

Peer Review Team Report

Ohlone College
43600 Mission Boulevard
Fremont, CA 94539

This report represents the findings of the peer review team that visited
Ohlone College from March 9 to 12, 2020.

Matt Wetstein, Cabrillo College
Team Chair

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Ohlone College Comprehensive Evaluation Visit

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Summary of Evaluation Report

INSTITUTION: Ohlone College

DATES OF VISIT: March 9 – 12, 2020

TEAM CHAIR: Matt Wetstein

A ten member accreditation team visited Ohlone College March 9 to March 12, 2020 for the purpose of determining whether the College continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and USDE regulations. The team evaluated how well the College is achieving its stated purposes, providing recommendations for quality assurance and institutional improvement.

In preparation for the visit, the team chair attended a team chair training workshop on December 3, 2019. The entire external review team received team training provided by staff from ACCJC on February 5, 2020. The team chair and assistant conducted a pre-visit to the campus on February 13, 2020. During this pre-visit, the chair met with the CEO and Accreditation Liaison Officer and discussed the College's self-evaluation preparation process and upcoming visit.

The evaluation team received the College's self-evaluation document (ISER) and related evidence eight weeks prior to the site visit. Team members found the ISER to be a comprehensive effort to address the College's ability to meet and exceed Eligibility Requirements, Commission Standards, and Commission Policies. The College also prepared a Quality Focus Essay that highlights its interest in improving the institution through Guided Pathways implementation and the crafting of a robust First Year Experience.

Prior to the visit, team members completed necessary assignments and identified areas of inquiry and evidence gathering to guide further investigation and developed a list of in-person interviews. The day before the team visit, the team spent the morning and afternoon reflecting on their observations and honing their interview questions and sources of documentation needed during the visit. During the visit, team members interviewed 50 individuals across roughly 30 meetings, attended two governance meetings (the College Council and Board of Trustees). The team also held two open forums that were attended by roughly 20 College community members, including one at the Newark Center for Health Sciences and Technology and the main campus in Fremont. The team devoted considerable time during the visit seeking out evidence to document processes and procedures in place at the College. It should be noted that the team visit took place during the expanding outbreak of the COVID-19 virus, resulting in two team members conducting the visit via remote teleconferencing, and the early departure of one team member on Wednesday for individual health reasons. All components of the team's work were coordinated between the team assistant and through arranged teleconferencing appointments with College staff. The team thanks the Ohlone staff for troubleshooting technical needs to make this process work for all involved, and for exhibiting a high degree of flexibility and camaraderie during the visit.

Major Findings and Recommendations of the 2020 External Evaluation Team

Team Commendations

Commendation 1:

The team commends the College for aligning its programs and services to the mission of serving diverse populations, particularly the Deaf community (I.A.3).

Commendation 2:

The team commends the College for its strategic decision to maintain stable and healthy reserves in the event of unforeseen occurrences (III.D.9).

Team Recommendations

Recommendations to Meet the Standards:

Recommendation 1 (Compliance):

In order to meet the standard and Commission Policy, the team recommends that the College review and revise its existing processes and policies to ensure that faculty teaching online consistently provide regular and substantive interaction between students and faculty (Distance Education Policy, II.A.2).

Recommendations to Improve Quality:

Recommendation 2 (Improvement):

In order to increase institutional effectiveness, the team recommends the College conduct a more transparent and inclusive evaluation of policies and practices across all areas of the institution and use the evaluations as the basis for improvement (I.B.7).

Recommendation 3 (Improvement):

In order to improve institutional effectiveness, the team recommends the College implement a Total Cost of Ownership program to inform decision making regarding staffing, facilities, and equipment. (III.B.4).

Recommendation 4 (Improvement):

In order to improve institutional effectiveness, the team recommends that the College ensure that decision making processes are clearly understood and more widely communicated across the institution (IV.A.6, IV.A.7).

Introduction

Ohlone College traces its history to 1965 when voters approved the Fremont Newark Junior College District and elected a seven-member board of trustees. The College's name is derived from the early Ohlone First Nations people – literally translated as “people of the west.” Classes officially kicked off in the fall of 1967 at a temporary site, serving about 1,700 students. In 1968, the College board purchased the site of the existing Fremont campus, buying Huddleston Ranch off of Mission Boulevard for \$1.9 million. Four years later, construction began on the campus and it was opened to students on Mission Boulevard in fall 1974.

In 1974, the College also started offering evening courses at the Newark Memorial High School. In the mid-1990s, College officials sought to grow enrollment at the Newark site using leased space at the McGregor School site. When classes and enrollments tripled, the College leadership sought approval of a bond measure to provide for the construction of the existing Newark Center. That came with the passage of the \$150 million bond Measure A in 2001. In 2008, the Newark Center for Health Sciences and Technology was completed and awarded a LEED Platinum Certification, the highest level of sustainability designated by the U.S. Green Building Council. Measure A also helped build the Student Services Center at the Fremont campus.

In 2010, the College won voter approval for another bond measure, resulting in \$349 million in Measure G funds. Those dollars have transformed the core academic buildings of the Fremont campus. After razing four core academic buildings, the College constructed three interconnected buildings resulting in sweeping views of the San Francisco Bay, and new modern learning spaces in the sciences, library and learning centers, and the arts.

The College has always been a leader in serving students from the Deaf community, stretching back to an initial outreach in 1972. One of two state public schools for the Deaf is housed in Fremont. In 2020, Ohlone serves a regional population of 2,375 Deaf and hard of hearing residents under the age of 65. At the time of the visit, roughly 60 Deaf students were enrolled in Ohlone course sections that were taught using American Sign Language (ASL), while another 54 Deaf students were enrolled in mainstream courses. Another 20 students were enrolled in an ASL Interpreter Program, hoping to pursue careers among the Deaf community, while more than 330 students were taking courses to learn ASL. The team heard powerful testimonial reports from students and faculty involved with the ASL and Interpreter Program about its high quality, its ability to attract students from across the country, and its importance to the local Deaf community.

Ohlone College is rightfully proud of its highly successful students. Among Bay Area community colleges, it consistently ranks number one or two across a host of student performance metrics, including GPA after transfer (2nd), fall-to-fall persistence (2nd), success rates in all classes (2nd), and success rates in online classes (1st).

At the time of the visit, Ohlone was in transition. The long-serving CEO had announced her retirement after 12 years and was on the cusp of being replaced. The Vice President of Student Services was two months into his tenure at the College and the Vice President of Instruction was being recruited at the time of the visit. In addition, new leaders were emerging within the faculty

and staff ranks (the Classified Union President was just six months into his tenure at Ohlone, the Faculty Senate President was in his first term). As a result, governance processes felt as if they were in flux at the College. Amidst these transitions, the College is also implementing significant institutional changes, including Guided Pathways Reforms, new academic scheduling blocks, and a new First Year Experience program. It was the impression of the team that Ohlone has an opportunity to review institutional processes and become stronger with emerging new leadership.

Eligibility Requirements

1. Authority

The team confirmed that Ohlone College derives its authority to operate as a community college from two main sources. First it is an entity that exists based on statutory authority in the State of California, with an elected Board of Trustees that serve under the mandate of the California Government Code and Education Code. Second, the College derives its authority to operate and offer federal aid support programs as an accredited institution of the Accrediting Commission of Community and Junior Colleges. The team confirmed that the College has been continuously accredited by the ACCJC since its founding.

The College meets the ER.

2. Operational Status

The team confirmed that the College is providing educational services leading to associates degrees and certificates for 8,566 students in the 2018-19 year. A substantial percentage of students are pursuing the goal of degree completion or transfer to a four-year college or university.

The College meets the ER.

3. Degrees

The College offers 195 associate degree and certificate programs, including 27 associate degrees for transfer (ADT), 45 associate degrees (AA or AS), 33 certificates of achievement, 83 certificates of accomplishment, and eight noncredit certificates of completion, and two noncredit certificates of competency. The team confirmed that all associate degrees require a minimum of 60 units, including an appropriate general education component and a concentration within a major or area of emphasis.

The College meets the ER.

4. Chief Executive Officer

The team confirmed that the College has a CEO and does not serve as the chair of the governing board. Board policies ensure that the CEO has appropriate powers of authority delegated to her. At the time of the visit, the CEO was completing her 12th year as President/Superintendent and had announced her impending retirement for June of 2020. The College had a search process for a replacement underway at the time of the visit. When that search is complete, the College will need to inform the commission and federal government of the change in leadership.

The College meets the ER.

5. Financial Accountability

The team confirmed that Ohlone College uses a qualified external auditor to conduct audits of all financial records. All audits are certified and explanations of findings are documented appropriately. Audit reports are made available to the public via board meetings and the College website.

The College meets the ER.

Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies

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

Public Notification of an Evaluation Team Visit and Third Party Comment

Evaluation Items:

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

[Regulation citation: 602.23(b).]

Conclusion Check-Off (mark one):

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

Narrative

The team confirmed that the College advertised and sought third party comments from the community. The Institutional Self Evaluation Report (ISER) was the subject of a community-wide gathering with the President’s Advisory Committee in April 2019. Board meetings open to the public also offered an opportunity for third party comments. A news media release in fall 2019 also announced the ISER to the public. Ohlone College also publishes the process for third party comment on its website.

Standards and Performance with Respect to Student Achievement

Evaluation Items:

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

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

Conclusion Check-Off (mark one):

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

Narrative:

Ohlone College has established institution-set standards, including course completion, job placement rates, licensure pass rates, and student achievement. The College has both minimal and aspirational goals for its institution-wide standards. Student data collected to address

institution set standards suggest strong performance on a number of metrics. The College regularly assesses performance against those standards.

Credits, Program Length, and Tuition

Evaluation Items:

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

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

Conclusion Check-Off (mark one):

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

Narrative:

The narrative report in Standard II.A.9 addresses this issue. The College does not have programs that rely on clock hours for the assignment of credit. The College meets the policy.

Transfer Policies

Evaluation Items:

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

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

Conclusion Check-Off (mark one):

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

Narrative:

The narrative in Standard II.A.10 addresses this issue. The College meets this policy.

Distance Education and Correspondence Education

Evaluation Items:

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

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

Conclusion Check-Off (mark one):

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

Narrative:

The College has a clear policy on regular and effective contact and offers training for faculty teaching online. However, of the online courses reviewed by team members during the team visit, a substantial percentage did not meet the College’s definition of regular and substantive interaction (see Standard II.A.2).

Student Complaints

Evaluation Items:

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

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

Conclusion Check-Off (mark one):

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

Narrative:

Ohlone College has clearly stated policies on student complaints and makes them available in relevant student publications and on the College website. The team verified that student records of complaints are appropriately maintained in files. There were no issues in those files indicating non-compliance with commission standards. Accreditation status for specialized programs are appropriately listed in the catalog and website.

Institutional Disclosure and Advertising and Recruitment Materials

Evaluation Items:

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

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

Conclusion Check-Off (mark one):

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

Narrative:

The College provides accurate and current information to the students and public on the website and in appropriate collateral material like its catalog, course schedule, and online registration system. The College's accredited status is posted prominently on its web site and in the catalog. Accreditation of specialized programs is appropriately noted in the catalog and web site as well.

Title IV Compliance

Evaluation Items:

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

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

Conclusion Check-Off:

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

Narrative:

The College's student loan default rate is low and has been trending in a positive direction for three years straight (10.5% in the 2015 cohort). Audit reports identify no deficiencies with the College's Title IV financial aid program. The College does not have any contractual relationships for outside instruction activity.

Standard I

Mission, Academic Quality and Institutional Effectiveness

I.A. Mission

General Observations:

The Ohlone College mission statement contains all the essential and required elements. It is widely disseminated and reviewed for relevance annually by the College Council. The College also maintains vision and values statements. Until recently, the College also had “mission tenets” that in their most recent review were felt to be unnecessary and have been dropped. The College has an extensive set of institution set standards used to monitor progress on the strategic plan and student success.

Findings and Evidence:

Ohlone College’s mission statement indicates that the College “responds to the educational and workforce needs of [their] diverse community by offering high quality instruction.” The contours of that instruction include “basic skills, career development, university transfer, and personal enrichment, and by awarding associate degrees and certificates to eligible students.” The mission statement underwent a recent revision initiated by the College Council’s annual retreat in Fall 2019. College Council members were given an assignment to match the mission to the standards required elements to determine alignment. The result of the assignment was a determination that a revision was necessary to include both all required elements and current policy changes such as inclusivity, and reforms that are underway in pre-collegiate placement in Math and English, and Guided Pathways. The revision process involved a large forum as well as review by constituency groups (e.g. faculty, classified staff, managers, student government). Each constituency worked on their own version of a mission statement, which were then merged into an updated mission statement. This process allowed each constituency to be represented in the updated statement and ensure the mission contained required elements. The mission statement now features a closing sentence that identifies the College as providing a “safe, innovative, multicultural, and inclusive environment where successful learning and achievement are highly valued, supported, and continually assessed.” (I.A.1)

The College has an extensive set of institutional set standards determined primarily by the Faculty Senate that measures effectiveness. Many of the indicators are from system level data such as the California system’s Student Success Scorecard and newer Vision for Success indicators. The Office of Research and Planning (ORP) is present at College Council meetings with both a current representative from unrepresented employees and as a regular guest providing data updates including Strategic Plan actions. In addition, there is an Institutional Research Analyst primarily dedicated to Student Services originally for the Student Success and Support Program (SSSP) now Student Equity and Achievement (SEA). This researcher also provides analyses to ensure in part that the College’s diverse population is equitably served. (I.A.2)

The College's Planning and Decision Making Handbook (PDMH) and Strategic Plan document the expectation that decisions and resource allocations are tied to the mission. One prime example is the College's programs and services for the Deaf community. This includes not only American Sign Language (ASL) courses but also programs for interpreters with ASL tutors. The team confirmed that Ohlone doesn't just teach basic ASL but also highlights the culture of the Deaf community and the full expression that goes with ASL communication. This creates an environment of inclusion and engagement for these students. The team commends the College for aligning its programs and services to the mission of serving diverse populations, particularly the Deaf community. (I.A.3)

With respect to the connection of other resource allocations to the mission, it is clear that primary governance committees such as the College Council routinely revisit the mission and progress on the strategic plan. It appears that while resource allocation decisions may in fact be connected to the mission and strategic plan and have input from leadership from multiple constituencies, these decisions are not always well documented through agendas, meeting minutes, and other artifacts. In part this may be due to the recent reconfiguration and formation of committees that would provide oversight of these processes such as the new Institutional Effectiveness Committee (I.A.3)

The Mission Statement is widely disseminated in College documents including the website, catalog, Board of Trustee and College Council minutes, and Strategic Plan. The mission is reviewed annually by the College Council at their yearly retreat. Other committees and constituencies reviewed the mission and provided drafts that were consolidated by the College Council for final approval. (I.A.4)

Conclusions:

The College meets the standard.

Commendation 1:

The team commends the College for aligning its programs and services to the mission of serving diverse populations, particularly the Deaf community. (I.A.3)

I.B. Assuring Academic Quality and Institutional Effectiveness

General Observations:

Ohlone College has established methods for dialog about student outcomes, student equity, academic quality, and institutional effectiveness through their committees, website, and reports like the student equity report. They also provide information to the broader College community through the President's Advisory Committee, where dialog about student success and student outcomes take place. The College has had significant turnover in senior staff and a number of new committees and procedures. They also have existing committees with new responsibilities. It was the team's impression that this has created a challenge for the campus in its consistent oversight and evaluation of administrative procedures.

Findings and Evidence:

The College ensures dialog about student learning and achievement by involving committees in discussions about student equity, student success data, and the Student Centered Funding Formula (SCFF). The Student Equity and Achievement Workgroup is especially well attended by students with two or more students at nearly all meetings. The campus also sponsors special forums to discuss issues central to student success. In addition to the Student Equity and Achievement Workgroup, the College also has an Ohlone Diversity and Inclusion Advisory Committee (ODIAC) that meets once a semester. Dialog at these committees is linked to continuous improvement through a process that involves Program Improvement Objectives (PIOs). PIOs identify areas where improvement is needed and any resources needed to effect change. The team learned that PIOs allow for an informal conversation with respective division deans and the business office, with some of the themes rolled up to a broader institutional discussion in the College Council regarding Institutional Improvement Objectives (IIOs). (I.B.1)

The College ensures that Student Learning Outcomes (SLOs) are defined and assessed for all instructional programs by maintaining a digital storage system where SLOs and Program Learning Outcomes (PLOs) are stored. Course and student service SLOs are assessed every four years and the combination of assessed SLOs that have been mapped to a particular PLO provide assessment of the program. SLO results are disaggregated so the assessment can support the student equity planning, Guided Pathways planning, and track the progress of students affected by new Math and English placement reforms. SLOs are approved by the faculty through the curriculum review process and their assessment is overseen by an SLO coordinator. The College ensures that courses and programs are evaluated through the curriculum committee and program review process. These review processes are designed to assure the effectiveness of academic support programs. (I.B.2)

The College maintains a comprehensive set of over 30 institution-set standards. These standards include floors and aspirational goals. They are widely communicated to the College and community through the website and data supplied to committees. Student performance on the standards are generally strong, with the College placing in the top tier of Bay Area community colleges. The Office of Research and Planning currently relies heavily on data from the Student

Success Scorecard. They are transitioning to other data sources requiring them to modify their current goals. (I.B.3)

The team found that the College identifies the College Council as the site of most student success conversations. In the evidence provided the planning process has three components and is used for regular assessment and review of planning processes which is carried out by the Institutional Effectiveness Committee, a relatively new arm of the College Council. The program review process also plays an important planning role by “prompting” programs to respond to the mission when individual departments and programs are writing their program review reports. In short, they must address prompts that query about their connection to College goals and the mission. The team was able to document this activity in selected program reviews. Student learning and achievement are a central part of the College mission. (I.B.4)

The reconstituted program review process ensures data provided by the Office of Research and Planning get analyzed to assess whether programs are accomplishing the mission, assess SLOs, and student achievement. Disaggregated student success from an environmental scan provides a basis to assess whether students from all groups are gaining access and receiving resources within the school and their success. The environmental scan also provides information about the employment and professional opportunities upon graduation. The environmental scan is uniquely personalized to the campus. (I.B.5)

The Team reviewed evidence and found that College uses disaggregated data to analyze learning and achievement outcomes of subpopulations in the Student Equity Report and the College’s institution-set standards. This information is posted on the campus website. The Office of Research, Planning, and Institutional Effectiveness provides targeted research questions to departments to address the needs of disproportionately impacted students. According to the ISER, when gaps are discovered they lead to the creation of program improvement objectives (PIO’s). These PIOs lead to discussion of budgeting priorities in the program review process. Interviews suggest that the research questions, while well-intended, are posed from a deficit mind-set, and the College might consider re-crafting the program review prompts from an asset-based mindset. (I.B.6)

The College has many defined policies and practices that are documented relating to instructional programs, student and learning support services and governance processes, such as the Planning and Decision Making Handbook (PDMH). The College Council has recently worked on a formalized process for reviewing AP’s and uses a flow chart to guide AP review. However, based on team interviews, the College would benefit from more regular evaluation with broad based participation to improve effectiveness and strengthen College wide understanding and buy-in of decision making processes. The team found several instances of misunderstanding and/or disconnect on significant items of planning and governance. Some of the many instances include: a lack of understanding among campus members regarding the program review and resource allocation processes; a lack of administrative procedures governing the role of the Associated Students of Ohlone College; and the need for stronger systems for

ensuring currency in the curriculum review cycle. The team believes the College could benefit from focused, collegial attention to these matters. (I.B.7)

The College makes good use of its website to broadly communicate the results of assessments. The results of the Chancellor's Scorecard data are displayed prominently on the campus website and discussed in meeting minutes. Data are made available to the broader community and discussed in forums like the President's Advisory Committee, a group that features some 50 members of the local business, political, education and other community leaders. (I.B.8)

Ohlone College integrates the Program Review process and the work of the College Council within the planning and decision-making processes that are outlined in the PDMH, ultimately culminating in the creation of the Strategic Plan. While these processes are detailed in the PDMH, and fiscal leaders have a solid understanding of them, interviews suggest that some governance leaders are aware of these processes and some are not. As suggested earlier (and in Standard IV.A), participatory governance representatives should focus some energy on the program review process and the evaluation of administrative procedures across all segments of the College. Doing so will strengthen the collective wisdom of the College around decision making processes and resource allocation decisions. (I.B.9)

Conclusion:

The College meets the standard.

Recommendation (Improvement):

In order to increase institutional effectiveness, the team recommends the College conduct a more transparent and inclusive evaluation of policies and practices across all areas of the institution and use the evaluations as the basis for improvement. (I.B.7)

I.C. Institutional Integrity

General Observations:

Ohlone College demonstrates integrity in the accuracy of the information it provides to students and the public, including its online website and resources, publications, and documentation of institutional effectiveness. It regularly reviews policies and procedures to make sure they support the mission of the College, although an area of institutional improvement was identified earlier. Board policies, faculty and staff handbooks, and evaluations of faculty stress the protection of academic freedom and prevent faculty teaching in a biased way. The team was able to easily navigate the website for information regarding degree programs for transfer as well as Career Technical Education (CTE) certificates and degrees. Course schedules and catalogs are available in hard copy at multiple sites on campus. Student success data are easy to find and interpret so students and community members know how the campus performs on measurements like course retention, program retention, and graduation. The College provides access to accurate cost estimates for current and prospective students and their families. The financial aid web-page features a cost calculator which allows students to estimate their cost based on what similar students paid in previous years. The admissions and records web page provides comparable costs of attending the first two years at the College and two local public 4-year universities, San José State University and University of California at Berkeley.

Findings and Evidence:

The team reviewed College documents and found that it assures the clarity, accuracy, and integrity of information by providing well organized and easy to follow catalogs and class schedules that include the mission statement and learning outcomes. Student Learning Outcomes (SLOs) are printed on all course syllabi. Current accreditation status can be found on the website, including the accreditation status of specialized programs. (I.C.1)

The team compared content in the course schedule with information on the website and found them to be consistent. The ISER indicates that the College maintains established procedures for ensuring the accuracy of these documents and that online information is consistent with printed material. Information “checks” are done on an annual basis, with the curriculum and scheduling office spearheading this process. (I.C.2)

All Course Outline of Records (COR) are publicly available on the College’s CurricUNET website; faculty are free to compare them with drafts of the catalog and other documents to guard against inconsistencies and inaccuracies. Achievement and learning data are readily available on the College’s website, allowing the institution to communicate about student achievement and assessment results to both prospective students and the public it serves. (I.C.3)

The team reviewed the College catalog and course schedule and found that the College provides organized and accurate information about courses and unit requirements for degrees and certificates. The College publishes SLOs for courses and programs and includes SLOs on all course syllabi to let students know what they are expected to learn. The mission statement is included in the course schedule, catalog and website to inform students of the guiding principles of the campus. The team reviewed the curriculum committee procedures and found that the

curriculum guidelines for all educational programs provide for regular auditing to ensure the accuracy of the described degree and certificate information. There are indications that some courses need more regular auditing and attention from faculty in section II.A of this report. (I.C.4)

The institution has systems that allow for regular review of policies, procedures, and publications to assure integrity in all representations of its mission, programs, and services. The PDMH provides a road map for this regular review, although follow through on these systems is inconsistent. For example, the College has some missing administrative procedures in Chapter 5 of the BP/AP document and the 2017 “draft” date on the PDMH provides another example. The newly reconstituted Institutional Effectiveness Committee is proposed to review policies and procedures and takes any gaps or inconsistencies to the College Council. Committees are expected to annually review membership and charge. As noted earlier, the College could use the IE Committee and the College Council as forums for improving on the regular review of policies, procedures, and practices. (I.C.5)

The team examined the Financial Aid and Admission Office webpages and found accurate cost estimates for enrollment and attendance, including tuition and fees. All other possible fees and expenses are easy to find on the same site. Additionally, program costs and data about graduation rates are easy to find on the College website. (I.C.6)

The institution assures institutional and academic integrity by publishing governance board policies that protect academic freedom. BP 4030 declares that faculty are protected in their right to teach and assign material without coercion or censorship. Likewise, there are protections for students in the pursuit of knowledge embedded in BP 4030 (I.C.7)

Ohlone College publishes clear policies and procedures that promote honesty, responsibility, and academic integrity. AP3050 (the College’s Code of Ethics) sets the standard of behavior for all employees and AP 5500 and 5501 delineate student behavior and the consequences of violating principles of academic honesty. (I.C.8)

The College ensures that faculty distinguish between personal conviction and professionally accepted views in their discipline by publishing board policy BP 4030. The team could find no evidence to suggest that violations have occurred. (I.C.9)

Ohlone College requires conformity to the College’s mission, vision and values, as well as adherence to board policy and administrative procedures, for all constituent groups. Additionally, each employee (full-time and part-time) receives an application packet with a copy of campus ethics and honesty policies. Having said that, the College does not serve a religious mission or seek to inculcate a particular worldview to its student body. (I.C.10)

I.C.11 is not applicable because the College does not operate in a foreign location.

The College has provided evidence of their willingness to comply with Eligibility Requirements, Accreditation Standards, Commissions policies, and guidelines by submitting annual reports to

ACCJC, and self-evaluation reports in 2014, 2017. The College responds to required reports in a timely manner, meeting its due dates. (I.C.12)

Review of the evidence provided indicates the institution advocates and demonstrates honesty and integrity in its relationships with external agencies. Further, the evidence demonstrates long-term financial and ethical relationships with numerous state and local agencies. (I.C.13)

Standard I.C.14 is not applicable. Ohlone College is a public institution and is not involved in generating financial returns for investors or supporting external interests.

Conclusion:

The College meets the standard.

Standard II

Student Learning Programs and Support Services

II.A. Instructional Programs

General Observations:

The visiting team's review confirmed that the College's instructional programs are aligned with its mission and conducted with appropriate levels of quality and rigor. Courses and programs, including the general education component, are regularly reviewed and revised to improve educational quality and institutional effectiveness. The College excels in preparing students for transfer and offers innovative and successful programs in several areas, including the Ohlone Math Gateway Program (OMG) STEM-focused learning community and pre-collegiate classes designed to support Deaf students. While there are clear processes for curriculum, learning outcomes assessment and program review that have strong faculty support, the team discovered that not all programs complete these processes on schedule and there could be more consistent "closing the loop" and integration of assessment results with planning and resource allocation.

Findings and Evidence:

The College's instructional programs are appropriate to the mission and culminate in student attainment of SLOs and achievement of degrees, certificates, employment, or transfer. As part of the curriculum development process, faculty creating a course or program must demonstrate alignment with the College mission. All course outlines include SLOs and degree and certificate descriptions include program outcomes. Courses offered online have a supplemental form that describes how online or hybrid delivery will be comparable to on ground delivery. Students are earning degrees and certificates or transferring in increasing numbers, and CCCCO wage data shows strong wage data for graduates three years out. Notably, the College's transfer rate is in the top ten statewide. (II.A.1)

The team found that faculty are engaged in ensuring that instruction and programs meet accepted standards and expectations and conduct systematic and inclusive program review. The College has a well-established cycle for course and program review. Courses are scheduled for review every six years; programs are reviewed every three years (two years for CTE programs). Curriculum committee notes show that faculty engage in robust dialog about courses and programs as they are developed and revised. However, the evidence provided shows that a significant number of courses are late for curriculum review; the curriculum committee is working on a course and program currency policy that will help keep these processes on schedule.

During program review, departments evaluate relevant data to revise degrees and certificates and make changes to improve student learning and reduce equity gaps. Institutional Research examines the data for each department and provides a set of customized research questions for each department to contemplate as part of the process. The College has a clear schedule for

program review, and the SLOA year-end report for 2019 indicates that all programs are current. An examination of selected program reviews shows that departments are generally well engaged in the process, examining data and developing Program Improvement Objectives (PIOs). Departments are asked to develop a timeline and assessment criteria for “closing the loop” on PIOs; however, tracking and completion of the PIOs is inconsistent, ranging from very thorough to minimal.

The ISER describes a process by which these recommendations are captured in program review through PIOs, some of which are then collected into Institutional Improvement Objectives (IIOs) and integrated into planning priorities that can be listed in the budget book. Other PIOs are addressed individually at the dean/division level. While the process is documented in the PDMH, the team found in interviews that it is not widely understood how program review and PIOs result in resource allocation decisions. A Program Review Task Force, approved by the College Council, is examining the program review template and process and plans to make a recommendation to the College Council by the end of the Spring 2020 semester.

The College does not have well-developed policies to ensure the quality of online instruction. As specified in AP 4105, Distance Learning, courses must be approved for hybrid and online delivery by the Curriculum Committee through a distance learning addendum, which ensures that distance education classes meet the same standard of course quality as face-to-face classes. AP 4501 also defines regular effective contact and substantive interaction from instructor to student: “Frequency of instructor-to-student contact in distance education courses is comparable to a corresponding face-to-face class.” A review of 15 randomly selected online courses showed that a significant number did not meet the standard for substantive interaction, with courses ranging from having robust and engaging instructor presence to very minimal faculty interaction with students.

The team confirmed that there is no specific required training and it falls to the deans’ right of assignment to determine which faculty teach online. While there is some accessibility training available for faculty teaching online, courses are not reviewed for accessibility. The College is aware that improvements need to be made in the delivery of online classes. A new Online Education Proposal that would mandate training for faculty teaching online and an online observation form were being vetted through the collective bargaining process during the site visit and were ratified by the Board of Trustees on March 11, 2020. The College has dedicated new resources to Distance Learning by hiring an Instructional Designer to support faculty in creating and maintaining high-quality online courses; however, regular access to facilities to provide training for faculty is not available. Additional professional development is provided during Learning College Week. (II.A.2)

The College has established regular cycles for assessing learning outcomes for courses and programs. CSLOs are on a four-year cycle and PLOs are assessed as part of program review every two or three years using data from CSLOs. Assessment was previously directed by the SLOA committee, but the College determined in Fall 2018 that assessment was sufficiently entrenched in the culture and could be supported by an SLO coordinator with 25% reassigned time. The College has a robust program of workshops and trainings for learning outcome assessment.

According to the May 2019 SLOA report, all program reviews are up to date; however, a significant number of courses are overdue for review. The Curriculum Committee is working on a course and program currency policy that would support timely completion of curriculum review. A review of selected SLO assessment results shows that faculty are engaging in thorough and thoughtful SLO assessment. Previously, departments presented SLO assessments to the SLOAC; the team reviewed several presentations and found them to reflect thoughtful and meaningful analysis of the findings. Retaining the robustness of this analysis may be a challenge as the College transitions from a committee to a single coordinator. CSLOs are mapped to PLOs in the program reviews; essentially ensuring that when CSLOs are assessed, those data are used to assess PLOs (II.A.3)

All course outlines of record include student learning outcomes, which are communicated to the students through the class syllabus. All syllabi are collected by the divisions and checked for current SLOs. An examination of the catalog showed that pre-collegiate curriculum is clearly noted in the course descriptions as “not applicable to associate degree.” A review of course outcomes in CurricUNET confirms that successful completion of the courses will prepare students for college-level coursework in Math and English. The College has developed pre-collegiate English courses designed for Deaf students so they have equal access to college-preparatory work. (II.A.4)

The team confirmed that courses and degree or certificates are approved through the Curriculum Committee, a subcommittee of the Faculty Senate that includes faculty and administration representatives from all divisions. The committee reviews courses and programs for depth, breadth, and rigor and to ensure they follow practices common to higher education. Faculty and deans are working together to ensure students can complete programs in a timely fashion. The catalog and all ADT and AA/AS descriptions clearly state a 60-unit requirement for graduation. (II.A.5)

The College ensures students can complete degrees in a time consistent with established expectations in several ways. Deans use scheduling tools to determine how often a course should be offered, with courses required in a degree offered at least every two years. Departments develop scheduling templates to demonstrate that degrees can be completed within two years. The College has various methods in place to ensure students can complete programs of study in a timely manner, but acknowledges that there is still work to be done. A task force met in Spring 2018 and recommended strategies to improve scheduling patterns. Uniform, student-friendly scheduling blocks and a new final exam schedule have been developed and will be implemented in Fall 2020. Additionally, as part of its improvement plan the College will develop term-by-term curricular maps that will be used to improve scheduling and student time to completion. (II.A.6)

The College offers classes fully on ground, as hybrids, and fully online. The success rate of online classes is high overall, with students online succeeding at rates similar to students on ground. Traditionally underrepresented groups succeed at rates higher than statewide averages, but equity gaps remain in the disaggregated data. As described in the findings for II.A.2, the College does not have well-developed policies to ensure regular and substantive interaction in online classes.

The College provides a variety of in-person learning support services. The English Learning Centers and Math Learning Centers at both sites offer tutoring in all levels of English and math. Various other discipline-specific and peer-tutoring services are offered at various sites on both campuses. Embedded tutors are placed in selected classes. NetTutor offers online tutoring services. (II.A.7)

The College has two STEM-focused learning communities: Ohlone Math Gateway (OMG) and A2 π . Notably, OMG offers an accelerated pathway from pre-collegiate math to engineering and computer science majors and has proved highly successful. The A2 π program, focusing on African-American, Pacific Islander, and Latinx populations is new, but is designed to move students into engineering technology and smart manufacturing pathways.

The College uses a documented credit-by-exam process to determine credit for prior learning in limited circumstances, such as for nursing or respiratory therapy based on certificate or licenses already held, or for certain performance classes. Students with military service or who have passed AP exams are awarded credit as standardized throughout higher education. The College annually evaluates its multiple-measures placements into math and English for validity. The only placement test still in use, for ESL, was historically approved by the CCCCO. (II.A.8)

The College awards credit for courses, degrees, and certificates based on the attainment of student learning outcomes. The course outlines of record for all courses include SLOs. A review of the course outlines of record and the catalog confirms that all degrees and certificates have program learning outcomes, which are clearly stated in the catalog. Course SLOs and PLOs are regularly assessed by faculty as part of the program review process. Units of credit are consistent with institutional policies that reflect accepted norms in higher education. Following the state system's Program and Course Approval Handbook (PCAH), credit is determined based on the "Carnegie Unit," with three hours of work each week during an 18-week semester expected for each unit of credit. The College does not award credit based on clock hours. (II.A.9)

The College has clearly stated transfer-of-credit policies, available to students in the catalog and on the website. The team review confirmed that course descriptions indicate if a class is transferable to the CSU system, the UC system, or both and if the course has an approved C-ID designation. The College maintains articulation agreements, available through ASSIST, with relevant public institutions. Counselors review content and outcomes for courses not on ASSIST and make recommendations for transfer of credit. (II.A.10)

The team confirmed that all College degrees and certificates have clearly articulated program outcomes that are available on the website and in the catalog. The College's philosophy of general education includes outcomes that address information, communication, and quantitative competencies as well as analytical inquiry, ethical reasoning, the ability to engage diverse perspectives, and other program-specific outcomes. (II.A.11)

The College requires that all degree programs include a general education component that follows one of three patterns: the Ohlone College GE Pattern, the CSU General Education Breadth Requirements, or the Intersegmental General Education Transfer Curriculum. In its board policies and procedures, and in its catalog, the College has a clearly stated philosophy of

general education that includes outcomes in the natural sciences, the social and behavioral sciences, the fine arts and humanities, language and rationality, physical education/wellness, intercultural/international studies, and information competencies. To be included in the Ohlone College GE pattern, a course must meet the outcomes for a GE area, as approved by the curriculum committee. The College submits courses to the CSU and UC systems for inclusion in their respective GE patterns. (II.A.12)

The team found that all of the College's degree programs include focused study in at least one area of inquiry or in an established interdisciplinary core. The courses required for a degree and course and program outcomes are available in the catalog and on the website. The courses in a degree include a blend of theory and practice and support mastery of the knowledge and skills necessary to succeed in transfer or employment within the specified area of study. (II.A.13)

The College's Strategic Goal #2 is to provide that career technical education (CTE) is responsive to student needs and prepares students to meet industry standards. The high pass rates for respiratory therapy, physical therapist assistant, and nursing show that the College prepares students well for external licensure and certification. The team determined that CTE courses and programs are regularly reviewed for currency and relevance through the curriculum and program review cycles. CTE programs have industry advisory committees that meet annually to review program change and a review of advisory committee minutes showed that they provide input that ensures programs align with industry demand. (II.A.14)

The team determined that the College has a clear process for discontinuing programs. In the case that a program that has declining or low enrollments, or that is clearly obsolete is recommended for discontinuance, a recommendation for a phase-out period is included to ensure that all students with catalog rights in the program have the opportunity to complete the program or transfer to a related program. (II.A.15)

The College has processes in place to regularly evaluate the quality of all its instructional programs. All courses have SLOs, which are assessed on a regular curriculum review cycle. During program review every three years, departments respond to student learning and achievement data, disaggregated by demographic and modality. Program outcomes are reviewed and updated during both processes. The team found evidence that departments are regularly completing program review and engaging in thoughtful assessment of SLOs and planning for improvement. While there are some excellent examples of departments that "closed the loop" on the program review process by assessing how a PIO improved student learning, this process does not appear to be uniform throughout program reviews. The College might consider developing processes that ensure more uniform documentation of how these plans are implemented and then evaluated for impact on student learning as well as methods for addressing unmet PIOs.

Proposals to offer courses in distance learning modalities are approved through the Distance Education Committee (a subcommittee of Curriculum), which regularly engages in discussion on the improvement of online delivery. One recent outcome of this discussion was the hiring of an instructional designer, who will develop a local online training program and provide increased support for online faculty. (II.A.16)

Conclusions:

The College meets the standard, except for II.A.2.

Recommendation 2 (Compliance):

In order to meet the standard and Commission Policy, the team recommends that the College review and revise its existing processes and policies to ensure that faculty teaching online consistently provide regular and substantive interaction between students and faculty (Distance Education Policy, II.A.2).

II.B. Library and Learning Support Services

General Observations:

Ohlone College provides sufficient Library and Learning Support Services to their students online, on ground and at both the Fremont and Newark campuses. Library and learning support services include print and digital collections, research assistance chat boxes, library guides, library databases, tutoring, embedded tutoring, online tutoring, workshops and access to computers and software. These services are evaluated regularly through program review and student surveys to assure student needs and learning outcomes are met. The College also maintains formal agreements with outside vendors and consortiums to meet the needs of the faculty and students. These agreements and usage statistics are reviewed regularly by faculty librarians. At the time of the team visit the College had just opened three new academic buildings on the Fremont campus, including an attractive setting for its new Library in Building 3.

Findings and Evidence:

Ohlone College supports student learning and achievement by providing their students with sufficient student learning support services at their Fremont campus, Newark Center for Health Sciences and Technology and online for their distance education students. Services include access to library collections, tutoring services including in-person, embedded tutoring, and online tutoring. Students and College personnel have access to library services videos online and faculty librarians are looking to update those videos. Additionally, while services and materials are being relocated to a new facility at the Fremont campus the College provides access to a robust inventory of online databases for their students. During the visit, the team was impressed by the inventory of online databases and textbooks available for students. Additionally, the notable access to desktop computers (over 60) outlined in the ISER had not yet been relocated to the new building. This access to computer laboratories and learning technology is also impressive and should be restored in the new library on the Fremont campus. Team members also noted a short supply of electrical outlets for charging personal laptops and cell phones in the new Library setting, presenting an access issue that the College may want to address in its first year of operation. (II.B.1)

The College provides appropriate expertise for the institution to select and maintain educational equipment and materials to support student learning. Librarians work with faculty and students to identify and track requests for research materials/resources. The College librarians recently conducted a collection analysis that included many opportunities for discipline faculty to participate. The collection analysis included consideration for space and cost efficiencies and led to a significant increase in their electronic book collection from 60,000 to 200,000 volumes. This collaboration has also led to the increase of their online database inventory including ProQuest US Dailies and Gail Virtual Reference Library. Additionally, College library personnel collaborated with discipline faculty to implement over 100 LibGuides that have been viewed over 170,000 times. (II.B.2)

Ohlone College regularly evaluates their library and learning support services through the annual program and services review process, the LS-101 course assessment process, the tutoring

programs report, and through student surveys. Through the course assessment process librarians were able to survey students and found the need to update their online reference collection. The 2019 Student Opinion Survey revealed that 74% of the 793 students that responded were satisfied with the library/learning resource center services they received. This information was later included in the library's program review, which led to securing funding and improving their collection. The student survey is conducted on a bi-annual basis as is the Faculty Survey referenced in the ISER. Through the survey faculty are asked whether they believe students who utilize tutoring and learning centers have shown improvement in classes. These two surveys and the program review process are how the library and learning resources evaluate their support services. (II.B.3)

Ohlone College relies on and collaborates with outside vendors and consortia to support and supplement their library services and collections. The College assures security through their reliable remote authentication system that ensures only registered students or College employees have access to licensed material. These collaborations include outside vendors for online databases, tutor tracking software, and early alert software. (II.B.4)

Conclusions:

The College meets the standard.

II.C. Student Support Services

General Observations:

Ohlone College offers a full complement of student services programs that are aligned with the institutional mission. Ohlone has measures in place to assess the quality, accessibility, and impact of its student support services. Program evaluation occurs at regular intervals, allowing for disaggregation and review to ensure comparable quality and learning support regardless of location or means of service delivery. Student Service leadership and personnel are student-centered and are committed to resolving issues and/or barriers experienced by Ohlone students. The College has a wonderful opportunity to have its Student Services vision be guided by their Student Services curriculum. The curriculum features the importance of five values: responsibility, respect, integrity, leadership, and purpose. These values facilitate student learning and success, and while the curriculum has existed for years, it is not currently an integral part of their Student Services foundation. The College's ISER and interviews with students, staff, and management during the site visit validated that students feel welcomed and supported by the College and experience services to be appropriate, comprehensive, and reliable at the Fremont campus, Newark campus, and online.

Findings and Evidence:

The College's Student Services Program Reviews, annual review of data updates, and battery of surveys (such as the Student Opinion Survey, community surveys, UCLA Higher Education Research Institute [HERI] surveys, focus groups with students) form the foundation for the assessment and evaluation of its services. These evaluative instruments ensure that services support student learning and enhance the College mission, regardless of location or delivery method. Evidence provided shows strong student satisfaction across most instructional and student support services and strong connection to student success measures for students accessing the services. While the College meets this portion of the standard, Student Services can increase its effectiveness in assessing the quality of services offered by taking greater ownership of student services related data housed in the Institutional Research Office, thus enhancing their ability to best understand and address students' diverse needs. Student Services leaders believe that the move to Guided Pathways, which will feature Completion Teams supported by Data Coaches will increase their departments' access to and understanding of available data that exists outside of Student Services. (II.C.1)

The Student Services Program Review structure provides an opportunity for the Student Services curriculum to be institutionalized into every student services department via the creation of student service outcomes. Student Service Program Reviews require departments to focus on student/program achievement and the development of Program Improvement Objectives (PIOs), ensuring that services are reviewed and improved on a continuous basis. A good example of this is the November 2016 "Counseling Department Evaluation," which included a section to measure Counseling Department SLOs. An overwhelming majority of students who completed the survey felt confident about their

ability to actualize all three Counseling Department SLOs. Additionally, students were afforded an opportunity to provide suggestions for improving Counseling Services, which surfaced the expressed need for increasing the number of counselors, increasing the availability of counseling appointments, lengthening appointment time, and expanding the availability of online appointments. The Counseling Department utilized these findings to develop an action plan and assessed implementation of said plan, thus closing the continuous improvement loop. (II.C.2)

Ohlone's commitment to ensuring equitable access to all of its students by providing appropriate, comprehensive, and reliable services is firmly cemented in their Strategic Plan. The annual review data updates focus on service access data by location, modality, and various student characteristics, allowing the College to study and ensure equitable access. The Spring 2019 Student Opinion Survey provides evidence that students have positive and supportive experiences while at Ohlone College. These results are supported by best practices Ohlone College has implemented, namely, making equitable access to student support services a priority and providing clear and easy ways for students to find information they need. Student Services has an opportunity to further leverage their use of *StudentLingo*, on-demand student success workshops (40+ workshops, available 24/7), to enhance their reach to more students and further institutionalize their Student Services curriculum since not every student utilizes available services nor does every student take advantage of Personal Development classes offered by the College. (II.C.3)

Ohlone College's co-curricular and athletic programs are suited for their College mission and contribute to the social and cultural dimensions of the educational experiences for students, as evidenced by their rich array of internal and community programming. The College hosts health fairs, club days, canines on campus, free farmer's market, annual science night hosting over 1,000 district parents and students, among others. While the College has Board Policies (BP) in place that address effective operation of athletic and co-curricular programs, some Administrative Procedures (AP), which provide essential operational detail did not exist at the time of the visit, such as AP 5400 (Associated Students Organization) and AP 5200 (Associated Students Finance) which may have fostered a disconnect between Associated Students of Ohlone College (ASOC) and College leadership. The team was encouraged to learn through interviews that the relationship between ASOC and College leadership has improved. Although AP 5700 (Athletics) does not currently exist, the Program Review for Athletics affirmed the College's claim that it evaluates the quality and effectiveness of its athletic programs via its Program Review process. Other sources of evidence provided, namely, California Community College Athletic Association (CCCAA) constitution and bylaws and the Athletic department's philosophy provide additional support for compliance under this standard. (II.C.4)

Ohlone College provides counseling, advising, and orientation services to all of its students through a wide range of programs and service locations and routinely prepares both full-time and adjunct Counseling faculty to receive training via a multitude of venues. This training includes a regular "Monday Morning Update" communication to counselors focused on programmatic updates and clarification, transfer workshops,

student success conferences, student equity conferences, guided pathways conferences, monthly meetings with counselors and discipline faculty to review new curricular developments. In addition, adjunct counselor training consists of 10 sessions conducted by a full-time counselor in the first semester of employment. Counseling Department Program Review data and analyses show improved student success measures for students who utilized Counseling Services vs. the overall student population. Positive correlation between accessing counseling services and student achievement is, in part, facilitated by the Counseling Department's comprehensive training program for full-time and part-time counselors, resulting in guidance provided to students that is as accurate and timely as possible. (II.C.5)

Ohlone's Board Policies (BP) and Administrative Procedures (AP) clearly delineate the admission criteria for enrollment (BP/AP 5010—Admissions and Concurrent Enrollment; AP 5011—Admission/Concurrent Enrollment of High School & Other Young Students; AP 5012—International Students; and BP 5052—Open Enrollment). Additionally, admissions criteria for Ohlone's specialized programs (noncredit, international students, health sciences programs, and interpreter preparation program) can be found at the respective department's page on the College website. (II.C.6)

The College regularly evaluates admissions and placement instruments and practices to validate effectiveness and minimize biases. Evidence provided by the College clearly shows that Ohlone's Multiple Measures approach to math and English placement is yielding similar success levels for students completing prerequisites, passing placement tests, or being placed by Multiple Measures. (II.C.7)

Ohlone College has in place established Board Policies (BP) and Administrative Procedures (AP) to ensure safety and confidentiality of all student records (administrative, academic, personal, health, or student discipline related). The team confirmed that the College maintains student records permanently, securely, and confidentially and has secure backup files regardless of the format that files represent. The college publishes and follows policies for the release of student records. (II.C.8)

Conclusions:

The College meets the standard.

Standard III

Resources

III.A. Human Resources

General Observations:

The College's hiring and evaluation processes are overseen by the Human Resources (HR) department with a long-serving Vice President and staff dedicated to helping employees and prospective employees. The hiring processes used by the College have resulted in a complement of well-qualified faculty, staff and managers at the College. Implementation of Equal Employment Opportunity principles in the hiring process have improved the diversity of the faculty and staff over the last five years. The ISER raised concerns about the need to standardize full-time faculty evaluations during the tenure process; but at the time of the team visit the faculty and administration were working to add language to the collective bargaining contract to address this issue in a collegial manner. Similarly, the team learned that the College was taking steps to improve the online course evaluation instrument used for faculty evaluations.

Findings and Evidence:

The College ensures the integrity and quality of its academic programs by hiring qualified faculty who meet minimum qualifications as identified by the statewide Academic Senate and Board of Governors. A review of the catalog indicates that faculty clearly meet the standard of having a Master's degree as a minimal qualification (MQ) for virtually all disciplines, and Bachelor of Arts (BA) degrees in other career-related disciplines. Similarly, a review of job descriptions and hiring announcements reflected appropriate connections to the institutional mission, duties, and responsibilities. A comprehensive classification review of position descriptions and pay levels was completed five years ago. (III.A.1)

The College ensures faculty possess appropriate knowledge and skills by developing job descriptions that fit the MQ's identified earlier. Standard templates are used whenever a faculty position is recruited for which outlines skills, abilities, duties, and MQ's. Faculty must submit unofficial transcripts upon application for a position, and official transcripts if they are hired. A review of the faculty credentials in the College catalog documents the quality of the faculty and their hiring according to appropriate standards. (III.A.2)

While the College cites no specific evidence in relation to the appropriate qualifications for administrators and other employees, the same standards of MQ's apply to administrators in the Academic Senate and California Community College Chancellor's Office (CCCCO) Manual. A review of the College catalog identifies that administrators have appropriate qualifications for their positions. Hiring processes are in place to ensure all candidates are reviewed and that they meet MQ's for employment. Team members were able to document this activity through interviews during the site visits, and by reviewing appropriate HR documents and web sites.

(III.A.3)

The College reviews transcripts for all of its employees when they are hired. Again, a review of evidence in the catalog suggests that the degrees held by individuals are from accredited institutions of higher education, or that appropriate equivalency had been determined by a neutral third party at the time of their hire (for non-U.S. degrees). (III.A.4)

Ohlone College has processes in place to ensure regular and effective evaluations of individual employees. The team confirmed that classified staff are evaluated using an annual cycle that kicks off on April 1 of each calendar year and seeks completion of each pending evaluation by June 30. Management evaluations occur on an October to December cycle. These cycles allow for the faculty evaluations to be completed between the end of the fall term and through the early spring. HR officials confirmed that rates of completion are tracked on an internal spreadsheet and rates top 90 percent in any given year. According to the collective bargaining agreement with the United Faculty of Ohlone College, part-time faculty are evaluated once per year during their first three years at the College. Thereafter, part-time faculty with satisfactory records are given re-hire preferences and are evaluated every three years. Full-time faculty are evaluated once a year during their first four years, then once every three years. Having said this, the ISER raises concerns about the lack of consistent standards across full-time faculty evaluations. There is an indication, and the team documented during the visit, that there is no one standardized approach used for peer-led full time faculty evaluations, and there are apparent differences in reporting practices from division to division. This lack of consistency raises concerns about institutional equity and effectiveness, and administrators and faculty leaders recognized the need to improve in this area. Written criteria exist within College documents – such as the collective bargaining agreement’s mention of reviewers potentially observing a class, watching video tapes, review of instructional materials, discussion of objectives and goals, and examination of professional contributions to the community. However, the forms used to document evaluations could be improved to reflect a standardization of norms and expectations across evaluations. At the time of the team visit, College representatives indicated that this improvement work was underway, using a committee within the collective bargaining agreement. Interviews with administrators and union leaders confirmed that this was being done in a collegial, research driven manner. (III.A.5)

Standard III.A.6 does not apply

The College measures its complement of full-time and part-time faculty by paying attention to the faculty obligation number used in the California Community College system. The College’s FT faculty number is 124 (comprising 132.5 FTE). Part-time faculty amount to 332 (133.2 FTES according to CCCCO Data Mart). These numbers appear to be appropriate for an institution the size of Ohlone. The ISER raised concerns about future funding levels and whether the College can maintain appropriate faculty levels. This concern was acknowledged during the team interviews with faculty leaders. Strategic planning processes are cited and team interviews documented a recognition that the College would have to “re-size” and potentially reorganize itself if continuing funding constraints required it. At the time of the team visit, a reorganization

of the administrative ranks was underway to leave several positions vacant, allowing the College to capture more than \$500,000 in savings. (III.A.7)

The College has orientation and professional development practices in place to ensure that all faculty are integrated into the life of the College. Faculty can either take part in a one-on-one or group orientation when they are first hired. “Learning College Week” (LCW) events are available to all faculty as part of the College’s “flex” professional development program. (III.A.8).

The College has sufficient numbers of staff with appropriate qualifications to support the operations of the College, although it notes that it is operating “lean” in some areas. Information technology is one such area, where hiring and holding onto qualified programmers and web developers is a challenge in the Silicon Valley area. The College places emphasis on its updated strategic planning process as a mechanism for identifying areas to grow or reduce positions. (III.A.9)

The College has a sufficient complement of positions in the administrative ranks with appropriate preparation and expertise to provide continuity and effective leadership for the institution. Having said this, the College notes it struggles to fill high level positions at the Vice President level. The Vice President of Academic Affairs position has been held by four individuals across four years, and at the time of the visit this position was in recruitment for a permanent incumbent. The Vice President of Student Services position was filled with a qualified incumbent in early 2020. The CEO’s replacement was also in recruitment at the time of the team visit. (III.A.10)

The College has published personnel policies and adheres to them. They are available on the website and readily available to the public and employees. Interviews with employees indicate that the policies are upheld and implemented in a fair and equitable manner. (III.A.11)

The College uses its policies and practices to create and maintain appropriate services that support its diverse personnel. As indicated earlier, fair employment practices and procedures are publicly available on the College website. The College assesses its track record on employment equity and diversity with regular reports. A recently completed environmental scan showed significant progress on hiring a more diverse staff that reflects the Ohlone community. The College reports that 54 percent of staff are now non-white, and 47 percent of faculty are non-white. Both figures are better than state averages and reflect progress over the last five years. An Ohlone Diversity and Inclusion Advisory Committee (ODIAC) has helped provide professional development programming and training sessions to staff, faculty, and managers that celebrates inclusion and promotion of a diverse workforce. (III.A.12)

The College’s code of ethics applies to all employees (AP 3050). On an annual basis employees receive a reminder of their obligation to comply with the code of ethics. Violations of the code

can result in disciplinary actions, up to and including dismissal for actions such as dishonesty, immoral or unprofessional conduct. (III.A.13)

The College plans for and provides ample opportunities for professional development that is consistent with the mission of the College. Faculty “Flex” obligations include a 24-hour commitment during the year to such activities as teaching improvement and pedagogy (essentially four, 6-hour days). Two of these days are scheduled during the College’s LCW. In practice, many full time faculty well exceed the 24-hour commitment embedded in their contract. The College also uses a “Get It Done” day during the LCW that allows faculty to focus on particular initiatives and getting required work done associated with those initiatives (i.e., Guided Pathways or SLO Assessment). Classified staff have an annual retreat and the ability to take part in an innovative Leadership Academy that is led by a classified staff member. (III.A.14)

The College maintains confidential personnel and HR records in locked file cabinets in a locked room of Building 19. Faculty and staff can access their records with a 24-hour notice to HR staff. The team confirmed during the visit that personnel records are kept in safe keeping by the College. (III.A.15)

Conclusions:

The College meets the standard.

III.B. Physical Resources

General Observations:

Ohlone College serves three cities within Alameda County; Fremont, Newark, and Union City. The College has two campuses; the Fremont Campus, a 534-acre campus located on the former Huddleston Ranch property along Mission Boulevard in Fremont, and the Newark Center, an 82-acre campus located along Cherry Street in Newark. The Fremont Campus and/or “Main” features a majority of buildings concentrated on the upper portion or east side of the campus. Due to the topography of the site only about 118 acres are usable. The Newark Center is a center with a focus on health sciences and technology. Measure G Bond funds have allowed the College to re-imagine the academic core of the main campus. At the time of the visit, three new buildings had just been opened for use and the College students, staff, and faculty expressed a high level of satisfaction with the new layout.

Findings and Evidence:

The College assures sufficient and safe physical resources at a number of sites on and off campus, in community facilities, and on campus classes for high school students. A safe environment is promoted through the employment of a College police force. A review of the College’s Clery crime statistics document that Ohlone is a very safe college to attend: no major crimes were reported at the Newark Center in 2018, and only two motor vehicle thefts and two burglaries were reported at the Fremont Campus. Participatory governance committees at the College meet to regularly evaluate physical resources to include progress and future efforts through their bond program. A work order system is in place for staff and students to report unsafe facilities or facility issues. Recently the College approved an Emergency Operations Plan for guidance on preparedness and response in the event of an emergency on the campus. College employees and students work collaboratively through their Facilities & Sustainability Committee + Workplace Safety Committee and their Emergency Preparedness Committee to assure safe operations at all locations where courses, programs, and learning support services are offered. (III.B.1)

College staff participate in safety, sustainability, facilities, and planning committees to support the needs of the College. The Facilities Master Plan, last updated in 2012, identifies the priorities of new and existing facilities planning which include upgrade and maintenance. In November of 2010, the District passed Measure G, a \$349 million bond measure to support upgrades to existing buildings and construct new facilities. The College’s Five-Year Capital Outlay Plan includes the Inventory of Land, the Five-Year Construction Plan, Capacity Load Ratios, and Space Inventory. Programs such as the Preventive Maintenance and the SchoolDude work order system allow the College to address and identify issues before they become system failures. Employee participation in addressing concerns is encouraged via various venues such as the help desk hotline, HR’s safety reporting program, campus police services, and reporting opportunities to various administrative offices. Facilities planning is aligned with the mission of the institution through its annual program review process. (III.B.2)

The College assesses program facility needs with requests submitted in the annual program review process. A third-party vendor also performs preventative maintenance in which they routinely inspect energized mechanical equipment every three years. This equipment includes transformers, electric panels, and switchgear. The inspection data are documented and ranked to prioritize repairs based on life and safety needs. Results of these processes are incorporated into the Facilities Department Program Review. (III.B.3)

The College relies on evaluation for improvement of facilities to meet the needs of students. The Facilities & Sustainability Committee + Workplace Safety Committee reviews data and makes recommendations for facility upgrades and inclusion in the College's Five-Year Capital Outlay Plan. The College's FUSION 2020-2025 five-year plan identifies remodel of current buildings and the demolition of an existing building. Equipment purchases are included in the Facilities Program Review and are prioritized so that the most crucial needs are addressed first. In 2012 the College adopted the Facilities Master Plan, which updated and consolidated all previous plans and identified the most critical needs for the Measure G bond program. The College has contracted with a firm to assist them in identifying key elements to implement and maintain a total cost of ownership (TCO) program. The development of a TCO plan is in its nascent stages. Once analyzed and evaluated in conjunction with existing maintenance funds and staffing, the TCO plan will help inform the College's long-range planning efforts. (III.B.4)

Conclusions:

The College meets the standard.

Recommendation 3 (Improvement):

In order to improve institutional effectiveness, the team recommends the College implement a Total Cost of Ownership program to inform decision making regarding staffing, facilities, and equipment. (III.B.4)

III.C. Technology Resources

General Observations:

Technology services, professional support, facilities, hardware, and software are aligned with the College's strategic goals and are appropriate and adequate to support the institution's management and operational functions, academic programs, teaching and learning, and support services. The College seems to make technology decisions based on broad communication and input from stakeholders regarding appropriate and adequate support. With the opening of newly constructed buildings in early 2020, the College is entering a phase where a substantial number of new information technology resources will put pressure on the College four or five years down the road for replacement consideration and total cost of ownership concerns.

Findings and Evidence:

The team reviewed the College's Technology Master Plan (TMP) and found that the College's technology facilities, hardware and software plans and projects are compiled along with the action plan that ensures there is funding and responsibility for implementation. The information technology services division (ITS) provides professional assistance through support for day-to-day issues as well as College wide technology projects. ITS completes routine backups of all mission-critical technology systems. They have also migrated many of their third-party systems to the cloud in case of a disaster for easy recovery. The College appears to have support structures in place to support their third-party systems such as Canvas, Starfish, Informer and SARS. There are several vacant positions within the ITS division. Hiring and maintaining qualified personnel has been an issue. IT personnel report that the shortage is due to losing skilled workers to neighboring industry positions in Silicon Valley. Additionally, because of budget constraints, some vacant positions have been left unfilled to capture budget savings. (III.C.1)

The team reviewed the College's computer standards and concluded that the College adequately analyzes their computer needs and annually updates standards to ensure they keep current with the latest technology and continue to support the needs of the College. The College is applauded for providing an opportunity for faculty and students who need access to a computer to check out laptops via laptop kiosks. (III.C.2)

The ITS staff serves the College at both the Fremont campus and Newark Center. ITS staff rotate between the sites depending on the support needs. There are dedicated ITS employees assigned to support distance education programs. Both sites offer student labs as well as faculty and staff offices and all are equipped with appropriate technology resources. (III.C.3)

Although the College provides some instructional opportunities for staff on the effective use of technology and technology systems, this is not offered on an ongoing basis; but rather on a semi-annual basis. The College's ITS staff take advantage of its Learning College Week (LCW) to provide semi-annual support and training to College faculty. During LCW the faculty are given opportunities to learn more about online teaching and using Canvas. As mentioned earlier in Standard II, the College should consider tightening and improving training on online instruction to ensure quality and ADA compliance of online instruction. (III.C.4)

The team examined BP 3720 the computer and network use policy and AP 3720 and confirmed that the College has a board policy which establishes the appropriate use of district computers and networks and the legal ramifications if these are abused. (III.C.5)

Conclusions:

The College meets the standard.

III.D. Financial Resources

General Observations:

Currently, the College has sufficient financial resources to sustain the educational and operational programs of the institution. In response to being considered a hold harmless District in the state of California's Student Centered Funding Formula (SCFF), the College has maintained a status quo budgeting process and has decreased expenditures in the unrestricted general fund budget. During the same period, reserves have been maintained in excess of 17%. The team confirmed that documents, including budget and financial audits, indicate that the College has financial resources sufficient to support student learning programs and services and to improve institutional effectiveness. Resource allocation supports the development, maintenance, and enhancement of programs and services. Internally prepared budgets and financial statements, annual external audited financial statements, annual audit findings and other related documents reflect the College's commitment to maintaining financial integrity. The College is meeting all of the necessary budgeting and accounting standards and practices with no significant audit exceptions.

Findings and Evidence:

The College's general unrestricted fund budget is approximately \$58 million for the fiscal year 2018-19. The College's budget allocation prioritizes student learning and achievement as well as the enhancement of programs and services. The College's financial planning prioritizes institutional improvements. The team found that the 2018-2019 operating budget included \$309,500 for institutional improvement objectives (IIOs) identified by the College through the program review process. (III.D.1)

The College's financial planning begins and ends with alignment of the mission and College goals through Administrative Procedure (AP) 6200 on budget preparation. The President/ Superintendent and Vice President of Administrative and Technology Services review the budget with the College community for feedback and discussion. This takes place through budget forums annually to ensure the timely dissemination of the budget information throughout the College community. The College's resource allocation process is described in the Strategic Plan and includes a cyclical review of the College's strategic direction and the linking of its foundational principles, mission, core values, and goals to its financial planning process. Program and services review methodology requires linkages to be established between program improvement objectives (PIO) and achievement of specific College goals and objectives. Annually, the College Council engages in a process to revisit its mission statement and determines a list of priority improvements it needs to undertake in order to achieve College objectives. The College establishes priorities amongst proposed improvements so that it strategically allocates funding to best meet its goals and objectives. The team confirmed that the budget document identifies the improvement objectives that are to be funded which is approved by the Board in the adoption of the budget. (III.D.2)

The financial planning process follows an annual cycle and begins with a College wide budget-planning calendar that is approved by the Board in December every year. The College presents an overview of the Governor's State budget followed by the adoption of a tentative budget in

June and a final budget in September. On an annual basis, departments identify PIOs. The deans review and fund the PIOs, while those that have broader institutional impact are forwarded to the Vice Presidents and President for consideration to become institutional improvement objectives (IIOs). The President and Vice Presidents then send the list of recommended IIOs to the Budget Committee for further review and inclusion in the annual budget. (III.D.3)

The College is currently in a hold harmless status in the state funding formula, resulting in cost of living adjustments only to their operating budget. The team reviewed budget scenarios developed to project a balanced budget for effects of the funding formula after the hold harmless years. This ensures planning and a realistic assessment of the College's available resources to support the mission and strategic goals while having a balanced budget. The budget plan demonstrates the College's commitment to improving enrollment and other metrics, increasing revenue, and decreasing expenditures to ensure the availability of financial resources meets the expenditure requirements. Quarterly financial reports allow the College to assess the availability of revenue and tracking of expenditures to make adjustments as necessary. (III.D.4)

Board Policies and Administrative Procedures are set up to ensure adequate internal control over financial transactions. Quarterly reports are disseminated to the Budget Committee, College Council, president, vice presidents, and the Board to ensure a timely mechanism for sound financial decision-making. The annual external audit demonstrates the College's effective internal controls as evidenced by no major financial audit findings. The Budget Committee provides timely information to the community about the budget, the College's fiscal conditions, and financial planning. The information includes detailed financial statements, adjusted revenue and expenditure information, and external factors that may affect the College's finances. (III.D.5)

The College presents updated budget reports to the governance committees and the Board in public meetings. These ongoing financial analyses and updates further ensure the accuracy and credibility of the annual budget document. The team confirmed that the College has consistently received unmodified audit opinions on its district wide financial statements from its external auditors every year since at least 2003-2004. While the College has received a few audit findings in some years, these were not material with an unmodified audit opinion. (III.D.6)

The auditors present the annual audit reports in open meetings to various College constituencies including the Board Audit Committee, the Board, the Citizen's Bond Oversight Committee, the Foundation Finance Committee, and the Foundation Board. The team confirmed that the College has had a history of no material audit findings for the past six years. (III.D.7)

The Business Services Department conducts internal reviews of the current internal control structure and develops new procedures as needed. Several administrative procedures were updated over the last two years to improve processes and enhance internal controls. The College also evaluates internal controls through the program and services review process. An assessment of program review allowed business services to develop an administrative procedure for grant management as an improvement objective to further enhance internal control. Periodic updates on BPs and APs demonstrate that the College is aligning practices with financial and internal control systems. The team found that responses to audit findings are immediate, and appropriate adoption of additional controls are instituted to address such findings. (III.D.8)

The College consistently maintains an unrestricted general fund balance well in excess of the five percent minimum required by the State. Board Policy requires that unrestricted general fund reserves shall be no less than five percent of the general fund expenditures in compliance with state regulations. In addition, an institutional goal for the College is to maintain a minimum of 17 percent. The general fund reserves have consistently exceeded the State and Board reserve requirement. In addition, the College has an unassigned reserve for unforeseen emergencies. The team confirmed that unrestricted general fund reserves for the past three years were:

2017-18	\$11,145,871	18.08%
2018-19	\$11,023,157	18.77%
2019-20 Projected	\$12,562,913	21.71%

As evidenced above, the College has a strong track record of fiscal stability and has not had to borrow within the past several years. The College participates in a Joint Powers Authority for property and Workers Compensation which provides insurance to address unforeseen risks and circumstances. (III.D.9)

Board Policy 5130 demonstrates the College’s commitment to meet the federal and state regulatory requirements with student financial aid, however the implementation is not explicit as Administrative Procedure 5130 is not extant. The external audit confirms the College’s sound and effective management of its finances, including that of external funds, the Foundation, and the management of its investments. The team confirmed that the College has consistently received unmodified opinions from independent auditors, and no material weaknesses have been identified over the past several years. As a result of the implementation of the SCFF, the College is strategically reviewing all vacant positions to determine immediate backfill or if further assessment is needed before filling any vacancy. For example, at the time of the visit, several administrative vacancies were identified in the Board of Trustees agenda, saving the College budget around \$500,000 annually (III.D.10)

The team found that when presenting its annual budget, the College includes a multi-year budget projection. This is used to illustrate the long-term financial impact with adoption of the annual budget. The multi-year budget projection includes the fund balance projection to determine the College’s ability to meet its minimum reserve requirements set by the State and the Board. The OPEB trust has a balance of \$4,592,919 for the fiscal year ending June 30, 2018. The College continues to fund the entire Annual Required Contribution (ARC) fully, which is \$429,307 for 2018-2019 fiscal year. (III.D.11)

The College is compliant with Government Accounting Standards Board (GASB) statements 74 and 75, and contracts for bi-annual actuarial studies to be completed. Its OPEB Liability has been set up as The Ohlone Community College District Futuris Public Entity Investment Trust. The trust is audited annually in accordance with GASB and American Institute of Certified Public Accountants (AICPA) practices. The College funds the trust annually with the ARC. (III.D.12)

The College has long-term debt tied to two Proposition 98 General Obligation Bond Measures: Measure A Bond for \$150 million approved by voters in 2002 and Measure G Bond for \$349

million approved by voters in November 2010. General Obligation Bond debt service is managed collaboratively by the College, the Citizen’s Bond Oversight Committee, and the County Assessor’s Office through the levy of local property taxes as approved by voters. As respective tax proceeds are collected, they are deposited into a dedicated Debt Service Fund to assure timely and appropriate retirement of the obligation. Because General Obligation bond debt repayment is supported by District taxpayers through ad valorem taxes, repayment schedules pose no adverse impact to the College’s financial stability. The most recent Measure G Performance Audit Report dated June 30, 2018 was satisfactory. (III.D.13)

The College’s annual external audit report supports the integrity of all financial resources, demonstrating consistency with the intended purpose of the funding sources. The bond expenditures are consistent with the bond language authorization, and this is confirmed by the external audit report. The financial transactions for Associated Students of Ohlone College (ASOC) are part of the College’s annual audit to ensure the integrity of all funds. External auditors conduct annual audits of the grant programs and report their findings and recommendations, if any, to the Board. The team confirmed that the College has received unmodified audit opinions with respect to state and federal compliance. (III.D.14)

The current federal guidelines for the student loan default (Official Cohort Default Rate) rate is 30 percent. The team found the College’s default rates for the past three cohort years are as follows:

2013	18.8%
2014	14.1%
2015	10.5%

The table above indicates that the College maintains its default rate below the federal guidelines and has also decreased its student loan default rate significantly over this three-year period. The College’s Financial Aid Office and Business Services Department work collaboratively to ensure compliance with federal requirements. The College has followed federal guidance in creating default prevention and management plans. On a monthly basis the Admissions and Records office submits the enrollment file to the National Student Clearinghouse. The Financial Aid Office’s web page also provides clear and useful information regarding financial aid and student loans, to include frequently asked questions. The information provided on the web page not only assists students with obtaining student loans, but also helps the College reduce the loan default rates. (III.D.15)

Contractual agreements of the College are governed by BPs consistent with the mission and goals and contain appropriate provisions to maintain the integrity of the institution. Contracts routinely contain clauses that allow for termination of the contractual relationship for cause or convenience. Local, state, and federal compliance requirements are closely monitored. The College maintains that all applicable contracting regulatory codes are followed including Public Contract Code, Education Code, Business and Professions codes, Labor Code, and Government Code, as well as insurance and bonding requirements. The team found that several administrators have been designated to review and sign contracts. The College should consider

putting controls in place when reviewing and approving contracts, to ensure adherence to Board Policies and regulatory compliance. (III.D.16)

Conclusions:

The College meets the Standard.

Commendation 2:

The team commends the College for its strategic decision to maintain stable and healthy reserves in the event of unforeseen occurrences. (III.D.9)

Standard IV

Leadership and Governance

IV.A. Decision-Making Roles & Processes

General Observations:

At Ohlone College, Board Policy 2510 and Administrative Procedure 2510 provide the written framework and philosophy that guides the definition of governance roles for administrators, faculty, staff, and students to support student learning programs and services, as well as improve institutional effectiveness. Further description is found in the Ohlone Planning and Decision Making Handbook (PDMH) that defines the role of the College Council and the Faculty Senate, as well as reporting committees like the Budget, Facilities/Sustainability/Safety, International Education, and Technology Committees. All of these (and more) regularly post minutes and agendas. Additionally, there are a variety of committees that report to the Faculty Senate, not all of which maintain a website with agendas and minutes. All curricular decisions are made by the Curriculum Committee that reports directly to the Faculty Senate. In some instances, there is evidence that school-wide participation was engaged in the governance review and input was sought from all constituents. Prominent examples include the 2015-20 Strategic Plan and the decision to arm the campus police force. The institution uses the Strategic Plan as a formal process for the creation of goal establishment, and uses the contributions of leadership throughout the organization to promote student success, and to sustain academic quality and integrity. Students, classified staff, faculty, and management are included within the creation of the Strategic Plan. Ideas for improvement originate in the Program Review that, while updated every three years, annually feature the creation and assessment of Program Improvement Objectives (PIOs). The process of goal establishment and assessment outlined in the PDMH allows for inclusive participation from all constituent groups, although some College representatives expressed a lack of transparency of the decision making process.

While there is evidence of a culture of shared decision making in many arenas, and a willingness by many to do many things, as the institution has grown, and some institutional memory lost - roles and responsibilities once understood have become confusing and have led to what the ISER describes as “breaches.” The College is aware of these blurred lines and is attempting to make them explicit, as evident by a willingness to have outside consultants review and discuss said practices; as well as the reformation of the now titled Institutional Effectiveness Committee. The College would benefit from a more regular evaluation of the governance and decision making policies and procedures to assess and clarify roles and responsibilities.

Findings and Observations

Institutional leaders create a culture that allows innovation to flourish. The College Council serves as the main governance committee where individuals from various sectors of the College can participate in discussions about policy and innovative practice. Another channel for innovative practice is the Program Review process and the annually developed Program Improvement Objectives (PIOs) that, when deemed by the Executive Team to have policy or

significant institution-wide implications are incorporated into Institutional Improvement Objectives (IIOs). Interviews with faculty and staff indicate that participation in innovation is supported, and the College has several initiatives underway to document this fact (Guided Pathways, a move toward block scheduling, and consideration of First Year Experience reforms are prominent examples). (IV.A.1)

The College has appropriate policies and procedures in place to authorize the role of administrators, faculty, staff and students in decision making processes. The team reviewed Board Policy 2510, Administrative Procedure 2510, and the PDMH and found clearly established roles for management, faculty, staff, and students; all groups hold membership on College Council, as well as the Budget, Facilities/Safety/Sustainability, Institutional Effectiveness, International Students, and Technology Committees. Further, AP 2510 provides an organizational table that delineates where specific types of decisions will be made, by whom and the degree to which their input is taken into the decision making. Team members who reviewed the PDMH found some gaps in the writing about decision making procedures that need clarification. The College would be well served by a full review of the PDMH to resolve some ambiguities on how decisions get finalized and communicated. (IV.A.2)

Administrators and faculty, through policy and procedures, have clear and substantive roles sketched out for areas of institutional governance that are part of their specialized expertise. AP 2510 and the PDMH provide evidence of these roles. Faculty have substantive input on curriculum, grading, degree & certificate requirements, policies for faculty development and PIOs. Administrators have substantive input on budget, scheduling and approval of PIOs and creation of IIOs. Team interviews documented that faculty serving in key leadership roles had difficulty articulating their place in the identification of institutional priorities and how program review requests get translated into budgeted projects. Fiscal administrators who have more experience with these processes had no difficulty explaining them. This gap may be bridged by more refined documentation of decision making processes and the communication of decisions. (IV.A.3)

Faculty and administrators have a clearly defined role in policy and procedure to make recommendations about curriculum and student learning programs and services. The team reviewed AP's found in Chapter 4 (Academic Affairs) and discovered that the College has well-defined structures for recommendations about curriculum. Upon review of the administrative procedures in Chapter 5 (Student Services), the team discovered several that are missing. The College is aware of this absence and has appointed the newly hired Vice President of Student Services to address this absence. Reliance on past practice, including the Catalog, have served in the absence, and having well-defined procedural structures regarding all student learning programs and services will benefit the College. (IV.A.4)

The PDMH describes the larger framework from which the institution provides for timely action and appropriate consideration of relevant perspectives, and how College level plans come into existence. As a guiding document, the PDMH has the utility of providing a roadmap for institutional governance if constituent groups agree on its meaning. However, interviews with participants indicate that the provisions outlined in the PDMH are not always practiced. Additionally, team interviews suggest a period with few new faculty and staff being hired has led

to an established culture of tradition that seems resistant to change and less receptive to new committee members' viewpoints, creating a reluctance to participate. The College is aware that not all groups believe sufficient consideration is being given to all perspectives, but is making positive inroads to do so. As the College undergoes a period of transition, institutional governance documents like the PDMH can help guide further agreement on governance norms as long as the parties continue to move in a collegial direction of collaboration. (IV.A.5)

As indicated earlier, processes for decision making and the mechanisms for communicating those decisions were a source of disagreement at the time of the team visit. The College has processes in place, both within AP 2510 and the PDMH. Similarly, Standard III describes a relatively clear budget allocation process that is understood well by Budget Committee members and Administrators. Evidence as to how these decisions are widely communicated is lacking. For example, while budget presentations are clear, and the College Council discusses the IIOs, it was not clear to faculty leaders how the executive team made those decisions. So, even though the College has processes in place, team interviews with faculty leaders indicated that they could not describe how Program Reviews featuring PIO's get funded. In addition, only 43% of faculty surveyed expressed approval of the Program Review process. These are cited as some of the main reasons the Program Review Committee is being formed. The College Council and Faculty Senate websites all provide minutes and agendas. Some of the committees that report to these two bodies also keep current with minutes and agendas. The team confirmed that written processes are in place, but the lack of understanding and belief in effectiveness indicates they could be improved and be more widely communicated across the institution. (IV.A.6)

The majority of the institution's governance and decision-making policies, procedures and processes are housed in the PDMH. While it is written that the handbook will be "reviewed on a regular basis and revised as necessary" the only available copy is a 2017 version marked as a draft. Several areas of the document reflect ideas for improvement rather than revisions. The College should more systematically record these changes. Further, the practice of succession of Faculty Senate President does not follow the dictates of the Faculty Senate's Constitution and Bylaws, regular evaluation by the College would address this discrepancy. Annually, the participatory governance committees review their charge and membership. While there is some evaluation of the governance processes, the College would benefit from more formal, systematic review and widely shared communication on the review. Interviewees agreed with this lack of self-reflection and suggested that the newly formed Institutional Effectiveness Committee would be the likely place for this to begin. A renewed emphasis on institutional review of governance processes and documents will only strengthen the College's overall effectiveness (IV.A.7).

Conclusion

The College meets the standard.

Recommendation 4 (Improvement):

In order to improve institutional effectiveness, the team recommends that the College ensure that decision making processes are clearly understood and more widely communicated across the institution. (IV.A.6, IV.A.7)

IV.B. Chief Executive Officer

General Observations:

At the time of the team visit, Ohlone College had the benefit of a long-tenured CEO who had served as President/Superintendent for 12 years. The College had appropriate policies and procedures in place to delegate power to the CEO over its operations. The institution's success on a host of institution-set standards reflects a CEO and governance culture that places appropriate emphasis on its mission of promoting student success. When the ISER was written, there appeared to be strained relations with the leadership of the Associated Students of Ohlone College, but by the time of the visit, much of the discord had been ironed out. As indicated in Standard IV.A, some changes in policy review and communication will help the College, and a new era of governance stability appears to be on the horizon as Ohlone hires its newest CEO.

Findings and Evidence:

The College's CEO has primary responsibility over the institution and its quality. BP/AP 2430 delegates appropriate authority to the CEO for the College's operations. Included in that policy and procedure is the authority for the CEO to delegate to appropriate administrators the span of duties that fit their title. The CEO is held accountable for institutional quality through an annual performance review process that is conducted by the Board of Trustees. (IV.B.1)

The CEO oversees a College that is appropriately sized and organized to serve the functions of the College. The organization includes Vice Presidents of Academic Affairs, Student Services, and Administrative and Technology Services, and Human Resources, as well as a Foundation Director. The CEO uses the executive team to delegate authority over appropriate functions. When vacancies in positions occur, the filling of a position is confirmed at the Vice President level. Funding constraints and enrollment declines are forcing the institution to downsize and the College is placing significant reliance on the development of a strategic plan to guide that downsizing. (IV.B.2)

The College has policies and procedures in place that help the CEO guide the institution's improvement of teaching and learning. The collegial participatory governance process is described in earlier sections of this report and the College's PDMH. Because of transition in a number of governance leadership positions at the College, principles in the PDMH may not be universally understood or practiced. Institution set standards of student achievement are ambitious and established across 30 different metrics. The College relies on a planning and research office to guide its planning and research functions. Required planning documents are up to date. The College has a resource allocation process in place that appears to link annual budget requests to the planning process. Important gains have been made in student learning at the College. Its rank among Bay Area institutions as one of the top performing colleges across a variety of student completion metrics indicates the College is doing an effective job allocating resources in support of student learning. Even with this success, the team uncovered

perceptions at the time of the visit that communication of resource allocation decisions was not widespread, so it was not clear what priorities were being funded through budget decision making processes. The recent completion of new, attractive, modern buildings in the academic core of the Fremont campus holds the promise of even more gains in student achievement. (IV.B.3)

The CEO takes primary responsibility for the College's accreditation. This is documented in BP 3200 and heavily informs the PDMH. The College produced an ISER that was self-reflective, transparent, and not overburdened with unnecessary writing. With the assistance of College representatives and greater documentation during the visit, team members were able to validate compliance with commission standards, policies, and eligibility requirements. The CEO and ALO kept members of the College community informed of ACCJC standards and professional development opportunities. During the peer visit, College representatives were forthcoming and knowledgeable about accreditation standards. (IV.B.4)

The CEO oversees the College to ensure that it remains in compliance with statutes, regulations, board policies and assures that institutional practices are consistent with institutional mission and policies. One mechanism for staying on top of policy, procedures and law is the use and regular update of the College's AP's and BP's, along with the PDMH. The College uses the Community College League of California policy update service to help maintain on-going compliance with California laws and regulations, although earlier parts of this report indicate that some key procedures were missing or out of date (for example, AP 5400, Associated Students and AP 5420 Associated Students Finance). Having said this, there are recent examples of revision to key procedures including the update of AP 2510 pertaining to the Faculty Senate's role in College governance (revised in collaboration with the Senate in 2018), and revision of the Mission Statement and Vision Statement for the College (under first reading at the College Council during the team visit). On the fiscal and budget side of operations, the CEO ensures that regular audits take place and that budgets get approved in a manner that complies with state law. The ISER provides evidence of ethical conduct in this regard. It highlights the College's own self-reporting of apportionment revenue non-compliance that resulted in a payback of more than \$1 million in over-reported revenue. (IV.B.5)

The CEO works and communicates effectively with the communities served by the College. This activity occurs through multiple, regular meetings with internal constituents, including with Executive Team members, leaders of the Faculty Senate, College Council, Associated Students, and union leaders. At the time the ISER was written, relations with the Associated Students of Ohlone College were strained by differences over how to interpret the ASOC Constitution, whether new bylaws changes were legal, and whether the College President should have veto power over ASOC actions. At the time of the team visit six months later, student leaders expressed satisfaction that the relationship with administration had turned a positive corner, and that perception was validated in interviews with administrative leaders. Ohlone leaders are encouraged to build on this momentum to establish strong, regular channels of communication between the new CEO and student government leadership.

One area of effective practice used by the CEO relates to the on-going, sustained communication that takes with the broader community that Ohlone serves. For five years, the CEO has been using a President's Advisory Committee (PAC) to invite local business, political, and community leaders to campus to have conversations about topics related to the College and community. Held roughly three times a year, the interactions between community and College leaders allow the College to stay in touch with community concerns, and to report back to the group changes in College policy or practice that might have occurred since the last PAC meeting. In 2018, the CEO began an irregular series of informal meetings called "Pastries with the President." As the College hires a new CEO, they should pursue some of the positive momentum that was gained in recent months to pursue regular channels of communication with student leaders and other governance leaders in the College. At a time of institutional transition, more systematic patterns of communication about participatory governance will help stabilize the institution and build shared norms and values around governance practices. (IV.B.6)

Conclusion:

The College meets the standard.

IV.C. Governing Board

General Observations:

The College is guided by board policies to ensure academic performance and fiscal solvency. The team found this clearly displayed in the work of the Board to improve training for new members, improve community inclusivity, and clarify the communication and cooperation between groups responsible for the governance process. The Board has undertaken important work to provide new member training to improve the work of members and to educate them on their role in the governance of the institution. Board training and assessment has been in place since 2008. As was self-reported, the recent resignation of board members, along with the annual turnover of the student government representative, created an opportunity to enhance formal training and regular assessment activities of the Board, using the expertise of the Association of Community College Trustees to guide recent self-assessment. The Board has approved several resolutions to inform the work of the College as it works to support all community members around issues of rejecting hatred, inclusivity, sexual harassment, and immigration status. The work of the College in this area leaves no ambiguity of their intent to create a safe place for its students and workers alike, as well as their intention to be a bulwark against the damaging behaviors that negatively impact learning and community cohesiveness. Training and policies are evident and show that work is met within the standard. Evidence presented in the ISER and the team interviews documented that these efforts appear to be developing out of community engagement. Interviews confirmed that work is ongoing to improve the relationship between governing leadership and constituent groups.

Findings and Evidence:

The Board has a publicly elected governing board whose role and responsibilities are clearly delineated in the mostly recently reviewed policies BP 2010, 2015, and 2200. These policies explain, in detail, that the role of the seven-member governing board is to “[monitor] institutional performance and educational quality and [assure] fiscal health and stability.” In BP 4020, the College has an established policy for the approval and removal of all courses and programs which includes the approval of all additions to the academic offerings and changes to existing programs by the governing board to preserve academic quality. Board Policies 6100, 6250, and 2410 reinforce that no financial encumbrance or administrative action be undertaken unless approved or delegated by the governing board to the CEO of the College. (IV.C.1)

The Board utilizes a policy to determine quorum for the governing board of seven voting members. Only when a quorum is reached will the governing board or their designee act in the interest of the College. BP 2740 demonstrates that board members are trained to adhere to established policies, only acting when an established quorum has been reached. (IV.C.2)

The governing board adheres to its board policies for selection of the CEO. While more depth is generally provided in Administrative Procedures, these are not extant for the selection of the CEO. Due to the departure of the incumbent CEO, the College has proven alignment with this standard through its current efforts to recruit a new CEO for the College. The process appears to be both open, clear, and provides access to the community to engage in the process and provide feedback. The selection committee features broad participation of College constituent groups.

AP 2435, which relates directly to evaluation of the CEO, has a flexibility of detail that allows the CEO to communicate and negotiate the terms of the self-evaluation and board evaluation. (IV.C.3)

The Board is an independent policy making body and its members, via the documented actions of the governing board, have shown their investment in advocating for students and the fiscal solvency of the institution. These actions are undertaken during their normal course of business. The actions taken by the body in support of undocumented students and inclusivity are to be lauded. This also includes the adoption of resolutions to clearly define the campus stance against behaviors that target people for acts of hatred or prejudice, and sexual harassment. As noted earlier in the report, the Board has also consistently enacted budgets with substantial fiscal reserves to safeguard the fiscal integrity of the district. This is a meritorious pattern that has the College well-positioned for a fiscal downturn. (IV.C.4)

The Board has and uses approved policies to ensure quality and improvement across all areas of the College as evidenced in the wide array of actions and information provided during the Board meeting minutes. The Board receives regular reports from College representatives on patterns of student success and College operations. There is ample evidence of the work of the governing board to document compliance with this standard. (IV.C.5)

The Board has clear policies, namely BP 2200, BP 2015, and BP 2010, that explain the composition of and responsibilities of the governing board. These policies are available on the College's website. (IV.C.6)

The Board has demonstrated that it does act in accordance with its policies and bylaws. Team review of the Board's meeting minutes reflect that the business of the College across academic, financial, and structural matters are handled in the course of normal and open public sessions. The Board regularly assesses its policies and bylaws for their effectiveness in fulfilling the College mission and revises them. Delineation of the process is not published, but it was confirmed during team interviews that there is a three-year cycle during which all board policies are reviewed. Convened by the CEO, an ad hoc committee of board members are tasked with preliminary review with subsequent public reviews of all board policies. (IV.C.7)

The governing board regularly reviews key indicators of student learning and achievement. A review of Board meeting minutes indicates the Board is engaged in the approval of institutional plans and the College's Educational and Facilities Master Plan. (IV.C.8)

The Board has used digital surveying to perform self-evaluation across an impressive array of topics. On-boarding of new Board members includes practices identified in the Board Member Guide. Evidence of on-going Board development provided during the visit included items like "Board of Trustees Retreat;" "Building a New Team" and "New Trustee Orientation." These clearly delineate Board retreat activities and the breadth of topics intended to improve cohesion, service, and efficacy. It may prove helpful to add a current version of these documents to serve as a template for future training sessions as well as assist new members to envision the scope of their role. The Board has policies in place to provide guidance on the continuity of membership and staggered terms. These policies clearly explain the staggered rotation and voting area/representation of board members. (IV.C.9)

The Board has a policy in place to ensure the governing board engages in self-assessment. BP 2475 was not linked as evidence, but is posted on the College website. The evidence provided consisted of the compiled data from a recent board self-evaluation survey. (IV.C.10)

The Board has both a code of ethics and conflict of interest policy posted online. The language meets the requirements of the standard to clearly delineate behaviors that are in violation of the sanctity of the community and its trust in the governing board member. (IV.C.11)

The Board has clear policies specifying which tasks are delegated to the CEO and the evaluative process used to analyze success in meeting the prioritized needs of the institution. The CEO is directly empowered to act, when guidance through policy is available, or to act broadly whenever approved policies are not in place. The CEO is evaluated utilizing BP 2435. The policy provides the framework by which the CEO will be evaluated and the content that will be used to assess their performance. Following standard practice, the CEO's contract lays out in more direct language the areas of remuneration and evaluation based on performance success. (IV.C.12)

The College has an established process for informing the governing Board of all matters that affect the accreditation, either regionally or nationally, via the empowerment of the CEO to report and advise the Board on these matters in a timely fashion. One such example of how this process works at the College is the documentation associated with the previous and current ACCJC self-study processes. (IV.C.13)

Conclusions:

The College meets the standard.

Quality Focus Essay

The Quality Focus Essay (QFE) for Ohlone College describes two projects. The first project is titled: Improve Student Equity in Fall to Spring Persistence through Expanded First Year Experience (FYE) Programming. The second project QFE is titled: Improve Student Time to Degree through the Development of Comprehensive Program Maps (clear course-taking patterns) Supported by the Schedule of Classes. These two projects were selected from an initial list of five possible projects put forward by the College co-chairs of the primary governance committees. These projects were decided upon because they had compelling data supporting their consideration; were to some degree already in early planning stages at the College; and received broad support during the governance review process.

The FYE project will focus on three student groups as identified in the campus Equity Plan: African American, Hispanic, and First Generation students. Current workgroup discussions are focused on implementation details including determining the scale of the effort as well as curricular and non-curricular components. The first FYE is planned to launch in fall 2021 and is supported by Student Equity and Achievement (SEA) funds. The College may want to consider starting this project at scale with linked transfer level English and math classes as the default option for incoming students with targeted additional supports for the three focal groups. This would connect with Guided Pathways efforts and presumably make a larger impact on student achievement and institution set standards.

The College used evidence from a National Center for Education Statistics (NCES) report on Ohlone's graduation rates as a call to action for program mapping. The College is engaging in curricular mapping activities that include university articulation, noting that some decisions must be made balancing creating maps for each possible university versus making more general system level maps (e.g. California State University (CSU) vs. University of California (UC)). Other complexities the College may want to consider are creating maps for full time and part time students or at least indicating maps are based on full time attendance if those become the default maps. Another consideration if FYE is developed to scale with linked courses would be to design maps around FYE cohorts with default schedules. The College indicated it may link program mapping with program review as part of curriculum updates. For this project to be successful, significant curricular changes are likely to occur. This effort should be paired with curriculum review processes and clear communication of proposals to change programs and course offerings as well as broad dissemination of final decisions. The College plans to link program mapping efforts with class scheduling, reducing the units students must take to complete a program of study while maintaining standards, and reducing time to degree. The College is also reviewing options on how the maps will be displayed to students in the catalog and online initially looking at the solutions Bakersfield and Solano Colleges have implemented. The program mapping effort is currently funded by the Guided Pathways allocation.