



Focused Visit Report

After the team reaches a consensus, the team chair completes this form to summarize and document the team's view. Notes and evidence should be essential and concise. **Note:** If the visit involved more than five areas of focus, please contact the institution's HLC staff liaison for an expanded version of this form.

Submit the completed draft report to the institution's HLC staff liaison. When the report is final, submit it as a single PDF file at hlcommission.org/upload. Select "Final Reports" from the list of submission options to ensure the report is sent to the correct HLC staff member.

Institution: Southern West Virginia Community and Technical College

City, State: Mount Gay, West Virginia

Visit Date: 3/2-3/3 2020

Names of Peer Reviewers (List the names, titles and affiliations of each peer reviewer. The team chair should note that designation in parenthesis.)

Dr. Jeanne Swarthout, President Emeritus, Northland Pioneer College (Team Chair)

Dr. Nanette L. Smith, Executive Director, Institutional Effectiveness Planning, James A. Rhodes State College

Dr. Russell Baker, Vice President for Academic Affairs, Ivy Tech Community College of Indiana

Part A: Context and Nature of Visit

1. Purpose of the Visit (Provide the visit description from the Evaluation Summary Sheet.)

A focused visit on shared governance, faculty credentials, assessment of student learning, student success, and organizational culture. Southern West Virginia Community and Technical College (Southern) was scheduled for an Open Pathway Assurance Review without an on-site visit to be concluded in October of 2017. The Assurance Review Team found several Core Components of The Higher Learning Commission's (HLC) criteria as Met with Concerns. As a result, the Assurance Review Team visited the institution in the Spring of 2018. Following the Assurance Review Team visit, the team's report recommended a Focused Visit in the Spring of 2020 to address the following core components that are Met with Concerns:

Criterion 2a

The visiting team should examine Southern's improvement in both the communication and application of faculty credentialing policy as mandated by the Commission. The team should also examine faculty files to make sure that application has consistently been followed. Campus-wide engagement of Commission processes, policies, and expectations should be evident in this next visit. Extended and relevant discussion on this visit regarding the topic of shared governance is also explored in Criterion 5b.

Criterion 4b

The lack of a robust institutional assessment culture and the lack of co-curricular assessment need attention by the College. The assessment committee lacks a comprehensive representation across the institution and lacks a strong systematic and useful process that is easily articulated and shared as expected of a Commission college. Experiential learning in respect to these types of offerings is valued by the College, and as such deserves an assessment program that includes such learning.

The College needs to address a plan of action for comprehensive assessment, including co-curricular assessment, as well as at least one year of results with strategies for improvement based on results. The College needs to provide evidence of a comprehensive assessment calendar that encompasses academic and operational services. Co-curricular assessment planning should be integrated into the College's assessment plan. The College's assessment committee should include additional membership in all functional areas beyond just academics. The next visiting team should be able to review this assessment calendar, clear processes, evidence of broad application, and use of results.

Criterion 4c

The Team noted that the institution does not have evidence or collection, analysis, and use of data pertaining to retention, persistence, and completion. The institution is to provide definitions of student retention, persistence, and completion as well as measurable goals for each. Therefore, the institution's focus visit report will include: specific attention to definitions as well as process refinement to include how data will be assessed against goals; resulting action; and definitive evidence from goal measurements with analysis and demonstrated use of results; and demonstrated evidence of results used for quality improvement as well as tangible results up to the time of the report.

Criterion 5b

The team expects a report that clearly and specifically addresses the following:

1. Revised and improved communication channels, along with results, across the institution.
2. Professional development, particularly on Commission policies and criteria. Faculty, staff, and administration (multiple functional personnel) will be exposed to professional development related to Commission expectations.
3. Evidence of organizational culture assessment that is meaningful, positive, objective, and professional and the results of those actions.
4. Evidence of a defined process and protocol for managing differences and reconciling dispute beyond West Virginia statutory requirements and more institutionally focused.
5. Evidence that new voices are present in the institution's administrative and managerial settings as well as in Board of Trustee processes and actions.

2. Accreditation Status

- Accredited
- Accredited—On Notice
- Accredited—On Probation

3. Organizational Context

Southern West Virginia Community and Technical College (Southern) was established as an independently accredited community college in 1971. In 1976 the West Virginia Board of Regents who oversees public institutions of higher education in West Virginia established service areas for institutions and Southern assumed responsibility for a large region and multiple counties. Over the decades, the college grew in enrollment and programs with primary emphasis on career and technical education but recently has focused on general education as a significant transfer effort and dual enrollment with the region's numerous high school districts. Additionally, the college has added online and hybrid coursework to reach its regional student body.

Most recently, the institution, consistent with other community colleges in the state, has suffered enrollment declines and has made difficult decisions regarding restructuring and financial/budget changes. Particularly over the last four years, the institution's stability has been challenged by multiple and rapid administrative turnover and significant friction/morale problems resulting from that turnover. That turnover has affected employee perceptions of communication and trust. An example of administrative turnover is evident when the Focused Visit team chair held a conference call with the institution's administration prior to the visit. The conference call included the Interim President, the new Interim Academic Vice President (his predecessor left the institution in October of 2019), and the Interim ALO appointed six weeks prior to the call. While these interim individuals have a substantial history with the institution, all are very new to their interim positions.

4. Unique Aspects of Visit

The Institution is scheduled for a Comprehensive Visit in 2022-2023.

5. **Interactions With Institutional Constituencies and Materials Reviewed.** List the titles or positions, but not names, of individuals with whom the team interacted during the review and the principal documents, materials and web pages reviewed.

Interactions With Institutional Constituencies

Groups interviewed and attendance

Staff Drop In 3
Students 25 (4 part time)
Faculty Assembly 20 (14 CTE)
Faculty Senate 7
Faculty Drop In 4
Classified Staff 33
Assessment Committee 14
Executive Council 18
Curriculum & Instruction Committee 7
President Cabinet 6
Institutional Effectiveness Committee 12

Student Success Committee 16
Individual meetings 3
Management Council 21

By title

Interim President/Vice President for Finance and Administration
Interim Vice President for Academic Affairs
Vice President for Student Services
Vice President for Institutional Advancement
Vice President for Workforce and Community Development
Chief Information Officer
Recruitment and Outreach Specialist
Program Specialist
Academic Advisor (2)
Financial Aid Counselor (2 one from Logan location)
Program Assistant I
Transfer Coordinator
Administrative Secretary
Administrative Associate
Director of Campus Operations Logan, Williamson, Wyoming/McDowell, Boone/Lincoln
Payroll Coordinator
Accountant
Administrative Assistant
Manager Business/Auxiliary Services Williamson
Accountant
Accounting Assistant III
Library Technical Assistant I
Director of Disability and Adult Services
Public Relations Specialist
Workforce Director

Materials Reviewed

Southern West Virginia Community and Technical College Focused Visit Report
Electronic Resource room (not all have active links):
2019-2020 Academic Catalog
Academic Program Review Reports 2018-2019
Academic Program Review Schedule Matrix 2018-2023
2019 Assessment Institute in Indianapolis Participant List
Association of American Colleges and Universities (AAC&U) Values Rubric
Board of Governors Meeting Minutes, 03/20/18-10/20/19
Co-Curricular Assessment Results, 2018-2019
Course Schedule, Spring 2020
Employee Directory
Employee Handbook, SAM 2000.1
Faculty Credentials Review Examples, 17 files reviewed
Faculty Credentials Report

Governance Day Agendas, Professional Development Activities Spring 2018, 2018-2019, Fall 2019, and Combined 02/23/2018-11/08/2019

Governance Day Presentation on Assessment, Accreditation, Compliance HLC, 04-27-2018

Governance Day professional Development Poster Session, 04-27-2018

Great Colleges to Work for Survey Email Notification to all Employees

Great Colleges to Work for Survey Reports 2019

Institutional Effectiveness Planning and Evaluation Handbook

Institutional Governance Committee Key Decision Summary Email Samples

Institutional Governance Committee Meeting Schedule, 2019-2020

Institutional Governance Committee Memberships, 2017-2018, 2018-2019, 2019-2021

Institutional Governance System Handbook, 2017-2018

Institutional Governance System Review, 2018

Institutional Governance System Handbook, 2018-2019

Institutional Governance System Handbook, 2019-2021

Institutional Governance Committee Minutes, 02-2018 – 03-2019-2020

- Academic Assessment Committee Minutes, 02-2018 – 03-2019
- Curriculum and Instruction Committee Minutes
- Faculty Senate Minutes, 02-2018 – 04-2019
- Institutional Effectiveness Committee Minutes, 09-2018 – 09/2019
- President's Cabinet Minutes, 02-2018 – 11-2019

Institutional Governance Model Effectiveness Survey Results, 2019

Assessment-related Committee Activities or Meeting Agendas, Minutes, Institutional Recommendation Forms such as:

- Academic Retreat 2019
- Administrative Unit Assessment and Business Process Analysis
- Assessment Academy, 2018 and 2019 (Academy or Workshop?)
- Faculty Convocation, 2018 and 2019
- Faculty Credentialing and Tested Experience, Institutional Governance Process Approval
- President's Administrative Retreat, 2018 and 2019
- State Sponsored Assessment Activities

Organizational Chart

Southern College Policy (SCP) Manual (Physical Resource Room)

- SCP-2171, Professional and Educational Requirements for Faculty, and 2171.A, Faculty Credential Certification Form
- SCP-2218, Evaluation of Full-time Faculty, and 2218.A, Evaluation Planning Forms
- SCP-2843, Discrimination, Harassment, Sexual Harassment, Sexual and Domestic Misconduct, Stalking, and Retaliation Policy
- SCP-3200, Awarding College Credit for Prior Learning
- SCP-3620, Policy Regarding Program Review
- SCP-3637, General Education Philosophy and Goals

Southern Institutional Procedures Manual (Physical Resource Room)

- SIP-2171, Faculty Credentialing and Tested Experience
- SIP-2171.A, Faculty Qualifications Including Tested Experience, Teaching Field: English
- SIP-2171.B, Faculty Qualifications Including Tested Experience, Teaching Field: Mathematics
- SIP-2171.C, Faculty Qualifications Including Tested Experience, Teaching Field: Science
- SIP-2171.D, Faculty Qualifications Including Tested Experience, Teaching Field: Social Science

SIP-2171.E, Faculty Qualifications Including Tested Experience, Teaching Field: School of Career and Technical Studies
SIP-2220, Course Feedback

Southern West Virginia Community and Technical College Workforce Matrix Report 2019
Strategic Enrollment Management Plan 2018-2023

New Student Orientation Survey Results, 2019 and Meeting Agendas

Strategic Plan 2018-2023

Strategic Planning Mapping _ Institutional Crosswalk

Student Handbook

Student Services Reorganization Status

Syllabi Sample, Spring Semester 2020

West Virginia Higher Education Assessment Council

6. **Areas of Focus.** Complete the following A and B sections for each area of focus identified in the visit description on the Evaluation Summary Sheet. Note that each area of focus should correspond with only one Core Component or other HLC requirement.

A1. Statement of Focus:

The visiting team should examine Southern's improvement in both the communication and application of faculty credentialing policy as mandated by the Commission. The team should also examine faculty files to make sure that application has consistently been followed. Campus-wide engagement of Commission processes, policies, and expectations should be evident in this next visit.

Relevant Core Component or other HLC requirement:

Extended and relevant discussion on this visit regarding the topic of shared governance is also explored in Criterion 5b.

B1. Statements of Evidence (check one below):

- Evidence demonstrates adequate progress in the area of focus.
- Evidence demonstrates that further organizational attention, rather than monitoring, is required in the area of focus.
- Evidence demonstrates that monitoring is required.
- Evidence demonstrates that HLC sanction is warranted.

The team will also note its determination as to each applicable Core Component or HLC requirement in Part B.

Evidence:

The 2018 HLC visit team identified a need for Southern to devote attention to creating a clear understanding of HLC faculty credentialing guidelines. Furthermore, recommendations included developing a system to review and verify faculty teaching credentials and a process to insure all assigned instructional faculty meet the stated requirements.

A randomly-selected review of 15 faculty files was conducted during the site visit. The initial set of 15 faculty files selected included full-time (9) and adjunct (6) faculty members. Analysis of these files and interviews with various faculty and administration, including the two current Deans and the Interim Vice President for Academic Affairs (VPAA), revealed substantial progress has been made toward a systematic process for reviewing and verifying that minimum expectations are met. Appropriate documentation of all higher education transcripts is maintained in the faculty personnel file. The form SCP 2171.A is utilized as the final sign-off for a faculty member who is deemed to meet standards. This form was found in 14 of the 15 faculty files pulled for review.

The system is not yet perfect; one of the forms was not signed by either the program chair or the VPAA. Several of the forms had been approved within two weeks of the site visit, indicating that this process of verifying faculty credentials is fresh and still a work in progress. One adjunct faculty member did not have the verification form. One file random selected showed a finding that the faculty member in question (who appeared to also be a staff member at Southern) did not meet faculty credentialing requirements. The file included a notation that the individual in question had been informed that teaching credentials were not met. This provides some reassuring evidence that the new process is being utilized honestly and is occasionally resulting in a finding that a potential faculty member does not meet standards.

Since the most recent HLC visit two years ago, Southern has created a new procedure (SIP-2171, Faculty Credentialing and Tested Experience) to manage the process and standards for tested experience. Review of Faculty Senate minutes and subsequent on-campus interviews with faculty and academic administration indicate that the Faculty Senate was extensively involved with the development of the procedure, along with the previous VPAA. As SIP-2171 is a procedure, it does not require Board approval. The policy SCP-2171, Professional and Educational Requirements for Faculty, originated in September 2000. It was last revised in August 2019 final approved by the BOG in December 2019. SIP-2171 is not part of the policy SCP-2171.

This procedure is utilized as an option for documenting when an individual does not meet the traditional educational requirements. The institution has established a specific procedure and criteria that need to be followed in order for a faculty member to be determined as qualified through tested experience in lieu of a master's degree with at least 18 hours in the subject matter or a related field. When the first 15 randomly-chosen faculty files did not result in any instances of a faculty member credentialed through tested experience, the visiting team member assigned to this task requested files for any faculty member deemed credentialed since September 2019 through the newly-established tested experience procedure. Two specific faculty members' credential files were then reviewed, both of whom were full-time faculty members. These faculty were deemed to meet requirements through tested experience. In both cases, the faculty members in question were hired to teach Anatomy & Physiology courses and one is currently teaching in the spring of 2020. The other individual resigned in July 2019. From on-campus interviews, this area of instruction is one of the most challenging for finding sufficient faculty resources. A review of the documentation for each faculty member showed that the tested experience procedure was followed. This procedure, among other things, requires that each faculty member credentialed through tested experience is assigned to a faculty mentor. The potential faculty member is also required to submit a statement showing why he or she believes that their background is appropriate for teaching the assigned course.

The key question is whether the tested experience procedure developed by Southern is in keeping with HLC expectations. The answer to this question is unclear to the visiting team. After consultation with HLC staff regarding this specific issue, it remains uncertain whether these two individuals fall within the parameters intended when the HLC created the policy allowing for tested experience "exceptions" to normal faculty credentialing guidelines of a master's degree with at least 18 graduate

hours in the subject matter or related area. Both individuals have strong backgrounds in science, with one in chemistry and one in meteorology. However, with the exception of one biochemistry class, neither the personnel faculty file nor the academic transcripts showed coursework in life sciences or anatomy and physiology with the exception of one undergraduate biochemistry class.

The visiting team concludes that Southern has responded to the previous HLC expectation to develop a systematic and consistent process for documenting faculty credentials. On-campus interviews revealed evidence that faculty believe this process was utilized inappropriately and inconsistently by the previous administration to “eliminate” faculty members that they wanted to remove. This is more evidence of a dysfunctional and distrustful organizational culture that is discussed elsewhere in this report. However, if followed consistently, the new process should eliminate a future perception that faculty credentialing is used arbitrarily to rid the institution of certain targeted faculty members. Because the faculty credentialing and tested experience processes are so new, the team believes that continued attention to this process is warranted to ensure that these processes are institutionalized and normalized. The team defers to HLC for future clearer parameters on how widely the tested experience guideline can be stretched for defining when faculty members have the appropriate background for teaching the courses to which they are assigned.

A2. Statement of Focus:

The lack of a robust institutional assessment culture and the lack of co-curricular assessment need attention by the College. The assessment committee lacks a comprehensive representation across the institution and lacks a strong systematic and useful process that is easily articulated and shared as expected of a Commission college. Experiential learning in respect to these types of offerings is valued by the College, and as such deserves an assessment program that includes such learning.

Relevant Core Component or other HLC requirement:

4B

B2. Statements of Evidence (check one below):

- Evidence demonstrates adequate progress in the area of focus.
- Evidence demonstrates that further organizational attention, rather than monitoring, is required in the area of focus.
- Evidence demonstrates that monitoring is required.
- Evidence demonstrates that HLC sanction is warranted.

The team will also note its determination as to each applicable Core Component or HLC requirement in Part B.

Evidence:

The HLC assurance review team that visited Southern in February 2018 noted the following observation regarding the existing status of assessment of general education: *“General education, with the exception of those courses mentioned above [exceptions were noted for courses in English, Math and Natural and Life Sciences], essentially does not exist. Interviews with faculty found that assessments were designed by individuals within the discipline. Faculty members were required to*

provide all data to the VPAA, who in turn was responsible for the data analysis and reporting portions of the assessment plan. The continuous turnover in that position negated the compilation of any useful assessment results or action plans. This has been the case for the past three years” (2018 HLC Site Visit Final Report, p. 37).

Two years have elapsed since that visit, and the 2020 visiting team notes with approval significant progress accomplished in restructuring the general education outcomes into four newly-crafted areas of competency. Plans are in place to measure these outcomes through specific course activities, not only in general education courses but throughout the curriculum. This work occurred under the leadership of the former VPAA, who departed the institution in October, 2019.

The 2020 visiting team’s review of selected syllabi revealed that the communication and implementation of these four general education outcomes is inconsistent. Some syllabi accurately list the four outcomes while others show five. The actual outcomes themselves are not articulated consistently across all course syllabi. Some syllabi do not list general education learning outcomes whatsoever. In order for the institution to achieve the goal of “clear processes, evidence of broad application, and use of results” as the 2018 team identified as an institutional expectation, each instructor should be consistently identifying the four institutional general education outcomes and then clearly showing which ones will be assessed during that specific course.

On-campus interviews revealed that much of this inconsistency apparently lies with communication challenges with adjunct faculty, some of whom are using much older master course documents. The evidence does not show that Southern has not yet achieved the level of consistency necessary for meeting the expectation of a “robust institutional assessment culture” the 2018 HLC team identified as a goal for this visit.

As noted below in the discussion of Southern’s progress in creating a robust assessment program, a Watermark Suite product called *Aqua* is being utilized to input data and track assessment results for general education outcomes. The decision to purchase the Watermark product appears to have been strongly influenced by the VPAA who departed in the fall.

The Interim VPAA is working to become more familiar with the Watermark system. Interviews revealed that phone calls and videoconferences are occurring at least weekly with Watermark support staff. However, it is quite evident that considerable momentum was lost due to the departure of the VPAA last fall.

Not only are general education outcomes not consistently articulated in course syllabi, the review of selected syllabi also revealed that course learning outcomes within the same class vary widely from one section to another. This variation depends upon the course instructor. One syllabus for BS 125 identified 61 course learning outcomes while another section of the same course taught by another instructor showed 12. While it is understood that some variation of specific course learning activities based on individual instructor preferences and expertise is appropriate, the competencies and learning outcomes a student should achieve from completion of a course should be consistent across all instructors. There is consistency across course syllabi when it comes to safety and security measures, Clery Act notification, and attendance expectations. Consistency also needs to be achieved in terms of learning outcomes. Until that consistency is achieved, assessment outcomes will be hindered significantly by the lack of common course and general education outcomes.

The 2020 focused visit report acknowledges that the curriculum review process at Southern is “laborsome...and the organization of master syllabi is difficult to manage” (SWVCTC Focused Visit Report, p. 26). *SmartCatalog* is the tool Watermark offers for streamlining the curriculum review,

program mapping and reporting, and student engagement processes. Southern has a goal to have the 2020-2021 college catalog digitized using *SmartCatalog*. Given the change in personnel already noted and the resulting lost momentum in assessment implementation, it is not surprising that evidence does not yet support a conclusion that the overall assessment is solidly heading in the right direction as Southern. When the institution has their regular ten-year accreditation visit in 2022-23, the review team should be able to observe robust assessment results in general education and course and program assessment using the Watermark tools.

As noted already, Southern has implemented the Watermark Suite to assist in tracking assessment and evaluation efforts. The report explains that in order to increase efficiency and “create a more holistic picture of student learning and institutional effectiveness processes, a specialized tool was needed” (SWVCTC Focused Visit Report, p. 25).

The visiting team is encouraged by the decision of the institution to purchase this software package. Watermark is an assessment platform for managing all institutional improvement processes. With the goals of increasing efficiencies and creating a more holistic picture of student learning and institutional effectiveness processes, a specialized tool was needed. After review of assessment and evaluation tools, rather than designing their own solution, Southern selected the Watermark Suite in order to concentrate resources and energy on improving student success and outcomes. Six Watermark software tools are being implemented into Southern’s assessment and evaluation process and strategy. Some of these tools are already being utilized such as in tracking co-curricular assessment. Others are very much yet in progress.

Southern has made progress in developing a system for evaluation of co-curricular activities. As with other assessment activities, this work is being done using the Watermark Accountability Management System known as Watermark AMS. As noted in the above paragraph some data has been entered into the system although there is only spotty and scant evidence of comprehensive utilization of these data for the purpose of program improvement. A new Vice President for Student Services (VPSS) joined the institution in May, 2019. The institution reports in their self-study that a culture of assessment has been developed within the team, with “more than 1400 hours of combined activity focused on assessment and continuous improvement” (SWVCTC Focused Visit Report, p. 45).

A three-year calendar of assessment activities has been implemented for co-curricular programming. Examples of such are tutoring, Gear UP, academic advising, disability services, and financial literacy. Some data and evaluative information have been entered for those programs on the scheduled for evaluation in AY 2018-19. However, in some cases, evaluative data is simply reported with “no findings”. An example from p. 145 of the Co-Curricular Assessment Results 2018-2021 is illustrative:

- Measure: Student Outcomes Program Level Direct Student Artifact
- Details/Description: Attached is a list of final grades of students who were identified during the early alert pilot program.
- Acceptable Target: 25% of students who were identified successful passed their course
- Ideal Target: 100% of students who were identified successfully passed their course.
- Implementation Plan (timeline): Spring
- Key/Responsible Personnel: Student Success Center Coordinator
- Findings for Student Outcomes: *No Findings Added* (emphasis added)

Tutoring was one of the co-curricular activities scheduled for evaluation in 2018-2019. The visiting team’s view is that a key component of evaluating tutoring should be measuring if students receiving this assistance are actually benefitting from their work. The fact that there are no findings for such a key component of the co-curricular evaluation activities shows that there are still holes in this process and continued attention is critically needed. Furthermore, there are no data yet entered for the AY

starting in July 2019 and lasting until end of June, 2020. Perhaps the rhythm of the data entry is such that these data are all entered at the end of the academic year but the lack of some findings for the 2018-2019 year leaves doubt as to whether similar “no findings” reports will be made for the current academic year.

The team applauds the institution for the progress that has been made in the time since the new VPSS joined the campus. However, there is anecdotal evidence of resistance to some of the systemic changes this leader is attempting to implement. The 2020 team strongly encourages the 2022-23 HLC team to evaluate carefully if co-curricular assessment is gaining consistency and if there is evidence of actual programmatic changes occurring as a result of evaluative data.

There is no doubt in the mind of this team that there are many dedicated staff and faculty at Southern who are genuinely and wholeheartedly committed to the survival and thriving of the institution. Many staff and faculty have been in place for many years and are clearly highly dedicated to their work. However, as has been noted several times, and will be noted again in the organizational culture section in 5B, lack of consistency in leadership is a very substantial problem. Unfortunately, the fact that yet another VPAA has come and gone during the last two years serves to reinforce the observation of the previous HLC visiting team that “continuous turnover in the position” (2018 HLC Site visit Final Report, p. 37) is hampering progress. The 2020 site visit team continues to share the concern raised by our colleagues two years ago. Until Southern achieves a measure of stability in upper-level institutional leadership, two vital ingredients in the recipe for creating a robust institutional assessment culture, continuous attention and improvement, will be very difficult to achieve. HLC sanction is warranted on this Core Component.

A3. Statement of Focus:

Specific attention to definitions as well as process refinement to include how data will be assessed against goals; resulting action; and definitive evidence from goal measurements with analysis and demonstrated use of results; and demonstrated evidence of results used for quality improvement as well as tangible results up to the time of this report.

Relevant Core Component or other HLC requirement:

4.C. The institution demonstrates a commitment to educational improvement through ongoing attention to retention, persistence, and completion rates in its degree and certificate programs.

B3. Statements of Evidence (check one below):

- Evidence demonstrates adequate progress in the area of focus.
- Evidence demonstrates that further organizational attention, rather than monitoring, is required in the area of focus.
- Evidence demonstrates that monitoring is required.
- Evidence demonstrates that HLC sanction is warranted.

The team will also note its determination as to each applicable Core Component or HLC requirement in Part B.

Evidence:

Southern finalized its 2018-2023 Strategic Enrollment Management Plan (SEMP), February 2019. The focus visit report and SEMP provide definitions for retention, persistence, and completion. Members of the Student Success Committee described a process that included “robust discussions” during governance days and committee/workgroup meetings; comparison of peer institutions; review of both state and federal reporting requirements; all of which lead to Southern choosing to adopt the West Virginia Higher Education Policy Commission and Council for Community and Technical College Education definitions. However, the meeting minutes for the SEMP Planning Team, Student Success Committee, and related governance committees (i.e. Executive Council, Institutional Effectiveness Committee, Management Council for Academic Affairs, Student Services) does not substantiate the claims that discussions around institutional data definitions occurred. Moreover, there is no evidence that discussions about methodology for establishing institutional goals or measurable targets for SEMP effectiveness took place.

Interviews with the President and Cabinet revealed, and meeting minutes confirmed, enrollment discussions took place at the executive level. However, there is no evidence which indicates that recommendations were made by the SEMP Planning Team, Student Success Committee, or Institutional Effectiveness Council regarding definitions of retention, persistence, completion or to how institutional goals and targets were to be established. The lack of evidence to support claims of collaborative decision-making coupled with faculty, staff, and several administrative leaders’ inability to speak to institutional definitions, goals, targets is an indicator that the presence of a top-down leadership structure still exists.

Southern spent the majority of 2018 and early 2019 creating a framework for improving student success (recruitment to completion) by identifying the following broad goals which focus on learning performance: (1) increasing the number of first-time Southern students; (2) increasing the number of students recruited who actually enroll; (3) improving the persistence and retention rate; (4) increasing institutional support for students; (5) improving completion rates; and (6) improving alumni connections. To complement SEMP (and assessment efforts) the College began implementation of the Watermark Accountability Management System (AMS) platform to capture data and information related to its goals. The SEMP identifies expected increases in unduplicated headcount, completion, retention, degrees completed, time to degree, etc. over a 5-year period by increasing retention rates and implementing enrollment initiatives; but does not link the goals to measurable targets. Furthermore, the SEMP and AMS list action plans and strategies, primarily created for Student Services, but does not address how the academic programs contribute to meeting these goals.

The Student Success Committee provided insight about the process for assigning goals to working groups. The President, Cabinet, and administrative leaders recognized the importance of and need to develop solid benchmarks; but acknowledged that data indicators outlined in the SEMP were based on a modest guideline (e.g. 2% retention, 2% recruitment, and 2% completion) for considering a 6-9% increase in enrollment each year. The visiting team’s review of College documents verified that processes are in place but in the absence of results based on measurable targets, there is limited evidence to substantiate effectiveness.

Interviews with executive leadership, the Student Success Committee, Institutional Effectiveness Council, and the academic Deans confirmed that data (enrollment, completion, retention, persistence) are pulled by the Chief Information Officer (CIO) and “cleaned” by the Registrar for review by the BOG and reporting to IPEDS and the state. However, there was no evidence of a list of common institutional data reports or schedule of reports the institution generates for internal or external reporting. Furthermore, conversations with faculty, staff, and the Registrar also revealed a culture where multiple data managers across the institution (e.g. program coordinators, student services personnel) pull their own data. Yet, there are no standing operating procedures for data collection, verification, and analysis to ensure quality and accuracy. An example of this challenge is

when the visit team asked faculty and staff if they knew where institutional data resides and how its shared, several different responses were provided (i.e. data currently resides within some schools, in the course assessment tool, at some point within Watermark AMS, in surveys); information related to data is typically embedded in “big picture presentations” for discussion about how the bottom line translates financially.

Although members of the Student Success Committee, faculty, and staff cited examples of how the SEMP has improved retention efforts – early alert system to assist with providing support services to struggling students and hiring a fulltime recruiter to establish relationships with the community, military, area high schools, targeted marketing – Southern continues to lack comprehensive data reports with supporting analysis as evidence of a SEMP that is making progresses towards the initiatives specified. As such, the College remains challenged with establishing a culture of evidence-based, data-driven decision-making that includes tangible results which are assessed and evaluated so the institution can demonstrate an ongoing cycle of continuous improvement.

A4. Statement of Focus:

Refer to A5

Relevant Core Component or other HLC requirement:

5.B.

B4. Statements of Evidence (check one below):

- Evidence demonstrates adequate progress in the area of focus.
- Evidence demonstrates that further organizational attention, rather than monitoring, is required in the area of focus.
- Evidence demonstrates that monitoring is required.
- Evidence demonstrates that HLC sanction is warranted.

The team will also note its determination as to each applicable Core Component or HLC requirement in Part B.

Evidence:

Southern has undertaken a review of the shared governance system. As a result of the review, the college established (within the last two years) an Institutional Effectiveness Committee (BOG Minutes 10/15/2018), revised shared governance committee appointments from 1 year to 2, and provided a committee minute taker role along with mechanisms for communicating outcomes of shared governance meetings to the college through email and a college-wide shared drive (SWVCTC Focused Visit Report 2019).

This committee is charged with “developing, implementing, and evaluating an institutional assessment plan. In addition, the Institutional Effectiveness Committee’s purpose is to lead the College in the coordination of planning, implementation, assessment, data analysis, and documentation needed for driving the institution’s strategic planning, accreditation, and compliance efforts” (SWVCTC Focused Visit Report, p. 15). The goal of this committee, among other objectives, is to bring about consistency, enhanced understanding, and more effective communication of HLC expectations and processes. This goal is appropriate and laudable as a

response to the previous team's call for improvement. However, at least 9 other governance committees identified in the focused visit report are still operating, such as the Academic Assessment Committee, Curriculum and Instruction Committee, Management Council for Academic Affairs and Student Success, and the Student Success Committee. Therefore, the visit team left Southern with considerable concern about the effectiveness of such a wide plethora of governance committees for a moderately-sized institution.

A5. Statement of Focus:

Revised and improved communication channels; professional development, particularly on Commission policies and criteria; evidence of organizational culture assessment; defined processes and protocol for managing differences and reconciling dispute; and new voices present in the administrative, managerial and Board of Governors settings.

Relevant Core Component or other HLC requirement:

Criterion 5.B. The institution's governance and administrative structures promote effective leadership and support collaborative processes that enable the institution to fulfill its mission. The visiting team notes that challenges in 5.B affect 5.C and 5.D, components not noted in the 2018 team report.

B5. Statements of Evidence (check one below):

- Evidence demonstrates adequate progress in the area of focus.
- Evidence demonstrates that further organizational attention, rather than monitoring, is required in the area of focus.
- Evidence demonstrates that monitoring is required.
- Evidence demonstrates that HLC sanction is warranted.

The team will also note its determination as to each applicable Core Component or HLC requirement in Part B.

Evidence:

The Mid-Cycle Visiting Team report (10/2/2017) noted significant concerns focusing on the organizational climate within the institution, further stating that the climate was affecting all parts of the institution. Specifically, the team noted unstable leadership, lack of communication, multiple reorganizations, and an atmosphere of anxiety and fear of retaliation.

As any reasonable anthropologist would comment, the organizational culture of an institution may deteriorate very quickly but requires a major effort and passage of time to rebuild into a climate of trust and productivity.

Southern has taken several actions focused around the morale and organizational culture concerns. These actions include the retirement of the former president and appointment of an interim president. These actions are summarized in the following text.

First, the former president retired in fall of 2019. At the time of his retirement, the board appointed the Vice President for Finance and Administration as interim president while maintaining his VPFA position (BOG Board Minutes (9/12/2019, 9/26/2019). Interviews with the Board of

Governors indicate that the overlapping roles of the CEO were approved by the West Virginia Council for Community and Technical College Education (Interviews with BOG). Currently, the Board of Governors has a lay membership, the majority of whom have served less than two years. Further turnover in critical positions continued with the departure (October 2019) of the Vice President of Academic Affairs after an 18-month tenure at Southern (SWVCTC Focused Visit Report 2019). A long-serving Southern faculty member assumed the role of Interim VPAA. The ALO at the time of the last visit has also departed the institution and an Interim ALO was appointed (the former VPAA also served as the ALO). While the team was on campus, faculty reported the pending resignation of an academic dean who has served less than two years and was reportedly brought to the institution through the influence of the now-departed VPAA.

Southern has undertaken professional development for staff and faculty and some BOG members have participated in the Annual Conference of the Higher Learning Commission. Interviews with the board, faculty, and staff indicate that while some groups found such activities around accreditation to be helpful in providing understanding; others state they have limited knowledge or understanding of and remain uninformed around accreditation (Interviews Open Faculty Meeting, Open Staff Meeting, Shared Governance Committees).

Southern implemented the Great Colleges to Work for Survey annually and received its first report from the survey in early fall of 2019. The report indicates continued dissonance between faculty, classified staff and administration. The dissonance was moderate in the staff category. Examples of dissonance between faculty and administration include administration confidence in their performance 72%, faculty 34%, roughly the same differential in categories such as faculty/administration relationships, fairness, and collaboration (Great Colleges to Work for Survey Reports 2019).

Regardless of these institutional interventions to change the toxic and damaging culture of the institution in a positive direction, interviews throughout the college (Open Faculty Meeting, Faculty Drop In Session, Open Staff Meeting, Staff Drop In Session) indicate that these efforts have been only moderately effective. During interviews with governance councils, faculty, and staff, the current institutional atmosphere was often described as calmer, less anxious, and trustful. However, the focused visit team also often heard references made to the past in terms of anger, toxicity, fear, retaliation, and hidden agendas. Specifically, the negative perceptions continued to be angrily voiced:

- Still walking on eggshells;
- Previous president using HLC to create an atmosphere of fear and using HLC to run good folks off;
- Continued lack of trust in administration;
- Ongoing reorganization in Student Services, just another piece of chaos;
- Belief in some parts of the organization that the former president orchestrated the new slate of BOG members (or from husband of Board member); and
- Power games continue.

The reoccurring theme throughout heard by the focus visit team was that the previous president and VPAA joined together and strangled the institution. Regardless of the perceptions of the past at Southern, many members of staff and faculty continue to look backwards and continue to focus on the previous toxic environment. The focus on the past, combined with continuing administrative turnover, inconsistent communication, and lack of effective senior leadership, are major challenges as the institution tries to move forward. The visiting team found “stops and starts” across institutional initiatives, particularly in academic assessment, co-curricular assessment, and data management/reporting (1 step forward, 2 steps back). While all groups interviewed believe that shared governance works at Southern, inconsistencies between

interview statements and committee minutes confirm there is insufficient evidence of the effectiveness of current processes.

Interviews with Southern students indicate that they are not very aware of the internal environment of the college. The faculty and staff of Southern are to be commended for their apparent and appropriate efforts to shield students from employee strife, employee morale issues, and administrative turnover. One student leader from the Student Government indicated in an interview with the visiting team that he was unaware of the presidential change of last September until informed of such by the peer review team member. However, individual comments to the focus visit team indicate that the communities the college serves are aware through social media; the community perception of the college may contribute to the concerning enrollment decline.

While the institution has much work to do regarding organizational culture and its effects, the BOG sets the tone through policy and communication. As such, it has much work to do. This is a completely new board and should not be held responsible for the past but instead, for the college's future. The immediate priority for the board is the hiring of the next president in addition to the appropriate goal setting, supervision, and performance evaluation of that individual. Through these processes and communication to stakeholders, the Board has the opportunity to gradually improve the morale within, re-establish trust in the administrative leadership, and begin to shift the direction of the institution. The board also sets policy and has the opportunity to review institutional policies related to dispute resolution, succession planning, and others; resolving some of the significant issues affecting the college.

Both the institution's response of March, 14, 2018 and the Focused Visit Report of 2019 firmly expressed Southern's confidence that its policies and procedures are more than adequate in responding to managing differences and reconciling disputes; however, a review of both the Employee Handbook and BOG Policies did not provide evidence of an articulated institutional policy or clear process for resolving these matters. The Employee handbook referred the reader to the West Virginia statute governing such matters. A process was articulated in Southern's Focused Visit Report (pp 69-70) but was not located elsewhere. Southern also noted the availability of an institutional website for **Comments and Complaints** as a place to voice concerns and issues. Although the website provides the outlet for concerns to be expressed, and in turn directs one to the appropriate department, no indication was provided during visit discussions as to how concerns submitted via the website are tracked, managed, or how their resolution is documented for the purpose of closing the loop. Moreover, there was no indication of how data analytics for the website is used to determine effectiveness of this method for resolution. The focus visit team also noted that the presence of these policies and procedures, however adequate, did nothing to quell the discontent, disputes, and finger-pointing of the past administration.

The most consistent comments the visiting team heard from all interviews was that new hires at the institution are not successful because they, "do not understand and accept the culture" of the service area. Comments pointed out that new hires are frequently unfamiliar with the challenges of the region, including high rates of poverty, dispersed geography, small and closely knit communities, and quite simply local cultural norms. The concept of searching for candidates for positions, particularly in administrative, management, and faculty positions, creates vacancy challenges as qualified candidates may not be available in the region. The institution may need to come to terms with its expectations that it can and should only hire individuals with regional cultural understanding or hire from outside with a more qualified pool of candidates. If the institution elects to hire from the larger, non-regional pool of applicants for leadership positions, the campus community at Southern must have a willingness to give individuals who apply for open leadership positions the opportunity to provide new perspectives and challenge old models in an effort to impact continuous improvement, institutional effectiveness and most importantly

student success. If not, the concern of the visiting team is that the institution may become stagnant and continue to have gaps in the leadership structure which is necessary for moving the college forward.

The institution will be hiring several new members to the administrative team as well as staff and a limited number of faculty. This should provide the opportunity to be sure new voices participate in campus discussions and decision-making. Several factors for incorporating new voices into the college community include: strong onboarding and orientation for new employees; campus wide training on shared governance in philosophy and action; probationary processes that allow for employee growth; integrating new employees on committees with existing members so they can be mentored, and including them in professional development; and conducting performance evaluations that guide employees to become active members of the institution's communities.

Southern has been quick to point out that the institution has no significant role in the Board of Governors appointments and thus cannot guide "new voices" on the board. A few employees voiced the belief that a representative of the previous administration provided a slate of potential board members to the Governor; the visiting team did not and would not verify that perception. Regardless, there are now several new board members and interviews with several on-campus groups stated that the new members were active participants in discussions at meetings.

7. **Other Accreditation Issues.** If applicable, list evidence of other accreditation issues, identify the related Core Components or other HLC requirements and note the team's determination as to each applicable Core Component or other HLC requirement in Part B.

Part B: Recommendation and Rationale

Recommendation:

- Evidence demonstrates that no monitoring is required.
- Evidence demonstrates that monitoring is required.
- Evidence demonstrates that HLC sanction is warranted.

Rationale for the Team's Recommendation

The Focused Visit Team to Southern West Virginia Community and Technical College (Southern) finds Criterion Components 2A, 4B, 4C, and 5B as Met with Concerns. The concerns regarding Shared Governance are outlined in A4 and A5 and fall within Component 2A and 5B. The visiting team did not have direction to examine Core Components 5C and 5D; however, in reviewing all the 21 Core Components, the team expressed concerns that the findings on 5B have significant impacts on 5C and 5D; therefore, the team determined that 5C and 5D are also Met with Concerns. In view of the team's Met with Concerns on six Core Components, the team recommends a Higher Learning Commission action of Notice as the institution is at risk of not meeting these Core Components, and thus Criteria 2, 4, and 5 may not be Met. Southern is scheduled for a Comprehensive Visit in 2022-2023 and it is further recommended that the expectations for improvement for Notice be incorporated into the Comprehensive Visit of 2022-2023.

A1 (Core Component 2A). The visiting team concludes that Southern has responded to the previous HLC expectations to develop a systematic and consistent process for documenting faculty credentials. Because the faculty credentialing and tested experience processes are so new, the team believes that continued attention to this process is warranted to ensure that these processes are institutionalized and normalized. The team defers to HLC for future and clearer parameters on how widely the tested experience guideline can be stretched for defining when faculty members have the appropriate background for teaching the courses to which they have been assigned.

A2 (Core Component 4B). The visiting team found that general education outcomes are not consistently articulated in course syllabi and that course outcomes within the same class varied widely from one section to another.

The institution lacks consistency in general education and course outcomes which significantly hinders assessment of student learning. Southern has made progress in developing a system for evaluation of co-curricular activities. Lack of consistent definitions of outcomes, data consistency and scant evidence of comprehensive utilization of these data for the purpose of program improvement indicate that these efforts are too early to evaluate and suggest that co-curricular assessment lacks maturity at the institution. Inconsistent institutional leadership administrative turnover are two significant factors hampering a robust institutional assessment culture and, without continuous attention and improvement, will be very difficult to achieve.

A3 (Core Component 4C). Southern finalized its 2018-2023 Strategic Enrollment Management Plan (SEMP) in February of 2019. SEMP provides definitions for retention, persistence, and completion and employees describe a collaborative process by which these terms are defined. However, the meeting minutes of teams and related governance committees do not substantiate the claims of collaboration in defining terms. The lack of evidence to support claims of collaborative decision-making coupled with faculty, staff, and several administrators' inability to speak to definitions, goals, and targets contradict claims. Further, the visiting team's review of college documents verified that processes around SEMP are in place but, in the absence of results based on measurable targets, there is limited evidence to substantiate effectiveness. Interviews with faculty, staff, and the Registrar revealed a culture where multiple data managers across the institution pull their own data and reports. The institution has no articulated policy or procedure for data collection, verification, and analysis to ensure quality and accuracy.

A4 (Core Component 5B). Despite a review of shared governance since the previous HLC team visit, the institution has made minimal changes to the shared governance process. The college conducted an institution-wide survey to evaluate shared governance; the results of that survey seem to confirm the belief that the shared governance processes in place meet the needs of the institution. As a result of the review process, Southern established a new shared governance entity, the Institutional Effectiveness Committee, charged with leading the institution in the coordination of planning, implementation, assessment, data analysis, and documentation needed for driving strategic planning, accreditation, and compliance efforts. However, at least 9 other governance committees are still operating. Many of these committees are partially populated by administrators and managers serving on multiple committees. Therefore, the visiting team has considerable concern about the effectiveness of such a wide number of governance committees for a moderately-sized institution.

A5 (Core Component 5B). The previous visiting team noted significant concerns at Southern focusing on the organizational climate within the institution, including unstable leadership, lack of communication, multiple reorganizations, frequent administrative turnover, and an atmosphere of anxiety and fear. Southern and its Board of Governors (BOG) have undertaken several actions focused around the morale and organization. The most notable actions include the retirement of a president, the appointment of an interim president, and the implementation of the Great Colleges to Work for survey. The institution has reviewed shared governance and provided some professional development for staff and faculty around accreditation. Interviews during the on-site visit clearly indicate that these efforts have only been

moderately successful in repairing the toxic and damaging culture of the institution. Additionally, the visiting team found evidence that Southern could not provide documentation of articulated and publicly available policies and procedures addressing conflict resolution and dispute mediation. Issues of a toxic organizational culture still threaten to overwhelm the institution.

Expectations Regarding the Notice Status for the Comprehensive Visit of 2022-2023

A1. The visiting team found evidence that Southern has made considerable progress in responding to the concerns expressed by the 2018 visiting team. However, because so many of the changes have been implemented within the last six months, the team believes that it is essential for the HLC team visiting in 2022-23 to see clear evidence that the policy and processes are being followed over a more extended period of time. The institution is expected to provide evidence of the following:

1. Consistent and continuous application of the faculty credentialing process utilizing the complete Tested Experience procedures (SIP2171);
2. Regular utilization of the complete Tested Experience procedures (SIP 2171--Parts A-D) with files demonstrating adherence to all processes and requirements identified in the procedure, including the requirement for faculty mentoring;
3. Quantitative (i.e. data from Great Colleges to Work for survey data) and qualitative (i.e. interviews with faculty and staff) that substantiates an increase in confidence that faculty credentialing decisions are being made consistently and in an unbiased fashion;
4. Evidence of continued communication, monitoring and review of the existing faculty credentialing processes, with changes only with appropriate consultation and involvement of Faculty Senate.

A2. The institution is expected to clearly and specifically address the following:

1. Provide compelling evidence that the Watermark suite of products is being utilized effectively to organize and document all of the institution's assessment activities;
2. Deliver evidence of robust assessment results in general education and program and course assessment using the Watermark tools, including evidence of appropriate course and program modifications based on data obtained from assessment activities;
3. Consistent syllabi across all sections of courses in identifying course-specific learning outcomes and general education learning outcomes;
4. Documented evidence that co-curricular assessment is gaining consistency using Watermark AMS. Show that appropriate programmatic changes are being based on data obtained from the system.

A3. The institution is expected to clearly and specifically address the following:

1. Include with the definitions for retention, persistence and completion the methodology for establishing them and the process for determining benchmark targets for each;
2. Establish measurable, baseline targets for each goal, action, and strategy outlined in the SEMP;
3. Work with academic affairs to establish and align programmatic goals with those outlined in the SEMP;
4. Develop an institutional data plan which includes the following:
 - a. identification of key data managers, area of responsibility, and data to be collected/reported;

- b. a schedule of all internal and external data reports that includes the agency/recipient requesting the data, due date, and timeline for analysis;
- c. a schedule (i.e. daily, weekly, monthly, annual) of regular data reports provided to institutional stakeholder groups and used for review and decision-making;
- d. a process for requesting, cleaning/verifying, and analyzing data
- e. training on the collection and use of institutional data; and
- f. creation of a repository for institutional data reports which are accessible to faculty, staff and students.

A.4. The institution is expected to clearly and explicitly address the following:

1. Documented evidence that the shared governance process is working by providing topics/issues raised under shared governance, the individual, department, or committee that first brought the topic/issue forward, progress through each shared governance committee, and ultimate resolution for each topic/issue;
2. Survey evidence that the members of the institution fully understand, participate in, and support the shared governance process. This should include an assessment of the overall effectiveness of the process every 2 years to determine what changes or tweaks may need to be made to the overall structure and framework;
3. Orientation and feedback mechanisms that assist new members of the college community to understand the shared governance process and each role within it;
4. Evidence that Human Resource policies and procedures around organizational culture, grievances, conflict resolution, and mediation are in place and employees have ready access to these documents;
5. Evidence that the new president undertakes a full review of shared governance within the first year of his appointment;
6. Documented evidence that the president has undertaken a full review of administrative duties/responsibilities and their assignments to shared governance committees. Indications that the institution has fully examined the number of shared governance committees, the size of those committees, and types of individuals assigned to those committees.

A.5. The institution is expected to clearly and explicitly address the following:

1. Annual repeat of Great Colleges to Work for Survey with improvement in agreement between administration and faculty, classified staff on areas such as trust, respect, shared governance and collaboration. The institution will identify action steps, goals and measurable targets as a result of the 2020 and future annual surveys and include timelines for actions, responsible entities, measures of improvement, and results of these actions for a minimum of two years;
2. BOG documents that provide evidence that the board has set goals every six months for the newly hired president focused on improving the culture of the institution and evidence that the individual is thoroughly evaluated on those goals and coached to succeed;
3. Evidence that the BOG and all employees receive shared governance and HLC accreditation training the effectiveness of such training by December 2021;
4. Evidence that the BOG is reviewing policies and results of those policies related to the culture of the institution, mediation and conflict resolution, and termination procedures;
5. Evidence that the president is making efforts to reassure the staff, communities, and students regarding any lingering negative perception of college culture;
6. Documented evidence that the board is hearing from all areas of the college on a regular and scheduled basis;
7. Documentation of efforts to plan for presidential and administrative succession and replacement as needed;
8. Evidence that administrative turnover has slowed down between 2020 and 2022.

Criterion 5C. The institution is expected to clearly and explicitly address the following:

1. Documented evidence that the institution has developed a strategic plan that clearly links assessment of student learning and institutional operations to budgeting and revenue allocation;
2. Evidence, with a minimum of one year of results, that the institution has access to and utilized data, including assessment, enrollment, and student success, to develop a strategic plan;
3. The strategic plan will include specific goals, clear timelines, accountability by title, quantitative results, and use of results for institutional improvements. The comprehensive plan will include one year of data.

Criterion 5D. The institution is expected to clearly and explicitly address the following:

1. The institution will provide documented evidence of a comprehensive database for planning and institutional effectiveness purposes, active one year prior to the Comprehensive Visit of 2022-2023;
2. Evidence that the institution has developed a comprehensive and easily accessed schedule of annual or regular reports produced for accreditation, state and federal reporting, and monitoring internal processes such as enrollment, revenue and expenditures, strategic plan dashboards, and other significant internal concerns. This reporting/data schedule will be active at a minimum six months prior to the Comprehensive Visit of 2022-2023;
3. Quantitative, documented evidence that the organizational culture of the institution has improved sufficiently that a trajectory of progress in all operating areas of the college is demonstrated, indicating that the institution is improving its institutional effectiveness and capabilities in all aspects of its operations.

Stipulations or Limitations on Future Accreditation Relationships

If recommending a change in the institution's stipulations, state both the old and new stipulation and provide a brief rationale for the recommended change. Check the Institutional Status and Requirement (ISR) Report for the current wording. (Note: After the focused visit, the institution's stipulations should be reviewed in consultation with the institution's HLC staff liaison.)

Monitoring

The team may call for a follow-up interim report. If the team concurs that a report is necessary, indicate the topic (including the relevant Core Components or other HLC requirements), timeline and expectations for that report. (Note: the team should consider embedding such a report as an emphasis in an upcoming comprehensive evaluation in consultation with the institution's HLC staff liaison.)

The team may call for a follow-up focused visit. If the team concurs that a visit is necessary, indicate the topic (including the relevant Core Components or other HLC requirements), timeline and expectations for that visit. (Note: The team should consider embedding such a visit as an emphasis in an upcoming comprehensive evaluation in consultation with the institution's staff liaison.)

Core Component Determinations

Indicate the team's determination(s) (met, met with concerns, not met) for the applicable Core Components related to the areas of focus or other accreditation issues identified by the team in Part A. If a Core Component was not included in an area of focus, it should be marked as not evaluated.

Number	Title	Met	Met With Concerns	Not Met	Not Evaluated
1.A	Core Component 1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.B	Core Component 1.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.C	Core Component 1.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.D	Core Component 1.D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.A	Core Component 2.A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.B	Core Component 2.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.C	Core Component 2.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.D	Core Component 2.D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.E	Core Component 2.E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.A	Core Component 3.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.B	Core Component 3.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.C	Core Component 3.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.D	Core Component 3.D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.E	Core Component 3.E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.A	Core Component 4.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.B	Core Component 4.B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.C	Core Component 4.C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.A	Core Component 5.A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.B	Core Component 5.B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number	Title	Met	Met With Concerns	Not Met	Not Evaluated
5.C	Core Component 5.C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.D	Core Component 5.D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other HLC Requirement Determinations

Indicate the team's determination(s) (met or not met) for the HLC requirements related to the areas of focus or other accreditation issues identified by the team in Part A.