

## **PEER REVIEW TEAM REPORT**

College of the Siskiyous  
800 College Ave.  
Weed, CA 96094

**This Peer Review Team Report remains in draft form until the Commission takes action on the accredited status of the institution.**

The draft report submitted to the Commission represents the findings of the Peer Review Team that conducted Team ISER Review on October 6, 2022, and a Focused Site Visit to College of the Siskiyous on May 1-3, 2023.

Brent Calvin, Ed.D.  
Team Chair

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**College of the Siskiyous  
Peer Review Team Roster  
TEAM ISER REVIEW**

Dr. Brent Calvin, Team Chair  
College of the Sequoias  
Superintendent/President

Dr. Tawny Dotson, Vice Chair  
Yuba College  
President

**ACADEMIC MEMBERS**

Dr. Marilyn Brock  
Coastline Community College  
Faculty Accreditation Coordinator/ Professor of English

Dr. Paul Creason  
Long Beach City College  
Dean, Health Sciences, Kinesiology, Nursing, Library

Ms. Jennifer Tejada  
Diablo Valley College  
Acting Senior Dean San Ramon Campus

Dr. Omar Torres  
College of the Canyons  
Assistant Superintendent/Vice President of Instruction

**ADMINISTRATIVE MEMBERS**

Dr. Michelle Batista  
Lake Tahoe Community College  
Vice President of Student Services

Mr. Stephen Kibui  
Rio Hondo College  
Vice President, Finance and Business

Ms. Marci Mojica  
El Camino College  
Research Analyst

**ACCJC STAFF LIAISON**  
Dr. Gohar Momjian, Vice President

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FOCUSED SITE VISIT**

Dr. Brent Calvin, Team Chair  
College of the Sequoias  
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Dr. Gohar Momjian  
Vice President

## **Summary of Focused Site Visit**

INSTITUTION: College of the Siskiyous

DATES OF VISIT: May 1 - 3, 2023

TEAM CHAIR: Brent Calvin

This Peer Review Team Report is based on the formative and summative components of the comprehensive peer review process. The peer review team attended training on August 30, 2022, and on October 6, 2023, the team conducted the Team ISER Review (formative component) to identify where the College meets Standards and to identify areas of attention for the Focused Site Visit (summative component) by providing Core Inquiries that the team will pursue to validate compliance, improvement, or areas of excellence. The Core Inquiries are appended to this report.

A five-member peer review team conducted a Focused Site Visit to College of the Siskiyous from May 1-3, 2023, for the purpose of completing its Peer Review Team Report and determination of whether the College continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and U.S. Department of Education regulations.

The team chair and vice chair held a pre-Focused Site Visit meeting with the College CEO on February 22, 2023, to discuss updates since the Team ISER Review and to plan for the Focused Site Visit. During the Focused Site Visit, team members met with approximately 50 faculty, administrators, classified staff and students in formal meetings, group interviews and individual interviews. Team members met with 1 trustee from the College. The team held an open forum, which was well attended, and provided the College community and others the opportunity to share their thoughts with members of the Focused Site Visit team. The team evaluated how well the College is achieving its stated purposes, providing recommendations for quality assurance and institutional improvement. The team thanks the College staff for coordinating and hosting the Focused Site Visit meetings and interviews and ensuring a smooth and collegial process.

## **Major Findings and Recommendations of the Peer Review Team Report**

### **Commendations**

Commendation 1: The team commends the College for connecting with the constituencies it serves in order to support and strengthen the rural region. Examples include the connection observed between Career Technical Education programs and their industry partners for curriculum development, training, and hiring. Similarly, support of local community needs ranging from partnerships with school districts and non-profits to assisting emergency personnel during fire season is exemplary. (IIA14, IVB6)

### **Recommendations**

#### **Recommendations to Meet Standards:**

None

#### **Recommendations to Improve Quality:**

Recommendation 1: In order to increase effectiveness, the College should strengthen the evaluation and documentation process to ensure evaluations in all categories are completed (and documented) in a timely manner. (III.A.5)

## Introduction

Located in far Northern California, College of the Siskiyous (Siskiyous) is a comprehensive two-year public institution and is the only postsecondary education offered within Siskiyou County. The College was established in 1957, and the first students began their studies on September 10, 1959, in just one of three buildings on the Weed campus. Situated at the base of majestic Mount Shasta, the Weed campus extends across 250 acres of beautiful forest yet is easily accessible from Interstate 5 and Highway 97. Since its establishment, the Weed campus has continued to thrive and expand, and now boasts a multitude of facilities, including the Herschel Meredith Stadium and the Kenneth W. Ford Theatre. The campus also contains student “lodges” or residence halls, one of only fourteen community Colleges in California to offer on-campus housing.

Located 30 miles to the north of Weed is Siskiyous’ second campus, in the county seat of Yreka. The Yreka campus opened in 1992 and provides complete registration and advising services, as well as transfer, general, vocational, continuing and distance education classes. In 2009, construction began on the Rural Health Sciences Institute (RHSI), which opened to students in 2011. The RHSI boasts a suite of state-of-the-art simulation labs. It is home to Siskiyous’ three nursing programs, which are the backbone of Siskiyou County healthcare (Certified Nursing Assistant, Licensed Vocational Nursing, and Registered Nurse Step-Up Program). In March 2021, College of the Siskiyous was recognized as having one of the best 15 Licensed Vocational Nursing Programs in California. The College is widely recognized for its excellent programs in the humanities and arts, sciences and technology, and athletics. Aside from general and transfer education classes, College of the Siskiyous hosts an extensive Career and Technical Education program which incorporates Fire Technology, Welding, Emergency Medical Services, and Nursing. Career and Technical Education also includes the Law Enforcement Academy, established in 2019, which is already enrolling its ninth cohort of cadets.

College of the Siskiyous is the only post-secondary educational institution in the County and it is clear that it takes great pride both in its ability to help students attain transfer-level education and in preparing students for the workforce.

While reviewing the Team ISER and during the Focused Site Visit, the team observed several notable and effective practices. Overall, it was clear that the College connects with their students and the constituencies they serve in many ways. Support for students through the Academic Support Center and Basecamp was impressive. The connection observed between Career Technical Education programs and industry partners was equally notable. Similarly, support of the local community events ranging from partnerships with school districts and non-profits to assisting emergency personnel during fire season is commendable. Finally, the teamwork and camaraderie among employees was refreshing to observe.

## **Eligibility Requirements**

### **1. Authority**

The team confirmed that College of the Siskiyous has been operating continuously since 1957 and derives its authority to operate as a two-year community College under the state of California and the Board of Governors of the California Community Colleges, and has been accredited by the Accrediting Commission for Community and Junior Colleges (ACCJC), an institutional accreditation body recognized by the Department of Education.

The College meets the ER.

### **2. Operational Status**

The team confirmed that College of the Siskiyous is providing educational services leading to associate degrees and certificates for 1,310 students as of fall 2022. 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 48 associate degrees (AA, AS, and ADTs) and 15 certificates in 34 academic and career education fields. 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 that does not serve as the chair of the governing Board. Board policies ensure that the CEO has appropriate powers of authority delegated to her. Following assignments as Vice President of Academic Affairs and Interim Superintendent/President (during the 2021-22 school year), the Board appointed Dr. Char Perlas as its Superintendent/President effective July 1, 2021.



The College meets the ER.

### **5. Financial Accountability**

The team confirmed that College of the Siskiyous uses a qualified external auditor to conduct audits of all financial records. The audit also includes an assessment of compliance with Title IV federal requirements. All audits are certified, and explanations of findings are documented

appropriately. There have been no material findings or internal control weaknesses in the past three years. Any findings prior to that time were resolved. 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 a Peer Review Team Visit and Third Party Comment**

**Evaluation Items:**

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

[Regulation citation: 602.23(b).]

**Conclusion Check-Off (mark one):**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:** The College meets the regulation. ACCJC did not receive any applicable third-party comments.

### **Standards and Performance with Respect to Student Achievement**

**Evaluation Items:**

X	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)
X	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)
X	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)
X	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):**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:** The team has reviewed the elements of this component and has found the Institution to meet the Commission's requirements.

**Credits, Program Length, and Tuition**

**Evaluation Items:**

X	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)
X	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)
X	Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition). (Standard I.C.2)
X	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)
X	The institution demonstrates compliance with the Commission <i>Policy on Credit Hour, Clock Hour, and Academic Year</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):

X	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:** The team confirmed that the College meets the credit hours and program lengths meet the minimum of 48 semester hours of total student work. These are documented in a College policy.

#### Transfer Policies

##### Evaluation Items:

X	Transfer policies are appropriately disclosed to students and to the public. (Standard II.A.10)
X	Policies contain information about the criteria the institution uses to accept credits for transfer, and any types of institutions or sources from which the institution will not accept credits. (Standard II.A.10)
X	Transfer of credit policies identify a list of institutions with which it has established an articulation agreement.

X	Transfer of credit policies include written criteria used to evaluate and award credit for prior learning experience including, but not limited to, service in the armed forces, paid or unpaid employment, or other demonstrated competency or learning.
X	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)(11).]

#### **Conclusion Check-Off (mark one):**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:** The policies are provided in the College Catalog. The College meets the regulation.

#### **Distance Education and Correspondence Education**

##### **Evaluation Items:**

<b>For Distance Education:</b>	
X	The institution demonstrates regular and substantive interaction between students and the instructor in at least two of the methods outlined in the Commission <i>Policy on Distance Education and Correspondence Education</i> .
X	The institution ensures, through the methods outlined in the Commission <i>Policy on Distance Education and Correspondence Education</i> , regular interaction between a student and an instructor or instructors prior to the student's completion of a course or competency.
X	The institution demonstrates comparable learning support services and student support services for distance education students. (Standards II.B.1, II.C.1)
X	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.
<b>For Correspondence Education:</b>	
	The institution demonstrates comparable learning support services and student support services for correspondence education students. (Standards II.B.1, II.C.1)
	The institution verifies that the student who registers in a correspondence education program is the same person who participates every time and completes the course or program and receives the academic credit.
<b>Overall:</b>	

X	The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings. (Standard III.C.1)
X	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):**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the Institution does not meet the Commission's requirements.
	The College does not offer Distance Education or Correspondence Education.

**Narrative:** The College has an administrative procedure, and the team has observed a subset of online courses to verify the College meets the regulation. The College does not offer correspondence courses.

#### **Student Complaints**

##### **Evaluation Items:**

X	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.
X	The student complaint files for the previous seven years (since the last comprehensive review) are available; the files demonstrate accurate implementation of the complaint policies and procedures.
X	The team analysis of the student complaint files identifies any issues that may be indicative of the institution's noncompliance with any Accreditation Standards.
X	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)
X	The institution demonstrates compliance with the Commission <i>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):**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:** The College has established procedures and policies regarding student complaints and keeps a database of such complaints. The team reviewed examples and examined the database during the focused site visit. The College meets the regulation.

**Institutional Disclosure and Advertising and Recruitment Materials**

**Evaluation Items:**

X	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)
X	The institution complies with the Commission <i>Policy on Institutional Advertising, Student Recruitment, and Policy on Representation of Accredited Status</i> .
X	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):**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:** The College meets the regulation.

**Title IV Compliance**

**Evaluation Items:**

X	The institution has presented evidence on the required components of the Title IV Program, including findings from any audits and program or other review activities by the U.S. Department of Education (ED). (Standard III.D.15)
X	If applicable, the institution has addressed any issues raised by ED as to financial responsibility requirements, program record-keeping, etc. If issues were not timely addressed, the institution demonstrates it has the fiscal and administrative capacity to timely address issues in the future and to retain compliance with Title IV program requirements. (Standard III.D.15)
X	If applicable, the institution's student loan default rates are within the acceptable range defined by ED. Remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range. (Standard III.D.15)
X	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)
X	The institution demonstrates compliance with the Commission <i>Policy on Contractual Relationships with Non-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:

X	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:** Internal audits did not indicate any internal control compliance or financial findings. The College does not contract, or have any agreements, with non-accredited organizations. The College meets the regulation.

**Standard I**  
**Mission, Academic Quality and Institutional Effectiveness**

**I.A. Mission**

**General Observations:**

College of the Siskiyous demonstrates strong commitment to a mission that emphasizes student learning and student achievement. Using analysis of quantitative and qualitative data, the institution continuously and systematically evaluates, plans, implements, and improves the quality of its educational programs and services. The institution demonstrates integrity in all policies, actions, and communication. The administration, faculty, staff, and governing Board members act honestly, ethically, and fairly in the performance of their duties.

**Findings and Evidence:**

The team reviewed evidence and found that College of the Siskiyous' mission relates the institution's broad educational purpose to "inspire students by offering inclusive and practical learning experiences that are relevant in today's global economy and environment." The mission supports the intended student population pursuing associate degrees, certificates, College transfer, career and technical education, workforce training, and basic skills preparation. College of the Siskiyous mission states the College's commitment to student learning and achievement. (I.A.1).

The College gathers quantitative and qualitative data to determine if it is accomplishing its mission, building primarily from a departmental perspective, and reflected across instructional and non-instructional areas to determine its effectiveness in accomplishing its mission. The College reviews data through a Comprehensive Program Review, Noninstructional Program Review, and supplements metrics. The student body is polled at regular intervals to determine, in their own perspective, whether the students' educational needs are being met. (I.A.2).

College of the Siskiyous ensures that all programs and services are rooted in the clearly established mission of the College using the Institutional Master Plan as a guide. This is reflected through internal processes and committing resources to students that will directly improve their ability to meet their educational goals. The College also seeks resources statewide to expand aligned programs and services and ensure better access to resources necessary for sustainability. (I.A.3)

In addition to the mandatory posting of policies and procedures relevant to the mission of College of the Siskiyous, the institution shares this information through the webpages, BoardDocs, the Institutional Master Plan, Strategic Enrollment Management Plan and the Integrated Planning Guide. The mission is kept up-to-date and in line with the vision of the

Board through routine review and approval, with the process recently completed in 2019. (I.A.4)

Through the College's recently updated mission statement in 2021, which is aligned with the College's programs, services, and priorities, as well as applicable Board Policies and Administrative Procedures, the College meets this standard. The College's mission guides decision-making, planning and resource allocation and informs strategic and master plan goals. The College's mission statement is widely published and consistently reviewed and updated every six years.

**Conclusion:** The College meets the Standard.

## **I.B. Mission**

### **General Observations:**

The College has established processes in place to assess and evaluate academic quality and institutional effectiveness and they continue to make improvements in particular areas. Student learning and achievement data are utilized to inform the comprehensive program review plans and are used to support resource requests.

### **Findings and Evidence:**

The team reviewed the academic quality and institutional effectiveness and found that at College of the Siskiyous the Senates serve as starting point in their shared governance process. Through councils and committees, different constituencies are represented and offered an opportunity to engage on issues that impact their area or the entire institution. (I.B.1)

The team reviewed the student learning outcomes and found that there is a process to define and assess all instructional courses, programs and student and learning support services. Assessment data for Comprehensive Program Review plans are used to improve programs and services. The College has secured a cross-sectional team of California Community College employees as part of a Partnership Resource Team through the Chancellor's Office, to improve non-instructional Program Review process, along with an approved timeline being developed and tested by the end of the 2021-2022 academic year (I.B.2)

The College has institution-set standards and stretch goals for student achievement. The standards and stretch goals are assessed, presented, and published annually. The College has Institutional Goals that are aligned with the mission. The Institutional Goals also inform the Strategic Enrollment Management plan goals. (I.B.3)

The College uses assessment data in Program Review reports. The College's Continuous Quality Improvement (CQIP) form shows linkage from the funding request to Program Review, mission,

vision, and institutional goals. This process is articulated in the Integrated Planning Guide. (I.B.4)

The Office of Planning, Assessment, and Research provides all academic programs with a Program Review dataset and provides programs with other data upon request. The assessment of SLOs are included in the Program Review report and annual updates. (I.B.5)

The College disaggregates data across the Student Equity and Achievement Plan metrics. Equity gap strategies are discussed at Guided Pathways Pillar Team meetings. Continuous Quality Improvement proposals are submitted if activities to help close equity gaps need additional resources. (I.B.6)

The College has a regular schedule of evaluation of policies and practices. Policy evaluations are conducted by an area expert and sent to the President to present to the Board of Trustees. College Standing Committees evaluate themselves and share their findings with the campus through annual reports. (I.B.7)

The College communicates the results of funding request proposals (CQIP). Funding request results are shared to constituency groups by IPB representatives. IPB has a 2021-22 goal to review Program Review reports along with resource requests. Program Reviews are posted publicly. SLOs are discussed at Professional Development events. (I.B.8)

The College has a Program Review, annual update, and funding request cycle for its academic programs. Accreditation Standard IB is encouraged to be considered by programs conducting Program Review. All academic funding requests are informally prioritized by the CIO, then by the Integrated Planning and Budget Committee (IPB). The IPB recommendations are then voted on by College Council and IPB, with the approved recommendations being shared by the President to the Board of Trustees. The College recently made improvements to their Program Review process. One change was having areas documented in the Annual Program Review, how previously funded requests supported improvements to their programs. In addition, the College is creating a mechanism to close the communication loop once the funding of requests has been decided, so areas are informed of the decision and provided with next steps in the process. The team encourages the College to continue with their efforts to provide clarity regarding the resource allocation process and its impact on program improvement as well as investigate a transparent rubric for assisting with resource allocation decisions. The College has a Strategic Enrollment Management plan, Facilities Master plan, Technology Master plan, and Integrated Planning Guide. (I.B.9)

**Conclusion:** The College meets the Standard.

## I.C. Mission

**General Observations:**

The College ensures the accuracy of information shared with its employees, students, and the public. Student learning and achievement is documented in Comprehensive Program Review plans, as well as through Board presentations, Integrated Planning and Budget Open Hearings. Students' learning and achievement data is communicated internally to support resource requests. The College publishes certificate and degree requirements in its catalog but also as posted checklists on its website. Policies, procedures, and publications are regularly reviewed and updated and the cost of attendance is revised annually and posted on the College's website. Applicable Board Policies and Administrative Procedures regarding Academic Freedom, Student Code of Conduct, and Institutional Code of Ethics, provide guidance for both employees and students. The College complies with Eligibility Requirements, Accreditation Standards, Commission policies, institutional reporting requirements, and team visits. The College has consistently submitted information requested by ACCJC in a timely manner. Lastly, the College maintains strong relations with external partners and complies with ACCJC regulations pertaining to ISAs and MOUs.

**Findings and Evidence:**

The team reviewed the information provided relating to its mission, learning outcomes, and programs and found that it was clear, accurate and maintained integrity. A cross functional team ensures that comprehensive and accurate information is provided to the on-campus community as well as interested members of the community and prospective students. The College shares information about the accreditation process and its outcomes and makes it available to students and the public. (I.C.1)

The College of the Siskiyous provides a print and online catalog for students and prospective students. They enlist the support of all employees across campus to update their information to provide more precise, accurate and current information on all facts, requirements, policies and procedures. (I.C.2)

The team reviewed the Program Review process and found that this serves as their documented assessment of student learning and evaluation of achievement, which is documented and aligned with resource requests. This information communicates matters of academic quality to appropriate constituencies, including current and prospective students and the public. (I.C.3)

The Institution describes its degrees and certificates regarding purpose, content, course requirements, and expected learning outcomes by disclosing this information in the catalog released each year available to current and prospective students. The College takes it a step further to make the information accessible and offers accessible checklists that can serve as a planning resource for students. (I.C.4)

The institution regularly reviews its policies, procedures, and publications through engagement with several stakeholders across campus. Through this process, information is thoroughly vetted to assure integrity in all representations of its mission, programs, and services. (I.C.5)

The team reviewed documentation and found that it accurately informs current and prospective students regarding the total cost of education, including tuition, fees, and other required expenses, including textbooks, and other instructional materials. College of the Siskiyous works to ensure that students are prepared and embeds links to other resources inside of the financial worksheet. (I.C.6)

The team reviewed published governing policies on academic freedom and responsibility and found that College of the Siskiyous uses and publishes them to assure institutional and academic integrity. (I.C.7)

College of the Siskiyous has established and published clear policies and procedures to promote academic honesty and integrity. The Board of Trustees prioritizes academic honesty and integrity through official policy which authorizes the College to enforce consequences for academic dishonesty. (I.C.8)

The team reviewed evidence and found faculty throughout the College present data and information fairly and objectively and are evaluated on that basis. Within their faculty evaluation, they reflect on their commitment to prioritize student education through fair and objective presentation of information. These evaluations provide a consistent record of instructors demonstrating their continued commitment to professionalism. (I.C.9)

College of the Siskiyous is committed to diversity in background, life experience, and educational approach. While the institution ensures that this environment can be protected from harassment or discrimination, these protections should not be imagined as demanding conformity to a specific worldview or set of beliefs. Freedom of expression is central to the mission of the College, and the College ensures that this philosophy is reflected in its public-facing policies, procedures, and catalog. (I.C.10)

The team reviewed evidence and found that College of the Siskiyous gained required ACCJC authorization, approved faculty minimum qualifications, and confirmed course contact hours prior to scheduling Study Abroad program courses. The College assesses all offerings in foreign locations and operates in conformity with the Standards and applicable Commission policies for all students. (I.C.11)

College of the Siskiyous makes every effort to maintain full compliance with Eligibility Requirements and Accreditation Standards, Commission policies, guidelines, and requirements

for public disclosure, institutional reporting, team visits, and prior approval of substantive changes. An area of growth has been found as part of the established peer review process. College of the Siskiyous has demonstrated a willingness to undertake significant self-reflection and directed action to resolve those concerns while ensuring appropriate documentation is available to the Commission to determine a final resolution. In compliance with Commission transparency regulations as well as ensuring accountability to the public, the institution clearly displays a link to accreditation communications and documents on the home page of the College website. (I.C.12)

The team reviewed evidence and found that College of Siskiyous maintains honesty and integrity in its relationships with external agencies based on its compliance with regulations and statutes. Some of these relationships are a necessary part of the College's place in a larger ecosystem, others represent opportunities for the College to appropriately grow enrollments through nontraditional offerings, and the remaining simply represent the College's interest in improving efficiency for internal processes and ensuring the best data available in the higher education environment. College of the Siskiyous describes itself in consistent terms to the Commission using the Substantive Change process and takes deliberate action to publish relevant accreditation status changes in a visible and accessible manner. (I.C.13)

The team reviewed evidence and found that College of the Siskiyous maintains a strong commitment to high quality education, student achievement, student learning and a fiscally stable district despite the challenges they have faced and continue to deal with as a small rural institution. (I.C.14)

**Conclusion:** The College meets the Standard.

## **Standard II**

### **Student Learning Programs and Support Services**

#### **II.A. Instructional Programs**

##### **General Observations:**

College of the Siskiyous provides instructional programs through two main campuses, Weed and Yreka, along with a number of sites that provide instruction through video conferencing. Furthermore, the College has Instructional Service Agreements and MOUs to provide programs for certificates and offers 48 credit-based AA, AS, and ADT degree programs.

All of the instructional programs are offered in fields of study consistent with the College's mission. The academic Comprehensive Program Review is the main component for the College's evaluation of instructional programs on a four-year cycle with annual updates. Faculty have a main role in the development and approval of curriculum, courses, certificates, and programs. The data sets used for Program Review are comprehensive, can be disaggregated and are available over several years. The data pertains to employment and transfer rates in addition to SLOs and Program Review assessment, all of which are completed by the faculty. As part of its overall improvement plans, the College is working on implementing eLumen Catalog, SLO and Program Review Modules to better streamline its overall processes via one software system.

##### **Findings and Evidence:**

The team reviewed the College's ISER, Institutional Master Plan, website, College Catalog, Integrated Planning Guide, and eLumen link containing all course outlines of record and student learning outcomes. The College provides quality instructional programs consistent with the goals of the mission, appropriate to higher education, that lead to student completion of identified learning outcomes, degrees, and certificates; transfer to other higher education programs; and successful preparation for employment. (II.A.1)

College of Siskiyous follows a comprehensive program, curriculum, and annual review process ensuring that full-time, part-time, and adjunct faculty provide content and instruction that meet quality higher education academic and professional standards. Faculty ensure that the content and methods of instruction meet generally accepted academic and professional standards and expectations. The process for curriculum and program development, approval, and review is led by faculty. Post-College employment is part of the consideration process. Faculty regularly participate in training programs, including DEI centered programs, and assess programs and services using student achievement data. (II.A.2)

The College identifies and regularly assesses learning outcomes for courses as part of the curriculum approval process. The current course outlines include the course outcomes and

student learning outcomes, which are included for each course on all course syllabi. There are three-year assessment plans for each discipline. The SLO committee and SLO coordinator will continue to implement an eLumen SLO module with SLO data input based on the assessment schedules. An issue arose with ensuring the accurate SLOs appeared in syllabi during the ISER review process and the College addressed the issue. The Academic Affairs Vice President created a Canvas module that includes a checklist for all faculty. That checklist is introduced in the faculty orientation process and syllabi are checked by the Deans and the VP of Academic Affairs' Assistant each term. The committee encourages the College to continue to refine this process and ensure updated SLOs are communicated to all applicable faculty at both College locations.(II.A.3)

The College ensures that the pre-collegiate level curriculum is distinguished from the College level curriculum because it is differentiated by the course numbering system printed in the College Catalog. The appropriate level for courses is determined through established policies and procedures outlined in BP and AP 4020, Program and Curriculum Development. (II.A.4)

The institution's degrees are consistent with the standards of American higher education, including minimum degree requirements. The Chancellor's Office must approve all College degrees and programs. The regulations for breadth, depth, rigor, course sequencing, time to completion, and synthesis of learning are consistent with and set by Board policies and administrative procedures. (II.A.5)

The College faculty and program coordinators complete a "recommended courses by term" spreadsheet. It was first developed through Guided Pathways to map students' paths and time to completion of programs, degrees, and certificates. The courses are scheduled based on student needs, and the process is completed through a cross-campus dialog, including input from Academic Affairs and Student Services, to exchange information about course scheduling that avoids conflict for high demand face-to-face courses. (II.A.6)

Equity is highly valued at the College, which is outlined in the College's own "Vision for Success." Instruction includes a varied approach to delivery modes and methodologies to reach the different learning styles of students and close student equity and achievement gaps. For the focused site visit, the team requested additional evidence be provided demonstrating that regular and substantive interaction is taking place in distance education courses. The College provided a representative sample of online courses which were reviewed and showed the College is in compliance with Federal regulations in the area of regular and substantive interaction. The College's DE Coordinator has developed a Professional Development portal to allow faculty to view options for DE training, has a checklist for faculty evaluating online courses and maintains records of faculty participating in DE training to maintain eligibility to teach DE courses. The team encourages the College to continue to strengthen the DE training professional development opportunities and include an assessment instrument or process

designed for online courses that can monitor and ensure the quality of the College's online course offerings. (II.A.7)

Credit for Prior Learning is used as outlined in BP/AP 4235. The processes for submitting documents to the mySiskiyous portal related to credit for prior learning are documented in AP 4235. Discipline faculty determine which courses will be available for prior learning credit each year. There are no program or course wide examinations. (II.A.8)

The College awards course credit, degrees, and certificates based on student attainment of learning outcomes. Units of credit are consistent with institutional policies and outlined in AP 4020. Each program has established Program Learning Outcomes (PLOs) which have been developed based on core course SLOs. The current course outlines include the course outcomes and student learning outcomes, which are included for each course on all course syllabi. The College has three-year assessment plans for each discipline. The report indicates that the SLO committee and SLO coordinator will be implementing an eLumen SLO module with SLO data input based on assessment schedules. Units of credit awarded for programs are compliant with state regulations and Board policies (BP/AP 4020). The College does not have programs that require clock hours. (II.A.9)

The College supports transfer and has policies in order to assist students with transfer. The College also has many articulation agreements in place and ensures that they meet its mission. The Counseling Office provides information and resources regarding transfer, and the Transfer Center provides information about transfer and articulation on their website. AP 4237 on Transfer Credit outlines the College procedure for determining transfer credits. (II.A.10)

The College publishes all programs and learning outcomes in the College Catalog. BP 4025 provides the Philosophy and Criteria for Associate Degree and General Education curriculum. The Superintendent/President has established a process to ensure that courses used to meet general education and associate degree requirements meet the standards in the policy. The procedures rely primarily upon the advice and recommendation of the Academic Senate. Plans to revise Institutional Learning Outcomes (ILOs) as well as map SLOs with PLOs and ILOs are in process. (II.A.11)

The College follows an approach that adheres to a carefully considered philosophy of general education that has been developed with the reliance on advice from faculty in the Academic Senate. Faculty are consulted if a course is presented or approved to meet general education learning outcomes. The courses are in alignment with BP/AP 4025. (II.A.12)

Each of the degree programs includes a focused area of study in a specific discipline or interdisciplinary core. All transfer degrees comply with the Student Transfer Achievement Reform Act. (II.A.13)

The College has strong relationships with industry and licensing agencies and utilizes Advisory Committees to ensure program competencies are relevant and current. Particular attention is paid to the needs of the community and the College works in partnership to respond quickly and efficiently. This symbiotic relationship benefits the students in the long run as most receive job offers before they graduate. Learning Outcomes are assessed and program improvements are made through the Program Review process. The College tracks student success and employment opportunities in CTE areas. (II.A.14)

Policies and procedures are in place to ensure students can complete their education in a timely manner if the program is eliminated or significantly changed. AP 4021 provides information about Program Discontinuance. (II.A.15)

The College regularly reviews its existing programs and is committed to enhancing student learning and maintaining high quality of instruction. AP 4020 provides the procedure and includes the requirement for an annual program review of all programs. There is a cycle of program review that is adhered to for each area. The Planning by Design handbook is comprehensive and well written. (II.A.16)

**Conclusion:** The College meets the Standard.

**Commendation 1:** The team commends the College for connecting with the constituencies it serves in order to support and strengthen the rural region. Examples include the connection observed between Career Technical Education programs and their industry partners for curriculum development, training, and hiring. Similarly, support of local community needs ranging from partnerships with school districts and non-profits to assisting emergency personnel during fire season is exemplary. (IIA14, IVB6)

## **II.B. Library and Learning Support Services**

### **General Observations:**

College of the Siskiyous provides library and learning support services aligned with its mission to serve all students, including those at the Yreka campus location. The College selects and maintains instructional equipment and materials to support student learning both onsite and remotely. Library and learning support services are regularly evaluated and assessed for any needed improvements. The College assures the security, maintenance, and reliability of services provided either directly or through contractual arrangements and evaluates these services to ensure their effectiveness. As part of its overall improvement plans, the College is focusing its efforts to improve the non-academic Program Review and assessment of Service Area Outcomes.

### **Findings and Evidence:**

The College supports student learning and enhances its mission through accessible library and other support services. The library features a collection of print materials available to students on the Weed campus as well as online resources and media to support both its onsite and online students. Students have access to 28 databases consisting of over 21,000 periodical titles, 80,000 eBook titles, and 125,000 streaming video titles along with a complement of over 35,000 print titles. During spring 2022, a student survey revealed that over 70% of students either agreed or strongly agreed that library collections are sufficient in quantity, currency, depth, and variety to support student research needs. An Academic Success Center (ASC) at both the Weed and Yreka campuses provides students with access to individual and group study spaces, technology and computer lab services, tutoring (in-person as well as synchronous and asynchronous), EdTalks with staff and peer tutors, and test proctoring. (II.B.1)

Classroom faculty, library staff, and the coordinator of the ASC along with the Guided Pathways Pillar 3 committee regularly seek feedback regarding library and learning support needs. In addition to Program Review, a biannual ASC Faculty Survey is administered, and feedback from various committees as well as the EDUC 0670/Critical Skills Lab team ensure that proper student access to equipment and materials is in place to support student learning and enhance the achievement of the College mission. Funding requests that arise from program review are included in the campus budgeting process to address replacement, repair, and maintenance for library and learning support equipment and materials. (II.B.2)

The College uses a variety of assessment methods and data to evaluate the library and other instructional support services. Annual student and faculty surveys, statistical data collected from SLO assessments, Program Review, Student Equity and Achievement plan data, and assessment of tools such as Tutor Trac (now SARS) provide annual insights into the efficacy of campus technology and resources designed to enable students to achieve desired learning outcomes. The library has started to upgrade furniture, host events, allow food and drink in designated areas, and market its available space on social media in order to address declining gate counts and encourage greater use of its physical space while adding new methods of contact such as texting and the use of Zoom. (II.B.3)

Both the library and the ASC collaborate with other institutions, organizations, and vendors to provide library resources and other instructional support services. Formal agreements and contracts for services are documented and reviewed. The College has arrangements with the Community College Library Consortium, which assesses products for accessibility compliance and provides a suite of databases, as well as the Library Services Platform, which provides proxy services, interlibrary loans, and cataloging software services. In addition, the library contracts with other agencies for additional databases and utilities that support the ability of the library to provide services. Formal agreements are documented, and the program review process is

used to demonstrate that resources are adequate, accessible, and utilized by students. (II.B.4)

**Conclusion:** The College meets the Standard.

## **II.C. Student Support Services**

### **General Observations:**

The College demonstrates a commitment to providing quality student services that meet the needs of the students and the community in a variety of modalities and scheduling options, including at the Yreka campus. The College follows regulations and guidelines set by various government or regulatory agencies, regularly assesses the efficacy of procedures and practices and informs students and the community of academic requirements, processes and services related to enrollment and support of students enrolled at the College.

### **Findings and Evidence:**

The College regularly evaluates the quality and efficacy of student services through several instruments, specifically the Ruffalo Noel Levitz (RNL) National Student Satisfaction Inventory, Program Review, Chancellor's Office Student Success LaunchBoard data, student interviews, and satisfaction surveys. Areas also conduct targeted surveys to allow the College to address issues as they arise, such as the Equity staff developing Basecamp Student Resource Center to address Basic Needs. In close partnership with Financial Aid and the Veteran's Resource Center, Basecamp works collaboratively to provide students with a variety of resources such as food, clothing, and gas cards to ensure that students can be academically successful. The College recognizes that the data collection and assessment of Student Services is an area for improvement. The College is addressing that need for improvement in its work with a Partnership Resource Team to strengthen the non-instructional program review process. In addition, the implementation of a new data analytics platform will improve the ability of the College to assess Service Area Outcomes. (II.C.1)

The College conducts assessment of support services outcomes annually through its Program Review process with data analyzed and modifications made to services. Evidence of meeting notes from Counseling and Student Support Programs area discussions show alignment of department goals with the College goals and mission and the use of data collected by the College to inform improved practices. The College's Guided Pathway work emphasizes the collaboration of instructional and non-instructional employees in an attempt to reduce siloed efforts regarding student support programs and services. (II.C.2)

The team reviewed evidence of equitable access to all of the College's students and found that the College provides appropriate, comprehensive and reliable services to students regardless of service location or delivery method. The College provides services, offered in-person and online, for students at the Weed and Yreka campuses. (II.C.3)

The team reviewed evidence of the College's co-curricular and athletics programs being suited to the institution's mission and contributing to the social and cultural dimensions of the educational experience of its students and found that the College offers programs with sound educational policy and are conducted with integrity. The College maintains oversight of the programs ensuring adherence to the College's mission, the California Community College Athletic Association (CCCAA), Title IX and fiscal guidelines. The evidence provided supported the College's adherence to regulatory guidelines and oversight of co-curricular programs and athletics programs through its Board Policies and Administrative Procedures, memberships in athletic conferences and CCCAA, and guidelines and policies stated in the Club Handbook.

(II.C.4)

The College provides counseling and academic advising programs that support student development as evidenced by counseling supports, articulation events, orientation and registration packets administered to students, designed to assist with their education plans. Counseling and Advising are offered in both in-person and online modalities. Counselors are involved in outreach efforts, and all new and returning students receive counseling and advising about support services, educational planning, registration, programs, and requirements for academic degrees, graduation and transfer. Counselors and advisors are cross-trained, receive regular training through professional development and conferences in order to stay current on requirements and policies. Counselors and staff are also provided with professional development training on equity practices to support disproportionately impacted students.

(II.C.5)

The team reviewed evidence of admissions policies and pathways information for students to assist in the completion of degrees, certificates and transfer goals and found that the College's admission policies align with the College mission, comply with legal and regulatory requirements and are published on the College's website, Admissions and Counseling department webpages and in the catalog. Specific criteria for Career and Technical Education (CTE) programs are found on department and program webpages. The College created a cross-walk table linking Guided Pathways and the College's Strategic Enrollment Management Plan as an internal document clarifying the connection between Guided Pathways as a method of supporting the College's enrollment and retention efforts. (II.C.6)

The team reviewed evidence of admissions and placement instruments and practices and found that the College has followed the requirements of AB705 and the CCCCO by using Multiple Measures Assessment guidelines since Spring 2017. Information on placement practices is found on the College's website and data from the College shows reduced need for remediation and removal of biases in the placement process. (II.C.7)

The College safeguards its records, both physical and electronic, in an effort to maintain the

security of confidential files and records. Physical copies of student records are kept using a double-lock system. Old records are securely archived or destroyed. Electronic records are protected with firewalls and security systems put in place by the College's IT department. The College follows the FERPA requirements and trains all employees with access to student records in FERPA. Student identity is verified before information is released, and information regarding FERPA regulations is codified in Board Policy and Administrative Procedures and published on the College's website and catalog. (II.C.8)

**Conclusion:** The College meets the Standard.

## **Standard III Resources**

### **III.A. Human Resources**

#### **General Observations**

The College demonstrates a commitment to following appropriate and inclusive hiring practices and ensuring that successful candidates satisfy the minimum qualifications for employment. Job announcements clearly identify necessary qualifications in terms of education and experience as well as the process for establishing equivalency. The College aims to employ sufficient personnel in all constituent groups and provides all employees with opportunities for feedback through systematic evaluations, training and professional development. The College publishes policies and procedures, including those pertaining to ethics, equity, and diversity and maintains confidentiality of its personnel records.

#### **Findings and Evidence**

The team reviewed evidence and found that the College has criteria for qualifications for all classifications of employees publicly stated in job descriptions. Board Policy defines categories of employees. Positions are advertised through Human Resources using a variety of online job listing services and posting on the Human Resources page of the district website. All job descriptions include listing of responsibilities, duties, knowledge, skills, abilities, education and training required for position. Minimum Qualifications are contained in job announcements and applicants for all positions have minimum qualifications verified by Human Resources before being forwarded for screening interviews. EEO officers serve as facilitators throughout the hiring process and provide mandatory training on the hiring process to hiring committees. (III.A.1)

A review of several faculty job descriptions indicates the College has strong criteria for identifying and hiring staff. Each job announcement indicates the educational requirements for the position pursuant to the Minimum Qualifications for Faculty and Administrators in California Community Colleges. All full-time faculty positions require a final interview with the College President, the department's Vice President, and/or a dean. The interviews provide another opportunity for the College to assess whether candidates have adequate and appropriate knowledge of the subject matter, along with an understanding of the additional responsibilities of the full-time position. The College includes learning assessment in faculty job descriptions. (III.A.2)

The team reviewed evidence and found that the College requires Administrative and Classified position candidates to demonstrate minimum qualifications, and how they possess the

knowledge and abilities as prescribed by state and federal laws and regulations and clearly identified in the job announcement. (III.A.3)

The team reviewed evidence and found that the College requires applicant's degrees must come from an accredited institution. The College has a process for determining equivalency of degrees and for evaluating degrees from non-U.S. institutions, the process is explained in the job announcement. Recruitment and Selection policies and procedures meet local state regulations and are developed through the College's participatory governance process. (III.A.4)

The College has separate evaluation processes for tenured/tenure track faculty, adjunct faculty, classified staff, and administrators. Evaluation of each group has systematic procedures and timelines. Each process has specific criteria for evaluation and a component related to professional development. Any actions related to improvement are formal, timely, and documented. Evaluations for Classified and Administrators are tracked by Human Resources with the expectation that they will be completed in a timely manner. Evaluations for faculty are tracked by the Academic Affairs Division. Due to the COVID-19 pandemic, there were some delays in evaluation processes. An MOU was negotiated to pause evaluations for part-time faculty. Following the end of the MOU to delay part-time faculty evaluations, the College has resumed its schedule. Finally, the College has a separate process for tracking tenured and tenure track faculty. Each of these four processes rely on individuals and manual processes which potentially could lead to documentation issues. In order to increase effectiveness, the College should strengthen the evaluation and documentation process to ensure evaluations in all categories are completed in a timely manner. (III.A.5)

Standard III.A.6 is no longer applicable

The College employs full-time and part-time faculty for the various disciplines taught at the institution. The College has met its full-time Faculty Obligation Number (FON). In addition to maintaining the FON, College hires qualified part-time faculty to meet instructional and student service needs. The College has an on-going process to hire part-time faculty in many disciplines and accepts applications through the job announcement web page. The College follows an annual process for hiring full-time faculty each year through the integrated planning process. (III.A.7)

The College provides for the orientation, oversight, evaluation, and professional development of part time faculty. New hires are provided with a comprehensive onBoarding process including receipt of a Faculty Handbook. The College provides a stipend for part-time faculty for any mandated training, orientation, or professional development sessions. Part-time faculty are evaluated once during their first four semesters of teaching, followed by an evaluation at least once every six semesters. (III.A.8)

The College strives to have enough staff with appropriate qualifications to support the educational, technological, physical, and administrative operations of the institution. However, due to a reorganization of staff in the 2020-2021 fiscal year, selected vacancies were not replaced. In addition, the College has experienced significant turnover at the senior management level. The position of Vice President of Human Resources was eliminated in a reorganization. The Human Resources department is under the Vice President of administrative services and the department staffing structure is currently being re-evaluated to create workload equity, efficiency, and effectiveness.

The College acknowledged that there are multiple concerns about staff and administrators' workloads secondary to additional projects, initiatives, and compliance requirements. The College takes these concerns seriously and has begun to re-fill some of the positions that had been left unfilled. (III.A.9, III.A.10)

The team reviewed evidence and found that the College publishes District Board Policies and Administrative Procedures on the College website and Board Docs. Policies align with recommendations by the Community College League of California and are reviewed and revised when needed. (III.A.11)

As a small rural institution, the College has made progress in its efforts to reflect student and community diversity. Several hires in the last few years have been representative of underrepresented or minority groups. The College continues its effort to encourage a diverse applicant pool for every position posting. In addition, the College continues to implement strategies in the EEO plan to address the diversity of the workforce. The Board of Trustees adopted a resolution of commitment to Diversity, Equity, and Inclusion which serves to support the efforts of the Vision for Success, promote diversity and equity training, recognize the month of April as Diversity, Equity and Inclusion Awareness Month, and celebrate the College's racial and ethnic diversity among students, faculty, classified staff, and administrators. (III.A.12)

The College has a written code of conduct that is expected of all employees upon hire. The code of conduct is available on the College website. (III.A.13)

The College provides in-services and professional development opportunities for faculty and staff in both the campus and online modalities. The College has a Professional Growth Award program that is designed to encourage all classified staff, supervisors, and managers to grow, develop, and improve professionally by participating in formal educational opportunities which result in additional compensation. Since Fall 2021, fourteen awards have been given to qualified employees. In addition, tenured faculty are eligible for full academic year or semester sabbatical leave for professional development. (III.A.14)

The team reviewed evidence and found that the College's personnel records are securely housed in the Human Resources department, using a locked system for physical records and a firewall for electronic records. Access to personnel files is restricted to authorized individuals. Job applicant records are secured and members of hiring committees sign confidentiality agreements. (III.A.15)

**Conclusion:** The College meets the Standard

**Recommendation 1:** In order to increase effectiveness, the College should strengthen the evaluation and documentation process to ensure evaluations in all categories are completed (and documented) in a timely manner. (III.A.5)

## **III.B. Physical Resources**

### **General Observations**

The College has personnel and processes involved with physical resources to ensure sufficiency, safety, feasibility, and support of programs and services which support the College's mission. Specific job titles include duties related to safety and security. Planning processes include components that provide an opportunity for the College to assess facility and equipment needs. The College plans for budgets to cover both planned and unplanned contingency expenses.

### **Findings and Evidence**

The College ensures safe and sufficient physical resources through a team of individuals who are responsible collectively for safety and security. For the safety of its facilities, the Colleges hires qualified personnel to oversee its facilities program. For capital construction and renovation projects, qualified firms are hired to ensure safety and access in the design and construction of buildings. The College is required to follow the design, construction, and health and safety standards established by the Division of State Architects (DSA) to ensure accessibility and safety. The College has a partnership with local police departments to address the safety and security of its campuses. The College has a Safety Committee which is charged with addressing safety opportunities and concerns for the College. Campus safety information is posted on the College's website. There are ongoing efforts being made to develop updated emergency response plans and procedures, and to ensure compliance with relevant state and federal law, such as safety and security reporting (Clery Act). The College is working toward increasing security in the areas of access control and the mass notification system, enhancing emergency preparedness planning, and developing a long-term ADA transition plan. (III.B.1)

The team reviewed evidence and found that the College has plans to develop a 5-year scheduled maintenance plan and is addressing emergency repairs with funds from the state

and Strong Workforce. New renovation and expansion projects have been funded and local funding is being used to support capital projects. (III.B.2)

The College identifies, plans, and evaluates facilities needs through using the Facilities Master Plan. The Facilities Master Plan is reviewed and updated every ten years. While being guided by the Facilities Master Plan and state/federal regulations, the College also relies on its program planning process to ensure campus groups can communicate needs and problems as they arise. The program review process includes recommendations for facilities, equipment, and supplies. The College has a 5-year scheduled maintenance plan for short-term and long-term planning of funds to address these replacements and repairs. (III.B.3)

The College is guided by the Facilities Master Plan for long-range capital planning. This ensures that the physical, human, technological, and financial resources of the College are used in an integrated way to support the institutional goals. The College has created a Board-approved, annual budget allocation of \$250,000 to reserve for future capital projects. With the demand of distance-learning offerings, in alignment with the College's mission and its goals for Vision for Success, the change in modality requires a different type of long-term planning regarding facilities and resources, which continue to be a major focus of the College. The College is aware of the need to plan capital projects based on the total cost of ownership, which involves consideration of a number of different elements such as the specific project budget, utility costs, insurance, the Facilities and Maintenance budget, and scheduled maintenance. (III.B.4)

**Conclusion:** The College meets the Standard.

### **III.C. Technology Resources**

#### **General Observations**

The College provides employees and students with technological resources to help facilitate learning. Technology needs, safety, and quality are regularly reviewed and updated. Training and support of technology is available to both students and employees. The College also has policies and procedures in place that support the appropriate use of technology.

#### **Findings and Evidence**

Technology at the College is centrally organized for students and staff. The Information Technology (IT) department is responsible for providing the operational systems with a reliable, secure, and functional infrastructure. The College offers appropriate learning resources to complement both onsite and online courses. There is a Technology Advisory Committee with a representation of cross-functional members of the College. The need for new technological equipment and resources are assessed through the program review to ensure that each program has the necessary infrastructure to support new advances in teaching and learning. Online courses are structured and are delivered through Canvas. To ensure effective delivery of

course materials and to facilitate participation from all students in a class, new faculty teaching online complete specialized instruction to prepare them to teach through this medium. There are provisions for reliability, disaster recovery, privacy, and security for the technological items at the College. (III.C.1)

The College continuously plans for updates and replaces technology to ensure its technological infrastructure has the quality and capacity to adequately support its mission. There is a technology plan that provides an opportunity to assess technology-related tools at the College and identify areas of improvement. The Technology Advisory Committee, which consists of members from different constituent groups across the institution, reviews the technology plan each year. Meetings are held to identify technological needs such as new computer servers, location wireless services, plans to upgrade equipment, new contracts, and license agreements. The Technology Services department hold service reviews with various user groups to evaluate the department's performance in providing technological services to customers and to ensure the scope and level of service being provided are in alignment with the College's operational and academic needs. (III.C.2)

The College's technology plan articulates the vision which provides the direction necessary to ensure that adequate technology resources are available at all locations and in all teaching modalities. The technology plan outlines the technology infrastructure which provides the foundation for the technology utilized by students and staff. Through institutional planning, financial resources have been allocated to implement and maintain the technological resources necessary for its courses, programs, and services. The College offers the same level of access, safety, and security across all sites through seamless network integration. All critical applications are centralized and distributed. (III.C.3)

The College offers quality training for faculty, staff, and students in the use of technology. Technology training and support is provided for instructional programs, student services, and operations. Technology training enables students to have the ability to access a wide variety of resources for learning, as well as to interact with faculty and other students. Instructors can communicate in a timely manner with students and staff in face-to-face situations as well as remotely. Topics for training are selected based on feedback/surveys from staff and faculty. (III.C.4)

The College has adopted Computer and Network Use BP and AP that guides the appropriate use of technology. The Technology Advisory Committee (TAC) advises the College on the best use of technology. A Smart Classroom Standard is in place to ensure quality in all classrooms. The ICT Accessibility Committee helps ensure accessibility to campus technology. All new employees are required to read and formally accept use of technology policies when they begin working at the College. The computer and technology policies are published on the website. Policies describe acceptable and prohibited forms and terms of use. (III.C.5)

**Conclusion:** The College meets the Standard.

### **Standard III.D. Financial Resources**

#### **General Observations**

College of the Siskiyous plans and manages its fiscal affairs with integrity and in a manner that ensures fiscal stability. The College has an annual budget planning process which is driven by the mission statement and operational objectives. The evaluation team confirmed that the College conducts audits for all financial records. The audits are conducted by an independent accounting firm, their reports are certified, and findings and responses appropriately documented.

#### **Findings and Evidence**

The College's financial resources are sufficient to support and sustain student learning programs and services and improve institutional effectiveness. During the budget development process, financial resources are planned for each department, academic programs, and operations. The College employs Human Resources to support and sustain the institution's budget, which manages its financial affairs with integrity and in a manner that ensures financial stability. The College's budget is developed with a strategic plan as the basis for growth, physical or programmatic expansion and capital outlay. (III.D.1)

The College has policies and procedures setting the framework for sound financial practices and financial stability. College mission and operational goals form the basis for financial planning, and that financial planning is interwoven through its institutional plans. The College uses its strategic planning process and programmatic review to make resource decisions that guide the budgeting process. The connection among institutional strategic objectives, program goals and resource allocation are reviewed at the program-level, participatory governance level, and executive management level. (III.D.2)

The College mission statement and goals are the guiding principles of the budget development, ensuring academic programs and services are appropriately supported. Financial planning begins with the annual update and completion of the 5-year strategic budget plan. (III.D.3)

The College's planning incorporates all available resources to meet expenditure requirements. The FTES is the primary driver of the College's financial budget based on the Student Centered Funding Formula from the state Chancellor's Office. Budgets are developed utilizing all available funding streams along with projected expenditures. The College's budget is also augmented throughout the year with additional funds as they are received from the state or other sources. (III.D.4)

The Board of Trustees set the framework for financial integrity by reviewing the strategic and operations plan of the College. Board Policies and the Administrative Procedures effectively guide the College's financial management in a manner that ensures financial stability and integrity to support student learning. Within the College's Banner financial management system, internal controls separate responsibilities and duties to provide dependable information for financial decision-making. (III.D.5)

Financial documents which include budget and independent audit, have a high degree of credibility and accuracy, and reflect appropriate allocation and use of financial resources to support student learning programs and services. The College hires an outside Certified Public Accountant and issues the College with an unmodified opinion on the credibility of financial operations. The Board of Trustees receives a detailed monthly financial report which includes both a review of revenues and expenditures and an analysis of fiscal data and a comparison of anticipated expenditures and actuals.

The results of the annual accounting audits also attest to the credibility and accuracy of financial systems. The final audit report, which includes the College responses to audit findings, is presented to the Board of Trustees for approval. The implementation of audit findings and recommendations is documented as part of the next year's audit and accompanying report. The College has received an unmodified audit opinion over the last three fiscal years. (III.D.6, III.D.7).

The College is audited annually, which includes assessment of internal controls for validity and effectiveness. Internal controls are strengthened by the system of checks and balances, monthly reconciliations of financial transactions and compliance with state and federal regulations. (III.D.8)

The Institution has sufficient cash flow and reserves to maintain stability and meet fiscal emergencies and unforeseen occurrences, as well as processes to address cash-flow challenges. Unrestricted and designated general fund budgeted expenditures are sufficient to meet the cash flow requirements of the District as well as the Board's goals of reserves between 12 and 15 percent. (III.D.9)

The College maintains a financial control structure under the Vice President of Administrative Services. To ensure that financial resources are used effectively in support of the College's mission and strategic planning, monthly financial reports are prepared and presented to the Board for approval. The College financial controls coupled with external audits ensure effective oversight of finances. (III.D.10)

The College closely monitors financial results and makes adjustments to optimize the financial resources needed to execute the mission and goals of the institution. The College has the financial resources to support the short and long-term goals and remains in good standing with the California Community College Financing Authority for the \$4 million loan for capital improvement projects. The level of financial resources provides a reasonable expectation of both short- term and long-term financial solvency. When making short-range financial plans, the institution considers its long-range financial priorities to assure financial stability. (III.D.11)

The College has planned and accounted for its long-term OPEB liability through the establishment of an irrevocable trust and contributes to the trust when financial conditions allow. The plan assets amount to \$2 million compared with total OPEB liability of \$7 million. The College also operates a “pay-as-you-go” methodology whereby the retiree health benefit costs are expensed at the time they are paid.

The College plans and allocates appropriate resources for the payment of liabilities and future obligations. Reserves are maintained for accrued vacation and other expenses such as sick leave. Accrued vacations are reviewed and updated monthly. Accrued vacation is paid when taken or paid out upon termination of employment. The College has an effective system in place for the allocation of financial resources to pay financial obligations. (III.D.12)

On an annual basis, the institution assesses and allocates resources for the repayment of any locally incurred debt instruments that can affect the financial condition of the institution. The College has a General Obligations Bond (Measure A) which is repaid by the taxpayers through the County Treasurer. The College has also a lease purchase agreement with Community College Financing Authority of \$4 million. The debt service payments are built into the General Fund budget and approved by the Board of Trustees. The debt was fully paid in February 2023. The College completes an annual assessment of debt repayment and appropriate plans are made to address repayment. The College also ensures that agreements will not adversely impact the College’s ability to meet current and future financial obligations. (III.D.13)

The College has a process by which grants are applied for and accepted, and all grants are monitored to ensure compliance with the requirements of the grantor. Prior to application for funding, review and approval by the Superintendent/President and key stakeholders is required prior to submission to the funding agency. Grants directly support the mission of the College and are consistent with strategic and institutional plans. (III.D.14)

The College monitors the cohort default rates through an internal process. The College has partnered with a third-party vendor to help reduce the default rates. The College’s most recent three- year cohort default rate (2017) is 15.6 percent which is below federal regulations of 30 percent default over three years. The default rate has improved by 5 points from 20.70 percent

in 2016. The student financial aid office is subject to program compliance reviews by the US Department of Education and is subject to an annual independent audit by a certified public accountant. Annual audits evaluate the College's Title IV management and compliance for the award years. (III.D.15)

The Vice President of Administrative Services oversees contract services. All contractual agreements are governed by institutional policies and contain appropriate provisions to maintain the integrity of the College. Legal counsel reviews specialized contracts as necessary to ensure compliance with statutes. Contractual agreements with external entities are consistent with the mission and goals of the institution, governed by institutional policies, and contain appropriate provisions to maintain the integrity of the institution and the quality of its programs, services, and operations. (III.D.16)

**Conclusion:** The College meets the Standard.

## **Standard IV** **Leadership and Governance**

### **IV.A. Decision-Making Roles and Processes**

#### **General Observations:**

College of the Siskiyous recognizes and uses the contributions of leaders throughout the organization through a clear local decision-making model outlined in their handbook and in the policies and practices provided through the ISER documentation. The intentional inclusion of students' voices throughout decision-making processes is clear and has been advanced through the expanded role of the Student Trustee.

#### **Findings and Evidence:**

The College demonstrates the use of broad participation through the evidence provided around efforts for OER and Distance Learning. In addition, the College employs a Virtual Suggestion Box, an anonymous tool for visitors, employees, and students. The College provided an example of how a suggestion turned into a COVID-19 requirement for employees and students. The process took the suggestion, got broad feedback through a survey, was vetted through the AP and BP process with participative governance, and received final approval from the Board of Trustees. (IV.A. 1)

The College has a recently updated Local Decision-Making Handbook that defines roles and responsibilities (IV.A.3, IV.A.7), articulates student voice at every level (IV.A.2) and describes how decisions are made (IV.A.6). The College communicates decisions through monthly and weekly newsletters and email updates, along with the use of BoardDocs for agendas, minutes, and supporting documents.

Evidence of student involvement in decision-making is clear. The College recognizes the Associated Student Body as a stakeholder committee. The Student Trustee role on the Board of Trustees was recently expanded with the privilege of making and seconding motions as well as casting advisory votes. The College recognizes that getting adequate student participation remains a challenge and is working to increase Associated Student Body involvement through active recruiting. (IV.A.2)

Faculty's role in program, curriculum, and course development is clearly outlined in BP and AP 4020 and AP2510. The Curriculum Committee serves as the decision-making body providing recommendations regarding course and instructional programs through the Academic Senate to the Board of Trustees. (IV.A.4)

The institution has codified planning and policy decisions that incorporate broad perspectives through their Local Decision-Making Handbook. Two-way communication structures are also in place for broader feedback including a Virtual Suggestion Box. (IV.A.5)

**Conclusion:** The College meets the Standard.

#### **IV.B. Chief Executive Officer**

##### **General Observations:**

The College of the Siskiyous Chief Executive Officer (CEO) has primary responsibility for institutional quality and is actively engaged in providing leadership in a governance system that fosters a high level of constituent group participation in the College planning and decision-making processes. The CEO has demonstrated a commitment to providing consistent communication to all constituency groups and leading the organization to clear planning, organizing, budgeting, human resource development, and institutional effectiveness.

##### **Findings and Evidence:**

The College of the Siskiyous CEO is charged with primary responsibility for institutional quality through a variety of Board policies and procedures and through planning and governance processes. The CEO is the primary leader in institutional planning and oversight of major College initiatives and ongoing governance processes. The CEO ensures that progress reports are routinely presented to the Board of Trustees and communicated to the College community and external stakeholders. The CEO oversees budget and planning and ensures that planning is linked to resource allocation. The CEO takes a primary role in hiring and provides support for ongoing training and professional development. The CEO recommends final approval of the annual budget, and the budget is presented through an annual forum. The CEO communicates with the College regularly through weekly emails and the monthly newsletter, Campus Connection. The CEO demonstrates effective leadership through a number of established communication venues allowing for transparency, the sharing of ideas and strengthening partnerships. (IV.B.1).

The College maintains an organizational chart that clearly states the management hierarchy and is updated by the CEO and posted on the College website as changes warrant. The Board of Trustees empowers the CEO to delegate authority as stated in Board policy and procedure (AP 2430 and BP 3100). Accreditation planning is delegated to the ALO (BP and AP 3200) and the CEO delegates business and fiscal affairs authority to the Vice President of finance and administrative services (AP 6100). The CEO collaborates with senior managers, holding weekly cabinet meetings. (IV.B.2).

The College CEO guides the institutional improvement of teaching and learning environment through institutional assessment and the planning and implementation of improvements.

Through the CEO's leadership, the College has established a collegial process that sets values, goals, and priorities; ensures the College sets institutional performance standards for student achievement; ensures that evaluation and planning rely on high quality research and analysis of external and internal conditions; ensures that educational planning is integrated with resource planning and allocation to support student achievement and learning; ensures that the allocation of resources supports and improves learning and achievement; and establishes procedures to evaluate overall institutional planning and implementation efforts to achieve the mission of the institution. (IV.B.3).

The CEO takes leadership responsibility for the accreditation process, while also recognizing that accreditation is a College-wide responsibility. The leadership of the CEO ensures not only accreditation compliance but also institution-wide participation in maintaining that compliance. Both the Accreditation Steering Committee and the Standard Teams were comprised of members from faculty, staff, and administration. Board policy and procedures clearly identify the CEO as leader for accreditation (BP 3200 and AP 3200). The CEO works with the accreditation liaison officer (ALO), the Vice President of academic affairs, and the Steering Committee to ensure that the College meets or exceeds eligibility requirements and commission policies. The CEO is a member of the Accreditation Team and communicates with the commission through various means including the Annual Report and with the College and the greater community through established channels. (IV.B.4).

The CEO ensures implementation of statutes, regulations, and Board policies and their alignment with the College mission. The CEO ensures compliance with internal and external regulations and exercises control of the College budget, which maintains a stable fiscal environment for the College. The CEO works closely with the Board of Trustees and College leadership to ensure implementation of statutes, regulations and Board policies and regularly communicates with the Board through weekly updates, legislative updates, and by posting relevant Commission correspondence. The CEO takes an active role in budget planning and implementation as well as with control of the budget and expenditures as an ex-officio member of the Integrated Planning and Budget (IPB) Committee. (IV.B.5).

The CEO regularly communicates with College constituent groups and the greater community through weekly emails which are posted on the website, monthly newsletters (Campus Connection), and participation in several community groups including the American Association of University Women, League of Local Agencies, Rotary Club, Siskiyou Health Collaborative, and multiple Chambers of Commerce. The President is actively engaged in the community and participates in a number of community-wide organizations. (IV.B.6).

**Conclusion:** The College meets the standard.

**See Commendation 1**

## **IV.C. Governing Board**

### **General Observations:**

College of the Siskiyous is governed by a seven-member elected Board of Trustees. The Board stays informed and updated about issues relevant to the College through regular reports during Board meetings and their involvement at the local, regional, state, and national levels. The Board regularly reviews key indicators of students' learning achievement.

As documented in Board policies, the Board has authority over and responsibility for policies that assure academic quality, integrity, and effectiveness of the student learning programs it serves and the financial stability of the Institution. The Board acts as a collective entity and reflects the public's interest in the Institution's educational quality and protects the College from undue influence or political pressure. It establishes policies consistent with the College's mission to ensure educational quality, legal matters and financial integrity and stability. There are clearly defined policies for selecting and evaluating the CEO. The Board's policies are published and are regularly assessed and revised.

The Board regularly engages in ongoing Board development, including new member orientation. It has an established process for annual self-evaluation and uses the results of the evaluation to set goals and priorities. It upholds a code of ethics and conflict of interest policy and is informed about Accreditation Standards.

### **Findings and Evidence:**

The College of the Siskiyous Board is responsible for assuring academic quality, integrity, and effectiveness of student learning programs as well as the College's financial stability. The Board's duties are outlined in Board Policy 2200 and the District CEO (Superintendent/President) guides the development of administrative procedures to implement the Board policies. Board policies and procedures are reviewed on a five-year cycle as indicated in Board Policy 2200 and Administrative Procedure 2410 (IV.C.1).

The team reviewed evidence related to Board Policy 2715, that the Board acts as a unit and not as individuals when making decisions and that once a majority decision is reached, all members will act in support of the decision and speak with one voice. (IV.C.2).

Board Policies and Administrative Procedures 2341 and 2435 specifically address the process for selection and evaluation of the Superintendent/President. The process to select the CEO was utilized most recently in spring 2022 to hire the current Superintendent/President. As stated in AP2435, the CEO is evaluated annually based upon progress towards goals and feedback from Board members. An evaluation survey is distributed using a 360-degree peer

survey model with input from selected members of the campus community. The results are conducted in closed session meetings as evidenced by Board meeting minutes (IV.C.3).

The College of the Siskiyous' Board is elected by the public and has responsibility for the public's interests. Each member represents a specific service area within the district. New area boundaries are drawn, approved, and posted every ten years after census in accordance with federal voting laws. Elections are held on a staggered schedule every two years. The Board is an independent policy making body and protects the College from undue influence or political pressure by adhering to Board Policy and Administrative Procedure 2712 on Conflict of Interest. All Board members are required to annually file a Statement of Economic Interests report (IV.C.4).

Board Policy and Administrative Procedure 2200 outline the governing Board's duties and responsibilities, which address leadership on student success, equity, access and monitoring progress, differences in student success and achievement, and high-quality curricula. Board policies also address the Board's role in strategic planning, goal setting, and assurance of sound fiscal management (BP 2200, BP 6250, BP 6300). The Board receives regular reports throughout the year on progress made towards strategic goals and improvement of instructional and student support programs as evidenced by Board minutes (IV.C.5).

Board policies and administrative procedures are published on the College of the Siskiyous website and are available to the public. Board Policy 2010 includes the Board's size, duties, responsibilities, structure, and operating procedures. Board Policy 2210 outlines the duties and officers of the Board, and Board Policy 2015 provides for a non-voting student trustee position (IV.C.6).

Board members engage in discussions, act on items, and review information consistent with the Board policies as reflected in Board meeting minutes. The Board relies on a five-year cycle of review in which Board policies and procedures are reviewed and revised as addressed in Board Policy 2200 on Board Duties and Responsibilities. Board meeting minutes reflect two readings by the Board (IV.C.7).

The College's Institutional Master Plan is the primary document establishing goals for student success and improving academic quality. The Board receives multiple presentations on student success and outcomes throughout the year. Board members are also given the opportunity to participate in areas such as the Guided Pathways Pillar Teams. Board minutes provide evidence of such engagement by Board members in assessing key indicators of learning and academic quality (IV.C.8).

College of the Siskiyous' Board Policy 2100 establishes Board terms that are staggered so that approximately one-half of the Board is elected in each election thereby ensuring continuity.

Board Policy 2740 on Board education outlines the Board's commitment to its development, improvement, and continuity of membership. New trustees are provided the Community College League of CA (CCLC) Trustee Handbook and trustees frequently participate in conferences including the Association of Community College Trustees (ACCT) and the American Association of Community Colleges (AACC) as well as CCLC. The Board also builds in one-hour study sessions on issues and departments under their jurisdiction (IV.C.9).

The Board demonstrates its commitment to its performance and ongoing self-assessment through adherence to Board Policy 2745 which clearly defines the Board self-evaluation policy. The results from the Board's self-evaluation and evaluation by the campus community and constituencies are used to improve Board performance, academic quality, and institutional effectiveness. (IV.C.10).

The College of the Siskiyous Board has established Board policies that clearly define expectations related to Conflict of Interest (BP 2710, 2712, 2715). Additionally, Board Policy 2720 outlines Communication Among Board Members related to agenda items prior to public meetings. (IV.C.11).

Board Policy 2430 delegates authority to the Superintendent/President and sets clear expectations to hold the CEO accountable for the operations of the District. The Board regularly receives reports on educational quality, legal matters, financial integrity as evidenced in Board minutes and also holds regular closed session evaluations with the CEO. (IV.C.12).

As outlined in Board Policies 3200 and 3201 and confirmed in Board meeting minutes, the College of the Siskiyous Board is regularly informed about Eligibility Requirements, the Accreditation Standards, Commission policies, accreditation processes, and the College's accreditation status through informational reports. (IV.C.13).

**Conclusion:** The College meets the Standard.

#### **IV.D Multi-College Districts or Systems**

N/A

## **Quality Focus Essay**

The ACCJC's Guide to Institutional Self-Evaluation states the function of the Quality Focus Essay (QFE) as "the opportunity for member institutions to be innovative and to propose new ideas and projects that will improve student learning and/or student achievement at the institutional level." Colleges are asked to "identify two or three areas of need or areas of interest that arise out of the institutional self-evaluation and that focus on student learning and student achievement." The Team reviewed the QFE identified in the College's ISER. The College identified three projects all centered on Guided Pathways (GP) to breakdown silos between student services and instruction while focusing on optimizing the student experience: #1 Student Success Teams; #2 Early Alert and; #3 Summer Bridge

### **Overview**

This project is composed of three strategies which will work together to accomplish the overall goal of the project by integrating:

#### **#1 Student Success Teams**

This project will offer intentional in-reach to struggling students, through early identification when students are not satisfactorily attending class, submitting assignments or performing on exams. A student success team member will reach out to the student and connect them to resources. The primary objective is to achieve the target goals related to course completion, degree/certificate completion and transfer.

#### **#2 Early Alert**

Closely connected to project #1, an early alert system will help identify struggling students, equipping the SST member with the necessary information to follow up with the student. The previous early alert system was unsuccessful, and the College is not researching other programs. The primary objective is to achieve the target goal related to retention

#### **#3 Summer Bridge**

To better prepare students and prevent them from being involved in the projects mentioned in #1 and #2, summer bridge will be offered as two 1-week cohorts offered before the term begins. It will be directed at all first-time, full-time students as a noncredit course focusing on utilizing College resources, thinking and reading like a College student. The primary objective is to increase the success and retention rates of new, incoming students by 20%.

The three QFEs support the College's goal to develop and implement all projects through the ongoing work of their Pillar Teams. It will allow the College to identify and prioritize strategies that are student and equity centered. The use of the Guided Pathways Design is well thought out and planned. Sound, time honored and proven project management principles are being applied with the activities, responsible parties, resources and timelines to achieve these goals specified allowing the College to successfully meet its target goals which will simultaneously

decrease equity gaps. This supports the work of the College and provides a high degree of transparency.

## **Appendix A: Core Inquiries**

### **Summary of Team ISER Review**

INSTITUTION: College of the Siskiyous

DATE OF TEAM ISER REVIEW: October 6, 2022

TEAM CHAIR: Dr. Brent Calvin

A nine-member accreditation peer review team conducted the Team ISER Review of the College of the Siskiyous on Oct. 6, 2022. The Team ISER Review is a one-day, off-site analysis of an institution's self-evaluation report. The peer review team received the College's institutional self-evaluation report (ISER) and related evidence several weeks prior to the Team ISER Review. Team members found the ISER to be a comprehensive, well-written document detailing the processes used by the College to address Eligibility Requirements, Commission Standards, and Commission Policies. The team confirmed that the ISER was developed through broad participation by the entire College community including faculty, staff, students, and administration. The team found that the College provided a thoughtful ISER containing several self-identified action plans for institutional improvement. The College also prepared a Quality Focus Essay.

In preparation for the Team ISER Review, the team chair attended a team chair training workshop on Aug. 3, 2022, and held a pre-review meeting with the College CEO on Aug. 24, 2022. The entire peer review team received team training provided by staff from ACCJC on Aug. 30, 2022. Prior to the Team ISER Review, team members completed their team assignments, identified areas for further clarification, and provided a list of requests for additional evidence to be considered during Team ISER Review.

During the Team ISER Review, team members spent the morning discussing their initial observations and their preliminary review of the written materials and evidence provided by the College for the purpose of determining whether the College continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and US ED regulations. In the afternoon, the team further synthesized their findings to validate the excellent work of the College and identified standards the College meets, as well as developed Core Inquiries to be pursued during the Focused Site Visit, which will occur the week of February 27, 2023.

Core Inquiries are a means for communicating potential areas of institutional noncompliance, improvement, or exemplary practice that arise during the Team ISER Review. They describe the areas of emphasis for the Focused Site Visit that the team will explore to further their analysis to determine whether standards are met and accordingly identify potential commendations or recommendations. The College should use the Core Inquiries and time leading up to the

focused site visit as an opportunity to gather more evidence, collate information, and strengthen or develop processes in the continuous improvement cycle. In the course of the Focused Site Visit, the ACCJC staff liaison will review new or emerging issues which might arise out of the discussions on Core Inquiries.

### Core Inquiries

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

<p><b>Core Inquiry 1:</b> The team would like more information on how the College uses disaggregated data to identify performance gaps, use it for improvement, and to inform resource allocation decisions.</p>
<p><b>Standards or Policies:</b> I.B.5, I.B.6, I.B.9</p>
<p><b>Description:</b> The team observed the evidence in the ISER including the Equity Plan and Guided Pathways plan and did not see evidence of the use of disaggregated data to identify/improve performance gaps. The team reviewed the program review process and would like to see how disaggregated data is used to identify performance gaps in programs and courses. The team observed evidence of the use of resource requests when a gap is identified and could not see how resources were prioritized to address performance gaps and improve.</p>
<p><b>Topics of discussion during interviews:</b> Explain how disaggregated data is used in the program review, how resource requests are prioritized, and how planning processes are used to identify and close performance gaps.</p>
<p><b>Request for Additional Information/Evidence:</b> Progress update on the implementation of the program review process in both instructional and non-instructional program review cycles.</p>

**Request for Observations/Interviews:**

- a. Institutional Effectiveness staff, Program Review committee members, department chairs or deans, or lead of the program review process.
- b. Integrated Planning and Budget Committee members, College Council

**Core Inquiry 2:** The team would like to better understand the process by which the SLOs, appearing in the currently approved CORs, are properly noted in all faculty syllabi disseminated to students.

**Standards or Policies:** II.A.3**Description:**

The team noted that not all syllabi included the currently approved SLOs from the CORs. In reviewing eLumen, it was identified that some CORs provided as part of the ISER evidence were not aligned with the provided evidence.

**Topics of discussion during interviews:**

Describe the process to confirm that faculty syllabi display the currently approved SLOs from the COR.

**Request for Additional Information/Evidence:**

Additional sampling of faculty syllabi to review their alignment with the COR.  
Evidence of progress made on updating syllabi since initial evidence was provided.

**Request for Observations/Interviews:**

- a. Vice President for Academic Affairs, Deans/Directors, SLO Coordinator, Inst. Effectiveness Staff

**Core Inquiry 3:** The team would like verification of regular and substantive interaction for distance education courses.

**Standards or Policies:** Commission Policy on Distance Education and Correspondence Education

**Description:**

The team was unable to verify regular and substantive interaction in the courses provided as a part of the ISER evidence.

**Topics of discussion during interviews:**

What are the expectations and professional development provided to faculty to ensure consistent, regular, and substantive interaction in distance education courses?

How does the institution validate, monitor, and evaluate regular and substantive interaction?

**Request for Additional Information/Evidence:**

Provide a Fall 2022 sample of distance education courses.

**Request for Observations/Interviews:**

Distance Education Coordinator, Curriculum Chair, VP for Academic Affairs, Academic Senate, PD/Flex Coordinator

**Core Inquiry 4:** The team would like to learn more about how the program review process is integrated into resource allocation and continuous improvement.

**Standards or Policies:** II.A.16

**Description:**

The team read through the Program Review documents provided and would like evidence that demonstrates how program review is tied to resource allocation. Please provide examples of how the fiscal needs documented in Program Review are then prioritized for funding and then ultimately assessed to see if the additional funding achieved its intended purpose.

**Topics of discussion during interviews:**

Evidence of the program review cycle, timeline, and process

Describe how the program review informs teaching and learning improvement.

**Request for Additional Information/Evidence:**

Provide additional samples of instructional program reviews that illustrate how improvements were made as a result

**Request for Observations/Interviews:**

- a. Vice President for Academic Affairs, Inst. Effectiveness Staff, Program Review Committee, department chairs or dean, or lead of the program review process.

**Core Inquiry 5:** The team was impressed to see the support of employees as demonstrated by the comprehensive professional development program with particular attention to the Professional Growth Award. We would like to learn more about how this program has improved processes and impacted employee morale, retention, effectiveness, and advancement.

**Standards or Policies:** III.A.14

**Description:**

The team reviewed evidence provided in the ISER regarding the Professional Growth Award process and the recent press release describing this year's awards.

**Topics of discussion during interviews:**

- a. How effective has the program been on employee retention, advancement, morale, and effectiveness?
- b. How is the program systematically evaluated?

**Request for Additional Information/Evidence:**

Demonstration of how employees are using the new skills to improve performance

**Request for Observations/Interviews:**

Human Resources, Classified Senate leadership, Academic Senate leadership

**Core Inquiry 6:** The team would like to confirm that full-time and part-time faculty evaluations are being conducted per the process outlined by the College.

**Standards or Policies:** III.A.5, III.A.8

**Description:**

The team received evidence of classified, confidential, and administrator evaluations, but did not receive indication that full-time and part-time evaluations are being conducted on cycle.

**Topics of discussion during interviews:**

- a. Description of the performance review cycles for full and part time faculty and a system for tracking completion.

**Request for Additional Information/Evidence:**

- a. Evidence of the performance review cycles for full and part time faculty and a system for tracking completion.

**Request for Observations/Interviews:**

Human Resources, Education Administrators (Deans, Directors)

**Core Inquiry 7:** The team was impressed by the way that the College connects with the communities it serves through intentional program development, community connection, and the use of Advisory Boards. We would like to learn more about how these relationships lead to program and student support improvement.

**Standards or Policies:** II.A.14, IV.A.1, IV.B.6

**Description:**

The team reviewed the evidence of a recent hiring of a Fire Science Faculty member and was impressed to see the investment in the program to meet workforce needs and solve community challenges despite limited resources in a rural environment.

The team was pleased to see evidence of the CEO/College's connection to community organizations and would like to know more about how those relationships have led to improvements at the College.

**Topics of discussion during interviews:**

Describe how the College identified resources to support Fire Science Program expansion despite limited funding.

Describe how involvement and connections with community organizations led to College improvements and partnerships.

Describe how advisory committee members have contributed to improving CTE programs and teaching and learning.

**Request for Additional Information/Evidence:**

**Request for Observations/Interviews:**

CTE leadership, CTE faculty, CEO, Academic Senate, Classified Senate, Vice President for Academic Affairs

**Core Inquiry 8:** During our open forum with faculty and staff, the team was impressed with the description of efforts across the College to provide hands-on, above-and-beyond support to students including examples of employees who demonstrated their full commitment to student success. The ISER report and associated evidence also provided a theme of deep caring for students through programs such as Basecamp HQ.

**Standards or Policies:** II.C.2, II.C.3, II.C.5

**Description:**

The team was impressed by the description of Basecamp HQ which was developed based on student feedback data and the improvements made to the Veterans Center based on their equity gap data. We would like to learn more about how Basecamp supports broad student basic needs and how the Veterans Center improvements have been evaluated.

**Topics of discussion during interviews:**

- a. Basecamp HQ operations and student feedback
- b. Veterans Center improvements and evaluation process

**Request for Additional Information/Evidence:**

If available, outcomes data for Basecamp HQ or evidence of impact on student learning  
Evidence of intake and follow-up plans for students in Basecamp or Veterans Center

**Request for Observations/Interviews:**

Students who have benefitted from Basecamp HQ, Veteran Students who have accessed the Veterans Center potentially before and after the improvements  
Basecamp HQ staff