides opportunities for lifelong learning. Today NVC is a vital part of the life and future of the Napa Valley and its communities.

The Peer Review Team recognizes the College for its effort to come together as a college community during the fire and pandemic to support their community, students, and each other.

Eligibility Requirements

1. Authority

The team confirmed that Napa Valley College is authorized to operate as a post-secondary, degree-granting institution based on continuous accreditation from the Accrediting Commission for Community and Junior Colleges (ACCJC) of the Western Association of Schools and Colleges (WASC).

The College meets the Eligibility Requirement.

2. Operational Status

The team confirmed that Napa Valley College is operational, serving approximately 7,450 students in credit and 654 noncredit courses during the 2021-22 academic year. The majority of students are actively pursuing certificate programs, degree programs, and/or transfer.

The College meets the Eligibility Requirement.

3. Degrees

Effective with the 2021-22 Catalog, the College offers 32 Associate of Arts Degrees, 30 Associate of Sciences Degrees, 36 Certificates of Achievement programs, 10 Local/Skills Certificates, and 5 Noncredit Certificates. In the same year, Napa Valley College conferred 612 associate degrees and 395 certificates.

The College meets the Eligibility Requirement.

4. Chief Executive Officer

The team confirmed the College has a Superintendent/President who is the Chief Executive Officer of the District. The Superintendent/President is appointed by the Board of Trustees and serves as the administrator who has been delegated authority to administer Board Policies, Administrative Procedures, and provides leadership for the overall operations of the College in planning, budgeting, personnel, and institutional effectiveness.

The College meets the Eligibility Requirement.

5. Financial Accountability

The team confirmed that Napa Valley College performs audits for all financial records, which are conducted by an independent auditor. All audits are certified and all explanations of findings are documented appropriately and addressed by the College. The audit is presented annually to the Board and is available to the public.

The College meets the Eligibility Requirement.

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 a Peer Review Team Visit and Third Party Comment

Evaluation Items:

☒	The institution has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive review visit.
☒	The institution cooperates with the review team in any necessary follow-up related to the third party comment.
☒	The institution demonstrates compliance with the Commission *Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions* as to third party comment.

[Regulation citation: 602.23(b).]

Conclusion Check-Off (mark one):

☒	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
☐	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.
☐	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:
The College meets the requirements. The College did not receive any third-party comments during the review period.

Standards and Performance with Respect to Student Achievement

Evaluation Items:

☒	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)
☒	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)
☒	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)
☒	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):

☒	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
☐	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.
☐	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:
The College meets the requirements.

Credits, Program Length, and Tuition

Evaluation Items:

☒	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)
☒	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)
☒	Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition). (Standard I.C.2)
☒	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)
☒	The institution demonstrates compliance with the Commission *Policy on Institutional Degrees and Credits*.

[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):

☒	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
☐	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.
☐	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:
The College meets the requirement.

Transfer Policies

Evaluation Items:

☒	Transfer policies are appropriately disclosed to students and to the public. (Standard II.A.10)
☒	Policies contain information about the criteria the institution uses to accept credits for transfer. (Standard II.A.10)
☒	The institution complies with the Commission *Policy on Transfer of Credit*.

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

Conclusion Check-Off (mark one):

☒	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
☐	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.
☐	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:
The College meets the requirements.

Distance Education and Correspondence Education

Evaluation Items:

For Distance Education:	
☒	The institution demonstrates regular and substantive interaction between students and the instructor.
☒	The institution demonstrates comparable learning support services and student support services for distance education students. (Standards II.B.1, II.C.1)
☒	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:	
☐	The institution demonstrates comparable learning support services and student support services for correspondence education students. (Standards II.B.1, II.C.1)
☐	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:	
☒	The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings. (Standard III.C.1)
☒	The institution demonstrates compliance with the Commission *Policy on Distance Education and Correspondence Education*.

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

Conclusion Check-Off (mark one):

☒	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
☐	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.

☐	The team has reviewed the elements of this component and found the Institution does not meet the Commission's requirements.
☐	The college does not offer Distance Education or Correspondence Education.

Narrative:
The College meets the requirements for Distance Education. The team confirmed the College does not offer Correspondence Education.

Student Complaints

Evaluation Items:

☒	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.
☒	The student complaint files for the previous seven years (since the last comprehensive review) are available; the files demonstrate accurate implementation of the complaint policies and procedures.
☒	The team analysis of the student complaint files identifies any issues that may be indicative of the institution's noncompliance with any Accreditation Standards.
☒	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)
☒	The institution demonstrates compliance with the Commission *Policy on Representation of Accredited Status* and the *Policy on Student and Public Complaints Against Institutions*.

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

Conclusion Check-Off (mark one):

☐	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
☒	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.
☐	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:
The team confirmed that the College meets the requirements of the Policy. However, the team noted (and the College acknowledged) that the current system for maintaining records of student complaints could be improved.

Recommendation 8:
In order to increase effectiveness, the team recommends the College improve its practices for maintaining clear and consistent records concerning student complaints.

Institutional Disclosure and Advertising and Recruitment Materials

Evaluation Items:

☒	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)
☒	The institution complies with the Commission *Policy on Institutional Advertising, Student Recruitment*, and *Policy on Representation of Accredited Status*.
☒	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):

☒	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
☐	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.
☐	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:
The College meets the requirements.

Title IV Compliance

Evaluation Items:

☒	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 U.S. Department of Education (ED). (Standard III.D.15)
☒	If applicable, the institution has addressed any issues raised by ED 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)
☒	If applicable, the institution's student loan default rates are within the acceptable range defined by ED. Remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range. (Standard III.D.15)
☒	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)
☒	The institution demonstrates compliance with the Commission *Policy on Contractual Relationships with Non-Accredited Organizations* and the *Policy on Institutional Compliance with Title IV*.

[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:

☒	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
☐	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.
☐	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:
The College meets the requirements.

Standard I

Mission, Academic Quality and Institutional Effectiveness

I.A. Mission

General Observations:

The College's mission describes its broad purpose, commitment to student achievement, and other key elements. The College uses data to measure accomplishment of its mission, and the mission is integrated into the College's planning and resource allocation processes. Programs and services are aligned with the mission. The mission is periodically reviewed and approved by the board and communicated widely. The college plans to have an established annual mission review process implemented by fall 2022.

Findings and Evidence:

The College's mission statement describes its broad purpose of preparing students for a "diverse, dynamic, and interdependent world", and includes a commitment to student achievement. Other elements are implied including the intended student population, types of degrees, and commitment to student learning. (I.A.1)

The College measures the accomplishment of its mission through the Institutional Strategic Plan, which includes goals related to student success. Progress report data as well as priorities that emerge from the data is reported annually to the Planning and Budget Committee. (I.A.2)

The College's program review explicitly requires programs to show alignment to the college mission. Programs must also set goals in alignment with the Institutional Strategic Plan, which flows from the Mission. Program resource requests are aligned to program goals. Altogether, the mission is infused in various levels of the college's planning and resource allocation processes, including institutional and programmatic. (I.A.3)

The College widely publishes its mission statement through its website, catalog, within classrooms, and central locations on campus. The current mission was approved in 2012, and most recently reviewed in 2016. The ISER did not describe an established cycle for regular review of the mission statement, but the team verified during the site visit that AP 1200 will requires the Planning and Budget Committee to review the mission annually. (I.A.4)

Conclusions:

The College meets the Standard.

I.B. Assuring Academic Quality and Institutional Effectiveness

General Observations:

The College engages widely in data driven dialogue, including an analysis of institution-set standards. The College has learning outcomes in place for academic programs but not student services. The College disaggregates achievement data but the team did not see evidence of a wide review of disaggregated student learning outcomes data. The team could not verify the College evaluates the efficacy of its equity strategies. The College reviews policies and practices albeit inconsistently and does not assure their effectiveness in supporting academic quality and accomplishment of mission. The College communicates most results of its assessment activities but does not widely communicate results of its funding decisions based on the prioritization processes. The College has a planning process that integrates planning and resource allocation but with substantial gaps as described in its Improvement Plans.

Findings and Evidence:

The College regularly engages in data-driven dialogue to improve its effectiveness through committees, program reviews and other venues. As described in their program review guide, "Collaboration and conversation among the program/department coordinator, department faculty, faculty chair, and deans are vital to the Program Review process, especially in moving from reflection to making plans and priorities and determining needs and impacts." The team reviewed a sample of program reviews as well as committee minutes and confirmed that programs and committees regularly reflect on data. (I.B.1)

The team did not see evidence of student services learning outcomes in place for all programs and student services. For example, when comparing the list of student services learning outcomes to the list of student services on the College website, learning outcomes are missing for several key services, such as Admissions and Records and DSPS. During the site visit, the team confirmed that the College is implementing a plan to establish SLOs for all student services during fall 2022 and assess them in 2023-2024. At the time of the visit, the team verified that the College had not completed its plan to establish SLOs for all student services. The College has SLOs for most of its instructional programs. However, a few are missing such as Analog Photography (COA) and Machine Tool Technology (LC). The ISER also stated, and the team verified during its visit, that the College's assessment rate is less than 100%. (I.B.2).

The College has established institution-set standards (ISS) including stretch goals. In 2019, the College increased four of the five ISS goals. The team confirmed that the standards are appropriate, and that the College continuously exceeds those standards with the exception of some licensure rates although they were exceeded in the five-year average. The standards are published annually and reported in the ACCJC Annual Report. (I.B.3)

The College has established some processes which require the use of data to support learning and achievement, as evidenced by its completed program reviews, student learning outcomes reports,

and annual review of institutional goals. The team reviewed a variety of programmatic and institutional reports and confirmed that the College reviews and reflects on outcomes data for planning. As described by the College in the ISER and Improvement Plan A, the College plans to improve documentation of these processes by creating a planning handbook, and to better organize its institutional processes in a more deliberate manner. The College hopes to complete a draft of the handbook by fall 2023. (I.B.4)

The College assesses accomplishment of its mission through various annual reports such as the Core Indicators Report, as well as through program review and student learning outcomes assessment. The program review template requires programs to show alignment to the college mission. Quantitative data such as course success rates are reviewed by program and by mode of delivery. (I.B.5)

The College disaggregates student achievement data such as success and retention and creates strategies to address gaps through various mechanisms including the student equity plan and program review. During the site visit, the team confirmed that the College recently piloted an approach to disaggregate student learning outcomes data, but has not yet scaled up this analysis to all programs and student services. The College is in the process of strengthening its evaluations of the efficacy of strategies implemented to address gaps among student subpopulations. (I.B.6)

The team verified that the College reviews some of its policies and practices, and has made various revisions in the recent past including changes to board policies (e.g., BP 3250 Institutional Planning), governance processes (e.g., BP 2510 Participation in Local Decision-Making), the program review process, and the resource allocation process (e.g., distinguishing between one time and ongoing expenses.) However, the College's policies and practices have not been reviewed on a regular schedule. As described in the ISER and Improvement Plan B, the review of these policies and practices has not included an evaluation of whether they support academic quality and the accomplishment of mission. (I.B.7)

The College communicates most results of its assessment activities at various venues such as committees and board meetings. Its institutional reports such as the annual Institutional Strategic Plan Progress Report feature extensive analyses of data and color-coded indicators to increase ease of readability so that the College can have a shared understanding of its strengths and weaknesses. Programmatic reports such as program reviews are publicly posted on the College's website, and summaries from program reviews are presented at an annual forum. However, while most results are communicated broadly, the College does not communicate widely its results of what items are funded from the prioritization ranking. (I.B.8)

The College has a process that integrates program review, institutional planning, and resource allocation through various linking mechanisms such as questions in the program review template and budget template which asks programs to describe how they support the College's institutional goals and its mission. Data on institutional effectiveness and academic quality is reviewed and analyzed at various stages of this process. Program review resource requests

require programs to distinguish between short-term costs such as new technology and long-term needs such as new staff. As described in its Improvement Plans the college has some gaps in its integrated planning processes. (I.B.9)

Conclusions:

The College meets the Standard except for I.B.2 and I.B.7.

Recommendation 1:

In order to meet the Standards, the team recommends the College implement processes, including consistent program review and student learning outcome assessment, to ensure the effectiveness of all of its services in meeting student needs. (I.B.2)

I.C. Institutional Integrity

General Observations:

The College communicates its performance on learning outcomes and student achievement to the public. The College catalog includes all required elements and provides accurate information related to its program and services, as well as accreditation status. The College catalog also describes its programs and includes program learning outcomes. The College does not have a process to ensure consistency of information in the several places where the same information is published. The College informs students of the total cost of education. The College has policies for academic freedom and integrity, and ensures faculty distinguish between personal convictions and accepted discipline views. The College does not require a specific world view. The College does not operate in a foreign location. The College maintains an honest relationship with external agencies. The College is not influenced by external interests such as a parent company.

Findings and Evidence:

The publicly accessible catalog serves as the main repository of information related to the mission statement, program learning outcomes, educational programs, student support services, and accreditation status. The Office of Academic Affairs oversees the annual update of the catalog. Accreditation status is one click away from the home page. (I.C.1)

The catalog includes all required elements such as general information, admission requirements, and refund of fees policies. (I.C.2)

The College communicates its performance on institutional learning outcomes as well as student achievement data through a variety of institutional level and program review reports, such as the Annual Progress Report. (I.C.3)

The College clearly describes its certificates and degrees in its catalog, including expected program learning outcomes. (I.C.4)

The College does not have sufficient processes in place to ensure consistency of information in the several places where the same information is published, but is exploring allocating additional resources to this task such as hiring a web and content specialist. The team identified inconsistent information. For example, the institutional learning outcomes on the "About Us" page under mission are different than those in the catalog. In interviews the team confirmed that the College is working on a process, with plans to launch an updated website in fall 2022, which will centralize information and add additional layers of approvals to ensure integrity of information. The College plans to document this new process in fall 2022, which will also include documenting how they will ensure consistency in printed information. (I.C.5)

The College publishes in its catalog and other places information on the total cost of education, including tuition, fees, and other required expenses, including textbooks and other instructional materials. (I.C.6)

The College governing board policy 4030 on academic freedom "protects the rights of teacher...and the rights of students...from censorship, coercion and other undue restrictions." (I.C.7)

The College has board approved policies on student academic honesty and student behavior (BP 5500) and honesty, responsibility, and integrity of all employees (BP 7115). AP 5500 outlines faculty's responsibility regarding academic honesty and integrity and consequences for dishonesty. (I.C.8)

There is a clear expectation that faculty distinguish between personal conviction and professionally accepted views, as required by BP 4030 and operationalized through the faculty evaluation and tenure review process. (I.C.9)

The College does not require conformity to specific codes of conduct or seek to instill specific beliefs or world views. (I.C.10)

The College does not operate in foreign locations. (I.C.11)

The College has made public all documents regarding its compliance with ACCJC Standards and can demonstrate that it consistently meets all reporting deadlines. The College has publicly disclosed the dates for the upcoming comprehensive peer review visit and has solicited third-party comments. When directed to act by the Commission the institution responds to meet requirements within a time period set by the Commission as evidenced by making improvements to their learning outcomes assessment processes. (I.C.12)

As evidenced by the accreditation website documents as well as an honest reflection on areas that need improvement in the ISER and in interviews with the visiting team, the College demonstrates integrity with external agencies. (I.C.13)

The institution is a public college with no financial investors or parent organization, and general funds do not support external interests. The College prioritizes funding to support its mission. (I.C.14)

Conclusions:

The College meets the Standard except for I.C.5.

Standard II

Student Learning Programs and Support Services

II.A. Instructional Programs

General Observations:

Napa Valley College offers degrees appropriate to higher education in fields of study aligned with its mission, regardless of the location or mode of delivery. Program information is publicly available in the college catalog, which includes information on program learning outcomes, degree and certificate requirements, and transfer. The faculty develop and maintain the curriculum through the Curriculum Committee process, and all curriculum receives final approval from the Academic Senate. Courses and programs include learning outcomes, and program outcomes are linked to institutional and general education outcomes. These are regularly assessed, and programs are reviewed on a three-year cycle. As needed, courses and programs are revised to maintain currency and provide continuous improvement.

Findings and Evidence:

Napa Valley College's faculty-led curriculum development and review processes ensure all instructional programs align with the mission, are appropriate to higher education, and meet requirements for transfer. Program descriptions published in the college catalog include program learning outcomes and the list of degrees and certificates to be earned. (II.A.1)

Faculty develop curriculum through processes that ensure it meets appropriate academic and professional standards. The faculty regularly review academic programs to ensure continuous improvement in courses and programs. The faculty recently adopted a peer review process for online courses to ensure quality in distance education offerings. (II.A.2)

Program learning outcomes are posted in the college catalog, and the College ensures course learning outcomes posted on the official course outlines are included in the course syllabus for all sections of each course. Faculty regularly assess learning outcomes with guidance and assistance from its Learning Outcomes Assessment Coordinator. (II.A.3)

The College clearly identifies and differentiates its limited number of pre-collegiate courses using a distinct numbering protocol defined in the college catalog. NVC offers a variety of these courses to support students in gaining the knowledge and skills needed to succeed in college-level curriculum. (II.A.4)

Faculty curriculum processes ensure that Napa Valley College's degrees and programs follow practices common to American higher education, including appropriate length, breadth, depth,

rigor, course sequencing, time to completion, and synthesis of learning. Board policies and procedures require a minimum of 60 semester units for associate degrees, and this information is included in the college catalog. (II.A.5)

The College creates course schedules that support timely student completion. Its scheduling practices are informed by data on past enrollment, persistence/retention, and student achievement, and it plans to adopt scheduling software to further improve scheduling practices. (II.A.6)

NVC offers courses and services in an array of times and modalities to meet the diverse needs of its students. Approval and review processes are in place to ensure the effectiveness of hybrid and online courses, and the College reviews student success data to guide changes in face-to-face, hybrid, and online modalities. Faculty evaluation processes and the Peer Online Course Review training and process adopted by the faculty demonstrate the institution's commitment to quality and innovation in its online and hybrid modalities in support of student success. In particular, the development and implementation of the Instructional Design Institute, which offered recent training on online teaching and culturally responsive pedagogy, reflects the College's attention to equity in success for all students. (II.A.7)

NVC does not use department-wide course or program examinations. The College has implemented procedures for assessing prior learning, including processes for students' appeals; NVC notes that because its credit for prior learning process is new, an assessment of the process has not yet taken place. (II.A.8)

NVC awards course credit, degrees, and certificates based on student attainment of learning outcomes, as demonstrated by the institution's curriculum processes and its work in cross-walking SLOs and PLOs. NVC's credit hours are aligned with generally accepted norms in higher education. NVC does not offer clock hour programs. (II.A.9)

NVC's transfer-of-credit policies are clearly articulated for students in its catalog and on its website, and its institutional policies for ensuring that transfer credits are comparable to NVC's courses are documented in its policies and handbooks. In addition to its articulation agreements with CSU and UC, NVC pursues agreements with other universities as needed to serve its students. (II.A.10)

Program-specific program learning outcomes for all of NVC's educational programs are linked to institutional and general education learning outcomes in communication competency, information competency, quantitative competency, analytic inquiry skills, ethical reasoning, and the ability to engage diverse perspectives. NVC has a robust process for cross-walking SLOs, PLOs, and ILOs, and the institution's ILOs and GELOs have been approved by both the academic senate and board of trustees. (II.A.11)

NVC general education philosophy is found in the college catalog and is based on local, CSU,

UC and IGETC requirements. The NVC GE philosophy is also found in BP 4025. All degrees include components of GE, and the GE component is part of program planning. Students complete the Graduation Petition and Checklist, which ensures students have completed GE requirements and that NVC graduates "possess a common foundation of knowledge for understanding their physical environment, culture and society and the skills of inquiry, reflection, and expression for personal growth and lifelong learning." The GE descriptions are developed by the curriculum committee, and faculty work with the GE subcommittee to evaluate course inclusion in the GE pattern. (II.A.12)

NVC awards degrees based on completion of courses in a major area of study, as well as GE requirements and electives. NVC publishes Program Learning Outcomes for each degree and certificate, and courses are mapped to the PLOs from the introductory level to the advanced level. Courses within the degree pathway have student learning outcomes that are reviewed during curriculum review as well as in the three-year program review process. (II.A.13)

NVC has both internal and external review processes for career-technical education programs, which have faculty-designed learning outcomes that meet the expectations for employment as well as licensure/certificate requirements. CTE programs are guided by board-approved advisory committees, which help faculty determine performance standards and meet the needs of industry, and seven of its programs are externally accredited. NVC tracks job placement and licensure pass rates, and the college monitors its institution-set standards and stretch goals in these areas and uses the information to identify needs for improvement within its programs. (II.A.14)

In the case of program discontinuance, the College's Administrative Procedure P 4024 directs the NVC Program Discontinuance Review Workgroup to provide students the opportunity to complete the program through a phase-out period. If program requirements are altered, students can use a Course Substitution Petition for course substitutions. Students are given notice of program discontinuance or significant change so they may plan accordingly. (II.A.15)

NVC uses a three-year program review process centered on student learning and achievement data for all instructional programs. Faculty reflect on program review data and use their findings to make course and program-level improvements and to address gaps in performance. Recent improvements include increased student supports in the ESL program and the addition of an African-American history course. (II.A.16)

Conclusions:

The College meets the Standard.

II.B. Library and Learning Support Services

General Observations:

Napa Valley College provides library and learning support services aligned with its mission. These support services include McCarthy Library, Writing Success Center, Math Success Center, Speech Lab, and other online tutoring services. Services for traditional on-campus and distance education students are evaluated regularly through program review, usage statistics, and student surveys. The library is part of the consortium that includes Napa County Library and Solano Community College Library. The College maintains necessary agreements with outside vendors to provide essential resources and services.

Findings and Evidence:

NVC provides a physical library at the main campus (McCarthy Library). While online services are available for students taking courses there, the Upper Valley Campus facility has no designated faculty or staff support. The College supports student learning and achievement by providing library and learning support services through McCarthy Library, Writing Success Center, Math Success Center, and Speech Lab. Resources include access to the library's print and online collections, reference and instructional services, tutoring services, and computer access and printing. The College also provides access to online library collections through a regional consortium, and in Spring 2020, the library expanded its online learning support services to correspond with a shift to online instruction and services. Online live tutoring is available through third-party services in multiple subject areas. Library instruction and other services and tutoring services are available for all students through the College's learning management system, Canvas. The College regularly evaluates the effectiveness and sufficiency of its library and learning support services. (II.B.1)

The College relies on faculty and learning support services professionals' expertise to select and maintain educational equipment and materials to support student learning and achieve the mission. Also, the library has a voting member on the Curriculum Committee to ensure that the current collection supports or will support new offerings. The library also has a voting member on the Academic Senate's Educational Technology Committee, which addresses technology resources, instructional technology needs, and educational software. In Improvement Plan A, the College plans to improve processes for selecting and maintaining library resources to include all faculty and learning and support service professionals in order to meet all needs across the institution. (II.B.2)

The College evaluates the library and learning support services every three years, including the Math Success Center and the Writing Success Center. The evaluations include data on student usage and access and a description of user demographics. For the library, the report contains data on the circulation of books, classroom supports, technology, and the reservation of study rooms. For the Math Success Center, the report includes data on retention and successful course completion rates among students who accessed the center and those that did not. For the Writing

Success Center, the report contains data on the most common English course enrollments among students who accessed the center each term and English pathway success among those who accessed the center. The review for tutoring and supplemental instruction services occurs during the program review for each program using those services. The College also conducts surveys to evaluate the learning support services, including library and tutoring surveys. (II.B.3)

The College contracts with outside vendors to support and supplement the Library and learning support services resources and collections. Also, the College has agreements for technology to support teaching and learning, including the LMS (Canvas) for distance education, online library reference materials, and tutoring services. It is part of a consortium that includes Napa County Library and the Solano College Library. In addition, the College cooperatively procures technology infrastructure and supplements its existing collections through subsidized support of the California Community Colleges Chancellor's Office (CCCCO), the Community College League of California (CCLC), and the Council of Chief Librarians (of the California Community Colleges). In response to their most recent review, the College plans to amend existing agreements to clarify its responsibilities for security, maintenance, and reliability of specific learning support services. (II.B.4)

Conclusions:

The College meets the Standard.

II.C. Student Support Services

General Observations:

Napa Valley College has a broad spectrum of student support services focused on student learning and achievement. The student services that perform assessment do so on a triennial calendar. The delivery of student support services is broadly accessible on the main campus and accessible online. The College has policies and procedures for maintaining student records permanently, securely, and confidentially and publishes them appropriately regarding the release of student records.

Findings and Evidence:

The team found Napa Valley College offers broad opportunities to enhance the student experience inside and outside the classroom. College funded student support services are scheduled to undergo Napa Valley College's triennial program review of programs/departments under student support services. Grant-funded programs conduct evaluations based on service agency reporting guidelines and are separate from the college program review process. In spring 2021, NVC expanded the program review summary pages to document linkages between student support services and institutional mission and plans. Based on evidence review, the team verified that Napa Valley College performs program/department reviews. (II.C.1)

Napa Valley College provided an analysis of its programs, including data it uses to inform its practices. The College uses assessment data to improve student support programs and services appropriately. The team found evidence of the assessment in learning support outcomes and assessment data in the following document: Program Review Webpage under Student Services and an external consultant document Enrollment Process Review: AACRAO Consulting Report for Napa Valley College. (II.C.2)

NVC assures equitable access to all students by providing comprehensive and reliable student support services programs, both in face-to-face and online modalities, through the adoption of Cranium Café. The College self-disclosed that COVID-19 has impacted their ability to provide equitable services at the Upper Valley Campus, which they are working to address as they return services in person during the academic year 2022 – 2023. (II.C.3.)

NVC offers a broad spectrum of co-curricular and athletics programs that align with the College's mission and contribute to social and cultural experiences for students. The team found these programs are conducted with sound educational policy and standards of integrity. The College maintains responsibility for these programs, including financial operations. The team found evidence that the work in the Theater Arts program supports a regular schedule of performances, with casts and crews featuring NVC students, staff, and community members.

The team found that the NVC's athletics programs are offered and managed by the Division of Kinesiology, Athletics, and Dance. Athletic programs adhere to BP 5700 Athletics, developed per state and federal regulations. NVC's athletics programs are supported by courses in the Kinesiology program, specifically KINE 272-297. The Curriculum Committee ensures these courses are conducted with a sound educational policy according to the established curriculum approval processes described in Standards II.A.1-2. NVC controls all athletics programs, including their finances. (II.C.4.)

NVC provides academic counseling and advising services to support student development and success. NVC, through the Counseling Department, provides guidance courses to new and returning students. The curriculum of these courses focuses on personal development, academic preparation, career exploration, and transfer preparation. These courses also focus on assisting students in preparing to complete their designated educational goals. Many counselors participate in multiple opportunities for year-round professional development. The team found documentation in the Counseling Department's Program Review- Counseling, Student Educational Plans, and Counselor Training. NVC self-disclosed in their findings that they identified a need to increase collaboration amongst instructional and non-instructional faculty in advising. The need to increase the cooperation between counselors and discipline faculty; provide training for faculty regarding the advising role and effective use of existing technology, and incorporate course sequencing a balance between area focus and general/education/other requirements into program maps. (II.C.5)

NVC has and adheres to admission policies aligned with its mission. The team verified that the College adheres to BP 5010, which indicates that NVC admits anyone "who can benefit from advanced scholastic or vocational work." The Catalog describes populations eligible for

admission – based on educational background, ranging from high school students through non-high school graduates to high school graduates and transfer students. (II.C.6)

NVC regularly evaluates admissions and placement instruments and practices to measure their effectiveness and minimize biases. NVC implemented a new guided self-placement system for English and math placement in 2019. Within the new system, all students receive recommendations to enroll in transfer-level English and math, with or without co-requisites, depending on their academic performance in high school. NVC is engaged in an ongoing evaluation of the new system. The team confirmed that the College would review its community of practice data and survey results, classroom observations, and student performance to support adjusting practices to improve student success. (II.C.7)

NVC maintains student records permanently, securely, and confidentially through its process of digitally securing files. In addition, the College publishes and follows established procedures for releasing student records. The College follows BP 5040 and AP 5040 Student Records, Directory Information, and Privacy. This policy and procedure outline the process for releasing student records and defining directory information. The College also follows legal requirements outlined in the Family Educational Rights and Privacy Act (FERPA), California Education Code, and California Code of Regulations for maintaining and storing student academic records. During the site visit, the team verified that the College has a process for digitally securing student files; however, the College is encouraged to adopt a backup process for maintaining security of student files when digital methods are offline. (II.C.8.)

Conclusions:

The College meets the standards.

Standard III

Resources

III.A. Human Resources

General Observations:

Napa Valley College has Board Policies, Administrative Procedures, and collective bargaining agreements that guide its human resources practices. The College establishes appropriate employment qualifications for each position and has appropriate hiring guidelines. It provides a range of professional development opportunities for all employee groups, and it maintains the confidentiality of its personnel records. Overall, NVC provides the necessary processes to ensure its human resources are qualified and sufficient to meet the needs of the college's programs and services and fulfill its mission.

Findings and Evidence:

Napa Valley College has policies and procedures to ensure the appropriate hiring and staffing of personnel qualified to succeed in job requirements. Hiring procedures for full-time faculty were formally adopted in AP 7120.1, while procedures for hiring other groups are documented in administrative hiring procedures. For consistency and to improve transparency, the college should consider formally adopting its hiring procedures for all employee groups as Administrative Procedures. Job criteria and requirements are published in public job announcements, and job descriptions are directly related to the institutional mission and goals. Hiring committee screening tools are based on posted job descriptions. (III.A.1)

NVC's hiring procedures ensure that faculty qualifications include subject matter expertise and requisite skills, including development and review of curriculum and assessment of learning outcomes, as indicated in hiring policies and procedures (BP 7120, AP 7120.1, and established hiring procedures), job announcements, minimum qualifications, and equivalency reviews (AP 7211). Applicants' qualifications are assessed by hiring committees that include discipline experts. (III.A.2)

NVC has established hiring procedures to ensure that administrators and other employees possess the qualifications necessary to sustain institutional effectiveness and academic quality. These qualifications are identified in job descriptions and used to screen and evaluate applicants throughout the evaluation process of screening, interviews, and reference checks. For consistency and to increase transparency, the College should consider formally adopting the administrative hiring policy as part of an Administrative Procedure. (III.A.3)

Required degrees held by Napa Valley College employees are from institutions accredited by U.S. accrediting agencies. Transcripts and degrees are validated by the Office of Human Resources, and foreign degrees are recognized only after equivalency is established by

organizations approved by the State of California Commission on Teacher Credentialing. (III.A.4)

Despite delays in some employee evaluations because of changes in administrative positions, Napa Valley College regularly and systematically evaluates its personnel according to written criteria established for each employee group in board policy and collective bargaining agreements. These evaluations assess employee effectiveness in the appropriate criteria and encourage areas for improvement. Evaluation procedures identify the process and associated timeline for actions taken following evaluations. (III.A.5)

The College employs enough full-time and part-time faculty to maintain the quality of its programs and services. The Academic Affairs Council identifies future faculty needs and prioritizes new positions, and part-time faculty are hired to address immediate needs. An internal study of comparable colleges found that NVC employs 28%-29% more faculty than similar-sized colleges. (III.A.7)

Napa Valley College has policies and processes in place to support the orientation, oversight, evaluation, and professional development of part-time faculty. Through shared meetings and professional training, the College provides opportunities for part-time faculty to participate in the life of the institution. (III.A.8)

Napa Valley College maintains enough qualified staff to support the College's operations. The annual planning and budget process provides all areas the opportunity to identify additional needs, which are then prioritized by President's Cabinet. NVC's comparison study found the College employs 26%-31% more classified employees than similar-sized colleges. (III.A.9)

NVC has a sufficient number of administrators with appropriate qualifications and expertise to provide continuity and effective administrative leadership to support the mission. The College's recent staffing comparison study found it has 26%-32% more administrators than other community colleges of similar size. The College's hiring process, as outlined in board policy and administrative hiring procedures, ensures administrators have the appropriate expertise and experience, and the annual planning and budget process provides all areas the opportunity to identify additional administrative staffing needs. However, with the departure of 13 administrators over the last two years, the College has recognized the need for a more concrete succession planning mechanism. (III.A.10)

Napa Valley College has established and adheres to written personnel policies published in Board Policies, Administrative Procedures, collective bargaining agreements, and other documents, all of which are publicly available. The chief human resources officer is responsible for assuring all personnel policies are fair, equitable and consistently administered. (III.A.11)

Napa Valley College articulates its commitment to diversity in its Board Policy 7100. In 2017, the College adopted an Equal Employment Opportunity Plan that establishes policies and practices that support its diversity, including an advisory committee, a complaint procedure, and a process for the annual analysis of the diversity of applicant pools, new hires, and all college

employees by group and overall. These are overseen by the Human Resources department. (III.A.12)

The College defines a written code of professional ethics for all employees in its Board Policy 7115 "Ethical Standards." Faculty have endorsed the "Statement on Professional Ethics" of the AAUP in AP 7115.1, and the Classified and Administrative Senates have adopted Code of Ethics/Standards of Practice, and Ethics Statement, respectively. Ethics violations are investigated by the Human Resources department and follow the disciplinary processes outlined in the appropriate collective bargaining agreement and in accordance with the law, as applicable. (III.A.13)

The College's Office of Human Resources, Training, and Development coordinates with staff and faculty professional development committees to provide for the professional development of all personnel. These varied professional development opportunities, including the Campus Cares and KEYSS programs, are tailored to the needs of each campus employee group and provide training that reflects and responds to current needs. These programs are evaluated using feedback and surveys to improve offerings. (III.A.14)

The College provides for the security and confidentiality of personnel records, as outlined in Board Policy and Administrative Procedure 7145 and in the relevant articles of its collective bargaining units. Employees have the right to review their files through individual appointments with the Office of Human Resources. (III.A.15)

Conclusions:

The College meets the Standard.

III.B. Physical Resources

General Observations:

NVC develops plans to ensure that physical resources are sufficient to support student learning and achievement. The College has a Facilities Master Plan and prepares Five-Year Capital Outlay and Scheduled Maintenance Plans annually based on periodic facilities condition assessments, and annual unit plans, which identify and prioritize the needs for physical resources of departments.

The College should continue to improve the integration of its plans and resource allocations for institutional (e.g., FMP, TMP) and annual unit plans to ensure that physical resources meet the long-term needs of the institution. The College should also continue to improve how it assesses and plans for the total cost of ownership of its physical resources.

Findings and Evidence:

NVC assures safe and sufficient physical resources at all locations where it offers courses,

programs, and learning support services. The team verified that courses were not currently offered at the Upper Valley Center. Capacity/Load ratios for most space inventory categories exceed the State standards for similar institutions. New facilities are constructed and maintained to meet strict State safety and accessibility standards to support a healthful learning and working environment. The College has implemented many access improvements identified in its ADA Transition Plan. Regular safety inspections are conducted by the college's insurance administrator, the Napa Fire Department, the college facilities and police departments, and others. Preventative maintenance is performed both routinely and as needed or requested. Some work orders had not been closed in a timely manner; the College is working on improving training of staff to close work orders as work is completed. The College Safety Committee reviews safety and training programs. Napa Valley USD oversees safety and facilities issues for classroom space leased at ACHS. The College has established a Facilities Committee, Safety Committee, and Emergency Response Committee in order to assure access, safety, security, and a healthful learning and working environment. The committees do not have broad representation. As a best practice, the College should evaluate the purpose and membership of its committees to ensure broad participation and input on facilities and safety issues. (III.B.1)

NVC plans, acquires or builds, maintains, and upgrades or replaces its physical resources in a manner that assures the quality necessary to support its programs and services and achieve its mission. The College has a Facilities Master Plan, which is scheduled to be updated in the near future, and submits a Five-Year Capital Outlay Plan and Five-Year Scheduled Maintenance Plan annually to secure State funding, when available. The Five-Year Capital Outlay Plan estimates the need for local funds in the amounts of $12.7 million in 2020-21, $15.6 million in 2021-22, $29.6 million in 2022-23, and $10.8 million in 2023-24 if supplemented by State funds. However, the College's Capacity/Load ratios are well in excess of the State standards, decreasing the likelihood of receiving State Capital Outlay funds. Additionally, facility utilization rates are low so the college is using and maintaining more space than is necessary to meet the current needs of its programs. While the College develops facilities plans, it needs to evaluate its overall budget and resource allocation process to ensure that sufficient resources are available to meet the long-term needs for physical resource maintenance, renovation, and replacement without full reliance on State or local capital outlay or scheduled maintenance funds, which are highly dependent on the economy and State budget. (III.B.2)

NVC regularly plans and evaluates its facilities and equipment, considering utilization and other relevant data to assure the feasibility and effectiveness of its resources in supporting programs and services. NVC evaluates its facilities using a combination of technology, outside entities, and planning documents, such as the Educational Master Plan and Facilities Master Plan. A facilities condition assessment is completed every three years and summarized in a Facilities Condition Index Report to aid in the prioritization of facilities projects. The College contracted for a study of facilities utilization to identify opportunities to improve utilization and effective service delivery. However, facility utilization rates are low and capacity to load (demand) ratios are high, which indicates that the College has more facilities than it needs. Per the FMP, facilities square feet have increased 44% since 2002 without an increase in facilities staff, limiting the

capacity to maintain facilities in a manner that fully supports programs and services. (III.B.3)

NVC's long-range capital plans support institutional improvement goals. However, the College is not effectively evaluating and planning for the total cost of ownership (TCO) of new facilities and equipment. NVC completes a Five-Year Capital Outlay Plan and Five-Year Scheduled Maintenance Plan based on information from the Space Inventory and Facilities Condition Index Reports, and identifies department-specific needs in annual unit plans. However, implementation of the plans is dependent on the availability of State and local funding. NVC has increased its capital outlay allocation in its budget; however, the needs appear to exceed the available funds. NVC does not formally document and allocate funding for total cost of ownership. As an example, facilities square footage has increased 44% since 2002 without an increase in facilities staff. However, the College has implemented several infrastructure projects and preventive measures to lower ongoing operating costs. The college has identified the need to incorporate the evaluation of TCO in Improvement Plan A and is evaluating TCO for the student housing and Wine Education Center projects. However, the team did not find evidence that the College has mechanisms in place to incorporate an evaluation of TCO in all of its resource allocation processes to support long-term fiscal stability. (III.B.4)

Conclusions:

The College meets the Standard except for III.B.4.

Recommendation 3:

In order to meet the standard, the College must plan for and evaluate total cost of ownership of its physical and technological resources. (III.B.4, III.C.2)

III.C. Technology Resources

General Observations:

NVC provides effective technologies in support of its operations and services. While the College identified gaps that impact its ability to evaluate the sufficiency of technology resources to support teaching and learning, the College provides evidence that technology resources are implemented and maintained to assure reliable access, safety, and security at all locations where it offers courses, programs, and services. Policies and procedures are in place to guide the appropriate use of technology in the teaching and learning process. The College has created an Improvement Plan A to improve their planning and resource allocation for technology.

Findings and Evidence:

NVC's technology services, support, hardware and software are appropriate and adequate to support management and operational services. The ISER identifies "gaps" in the annual planning

processes for the evaluation and sufficiency of technology resources in all academic programs and in support of teaching and learning. Although the College's Technology Master Plan (TMP) is reviewed annually as part of the planning process, it is not yet integrated into the overall College planning process. The College has identified this as an area for improvement. (III.C.1)

NVC regularly plans but does not regularly update technology to ensure that the infrastructure, quality, and capacity are adequate to support its mission, operations, programs, and services. Technology resources called for in the TMP have not been fully funded, which is an area identified for improvement. For example, the College developed a Technology Refresh Strategy, and only funded the first wave of computer desktop refresh in 2018-19. The College has plans to incorporate its technology replacement policy into its annual planning and budgeting process as outlined in Improvement Plan A. The College acknowledges the inadequacy of its past technology funding. A recent unexpected event was a key catalyst for making immediate investments and updates to plug security gaps. In order to sustain the quality of their technology infrastructure, the College should strengthen its process for prioritizing and funding technology updates. (III.C.2)

The College assures that appropriate technology resources at its locations, the main campus in Napa, the Upper Valley Campus, and the classroom facilities in American Canyon, are provided and maintained to assure reliable access, safety, and security. The College's IT function supports the operational and security needs of the various sites. The Napa campus served as a disaster emergency center and reliably met communications needs for multiple State and federal agencies. The Distance Education program coordinates with IT on the administration of Canvas. (III.C.3)

The College provides appropriate instruction and support for all employees in the effective use of technology systems. New employees and students are trained in the use of technology through initial orientations, and ongoing training is provided through online training tools and regularly scheduled and on-demand training sessions. Online surveys are used to determine training needs and assess the effectiveness of training sessions. (III.C.4)

The College has policies and procedures outlined in BP/AP 3720 that guide the appropriate use of technology in the teaching and learning process and detail the conditions of use, copyright and license rules, ownership matters, information integrity, appropriate use, and discipline for violations. In addition, specific standards and additional procedures are in place to ensure safe computing across all systems and tools, including password standards; security, social media and email procedures; mobile devices; data classification standards; and classroom technology standards. Processes, policies, training, and practices are well documented to ensure safe computing access to NVC's internet-accessible systems and tools. (III.C.5)

Conclusions:

The College meets the Standard except for III.C.2.

III.D. Financial Resources

General Observations:

Napa Valley College has sufficient financial resources to support and sustain student learning programs and services and accomplish its mission. The mission and institutional plans guide the annual resource allocation process. As a community supported institution, NVC has a higher and more stable source of funding than similar institutions. However, the team found that the College does not have effective planning mechanisms to adequately plan for the effective allocation of its resources and ensure long-term financial stability. The College has identified the need to reduce its operating costs and allocate resources in the budget to meet its future capital needs and long-term obligations and ensure long-term financial stability to support and sustain student learning programs and services and accomplish its mission. Additionally, while the annual budgets approved by the board are balanced, actual expenditures have exceeded budgeted amounts, and in recent years the College has underestimated actual expenditures. The College is implementing conservative budget practices and tighter fiscal controls.

Findings and Evidence:

The team reviewed evidence, including annual budgets, audit reports, and State apportionment reports to assess the financial health of NVC. In 2017-18, NVC became a community-supported institution when its revenue from local sources – property taxes, tuition and fees – exceeded the revenue from the State funding formula. Property taxes constitute 83% of the College's revenue. In 2020-21, the College received $6,080,758 (18%) more than the $33,535,957 it would have from the State funding formula. However, according to the 2021-22 Final Adopted Budget, the College had small deficits of .61% and .77% in 2019-20 and 2020-21 and ended the years with a reserve balance of 8.05% and 7.69%, respectively, exceeding the 5% minimum established in BP 6200 as recommended by the CCCCO for a prudent reserve at the time of the ISER. However, the College has not addressed long-term goals and commitments in its budget in accordance with BP 6200. As identified in the ISER and related evidence, the annual budget has not included intentional ongoing funding for replacement and maintenance of facilities, technology, and long-term obligations such as Other Post-Employment Benefits (OPEB). As a result, NVC is dependent on supplementary funding from the State or local bonds for capital outlay, which are unreliable and dependent on voter approval. From 2017-18 to 2020-21, the deficit in the Unrestricted Net Position grew from $72.7 million to $81.9 million. In addition, due to an inability to prepare a final trial balance for the auditors, NVC did not complete its 2019-20 audit report until August 31, 2021, 14 months after year end. The College was placed on the ACCJC "enhanced monitoring" in fall 2021. During its site visit the team reviewed evidence that the College had been removed from "enhanced monitoring" in October 2022.

The CCCCO requested the Fiscal Crisis Management Assistance Team (FCMAT) to review NVC finances due to cash flow issues in fall 2021. The College scored 36.4% on the FCMAT Financial Health Risk Analysis, which is at the high end of the moderate risk category (25-39%). NVC has identified the need for increased reporting and monitoring of its budget to avoid deficit

spending, which it has incorporated into Improvement Plan A. Audits by an independent auditor indicate that NVC manages its financial affairs with integrity. There are relatively few audit findings and they are addressed in a timely manner. However, the College needs to integrate its planning and resource allocation for both institutional (e.g., Facilities Master Plan, Technology Master Plan) and annual unit plans to ensure that resources meet both short-term and long-term needs of the institution and support and sustain student learning programs and services. The College, under new leadership, is working to address issues related to management of financial resources to ensure long-term financial stability, including evaluating operating expenses to identify opportunities to reallocate budget for capital assets (repairs, maintenance, and replacement of facilities and technology), future obligations (pension and OPEB), and increasing reserves. (III.D.1)

NVC's mission and goals are the foundation for financial planning. However, the College was not consistently following its policies and procedures to ensure sound financial practices and financial stability, and appropriate financial information was not disseminated throughout the institution in a timely manner. The Institutional Strategic Plan is the foundation for the annual unit plan resource requests. However, the College did not effectively use a clear evaluation rubric and data to objectively make resource decisions in a manner that maximizes achievement of its strategic goals. A rubric was developed but it was not well communicated and understood within the institution and it was unclear whether it was used consistently when prioritizing and making resource decisions at the area council and cabinet levels. The College also did not ensure that resource allocations addressed both the short-term and long-term needs of the institution. Facilities and technology plans were not adequately funded and the College is not setting aside funding for long-term future obligations such as Other Post-Employment Benefits. It was also noted that one-time revenues were being used to fund ongoing expenses. The institution has policies and procedures (BP 6200, Budget Development Values and Assumptions) to ensure sound financial practices and financial stability, which were communicated to the College in the last budget development cycle. But it did not have a formal Administrative Procedure to ensure that the BP was effectively implemented, and the existing policies and procedures did not appear to be consistently followed or well communicated and understood. At the time of the site visit, AP 6200 was still under review. The team encourages the College to finalize and implement the procedure. Financial information is disseminated throughout the institution through the Planning and Budget Committee and two forums to share the Tentative and Adopted Budgets. However, the dissemination of information related to the overall resource allocation process, including the criteria used to prioritize resource requests, and the outcome of the resource allocation process, was not communicated widely and in a timely manner. A budget forum is scheduled for November and a communication is drafted to communicate the resource requests that were approved in the most recent resource allocation process. Under its new leadership, the College is starting a new cycle to review its Mission, Vision, and Values, Educational and Facilities Master Plans, and other planning and documents. (III.D.2)

As noted previously, the institution has defined its guidelines and processes for financial planning and budget development in BP 6200 and Budget Development Values and

Assumptions, but they have not been consistently communicated or followed. The College has established a budget development calendar. AP 6200 was developed and recommended by the Planning and Budget Committee (PBC) in spring 2022 but it was unclear whether it had been adopted and implemented. Changes in leadership and a ransomware attack appear to have delayed implementation and communication of the AP and process improvements, and resulted in modifications in the process. All constituencies have opportunities to participate in the development of institutional plans and budgets through the development of annual unit plans, the PBC, and budget forums. The team noted that there did not appear to be clarity around the prioritization and resource allocation processes. This appears to be largely the result of a lack of broad communication explaining the guidelines and processes and reporting the results of resource request funding decisions. The College, under new leadership, is working to create clear guidelines and processes and improved communication for better institutional understanding of the process and results of resource decisions. (III.D.3)

Institutional planning reflects an assessment of financial resource availability, development of financial resources, and partnerships. However, the budget appropriations for expenditures were not based on prior year actual and anticipated fiscal commitments, including funding for the facilities and technology plans or future obligations for pension liability and OPEB. Property taxes, which make up 83% of the college's revenue, are a relatively stable source of revenue. However, tuition and fees follow enrollment, which has declined 22% in 5 years. NVC also develops additional resources through two auxiliary foundations to help support its operations. The College is developing plans to increase revenue from other sources, including student housing and nonresident tuition to supplement its strong property tax revenue base. Recurring deficits have resulted from expenses exceeding the budget. In addition, the College has utilized one-time revenue to cover ongoing expenses. The team did not see evidence that the College budgets for contingencies or shortfalls in projected revenue and unanticipated expenses. The College has identified the need to improve its fiscal monitoring, develop additional financial resources, and increase allocations for capital asset replacement and long-term obligations such as OPEB. Budget forecasts were extended from 3 to 5 years. (III.D.4)

The internal control structure has reasonably appropriate control mechanisms and widely disseminates dependable and timely information for sound financial decision making. The district audit reports for 3 years have indicated that its financial information is reliable and internal controls are appropriate. However, the last three completed audit reports have been delayed, especially in FY 2019-20, when the report was not completed until 14 months after year end. In addition, NVC has over-expended its budget in consecutive years, indicating that it needs tighter fiscal controls over its expenditures. Unit-level budgets were not loaded in a timely manner through 2020. However, the College has addressed these issues in recent months. Despite a recent unexpected event, the College will be able to close its fiscal year with only a modest delay. The College uses Colleague Financial Accounting System, which provides timely, reliable reports. The 2020-21 CCFS-311 report was filed on time in fall 2021. The College plans to implement the Colleague Position Control module to improve fiscal control over the primary budget expenditure – regular positions. (III.D.5)

Financial documents, including the budget, reflect appropriate allocation and use of financial resources to support student learning programs and services. The annual independent auditors' report indicates that the financial reports are fairly stated in all material respects. However, while NVC presents a balanced budget, it has incurred small but consecutive, unplanned deficits, which indicates budget inaccuracies, or a failure of controls over expenses. Additionally, the College has only provided limited funding to replace capital assets and fund its long-term obligations. The College has not adjusted appropriations and expenses based on declining enrollment resulting in higher allocations relative to other similar sized institutions. The College's new executive leadership is evaluating the annual budget appropriations to identify options to reduce ongoing expenses and increase investments in capital assets and funding for future obligations. (III.D.6)

The College's responses to external audit findings are comprehensive, timely, and communicated appropriately. The College has had unmodified reports but has received audit findings. However, when they occur, they appear to be consistently addressed within the subsequent year. For the year ended June 30, 2020, the College budget was not properly closed and able to prepare a trial balance until July 17, 2021, resulting in a material weakness. The College developed a corrective action plan to fix the issue and closed the fiscal year within a reasonable amount of time in the subsequent year. The College presents its audit report to the PBC, Audit Committee of the Board of Trustees, and the Board of Trustees and makes it available to the public on its webpage. (III.D.7)

The College's financial and internal control systems are evaluated and assessed for validity and effectiveness, and the results of this assessment are used for improvement. The independent auditors test the internal controls annually, but do not thoroughly assess them to form an opinion. The Controller is a Certified Internal Auditor, but the College does not have an Internal Auditor or similar position with assigned duties to specifically evaluate internal controls to proactively identify and correct weaknesses. Weaknesses addressed by the external auditors appear to be addressed prior to the next audit to avoid repeat audit findings. (III.D.8)

The institution has sufficient cash flow and reserves to maintain stability, support strategies for appropriate risk management, and, when necessary, implement contingency plans to meet financial emergencies and unforeseen occurrences. The College exceeds the 5% minimum reserves (7.69% as of 6/30/21) defined in its current board policy. However, as a community-supported district funded primarily by property taxes, the cash flow is dependent on property tax collections, which are due in December and April. The college obtained a $3,700,000 "Dryperiod loan" from the County to ensure sufficient funds to meet November obligations. From fiscal year 2016-17 to 2020-21, Cash and equivalents balance decreased from $26.8M to $12.6M. However, the College is monitoring its cash flow and has determined that there are sufficient cash reserves within all of its funds to meet its operational needs without a short-term loan. To ensure long-term financial stability, NVC should adopt the CCCCO recommendation that districts maintain a reserve of two months of operating expenses. By reducing expenses,

including adjusting personnel down to reflect the reduction in students, as presented in its plan submitted to the ACCJC, investments can be made in capital assets and reduction of long-term obligations, while increasing reserves to ensure sufficient cash flow to meet obligations in the months when property tax revenues lag behind the operating expenses. NVC also uses appropriate strategies to manage its risk, participating in various Joint Powers Authorities for insurance coverage. (III.D.9)

The institution practices effective oversight of finances, including management of financial aid, grants, externally funded programs, contractual relationships, auxiliary organizations or foundations, and institutional investments and assets. The College has multiple layers of oversight and approval of its finances, from the grant and department level to the Controller and the authorized executive and Board of Trustees over certain thresholds. External reviews are also conducted by the State Chancellor's Office, ACCJC, and independent auditors. The annual independent auditors' reports on financial and federal and state compliance, including financial aid, of the institution and its two auxiliary foundations have resulted in unmodified opinions and compliance with regulations. When audit findings occur, they have been addressed in a timely manner. The Napa County Office of Education processes and reconciles all checks. OPEB funds are held in the California Employee's Retirement Benefit Trust, which is managed by CalPERS. However, the College does not have an effective review process for grant acceptance to ensure alignment with the mission and strategic goals and minimize the financial and non-financial risks. The College would benefit from a formal process to review grants and contracts prior to approval to ensure alignment with the mission and strategic goals and minimize the financial and non-financial risks. (III.D.10)

The level of financial resources provides a reasonable expectation of short-term financial solvency; however, the annual budget has not included adequate funding for the facilities and technology master plans and future long-term obligations to assure long-term financial stability. As a community supported institution, revenues are higher and more stable than most institutions, providing some assurance of short-term and long-term solvency if managed appropriately. The College forecasts its budget for five years, including allocations for future obligations. However, the College has relied on one-time revenue to cover ongoing expenses, which results in a structural deficit when the one-time funds expire. In addition, the College has not adequately considered total cost of ownership in making resource allocation decisions or used data to evaluate and manage the efficiency of its resource allocations, which has resulted in an erosion of surpluses and failure to invest in capital assets and fund future obligations. The College, under new executive leadership, is evaluating the annual budget appropriations to identify options to reduce ongoing expenses and increase investments in capital assets and funding for future obligations. (III.D.11)

The College has not allocated resources for the payment of liabilities and future obligations, including Other Post-Employment Benefits (OPEB), compensated absences, and other employee-related obligations. The College uses a pay-as-you-go approach to fund post-employment benefits. The annual OPEB plan costs incurred for benefits of former employees are

paid and expensed in the current budget. As of June 30, 2021, the plan had a Total OPEB liability of $40.4 million and Fiduciary Net Position of $3.1 million (7.66%). The actuarial plan for OPEB is current and included in the financial statements and notes in the independent auditors' report. In addition to the OPEB Liability, long-term obligations included Compensated Absences ($2.5 million) and Pension Liability ($54.2 million), and General Obligation bonds, which are funded by a special tax assessment. The combination of unfunded liabilities resulted in a Total Unrestricted Net Position deficit of $81.9 million. The College, under new leadership, is evaluating the annual budget appropriations to identify options to reduce ongoing expenses and increase investments in capital assets and funding for future obligations such as OPEB. (III.D.12)

The institution's only debt, other than the temporary "Dryperiod Loan" from the County, are GO Bonds, which are repaid through taxes assessed by the County Assessor's Office and collected from the taxpayers of Napa County. The Dryperiod loan, if needed, is repaid in January, when property taxes are received from the county. The General Obligation Bonds are recognized as a liability in the financial statements but are separately paid through the specific property tax assessment. (III.D.13)

All financial resources are used with integrity in a manner consistent with the intended purpose of the funding sources and in compliance with applicable laws and regulations as indicated by the lack of audit findings by the independent auditors' report. (III.D.14)

The College monitors and manages student loan default rates, revenue streams, and assets to ensure compliance with federal requirements. The independent auditors' report indicates that the College has complied with the applicable federal and state requirements. The default rates are monitored and have remained below 15%. (III.D.15)

Contractual agreements with external entities are consistent with the mission and goals of the institution, governed by institutional policies, and contain appropriate provisions to maintain the integrity of the institution and the quality of its programs, services, and operations. Contracts are reviewed by the department/program and the Board of Trustees. However, it was not evident that contracts are reviewed and approved by a contract specialist and/or administrator, including the President, prior to submitting to the Board of Trustees for approval. As noted above, the College may benefit from a formal process to review grants and contracts prior to approval. (III.D.16)

Conclusions:

The College meets the Standard except for III.D.1, III.D.2, III.D.3, and III.D.4.

Recommendation 4:

In order to meet the Standards, the team recommends the College integrate its planning and resource allocation for institutional and annual unit plans to ensure that resources meet both short-term and long-term needs of the institution and support and sustain student learning programs and services. (III.D.1, III.D.2, III.D.3, III.D.4)

Recommendation 7:

In order increase institutional effectiveness, the team recommends the College plan for and allocate appropriate resources to ensure payment of liabilities and future obligations, including Other Post-Employment Benefits. (III.D.11, III.D.12)

Standard IV

Leadership and Governance

IV.A. Decision-Making Roles & Processes

General Observations:

Napa Valley College possesses a committee structure designed to support governance and decision-making at the College. The committee roles and functions that support and facilitate governance are described in its policies and roles for leadership and governance, including designation of authority by the governing board to the superintendent/president. The College has a variety of board policies (BPs), many of which do not have corresponding administrative procedures to guide shared understanding of implementation. Additionally, many of its existing administrative procedures have not been regularly updated and are under contention between various constituency groups. Leadership roles are outlined in the policies, but the evidence demonstrates that personal differences and a climate of mistrust have eroded the effectiveness of the College's governance and decision-making processes.

The College has significant issues in its governance and decision-making structures. A climate of general mistrust among College constituencies has permeated the relationships and governance processes which has led to ineffective governance. The College has stalled in its implementation of policies and procedures, including effective communication to implement new processes. The College has created dual policy structures and has reached an impasse on the structure or agreement on a united way forward for effective governance.

Findings and Evidence:

In its review of the ISER and interviews with College faculty and staff during its site visit, the team reviewed multiple documents utilized for its governance and decision-making processes, including the College Governance, Decision Making and Responsibilities policy (BP 2511), the College's Instructional Program Evaluation (AP 4021), the Instructional Program Review Overview, and the Program Review User's Manual; however, there is no single, college-wide planning document or guide to initiate improving practices, program, and services. The team did not observe consistent understanding that guides how decisions are made. Evidence of review or innovation for non-instructional areas was not provided in the ISER or during the site visit. (IV.A.1)

A review of the evidence showed that BP 2510 provides each constituent group – faculty, classified, student, and administrative senates – with "the opportunity to express their opinions" and states that "these opinions are given every reasonable consideration." BP 2511 describes general processes for incorporating input from individuals and constituent groups into planning processes. AP 2510 provides additional detail about the process and roles for administrative

decision-making, although the team felt these roles could use additional clarity. During site visit interviews, the team found that student participation is minimal or non-existent, and many Classified Professionals refrain from the participatory process due to existing college-wide tension, regularly removing their perspective from the governance process. The team observed conflict regarding who has authority over policies and administrative procedures and who may initiate policy changes. The roles of all of the constituent groups are not clearly defined in the evidence obtained. The College has a Council of Presidents, which includes the president of the College and each of the constituent groups. However, the Council of Presidents was suspended during the 2021-2022 academic year, halting that portion of the participative process. The evidence reviewed also does not show how student participation and consideration is part of the governance process. (IV.A.2, IV.A.3)

The team found that faculty and administrators have a clearly defined role in policy and procedure recommendations about curriculum and student learning, programs and services. Board Policy 4020 outlines the faculty role in establishing procedures for the development and review of all curriculum. BP 2510 outlines the 10+1 items and states that the college will rely primarily upon the advice from the Academic Senate for curriculum (including establishing prerequisites and placing courses in disciplines), degree and certificate requirements, grading policies, educational program development, standards or policies regarding student preparation and success, and processes for program review. (IV.A.4)

The team did not find evidence of how the College considers relevant perspectives or consistently aligns decision-making with expertise and responsibility. The team observed a College climate around governance that impedes consideration of relative perspectives and expertise. Disagreement over the authority of administrative procedures and board policies has created a climate in which, in some cases, the College is working to function with dual administrative procedures. The College identified a number of Board Policies that do not have corresponding Administrative Procedures to ensure the implementation of policy, (IV.A.5)

The team reviewed evidence that the College disseminates some decisions widely across the institution through regular presidential updates and community forums. (IV.A.6)

In reviewing the ISER, evidence presented indicated that the institution demonstrated the regular evaluation process of its decision-making policies and procedures and displayed a process for communicating the results across the college. During the team's site visit and review of documentation and interviews, the team found that College's governance and decision-making policies, procedure and processes are not evaluated to assure their integrity as there is strong entrenchment in positions around implementation of governance and decision making. (IV.A.7)

Conclusion:

The College does not meet standard IV.A, except for IV.A.4 and IV.A.6.

IV.B. Chief Executive Officer

General Observations:

The Superintendent/President of the College is the chief executive officer and has the full charge and control of the administration and business affairs of the College. The President is charged with the implementation of board policies of the Board of Trustees. District Board Policies and Administrative Procedures articulate the responsibilities of Superintendent/President in most, if not all, areas that define the position of institutional chief executive officer.

The Board has delegated authority and responsibility for Napa Valley College to the Superintendent/President, who through policy ensures an administrative structure that should allow for effective leadership, management, and operations. The design allows the President to engage administration, constituent groups, and participatory governance groups to allow for open discussion and broad participation in institutional planning and evaluation including emphasis on institutional effectiveness, budget, and accreditation.

Leadership changes at the Chief Executive Officer position have occurred between the writing submission of the ISER, the team ISER Review and the Team Site visit. Many of the conditions and questions raised in the team's review of the ISER were raised because of the inconsistency of a permanent Chief Executive Officer. Upon its site visit, the team found through observations and interviews that the college has installed a permanent CEO who is engaged in the college processes and has begun resolving concerns raised during the review of the ISER, including initiating a common best practice of engaging the Collegiality in Action process.

Findings and Evidence:

While there is delegation of authority by the Governing Board to the Superintendent/President, the evidence reviewed by the team demonstrating a wide range of effective Superintendent/President guidance through the institutional improvement through the governance process was lacking, as is a clear connection between institutional program review and linkage to resource allocation or program and strategic planning. Board Policy and Administrative Procedures support the reporting structure of the president to the District. Direct leadership occurs predominantly within the President's Cabinet and through the Council of Presidents, initiated and convened by the Superintendent/President. During the site visit, the team observed a CEO who has assumed responsibility for the overall quality of the institution (IV.B.1).

The evidence reviewed by the team demonstrates that the Superintendent/President has policy delegating authority and regularly adjusts the organizational structure to meet the needs of the College (IV.B.2).

In review of the ISER, the evidence indicated the previous president was separated from the collegial governance process, however, through observations and discussion during the site visit,

the team observed that the new CEO is engaged and working to establish collegial processes and ensure a pathway toward consistent institutional improvement (IV.B.3).

The team found through the evidence that the Superintendent/President has policies and processes that provide direction for assisting the College in awareness of the Eligibility Requirements, Accreditation Standards and Commission policies, and communicates those with the college community. Reports are provided to the Governing Board, and the Academic Senate has continuous dialog. Observations during the site visit found that the new and permanent CEO has taken primary leadership of the accreditation process and is working with all college constituencies to assure compliance (IV.B.4).

The team reviewed evidence that shows the responsibility of the Superintendent/President to implement statutes, regulations and policy, as well as assuring effective control of budget and expenses. During the review of the ISER, the team found that there was no evidence those processes are part of the College's governance process, other than the Council of Presidents, and that the Superintendent/President was engaged in fiscal management process or communications. Upon the team's site visit, the team found the CEO displays awareness of statues and regulations and is initiating processes to assure that institutional practices are consistent with the institution's mission and policies (IV.B.5).

The team reviewed evidence that the Superintendent/President uses various forms of communication to communicate with the college's internal and external communities (IV.B.6).

Conclusion:

The College meets the standard.

IV.C. Governing Board

General Observations:

The Napa Valley College Governing Board is comprised of seven elected members, who are responsible for the oversight of Napa Valley College. The Board's policies and administrative procedures are in line with the Accreditation Standards regarding the Board's responsibilities, duties, and relationship with the Superintendent/President. The Board has delegated authority and responsibility for the operations of the college to its Superintendent/President. The Board also engages in annual self-evaluations and acts as a collective entity in its goals and decisions.

Finding and Evidence:

Napa Valley College (NVC) Board of Trustees is comprised of seven elected members, as established in BP 2010. The Governing Board's duties and responsibilities are outlined in Board Policy 2200. These duties include establishing policies that define the institutional mission;

assuring fiscal health and stability; monitoring institutional performance and educational quality, and approving annual and long-range planning. Board Policy 2715 Board Code of Ethics/Standards of Practice states that the Board will maintain high standards of ethical conduct and that the primary responsibility of the Board of Trustees is to govern the College in the best interests of the community and the District, with a focus on student success. (IV.C.1, ER 7)

As outlined in Board Policy 2330 Quorum and Voting, the Board "acts by majority vote of all the membership of the Board." (IV.C.2)

The Board has clearly defined policies for selecting and evaluating the superintendent/president. When the previous superintendent/president announced his retirement, the Board followed BP 2431 Selection of the Superintendent/President and established a search process to fill the vacancy. Board meeting minutes documented that the evaluation of the Superintendent/President has been conducted annually by the Board of Trustees. (IV.C.3)

The Board has approved policies that ensure the Board is an independent, decision-making body that represents the best interests of the public and for the efficient operation of the district, as demonstrated in BP 2200 and 2410. The seven trustee areas span the geographic area of the District, providing representation for the service area. The policies also include protocols to protect the institution from undue influence or political pressure. (IV.C.4)

The Board has policies that give them authority over educational quality, legal matters, and finances, including the responsibility to ensure that resources are sufficient to support the educational and operational functions of the College. BPs 4020 and 4021, regarding curriculum and program evaluation, stipulate the Board's authority to ensure the quality of learning programs and services and that programs are regularly evaluated to identify areas for improvement. The Board has fiduciary responsibility for the District. BP 6100 requires that the Board receive regular reports regarding the budget and District resources and BP 6200 identifies several criteria to guide review. In interviews with members of the Board, the team verified that they are engaged and take responsibility for these areas. (IV.C.5)

Board Policies 2010, 2200, 2210, 2220 and others specify the board's size, duties, responsibilities, structure, and operating procedures. The Policies are published within the Board Policy Manual available on BoardDocs. The manual is included on the Board of Trustees webpage. (IV.C.6)

The team found evidence that the governing board acts in a manner consistent with its policies and bylaws, BPs 2305, 2210, and 2315. New board members receive an orientation and Board members participate in training sessions. Board minutes include the review and approval of board policies, including revisions as necessary to improve the College's effectiveness. Interviews with Board members confirmed that the Board has developed a two-year cycle of review for Board Policies. (IV.C.7)

The Board of Trustees receives regular reports on student learning and achievement and institutional plans for improving academic quality. Review of the evidence demonstrates

numerous presentations covering these topics, including key performance indicators, vision for success goals, institutional strategic plan updates, educational master plan updates, and Guided Pathways Scale of Adoption Self-Assessments. (IV.C.8)

Board Policy 2740 states the commitment to ongoing development of the board, including orientation for new trustees and opportunities for all trustees to attend conferences and other activities that foster trustee education. The College provides pre-Board meeting presentations on various topics. To ensure leadership continuity, BP 2100 provides that terms of trustees are staggered so that half of the trustees are elected each term. (IV.C.9)

BP 2745 states the board's commitment to assessing its own performance and a general description of the process. AP 2745 outlines the evaluation process. The self-evaluation tool is comprehensive and includes all aspects of the Board roles and responsibilities, including practices associated with programs and services, institutional effectiveness, roles for members, and ongoing training. Each evaluation process yields a set of two-year goals for improving Board performance and supporting institutional goals. (IV.C.10)

Board Policy 2715 articulates clear standards for Board ethics and establishes a clearly-defined process for dealing with behavior that violates the Board's code of ethics. The team found evidence that the Board follows its process to uphold its code of ethics and ensure individual board members adhere to the code. BP 2710 requires that trustees file statements of economic interest with the Office of the President. Board members have no employment, family ownership, or other personal financial interest in the College. To ensure impartiality, Board members recuse themselves and do not take action on any items where there is potential for a perceived conflict of interest. (IV.C.11)

The Board delegates, through policy, the full responsibility and authority to the Superintendent/President to implement and administer board policies. The Board holds the Superintendent/President accountable for District operations through the job description, performance goals, and annual evaluation. However, in the ISER review and during the site visit, the team observed evidence that the Board does not strictly adhere to its policy for delegation. For example, the team observed through the ISER and evidence provided during the site visit of Board members involved in campus committees and community directly via the college email system. (IV.C.12)

Board Policy 3200 requires that the Superintendent/President ensure Board members are informed about accreditation processes, accreditation status, and improvement plans that emerge from the accreditation process. The Board receives regular reports on accreditation efforts at board meetings. The Board participated in an accreditation workshop presented by the ACCJC specifically for the Board of Trustees. The Board participates in the evaluation of governing board roles and functions. The Board's biennial self-evaluation process includes a review of Standard IV.C. (IV.C.13)

<u>Conclusion:</u>

The college meets the Standard except for IV.C.12.

<u>Recommendation 6:</u>
In order to meet the standards, the team recommends the Board delegate full responsibility and authority to the CEO without Board interference. (IV.C.12)

Quality Focus Essay

QFE #1: Student Equity

The College developed a QFE project associated with student equity to help reduce gaps in student performance and increase student achievement among three student subpopulations, African American/Black, Latinx/Hispanic, and First-generation students. These student subpopulations have scored lower successful course completion rates significantly.

The Student Equity project aims to implement strategies to improve campus climate, identify and remove structural barriers to equity, and increase successful course completion at the institutional level to eliminate the gaps between the three target student subpopulations and other students.

The College intends to begin this project in 2022 and conclude by 2025. It has delineated four primary activities, including incorporating disaggregated data into institutional reports, identifying and implementing effective practices to increase retention and successful course completion rates, expanding opportunities for institutional dialog to obtain recommendations for action, and assessing practices to identify structural barriers to equity. The logic model specifies the activities and responsible parties, deliverables, and short-term and long-term outcomes.

The project outlines ambitious goals, but the deliverables are somewhat general. The College may want to consider setting more specific and measurable outcomes for retention and successful course completion.

QFE #2: Guided Pathways

The Guided Pathways project aims to increase the number of students obtaining degrees each year, decrease the number of units accumulated by degree-seeking students, and increase the number of full-time, degree/certificate-seeking students that graduate in two years.

The College outlined four comprehensive strategies to address this project:

1. The Academic Senate, Student Success and Standards Committee, and Exploration Pathways Cross-Functional Team will implement the Exploration Pathways (meta majors) structure to clarify the path for students;

2. The Program Mapping Cross-Functional Team, Program Coordinators, and Counselors will develop program maps, including general education, focus within a specific discipline, course sequencing, and other requirements for all programs, to clarify the path for students;

3. Program Coordinators, the Scheduling Office, the Office of Research, Planning and

Institutional Effectiveness will identify career skills and expectations for all degree/certificate programs, including transfer-related programs, to clarify the path for students: and

4. The Academic Senate, Program Coordinators, Counselors, Faculty, Academic Affairs, Student Affairs will increase collaboration and coordination between counseling and discipline faculty to clarify students' educational and career paths and keep them on those pathways.

The College started incorporating data disaggregation by student subpopulations and implementing the Exploration Pathways structure. The QFE has identified specific activities and responsible parties, deliverables, and short-term and medium-term outcomes. The remainder of the activities are targeted for completion (with continuous improvement) by 2023. The College may wish to consider including more specific and measurable targets for the student achievement outcomes the project is designed to address.

Appendix A: Core Inquiries

CORE INQUIRIES

Napa Valley College
2277 Napa-Vallejo Highway
Napa, Ca 94558

The Core Inquiries are based upon the findings of the peer review team that conducted Team ISER Review on February 24, 2022.

Dr. Lori Bennett
Team Chair

Contents

Napa Valley College

Peer Review Team Roster

Team ISER Review
February 24, 2022

Dr. Lori Bennett, Team Chair Clovis Community College President	Dr. Eric Bishop, Vice Chair Ohlone College Superintendent/President
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Ms. Junie Hayashi Leeward Community College Public Services Librarian	Ms. Barbara Mezaki Mt. San Antonio College Accreditation Faculty Coordinator
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Summary of Team ISER Review

INSTITUTION: Napa Valley College

DATE OF TEAM ISER REVIEW: February 24, 2022

TEAM CHAIR: Dr. Lori Bennett

A 10-member accreditation peer review team conducted Team ISER Review of Napa Valley College on February 24, 2022. The Team ISER Review is a one-day, online meeting, analysis of an institution's self-evaluation report. The peer review team received the college's institutional self-evaluation report (ISER) and related evidence several weeks prior to the Team ISER Review. In general, team members found that the ISER detailed the processes used by the College to address Eligibility Requirements, Commission Standards, and Commission Policies, although some gaps were noted. The team confirmed that the ISER development process included representatives from faculty, staff, and administration. The team observed that the ISER contained several self-identified action plans for institutional improvement and a Quality Focus Essay.

In preparation for the Team ISER Review, the team chair attended a team chair training workshop on December 1, 2021, and held a pre-review meeting with the college CEO on January 20, 2022. The entire peer review team received team training provided by staff from ACCJC on February 3, 2022. Prior to the Team ISER Review, team members completed their team assignments, identified areas for further clarification, and provided a list of requests for additional evidence to be considered during Team ISER Review.

During the Team ISER Review, team members spent the morning discussing their initial observations and their preliminary review of the written materials and evidence provided by the College for the purpose of determining whether the College continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and US ED regulations. In the afternoon, the team further synthesized their findings to validate the work of the college and identified standards the college meets, as well as developed Core Inquiries to be pursued during the Focused Site Visit, which will occur in October 2022.

Core Inquiries are a means for communicating potential areas of institutional noncompliance, improvement, or exemplary practice that arise during the Team ISER Review. They describe the areas of emphasis for the Focused Site Visit that the team will explore to further their analysis to determine whether standards are met and accordingly identify potential commendations or recommendations. The college should use the Core Inquiries and time leading up to the focused site visit as an opportunity to gather more evidence, collate information, and to strengthen or develop processes in the continuous improvement cycle. In the course of the Focused Site Visit, the ACCJC staff liaison will review new or emerging issues which might arise out of the discussions on Core Inquiries.

Core Inquiries

Based on the team's analysis during the Team ISER Review, the team identified the following core inquiries that relate to potential areas of clarification, improvement, or commendation.

Core Inquiry 1: The team was impressed with the college's professional learning activities outlined in the ISER. The team would like to learn more about the college's professional development strategies and efforts.

Standards or Policies: II.A.7, III.A.14

Description:
    a.   The team would like to learn more about the college's development and implementation and effectiveness of the Instructional Design Institute.

    b.   The team would like to learn more about the implementation and evaluation of other professional learning activities for staff and faculty.

Topics of discussion during interviews:
    a.   Focus on effective online teaching and culturally responsive pedagogy to address access, equity, and success.

Request for Additional Information/Evidence:
    a.   Agendas for minutes for professional development training

    b.   Schedules and opportunities for professional development

Request for Observations/Interviews:
    a.   Faculty teaching online

    b.   Professional development leaders

    c.   Associate Vice President of Human Resources, Training and Development

Core Inquiry 2: The team would like to learn more about the college's systematic and integrated use of data in planning processes and the integration of those processes in decision making.

Standards or Policies: I.B.2, I.B.4, I.B.5, I.B.8, I.B.9, II.C.1, II.C.2, II.C.4,

Description:
In the ISER and evidence, the team observed gaps in the implementation of institutional planning and effectiveness processes in several areas. To better understand how the college integrates data into its planning and decision-making processes:

a. The team is interested in learning how the college defines its student services for the purposes of SLO assessment.

b. The team would like to learn more about how the college uses assessment results and other types of data and organizes institutional processes to support student learning and achievement and inform decision-making, particularly in Student Services.

c. The team would like to learn more about how the college disaggregates its qualitative data by mode and delivery method to assess student learning and achievement.

d. The team would like to learn more about how the college informs its constituents about the outcomes of its planning and resource allocation processes.

e. The team would like to learn more about the college connects its athletic and co-curricular offerings to the institution's mission and how they contribute to the social and cultural dimensions of the student experience.

Topics of discussion during interviews:
a. Practices for use of data in the planning and decision-making processes.

b. Practices for collecting, disaggregating, assessing, and using student learning and achievement data, particularly in student services.

Request for Additional Information/Evidence:
a. A list of all student support service programs with SLOs

b. Planning Handbook

c. Evidence of progress on Improvement Plans A, B, C

Request for Observations/Interviews:
   a. Institutional Research Dean and/or appropriate research staff

   b. Committee co-chairs connected to the college planning and resource allocation process

        a. Planning Committee

        b. District Technology Committee

        c. Education Technology Committee

        d. Resource Allocation Committee

   c. VPSS and others involved in outcomes assessment in Student Services

   d. Administrator and faculty member who can provide an example of the process to take an identified need from the initial request through the resource allocation process

   e. Personnel responsible for co-curricular activities, including athletics (e.g. Vice President of Student Affairs, Dean, or Director of Athletics)

Core Inquiry 3: The team would like to learn more about the college's systematic evaluation or review and adoption of policies and processes.

Standards or Policies: I.A.4, I.B.7, I.C.5, III.A.1, 3, III.D.1, IV.A.5

Description:
The team observed evidence in the ISER that suggests several policy areas are not being reviewed regularly.
   a. The team would like to learn more about the college process for regular review and evaluation of its policies and practices across all areas of the institution, including the cycle of review for the mission and values statements.

   b. The team would like to learn more about the college's process regarding publication of information across different sources to assure integrity in all representations of its mission, programs, and services.

   c. The team would like to learn more about the college's plan to adopt APs for BP 7120 and BP 6200.

Topics of discussion during interviews:
  a. Processes for regular review of BPs and APs, including information about how the institution implements and monitors these processes to ensure timely review, including roles within the process.

  b. Process for review of college mission and vision.

  c. Processes for ensuring that new or revised student information and/or policies are updated across all publications/mediums.

  d.

Request for Additional Information/Evidence:
  a. List of all APs date of last review and currently under review

  b. List of all BPs date of last review and currently under review

  c. Process for review of mission statement

Request for Observations/Interviews:
  a. Personnel responsible for maintaining the website and ensuring that information is consistent across publications

  b. President and others responsible for monitoring and/or reviewing policies and developing/implementing APs

  c. Personnel responsible for ensuring a review of the mission statement

Core Inquiry 4: The team would like to learn more about the college's employee evaluation policies, procedures, and processes.

Standards or Policies: III.A.5

Description:
   a. The team observed statements in the ISER suggesting low completion rates for employee evaluations.

   b. The team would like to learn more about the college's evaluation practices and processes for ensuring timely completion of evaluation groups for all employee groups, including faculty.

Topics of discussion during interviews:
   a. Processes for monitoring timely completion of evaluations, including faculty evaluations.

Request for Additional Information/Evidence:
   a. Evaluation schedules

   b. List of employees not evaluated

Request for Observations/Interviews:
   a. Associate Vice President of Human Resources, Training & Development and any other personnel involved with oversight for timely completion of evaluations (including faculty evaluations)

Core Inquiry 5: The team would like to learn more about the College's overall resource management strategies and processes.

Standards or Policies: III.B.2, III.B.4; III.C.1, III.C.2, III.D.1, III.D.2, III.D.3, III.D.4, III.D.5, III.D.6, III.D.8, III.D.9, III.D.10, III.D.11, III.D.12, III.D.16

Description:

The ISER and supporting evidence did not provide the team with a clear understanding of the college's processes for resource management and strategies for sustained fiscal health. To better understand how the college manages and allocates its resources:

a. The team would like to learn more about the College's overall processes and strategies for managing its facilities, equipment, and technology, including practices for maintaining current facilities/equipment and ensuring consideration of total cost of ownership when planning for new facilities, equipment, and technology.

b. The team would like to learn more about how the college prioritizes and allocates resources to address its short- and long-range plans for staffing, facilities, equipment, and technology, including the types of data that are considered for the planning and prioritization processes.

c. The team would like to know more about how the college communicates resource allocation decisions to the campus.

d. The team would like to learn more about how the college defines and follows its guidelines and processes for financial planning and budget development.

e. The team would like to learn more about how the college estimates revenue and/or appropriations. The team found ongoing recurring deficits in budget, and would like to know more about what has caused this situation.

f. The team would like to learn more about how the college prepares and disseminates dependable and timely information for sound financial decision-making.

g. The team would like to learn more about how the college's financial and internal control systems are evaluated and assessed for effectiveness.

h. The team would like to learn more about the college's practices for oversight of finances to ensure long-term financial stability, including practices for managing its cash balance, reserves, and long-term financial obligations.

i. The team would like to learn more about how the college reviews contracts for alignment with college mission and strategic goals, impact on college resources (personnel time, facilities, matching funds), and potential liability exposure to ensure effective use of college resources and long-term financial stability.

Topics of discussion during interviews:

a. Processes for ongoing maintenance and utilization of existing facilities.

b. Processes and decision-making criteria for planning, prioritization, and resource allocation to support funding of college operations, plans, and long-term obligations.

    c.   Processes and procedures for budget development and ongoing management of financial resources, including planning for funding of long-term obligations

    d.   Total cost of ownership for facilities, equipment, and technology.

    e.   Contract/Agreement/Grant review process.

Request for Additional Information/Evidence:
a. ADA Transition Plan or alternative access plan

b. Outstanding work order report, sorted by priority/category and date of entry.

c. FCMAT report.

d. Evidence in budget or financial reports of resources allocated to fund FMP, TMP, Five-Year Capital Outlay and Scheduled Maintenance Plans, PlanNet Infrastructure Assessment/Plan, other facilities, equipment, and technology needs, and long-term obligations, including: FY 2020-21 Audit Report, FY 2022-23 Tentative or Final Budget, Five-year budget projection, List of technology replacement expenses since 2018-19 (linked to the planning document/process).

e. Most recently submitted Final Project Proposal and Initial Project Proposal(s) for State Capital Outlay Funds.

f. Documents/plans that demonstrate the college's evaluation/projections for total cost of ownership related to operation and maintenance, including staffing, and future replacement of capital assets – facilities, equipment, technology.

g. Most recently completed annual unit plan/resource allocation process.

h. Updated Technology Master Plan.

Request for Observations/Interviews:
a. Finance, Facilities, and Technology management team, and/or committee(s) or chair(s) (Planning and Budget, Facilities, Technology)

b. Vice President of Business and Finance

c. President

Core Inquiry 6: The team would like to learn more about the college's leadership and governance practices and processes.

Standards or Policies: IV.A.1, IV.A.2, IV.A.3, IV.B.1, IV.B.3, IV.B.4, IV.B.5, IV.C.5, IV.C.7, IV.C.12

Description:

The ISER and supporting evidence did not provide the team with a clear understanding of the college's processes for governance and decision-making.

a. The team would like to understand how administrative roles and offices are involved in the governance and decision-making processes.

b. The team is interested in learning more about the college's collaboration in its governance and leadership.

c. The team would like to understand the student's role in the decision-making processes.

d. The team would like to learn more about the Superintendent/President's role in providing leadership in planning, budgeting, and assessing institutional effectiveness.

e. The team would like to learn more about the Superintendent/President's role in guiding the college process that sets values, goals, and priorities and ensuring that the allocation of resources supports and improves learning and achievement.

f. The team would like to learn more about the Superintendent/President's role in guiding and providing leadership in the accreditation processes and ensuring compliance with accreditation requirements.

g. The team would like to learn more about the Superintendent/President's role in assuring the development and implementation of statutes, regulations, and board policies, including effective control of budget and expenditures.

h. The team would like to learn more about the governing board's role and responsibility for educational quality, legal matters, and financial integrity and stability.

i. The team would like to learn more about the governing board's process to regularly assess, and revise as necessary, its policies and bylaws.

j. The team would like to learn more about how the board delegates full responsibility and authority to the CEO to implement and administer board policies without board interference and how they hold the CEO accountable for the operation of the college.

Topics of discussion during interviews:

    a. Roles and opportunities for participation in the governance and decision-making processes.

    b. Vehicles of collaboration in the governance and decision-making processes

    c. Superintendent/President's role in ensuring board policies are current.

    d. Governing Board's role and its ultimate responsibility for legal matters, financial integrity and stability of the college.

    e. Governing Board's role in reviewing board policies.

    f. Governing Board's interaction with the Superintendent/President's accountability for the fiscal operation of the college.

Request for Additional Information/Evidence:

    a. Administrative procedures regarding decision making that align with board policies for decision making.

    b. Evidence showing student engagement and participation in the governance process.

    c. Evidence demonstrating the Superintendent/President's active leadership in the accreditation process.

    d. Evidence of the executive leadership's role and leadership in the accreditation process.

    e. Evidence of collaboration in decision making across the college, instructional, student services, administrative services, etc.

    f. Evidence demonstrating the Superintendent/President's active leadership in assessing institutional effectiveness.

    g. Evidence of the Superintendent/President's role in managing the resources of the college.

    h. Evidence the board regularly assesses its policies and bylaws.

    i. Evidence of the Governing Board's awareness of the college's fiscal status and participation in policy or decision-making related to planning and budgeting for the

    j. Evidence of the Governing Board's direction to hold the Superintendent/President accountable for the financial operations of the district.

Request for Observations/Interviews:

    a.   Student leaders

    b.   Council of Presidents

    c.   Governing Board members

    d.   President