

EVALUATION REPORT: FOLLOW-UP VISIT

**West Los Angeles College
9000 Overland Avenue
Culver City, California 90230**

This Confidential Report represents the findings of the External Evaluation Team that visited West Los Angeles College on April 16, 2013

**Submitted to:
The Accrediting Commission for Community and Junior Colleges**

Submitted by:

Chairperson: Douglas Dykstra, Chancellor, Windward Community College

Dr. Bonnie Ann Dowd, Executive Vice Chancellor, Business Services, San Diego Community College District

Dr. Virginia Burley, Vice President of Instruction, Mount San Antonio College

Dr. Virginia Moran, Executive Dean, Victor Valley College

West Los Angeles College: Follow-Up Visit Evaluation Report

April 24, 2013

TO: The Accrediting Commission for Community and Junior Colleges

FROM: Douglas Dykstra, Team Chair

SUBJECT: **Report of the Follow-Up Visit: West Los Angeles College, April 16, 2013**

Introduction:

An External Evaluation team visit was conducted to West Los Angeles College (WLAC) on April 16, 2013. At its meeting on June 6-8, 2012, the Commission acted to issue **Warning** and to require the College to complete a Follow-Up Report and a visit of Commission representatives. The External Evaluation team consisted of Mr. Douglas Dykstra, Dr. Bonnie Ann Dowd, Dr. Virginia Burley, and Dr. Virginia Moran. The purpose of the team visit was to verify that the Follow-Up Report prepared by the College was accurate through examination of evidence, to determine if sustained, continuous, and positive improvements had been made at the institution, and that the institution has addressed the recommendations made by the External Evaluation Team, resolved the deficiencies noted in those recommendations, and meets the Eligibility Requirements, Accreditation Standards and Commission policies.

In general the team found that the College and Los Angeles Community College District (LACCD) staff had prepared well for the visit by arranging for meetings with the individuals and groups agreed upon earlier with the Team Chair and by assembling appropriate documents in the meeting room used by the team. Over the course of the day the team met with:

- District Chancellor
- Chair of the LACCD Board of Trustees and two Board Members (including a Student Trustee)
- Inspector General of the District Bond Program
- Co-chairs of the District Budget Allocation Committee
- Associate Vice Chancellor of Institutional Effectiveness
- District Chief Financial Officer/Treasurer and a Staff Member
- District Executive Director of Facilities, Planning and Development and a Staff Member

The following WLAC officials:

- President
- Faculty Senate President
- Vice President of Academic Affairs
- Vice President for Administrative Services
- Interim Vice President of Student Services
- Chair of College Council and Council Members

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- Dean, Teaching and Learning
- SLO Coordinator
- Dean of Curriculum, Retention, and Education Services
- Dean of Research and Planning
- Chair Library Division
- Student Services Council Members (4)
- Chair, Accreditation Steering Committee
- AFT Faculty Guild Chair
- Facilities Committee Co-chairs
- Technology Committee Co-chairs
- Planning and Institutional Effectiveness Committee
- Budget Committee

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

WLAC Recommendation 1: Measurable Goal Setting (2012)

In order to fully meet the Standard, the college must specify its goals on all its master plans and its annual plans in measureable terms so that the degree to which they are achieved can be assessed, discussed, and applied to decisions regarding improvement of institutional effectiveness. (Standard I.B.2., I.B.3., I.B.4., IV.A.)

Recommendation 5 from the 2006 Comprehensive Evaluation read: The college should develop a sustainable reiterated cycle of integrated planning, resource allocation, plan implementation and evaluation by strengthening its information collection and dissemination for program review, and concentrating on implementation of the master plan and its ambitious planning agenda. (Standard I.A.4., I.B.)

WLAC Recommendation 2: Systematic Evaluation and Planning (2012)

In order to increase effectiveness and improve its compliance with the Standard, the college should develop and implement a formal, organized process that is regularly evaluated for assuring quality of data and assessment definitions, interpretation, and application that builds upon the established governance and planning system. This will further college efforts to develop a process where decisions are based on a culture of evidence that results in cohesive planning, evaluation, improvement, and re-evaluation (Standard I.B.3., IV.A.1.).

WLAC Recommendation 3: Student Learning Outcomes (2012)

As noted by the 2006 team and in order to fully meet the Standards and facilitate the college's achievement of Commission expectations of proficiency by AY 2012-13, the team recommends that the college identify student learning outcomes that are related to course objectives for all courses; evaluate all courses and programs through an on-going systematic review of the relevance, appropriateness, and achievement of student learning outcomes,

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currency, and future needs and plans; and conduct authentic assessment of student achievement at the course, program, and institutional levels in order to improve student learning. (Standard II.A.1.c., 2.a., 2.e., 2.f., 2.h., 2.i.; II.B.4.; II.C.2., IV.A.2.b.)

WLAC Recommendation 4: Student Learning and Service Level Outcomes (2012)

In order to fully meet the Standards, the team recommends that the college review and revise as necessary its developed student learning and service level outcomes to assure that they are measured in both quantitative and qualitative terms. These measures should be adequate for evaluating whether services are meeting identified student needs so that results can be used to improve the delivery of support services. (Standards IB.3., IIB.4., IV.A.2.b., IV.B.4.).

WLAC Recommendation 5: College Catalog Currency (2012)

In order to fully meet the Standard, the college should include both an academic freedom statement, as well as a statement on the acceptance of transfer credit in its next catalog. (Standard II.B.2.a. & c.)

WLAC Recommendation 6: Library Collection Development and Security (2012)

In order to address recommendations made by two previous visiting teams and to meet Standards, the college should develop a consistent, sustainable and sufficient funding stream to develop quantity, quality, depth, and currency in Library resources and services. Moreover, the college should take necessary steps to evaluate and correct security measures to protect the Library collection. (Standard II.C.1., II.C.1.c., IV.A.2.b.)

Recommendation 7 from the 2006 Comprehensive Evaluation read: The college should address the inadequacy of its library collections. (Standard II.C.1)

WLAC Recommendation 7: Financial Resources (2012)

In order to meet the standard, the team recommends that the college integrate planning, evaluation, and resource allocation decision making in order to systematically assess the effective use of its financial resources and use the results of the evaluation as the basis for institutional improvement and effectiveness in a manner that assures financial stability for the institution. (Standard III. D. 1. and III.D.3.)

Recommendation 3 from the 2006 Comprehensive Evaluation read: The college should implement a viable plan to operate in a fiscally responsible fashion that aligns its programs and services with its revenue allocation to achieve sustainable fiscal stability. (Standard III.D.)

District Recommendation 1:

In order to meet the Standards and Eligibility Requirements, the Teams recommend that the district actively and regularly review the effectiveness of the construction bond oversight structure and the progress in the planned lifting of the moratorium to ensure the

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financial integrity of the bond programs, and the educational quality of its institutions as affected by the delays of the planned facilities projects. (*III.B.1.a.; III.D.2.a.; IV.B.1.c.; Eligibility Requirements 17 and 18*)

District Recommendation 2:

In order to ensure the financial integrity of the district and the colleges, and to meet the Standards and Eligibility Requirements, the Teams recommend the resolution of the material weakness and significant deficiencies cited in the 2010 financial audit be fully effected by the completion of next year's audit, and appropriate systems be implemented and maintained to prevent future audit exceptions. (*III.D.2.a.; IV.B.1.c., Eligibility Requirements 17 and 18*)

District Recommendation 4:

To fully respond to the recommendation first tendered by the Comprehensive Evaluation Team in 2006, and to reflect a realistic assessment of financial resources, financial stability, and the effectiveness of short- and long-term financial planning for the district and the colleges, and in order to meet the Standards and Eligibility Requirements, the Teams recommend that the district adopt and fully implement as soon as is practicable an allocation model for its constituent colleges that addresses the size, economies of scale, and the stated mission of the individual colleges. (*III.D.1.b., III.D.1.c., III.D.2.c., IV.B.3.c.; Eligibility Requirements 17 and 18*)

The recommendation for implementing and assessing the impact of an allocation model was first given to the District in 2006, as part of the comprehensive evaluation reports for Los Angeles Southwest College, Los Angeles Harbor College, and West Los Angeles College. Subsequent Commission Concerns for colleges in the district have raised issues connected with Standard III.D. Financial Resources about the effectiveness of short- and long-term financial planning for the district and the colleges. The need to adopt and implement an allocation model is a district recommendation again, as articulated in District Recommendation 4 to Los Angeles Southwest College, Los Angeles Harbor College, and West Los Angeles College from their comprehensive evaluations.

District Recommendation 5:

To meet the Standard, the Teams recommend that the Board of Trustees make visible, in behavior and in decision-making, their policy role and their responsibility to act as a whole in the public's interest. Further, the Teams recommend continuing professional development for the Board of Trustees to ensure a fuller understanding of its role in policy governance and the importance of using official channels of communication through the chancellor or his designee. (*IV.B.1.a.*)

College Responses to the 2012 External Evaluation Team Recommendation:

Recommendation 1: In order to fully meet the Standard, the college must specify its goals on all its master plans and its annual plans in measureable terms so that the degree to which they are achieved can be assessed, discussed, and applied to decisions regarding improvement of institutional effectiveness. (Standard IB.2., IB.3., IB.4., IV.A.)

Recommendation 5 from the 2006 Comprehensive Evaluation read: The college should develop a sustainable reiterated cycle of integrated planning, resource allocation, plan implementation and evaluation by strengthening its information collection and dissemination for program review, and concentrating on implementation of the master plan and its ambitious planning agenda. (Standard IA.4., I.B.)

Findings and Evidence: At the time of the current visit, the College had defined measures and assessed those measures for goals from the following plans:

- Educational Master Plan
- Facilities Master Plan
- Technology Master Plan
- Student Services Plan

The Follow-Up Report stated and on site interviews confirmed the process of defining measures for master planning goals was charged to the shared governance entities responsible for each plan. Those entities then assessed those measures, discussed the findings, and reported back to College Council their recommendations.

With respect to the Educational Master Plan, Facilities Master Plan, and Technology Master Plan, the assessment process yielded recommendations that each of these plans be revised, starting with the Educational Master Plan. The Student Services Plan was finalized on September 4, 2012 and includes goals that are stated in measureable terms. Baseline measures have been discussed and defined, as has a standard for achievement, relevant strategies for implementing the goal, a timeline for achievement, and the responsibility center for each strategy.

Aside from triggering updates to their master plans, an additional improvement arising from defining, assessing, and discussing progress on master plan goals was the realization that there is a need to create a master plan that will guide how the college will meet personnel needs.

As for measurable goals on annual plans, the team found the college in the midst of implementation of its annual program review, planning, and budget allocation cycle for Fiscal Year 2013-2014. A variety of measures are used in program review to enable data-driven planning. Significant improvements from the prior visit include the college's use of an online information system, and a validation process at and across the division-levels to ensure program

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reviews adhere to quality expectations and discussions across divisions that better inform college-wide planning.

Through the validation process, defined measures for unit-level goals are checked, as are linkages of the unit level goal to planned actions, resources requested to meet the goals, and links to overall college goals. Some program reviews were even “rejected” through this validation process, which allowed for improvement of the program review and resulting plans before they were resubmitted. Other improvement actions triggered from the college’s assessment of progress on master plan goals included program viability reviews for two programs.

With regard to Recommendation 5 from 2006, the college has strengthened its information collection and dissemination for program review most notably through its deployment of the Institutional Effectiveness System (IES)—an online information management tool that enables all users who need the forms to fill out, as well as the validation teams and committee members needing access to the forms to conduct the business of planning. Moreover any college constituent may access the completed forms for informational purposes. In addition, agenda and minutes from College Council, Divisional Council, and other working committees provide ample documentation of discussions that serve planning and decision-making.

Conclusion: The College has fully addressed the recommendation, corrected the deficiencies, and now is in compliance with Accreditation Standards and Commission policies. All current master plan goals have been defined in measureable terms, and assessed, discussed, and acted upon for the purpose of institutional improvement. Through their efforts, the college progress on its goals indicated a need for substantive changes: three (3) master plans are now in the process of revision (Educational Master Plan, Technology Plan, Facilities Plan); a Human Resources Plan will follow from the Educational Master Plan; and the Student Services Plan has been updated with established baseline measures against which to compare in next year’s assessment cycle. Using well-established college program review and planning processes, formal recommendations have been derived following broad based discussions that included consideration of the links across its various master plans. The college’s information flow relative to planning and decision-making has greatly improved, with its governance system providing the backbone of the discussion and decision-making process. The college’s IES for annual planning provides a streamlined, accessible, central repository for information collection and dissemination that supports its program review, assessment, and planning efforts.

Recommendation 2: In order to increase effectiveness and improve its compliance with the Standard, the college should develop and implement a formal, organized process that is regularly evaluated for assuring quality of data and assessment definitions, interpretation, and application that builds upon the established governance and planning system. This will further college efforts to develop a process where decisions are based on a culture of evidence that results in cohesive planning, evaluation, improvement, and re-evaluation (Standard I.B.3, IV.A.1.).

Findings and Evidence: Since the last visit, the college has enhanced its planning system by implementing an online information management tool to process and store key documents used in

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program review and planning. The “Institutional Effectiveness System” (or IES) provides online access to core documents used in its annual program review and planning cycle. More importantly, this system eases access to and dissemination of information used to support planning discussions across campus.

In addition to implementing IES as its central repository for annual planning and program review documents, the college instituted a validation process whereby team members evaluated unit program reviews in terms of accuracy, clarity, logical relation of strategy to goals and of strategy to resource requests. Both the IES and the validation process combine to provide a formal, systematic approach to maintaining quality of data and assessments through broad-based focused dialogue. Furthermore, access to information is eased, and recommendations to decision makers are derived with transparency. With such broad involvement, data confusion or anomalies can be identified and addressed. More importantly, the quality and meaning of program reviews are maintained through the validation process. Indeed, some program reviews were “rejected” at validation and returned to the program for improvement before resubmission. In this way, the college embedded within its existing program review and planning system a means for enabling focused discussions about program review results, evaluating program reviews, and improving program reviews so that planning can be based on quality, shared information.

Both of these improvements to the college’s well-tracked history of program review and planning leveraged existing college governance structures and processes. Minutes and committee documents show evidence of focused dialogue supporting decision-making, with the College Council serving as the main hub for ensuring cohesiveness across all planning, evaluation, and improvement efforts. The college’s culture of evidence can be seen in its reliance on established governance processes—something described by a faculty member as the college’s “default mode” for addressing issues. Because decision-making relies on governance, and governance at the college is practiced in a systematic way that is well-deployed, the additional practices of collecting and disseminating planning information via the IES and validating program reviews moves the college from a culture of evidence to an emerging culture of evaluation that will serve it well as its planning systems are evaluated this summer by the Planning and Institutional Effectiveness (PIE) and Budget Committees.

PIE is largely responsible for overseeing the program review and planning cycle, with assistance from the Budget Committee once planning priorities are identified. At the time of the follow-up visit, the college was in the midst of its annual program review and planning cycle. Prioritization of requests was in process, utilizing a rubric developed and implemented for the first time.

While this new iteration of program review and planning with a prioritization rubric has not yet been evaluated for effectiveness, the college has made changes to its planning system in order to improve effectiveness and efficiencies based on its evaluation of the 2010-2011 cycle, and with input from a consultant. For example, PIE is a new committee created this year by combining the Planning Committee and Program Review Committee to improve coordination of program review and planning. In addition, the college timeline for conducting program reviews was changed to better align with planning and budget development efforts.

Conclusion: The College has fully addressed the recommendation, corrected the deficiencies and now is in accord with Accreditation Standards and Commission policies. Formal, organized processes for data quality controls, quality of assessment definitions, quality of assessment interpretation and application have been developed and deployed. These processes build upon the college's established governance system and planning processes, therefore enabling decisions that are based on a culture of evidence. As a result, planning efforts are more cohesive with links between plans made evident through broad based discussions. Program review and planning processes have been evaluated, improvements made, and re-evaluation efforts have been planned and will be made more systematic through revisions to the college's Program Review Handbook in Fall 2013.

WLAC Recommendation 3—Student Learning Outcomes (2012)

As noted by the 2006 team and in order to fully meet the Standards and facilitate the college's achievement of commission expectations of proficiency by AY 2012-13, the team recommends that the college identify student learning outcomes that are related to course objectives for all courses; evaluate all courses and programs through an on-going systematic review of the relevance, appropriateness, and achievement of student learning outcomes, currency, and future needs and plans; and conduct authentic assessment of student achievement at the course, program, and institutional levels in order to improve student learning. (Standard II.A.1.c., 2.a., 2.e., 2.f., 2.h., 2.i., II.B.4.; II.C.2., IV.A.2.b.).

Findings and Evidence: Subsequent to the 2012 visit, the college organized and implemented a significant transition in its work with student learning outcomes. Evidence provided during the visit indicated that 96% of all courses offered at the college have identified student learning outcomes. Strong support by the Academic Senate for a re-envisioning of student learning outcomes at the college effectively brought together significant efforts at every level of the academic affairs team to ensure that the foundation for assessment of student learning is relevant to current course objectives as well as mapped to the program-level and institutional outcomes. The student learning outcomes are appended to the curriculum documents so that the college is able to review the quality and currency of the SLOs both at the curriculum level and through the Student Learning Outcomes Committee. The Senate approved an SLO addendum to the Course Outline of Record which includes course objectives and ensures alignment between them and the student learning outcomes along with the corresponding assessment methods. The dual review process requires that the SLOs be evaluated periodically along with curriculum updates and review so that the college is able to ensure that future needs and plans are considered as part of the ongoing process of institutional oversight and monitoring.

The newly developed form titled "Course SLO Assessment Tool" allows each faculty member to not only identify multiple course-level student learning outcomes but to establish the criterion level that allows the college to conduct authentic assessment. Faculty in disciplines across the college collaboratively developed rubrics with four to six levels of achievement to allow a systematic assessment of student achievement of established outcomes. The tool also requires that

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faculty identify the assessment instruments to be used for the process; these assessments include targeted exams, written work, case scenarios, as well as presentations, portfolios, department exams and skill evaluations. The college was able to provide evidence that 40% of the courses offered in the Fall semester were assessed in accord with the assessment approach adopted by the college. Recommendations for change that are determined through these assessments are encouraged providing they do not require a change to the course outline of record (COR) and resource requests derived from assessments are documented in program review. Changes requiring an alteration in the COR are processed through the curriculum review process.

The college is now also able to produce a report of the data collected through assessment (the breakdown of student scores for each of the courses assessed) to clearly establish evidence of authentic assessment. Further, the college is in the process of creating a module in the online Institutional Effectiveness System (IES) that will form an online database of outcomes assessment work so that information will not only be available to students but will allow for efficiency in providing data reports where ever needed. Developed by the Dean of Research and Planning and the Dean of Teaching and Learning, this module is targeted to be complete no later than the Summer 2013 for implementation during Fall 2013.

Program and institutional SLOs are documented both on the Program SLO Assessment Tool and through the program review process. The integration of outcomes assessment and program review allows the college to systematically track program-level planning and resource requests through institutional processes. Programs are required through program review to identify assessment plans, methods, outcomes, and actions taken and planned. Additionally, the college has maintained a systematic mapping of courses to programs to institutional outcomes in its commitment to developing multiple and integrated strategies for assessing student achievement and regularly identifying areas that require improvement. Institutional outcomes were assessed through the Student Poster Project Showcase in late spring of 2012 to allow faculty members to assess student capstone poster work to measure achievement of the college's nine institutional outcomes. Again, a rubric was designed to allow systematic assessment of the achievement shown in the student work.

Of particular note is the college's deep commitment to regular and sincere dialogue across the college in regard to outcomes assessment. When questioned about the achievements the college can demonstrate in response to the recommendations made by the Commission in regard to deficiencies, many individuals interviewed quickly note the increased level of engagement of faculty and administrators across the college to outcomes assessment, and particularly to learning how to determine with integrity what their students are learning. This dialogue occurs regularly not only at the Academic Senate meetings, but at the division meetings across the college as well as committees specifically focused on outcomes work. Additionally, the college organizes and sponsors flex day and other college-wide functions throughout the year that encourage all faculty and staff to participate in dialogue about student learning outcomes. The positive energy of those interviewed is clear evidence that the college has met the Commission's standard for planning, implementing and learning from their assessment work to improve education at multiple levels throughout the institution.

Conclusion: The College has fully addressed the recommendation, corrected the deficiencies, and now is in compliance with Accreditation Standards and Commission policies. The College demonstrated not only the establishment of course-level student learning outcomes in response to ACCJC standards identified in the recommendation but also significantly improved the assessment tools and reports that provide evidence for authentic assessment of student learning outcomes at multiple levels. Results of assessment are given the attention required by the Standards through rich dialogue that is evident in multiple forums and formal importance by systematic documentation in the college's program review and resource request and allocation model. The College has attained the proficiency level in the assessment, analysis and application of information derived from SLO assessment. It has undergone a dramatic change in its approach to student learning outcomes assessment in a short turnaround time. It is operating on a timeline that will conduct assessments of the remaining courses in the fall semester, and all of this is being done in addition to the pre-existing program level outcomes assessments. The SLOs have been integrated into the Course Outlines of Record in a systematic way through curriculum committee review, and thus a regular cycle of assessment is also integrated into the regular course review and updating process. The new Assessment Tool documents alignment to program level assessments; the college provided samples of program assessment results at the time of our visit and changes made to programs through these assessments. Additionally, rubrics have been developed for assessment of learning outcomes at all three levels (course, program, institutional) to provide evidence of the supportive structure for assessment in place to guide and focus faculty from all departments on institutional and program-level assessment work.

WLAC Recommendation 4—Student Learning and Service Level Outcomes (2012)

In order to fully meet the Standards, the team recommends that the college review and revise as necessary its developed student learning and service level outcomes to assure that they are measured in both quantitative and qualitative terms. These measures should be adequate for evaluating whether services are meeting identified student needs so that results can be used to improve the delivery of support services. (Standards I.B.3., II.B.4., IV.A.2.b., IV.B.4.).

Findings and Evidence: The College provides evidence of a comprehensive review of the Student Learning and Service Level outcomes for not only the Student Services departments but also the Administrative Services departments. The Student Services work centered on the identification of six institutional level outcomes determined as the most relevant to the assessment of their services to students. These six outcomes areas—technological competence, civic responsibility, ethics, communication, critical thinking and self-awareness/interpersonal—form the matrix of a three-year plan for systematic assessment, with two outcomes assessed in each year of the three-year cycle. Each department within Student Services identifies the appropriate student learning outcome for their work with students so that Admissions and Records, as well as Counseling both assess technological competence for students by using different measurements based on the particular service they offer. For 2012-13, Student Services has inaugurated the cycle of assessment for the first two outcomes. Admissions and Records, Athletics, DSPS, Financial

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Aid, and International Students completed assessments for Technological Competence and Civic Responsibility early in the Spring 2013 semester. Seven other departments are scheduled to complete assessments later in the semester.

Assessment of the Service Level outcomes is designed to collect data so that each area can evaluate the effectiveness of their services and take appropriate action to improve performance based on assessment findings. A focus for the work in the first year of the cycle is the identification of assessment measures that provide more accurate measures for the efficiency of Student Services work with students. However, the College provided evidence of assessments that have been conducted in some of the service areas identified in the 3-year planning cycle for assessment, so it is clear that assessment is being conducted now. Additionally, the close tie between service level outcomes assessment and institutional program review and recommendations for change informs the college-wide reports that will be due in the Fall when program review is conducted. The evidence shows that both quantitative and qualitative assessments are in place for both service level and service area outcomes assessment. The qualitative instruments being used are surveys and self-evaluation reports, while the quantitative measures used are data driven efficiency reports and student data. As with student learning outcomes in academic affairs, the college has established criterion levels to make data collection systematic and more useful in benchmarking improvement of services.

Following the lead of the Student Services and Academic Affairs, Administrative Services has also established an outcomes assessment plan. The units within Administrative Services—Bookstore, Business Office, Plant Facilities, Information Technology, Personnel/Payroll, Purchasing, and the Office of the Vice President—created Service Area Outcomes (SAOs) to support improvement of services through outcomes assessment. Staff from the Administrative Services areas participated in a series of SAO development workshops which focused on the identification of SAOs, development of a schedule of SAO work to be completed using targeted assessment methods, and effectiveness criterion to be used for assessment. Currently, the SAOs are assessed through online surveys.

The work of both Student Services and Administrative Services outcomes assessment work will be reported in the college's program review, due in the fall. The integration of outcomes assessment with program review is intended to strengthen the connection of outcomes assessment data collection with budget allocation and planning that allows the college to systematically consider assessment results and recommendations for improvement in services and include all resource requests for institutional prioritization.

Conclusion: The College has fully addressed the recommendation, corrected the deficiencies, and now is in compliance with Accreditation Standards and Commission policies. Based on the information reported in the follow up report and interview data along with additional evidence provided during the follow up visit, the college has responded appropriately to the recommendation to revise its approach to assessment of student outcomes in Student Services and Administrative Services. Training has been provided to allow staff in both service areas to collect qualitative and quantitative data for consideration in college planning with a focus on improving

services as indicated through assessment. The integration of service level outcomes with the college's program review process demonstrates a commitment to the sustainability of this assessment and planning model. The college has satisfactorily responded to the ACCJC recommendation.

WLAC Recommendation 5- College Catalog Currency (2012)

In order to fully meet the Standard, the college should include both an academic freedom statement, as well as a statement on the acceptance of transfer credit in its next catalog. (Standard II.B.2.a. & c.)

Findings and Evidence: The team was able to confirm that both the online version of the College catalog and the printed copy in circulation have adopted an academic freedom statement on page 7 and a statement on the acceptance of transfer credit on page 48.

Conclusion: The College has fully addressed the recommendation, corrected the deficiencies, and now is in compliance with Accreditation Standards and Commission policies. The on-line version of the catalog has been in use since November 2012 and the print version was distributed in January 2013.

WLAC Recommendation 6—Library Collection Development and Security (2012)

In order to address recommendations made by two previous visiting teams and to meet Standards, the college should develop a consistent, sustainable and sufficient funding stream to develop quantity, quality, depth, and currency in Library resources and services. Moreover, the college should take necessary steps to evaluate and correct security measures to protect the Library collection. (Standard II.C.1, II.C.1.c, IV.A.2.b.).

Findings and Evidence: During the visit, reports were provided that show funding for the non-salary library expenditures. The five-year report covers academic years 2008-09 through 2012-13. This report shows that the College has consistently provided funding from both the general fund and the Special Funded Programs (SFP) sources over that five-year period. While it is the case that for 2011-12 the college funded acquisition of books and Library Media Materials/Database with \$48,368 from the general fund (what the college calls "Fund 100"), an additional \$65,794 was allocated through SFP funding. The visiting team in March of 2012 was not aware of the additional funding that has been provided consistently to the Library for its acquisitions. In 2008-09, SFP funds for these two accounts was \$126,185, in 2009-10 SFP funds amounted to \$44,018, in 2010-11 the amount was \$65,794, and for 2012-13 SFP funds are projected to be \$62,459. SFP funding fluctuates annually based on the documented need and availability of funds; however, it is evident that the college has consistently augmented general fund monies for library acquisitions. A total of \$365,176 was allocated for the five years in the report we reviewed. For the 2012-13 year, additional one time funding was given to the library: \$50,000 from the District and a Proposition 20 allocation of approximately \$195,000, totaling \$384,000 for the fiscal year. The

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additional funds not only allowed the library to meet its annual needs reported by students and faculty but also enabled the library to fund a portion of its 20-year collection development plan.

The College demonstrates a strong commitment to meeting the identified needs for library materials and databases. Library faculty and administrators reviewed and validated goals for institutional program review for assuring appropriate quantity, quality, depth, and currency of library resources and services. The two goals—to maintain and update library instructional resources and to improve access to library services for students—were linked to specific resource requests including funding for instructional media, additional library faculty and staff, and increased security for the library. Goals were developed in response to surveys of students and faculty, usage statistics, sampling of course outlines of record, ACRL Standards for Libraries in Higher Education, and book lists prepared by academic division chairs and program managers. Through program review survey data, the college determined that 18 of 23 academic areas agreed that “The library materials and services provided by the college are sufficient to support up-to-date instruction.”

Additionally, the college addressed security issues quickly in response to identified security needs. Beginning in January, the college designed and installed a wall separating the second floor of the library from the second floor of the lobby to address the architectural flaw that was identified as a major security problem. Theft detection technology was also installed at the major exits of the library to allow opening a circular internal staircase that makes it possible for students to access library materials between the two floors of the library as well as the learning center below it. The college reports that these two modifications have significantly reduced security breaches. The follow up visit allowed for an observation of the changes made to enhance security for the library.

Conclusion: The College has fully addressed the recommendation, corrected the deficiencies, and now is in compliance with Accreditation Standards and Commission policies. The follow up visit indicates that the college has provided clear evidence to show that consistent funding is provided to the library for acquiring appropriate and adequate library collections and databases to support the needs of academic programs and disciplines. Such support has been consistent over a five-year period, and it is the stated intent of the college to continue to augment general fund accounts for the library with SFP to allow the library to meet its goals. Additional one-time funding in 2012-13 has made it possible for the college to make some progress in its 20-year plan, and the library’s full participation in program review to determine its goals and actions needed to meet the goals indicates that the College will be able to sustain planning to ensure that its collections continue to meet the needs of students and faculty. The college evinces a consistent record of six figure funding for its library collection, and current program review prioritizations reflect a continued high prioritization for collection development to assure its adequacy. This record is indicative that the College has fully resolved both the current recommendation as well as its earlier, related predecessor from 2006. Finally, the College provided evidence that security problems have been addressed effectively with the installation of a wall to correct an architectural flaw and security technology to secure the library and make its collections more accessible to students.

Recommendation 7: In order to meet the standard, the team recommends that the college integrate planning, evaluation, and resource allocation decision making in order to systematically assess the effective use of its financial resources and use the results of the evaluation as the basis for institutional improvement and effectiveness in a manner that assures financial stability for the institution. (Standard III. D. 1. and III.D.3.)

Recommendation 3 from the 2006 Comprehensive Evaluation read: The college should implement a viable plan to operate in a fiscally responsible fashion that aligns its programs and services with its revenue allocation to achieve sustainable fiscal stability. (Standard III.D.)

Findings and Evidence: Program review and planning processes for fiscal year 2013-2014 were in the midst of implementation at the time of the follow up visit. Changes made to the process resulting from evaluation of the prior year's cycle included the following improvements that support college efforts to plan for financial stability:

- Planning and Program Review Committees were combined to provide cohesive oversight of an integrated program review, planning, and resource prioritization processes (the Planning and Institutional Effectiveness or PIE Committee).
- PIE and Budget Committees collaborated to evaluate effectiveness of expenditures from 2011-2012. Also, these committees have scheduled evaluation of this year's process for July 2013.
- The program review cycle for academic year 2012-2013 was changed to coordinate with planning and resource allocation processes for fiscal year 2013-2014.
- Program review documents this year now include new topics to which all programs must respond, such as: effect of past allocations; effect of not funding past requests; expected effect of hypothetical resource reduction.
- In addition to integrating program review, planning, and resource allocation requests, a decision making flow chart and rubric were developed to prioritize requests this year. Top priorities are those related to health/safety and legal compliance. Remaining requests are prioritized according to a formal scoring process that considers multiple criteria including but not limited to mission and master plans, accreditation support, outcomes assessment, and adequacy of the plan.

Overall, the changes made to the college's program review, planning, and resource allocation decision making are the result of what was learned through evaluation of these processes. Improvements made include embedding in those processes a systematic assessment of effective use of financial resources. Furthermore, results of that assessment were used to improve the effectiveness of this year's planning cycle in a manner consistent with assuring the college's financial stability. Because effective resource use and reasonableness of augmentation requests are embedded in their program review and validation processes, it can be said that programs are

evaluated in part by whether they operate within their means.

Conclusion: The College has fully addressed the recommendation, corrected the deficiencies, and now is in compliance with Accreditation Standards and Commission policies. Planning, evaluation, and resource allocation decision making are integrated processes; at the time of the follow up visit, implementation was at the resource prioritization stage. Embedded in college planning processes is an assessment of effective use of financial resources at the unit level: All programs must report prior year's resource allocations and explain the impact of those allocations on goals. For new resource requests, programs must explain the impact of receiving or not receiving resources requested so that an assessment of resource use can be facilitated next year. Results of the assessment conducted are used for institutional improvement and effectiveness that serves financial stability.

LACCD - District Recommendation 1 (2012)

In order to meet the Standards and Eligibility Requirements, the Teams recommend that the District actively and regularly review the effectiveness of the construction bond oversight structure and the progress in the planned lifting of the moratorium to ensure the financial integrity of the bond programs, and the educational quality of its institutions as affected by the delays of the planned facilities projects. (Standard III.B.1.a, III.D.2.a., IV.B.1.c.; Eligibility Requirements 17 and 18).

Findings and Evidence: The District has taken a number of actions to improve the effectiveness of its construction bond program including the effectiveness of the bond oversight structure and a review of the LACCD Building program. The Chancellor formed an Independent Review Panel made up of experts in various areas to provide recommendations on a variety of topics including the building program's operations, internal and external controls to provide a "checks and balances" system of control, and construction related policies, practices and procedures. The Independent Review Panel was made up of prominent local construction industry and business community experts tasked with addressing specific areas of concern related to ethics, cost containment, education and communication and program effectiveness. In October 2011, prior to the issuance of its full report the Panel recommended a moratorium on all new construction projects that had not yet been awarded to permit adequate time for the hiring of a new District Executive Director of Facilities Planning and Development. On January 4, 2012, the Panel issued its full report on the District's Building program, which included seventeen (17) recommendations to strengthen the District's bond construction program. The Executive Director subsequently hired brought a breadth and depth of experience in education bond construction programs of similar complexity and dollar volume to that of the District.

The temporary moratorium, since lifted, also allowed the District the opportunity to conduct a thorough evaluation to determine whether the colleges could afford the costs of maintaining and operating the new buildings, whether there was sufficient capital to build projects with currently authorized bond funds, and, whether or not the planned facilities matched the current projected

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facilities needs of each college. Over the past year, numerous changes have been made to the bond construction program including a more centralized approach to construction program management, leaving the College Presidents responsible for defining and ensuring appropriate responses to educational and programmatic needs, but transferring the responsibility for managing and executing the design and construction of the buildings to an industry “best practice” of having the College Program Managers report to the District’s Executive Director of Facilities. In addition, a \$160 million District bond reserve was established to address contractor defaults, claims and other unforeseen conditions and other unbudgeted risks. With these improvements, project budget shortfalls were addressed before the situations escalated; further the potential overbuilding at any of the campuses was averted to ensure that the colleges maintained appropriate lecture, laboratory, and office capacity.

Separate audit practices to reconcile all obligations and expenditures related to general obligation Proposition 39 bond funds were implemented and conducted between the District and Build LACCD financial systems on a monthly basis. Since 2012, the District has also provided additional training to ensure that the reconciliations are prepared in a timely manner and identified a dedicated employee responsible for the reconciliation task. The Board of Trustees passed Board Resolution BT6 to “lock-in” a baseline scope and budget at the project level for all remaining work at the colleges, versus its previous practice of providing a total college allocation for construction projects. In addition, the revised Master Budget Plan also requires District level approvals for proper use of Prop A/AA and Measure J bond ballot funds, and any changes in scope of college construction projects.

One of the most significant requirements in regard to Proposition 39 bond programs is related to establishment of a citizens’ oversight board. While the chair and vice chair of the District’s Citizens Oversight Committee (DCOC) appeared to be forthright, dedicated, and concerned, the Committee as a whole had not performed as it should. The District conducted a review and recommended revisions to the appointment practice to the DCOC and formalized the process and procedures for the DCOC’s activities including providing a part-time and full-time dedicated staff, and requiring and ensuring more rigor in regard to attendance at DCOC meetings by all committee members. As a result, the DCOC is fully staffed and augmented with new members from the construction industry and the DCOC by-laws have been updated to reflect the changes made to the process and procedures for the DCOC.

In addition to the Independent Review Panel’s seventeen (17) recommendations, the Chancellor and Board of Trustees created a Capital Construction Committee of the full Board (seven Trustees) to provide policy guidance, oversight of the bond program, and approval of master plans and environmental impact reports. Board Ad Hoc Committees were also formed to consider additional policies to further strengthen oversight and control and an Independent Office of Inspector General and Whistleblower program was created. The one area in regard to this recommendation that was discovered during the Team’s follow-up visit to the District that had not been previously identified is that the District has decided to eliminate the Office of Inspector General and replace it with a Bond Monitor Manager that will be solicited through a bid process to provide oversight with regard to fraud, whistle blower reporting, and elimination of waste in the bond construction

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program. The Office of Inspector General contract was discontinued with a thirty (30) day notice by the Board effective as of the end of April 2013. There will be a period of time where some of the duties of the Office of Inspector General will be handled by the College Program Management firms reporting through the new external Program Manager firm for action by the Executive Director and the District's Internal Auditor with regard to reporting of fraud and other whistle blower types of activities.

Conclusion:

The District has fully addressed the recommendation, corrected the deficiencies, and now is in compliance with the Eligibility Requirements, Accreditation Standards and Commission policies. As a result of various policy and procedural improvements implemented since the original accreditation visit in 2012, the District has increased its Proposition 39 compliance and improved upon its financial controls and reporting practices. Of particular note in regard to Recommendation 1 for the District is the deep commitment made in creating the Independent Review Panel and the District's immediate efforts in addressing the seventeen (17) recommendations made by the Panel and other areas of concern identified by the accreditation visiting team in 2012 to fully meet the Standards and Eligibility Requirements. As of the follow-up team visit to the District in April 2013, the Board and District confirmed its intent to continue to implement the recommendations of the Independent Review Panel and intent to consider additional Ad Hoc Committee policies to strengthen bond oversight and control. The Board also plans to increase the number of Independent Performance Auditor's reports conducted on the bond program. In light of the follow-up visit and evidence provided during the visit, the Teams have determined that the District has made significant improvements to the effectiveness of its bond construction program, including oversight internally and externally. The District lifted the construction moratorium upon ensuring the financial integrity of the bond construction programs and the facility requirements at each of its institutions to provide educational quality. Therefore, the Teams have determined that the District has satisfactorily responded to the ACCJC Recommendation 1 (2012) and should continue the improvements to its facilities construction program and its oversight to ensure the effectiveness of its \$6 billion bond construction program as approved and authorized by the District's voters and defined in Proposition A/AA and Measure J.

LACCD – District Recommendation 2 (2012)

In order to ensure the financial integrity of the District and the colleges, and to meet the Standards and Eligibility Requirements, the Teams recommend the resolution of the material weakness and significant deficiencies cited in the 2010 financial audit be fully effected by the completion of next year's audit, and appropriate systems be implemented and maintained to prevent future audit exceptions. (Standards III.D.2.a., IV.B.1.c.; Eligibility Requirements 17 and 18).

Findings and Evidence: When the Teams visited the District in 2012, there were several outstanding 2011 Audit findings identified by the independent auditing firm that were related to audit findings for fiscal year 2011, 2010 and 2009 financial statements; as well as state and federal findings. Several findings were identified as being "significant deficiencies;" with regard to Employee Benefits, Risk Management, and Information Technology and a "material weakness;"

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was identified with regard to the Capital Assets and General Obligation Bond Program. Findings can be an opportunity to avoid such a situation from occurring in a future audit; however, when findings are material and recurring they can become a cause for concern for any organization.

The 2012 audits were completed and accepted by the Board of Trustees as of December 19, 2012 in accordance with the California Community College System's requirement that all Districts have an annual independent audit conducted and submitted to the State Chancellor by December 31st of each fiscal year. The audit was conducted in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in the *Government Accounting Standards* issued by the Comptroller General of the United States.

Conclusion: The District has fully addressed the recommendation, corrected the deficiencies, and now is in compliance with the Eligibility Requirements, Accreditation Standards and Commission policies. The independent auditor issued an unqualified opinion for the 2011-12 fiscal year. At the time of this writing, the District's audit findings from 2010 had been addressed. In addition, three of the financial statement audit findings identified during the 2010-11 audit have been fully implemented. It should be noted that findings 11-01 and 11-04 identified in the 2011 Audit have been brought forward as Financial Statement finding 12-01 related to Student Financial Assistance – Special Tests Provisions – Verification and 12-02 related to Competitive Grants for worker Training and Placement in High Growth and Emerging Industry Sectors (ARRA) – Eligibility in the 2011-12 audit report. Both 12-01 and 12-02 findings have been identified by the auditors as “significant deficiencies” requiring measures to better ensure appropriate internal controls; however, neither is considered to be material weaknesses. No material weaknesses with internal control over major Federal Awards programs were identified.

The primary audit issues pertaining to the Capital Assets and General Obligation Bond Program have been addressed. The District has implemented policies and procedures for monthly reconciliations in collaboration with Build LACCD in regard to 2011 Audit findings FS-11-01 - Capital Assets and General Obligation Bond Program. The District has implemented two of three phase processes to improve the process of reconciling and reporting of bond funded furniture, fixtures and equipment (FF&E) to include fixed asset inventory and reconciliation, which was completed in September 2012 and additional technology solutions are in progress. The District also requires all employees having procurement responsibility to annually submit a California Fair Political Practices Commission Statement of Economic Interests (Form 700). The District purchased e-filing of Form 700 software in January 2012, which has a “look-up” function to cross reference information on Form 700 with District and Build LACCD. The District has also implemented a reconciliation process and appropriate internal control practices with regard to Employee Benefits and Risk Management issues identified in the 2011 audit.

Based upon the information reported in the follow up report and interview data along with additional evidence provided during the follow up visit, the Teams have determined that the District has responded appropriately with regard to timely completion of its 2011-12 Audit and resolved any material deficiencies noted in the 2010 Audit related to ACCJC's Recommendation 2 (2012).

LACCD – District Recommendation 4 (2012)

To fully respond to the recommendation first tendered by the Comprehensive Evaluation Team in 2006, and to reflect a realistic assessment of financial resources, financial stability, and the effectiveness of short- and long-term financial planning for the district and the colleges, and in order to meet the Standards and Eligibility Requirements, the Teams recommend that the district adopt and fully implement as soon as is practicable an allocation model for its constituent colleges that addresses the size, economies of scale, and the stated mission of the individual colleges. (Standards III.D.1.b., III.D.1.c., III.D.2.c., IV.B.3.c.; Eligibility Requirements 17 and 18).

Findings and Evidence: This recommendation required the District to develop, adopt, and fully implement a resource allocation model as soon as practicable to address the size, economies of scale, and mission of each college within the LACCD. The evidence provided prior to and during the Teams follow-up visit identified several ways in which the District has addressed financial resource allocation to create a more equitable and efficient model. In February 2011, the District created an Executive Committee of the District Budget Committee (ECDBC) to review the district's budget allocation formula, examine base allocations for each college, review the treatment of college ending fund balances, and develop a college deficit repayment policy to the District. The District initially implemented a financial resources allocation model similar to the State's SB 361 allocation model; however, subsequently determined that two additional phases were necessary to create an allocation model that addresses all of the issues related to this recommendation.

The first phase provided for increases to the colleges' basic allocation to include minimum administrative staffing and maintenance and operations (M&O) costs. The second phase calls for the ECDBC to study the remaining allocation changes necessary to identify college needs (including M&O), as well as provide sufficient funding for colleges to deliver equitable access for non-traditional and underserved populations of students. At the June 13, 2012 meeting the Board of Trustees adopted Phase I, which included providing a set-aside from the District's reserve (or from new revenue received) in order to mitigate an adverse effect on any college as a result of a reduction in its budget allocation pursuant to the implementation of the changes tied to Phase I. The Phase I implementation included no reductions in the 2012-13 budget year to any college and a one-third reduction to occur each year over the next three years through 2015-16. In so doing the District satisfied the fundamental features of the recommendation in question.

Phase II will address how the District will tie any growth resources as they occur from the State to the financial resources allocation model for the colleges. The District Budget Committee based upon the review and recommendations of the ECDBC is committed to continue addressing Phase II impacts during the 2013-14 budget development process. In addition, the Board's action taken in June 2012 included a requirement that an assessment of the budget allocation model be conducted annually. The District Budget Committee is scheduled to evaluate the new model at the end of the current 2012-13 budget year to see if the new plan has been effective in addressing the

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needs of the smaller colleges. If needed, the District will develop a plan to modify the existing budget allocation model further. Progress on Phase II is to be reported to the District Budget Committee on an on-going basis with full implementation of all phases related to the new model expected to be completed by December 2013 for use in the development of the 2014-15 academic year' budget.

Conclusion: The District has fully addressed the recommendation, corrected the deficiencies, and now is in compliance with the Eligibility Requirements, Accreditation Standards and Commission policies. The follow-up visit indicates that the District has provided clear evidence to show that it continues to refine its budget allocation model in order to address the size, economies of scale, and stated mission of the individual colleges. Three of the colleges that experienced excess allocation of budgets in the past will begin the three-year pay-back period as of the 2013-14 academic year and six of the colleges will receive additional budget allocations during the 2013-14 academic year. The 2012-13 academic year was identified during the Phase I process as the “hold harmless” year for the colleges to permit time for the three colleges that will lose budget allocation to make the necessary adjustments in their college budget planning for 2013-14. During the Team’s follow-up visit, Phase II was identified as being the “icing on the cake” to resolve some of the long-standing inequities in the budget allocation process between the large and small colleges to ensure that adequate funding is provided to each of the colleges in order to serve its stated mission. In addition, as of 2012-13, all of the colleges will be allowed to retain their balances up to 5% of their annual budget allocations for future planning purposes.

LACCD - District Recommendation 5 (2012)

To meet the Standard, the Teams recommend that the Board of Trustees make visible, in behavior and in decision-making their policy role and their responsibility to act as a whole in the public’s interest. Further, the Teams recommend continuing professional development for the Board of Trustees to ensure a fuller understanding of its role in policy governance and the importance of using official channels of communication through the Chancellor or his designee. (Standard IV.B.1.a.)

Findings and Evidence: During the visit, the follow-up team representatives for all three college accreditation teams, conducted three interviews. One with two publicly elected Board of Trustees members and a separate interview with the student body elected Board of Trustees member. The follow-up team representatives also interviewed the District Chancellor to confirm evidence provided in advance of the follow-up visit to demonstrate that the Board understands and is following its policy-making role and its responsibility in acting as a whole to best serve the interest of the public rather than acting individually. Discussions during the visit also addressed the efficacy of improvements that have been made to obviate circumvention of the Chancellor by members of the Board.

Since February 21, 2012 the Board has held three Board retreats with the second held on April 19, 2012 and the third held on November 13, 2012. The retreats were conducted with an emphasis on

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improving performance that included annual board development, orientation, and assessment methods to measure improvements. All three retreats were facilitated by external instructors possessing expertise in board governance to include policy making, legal, and accreditation related roles and responsibilities for elected Board members. In January 2013, the Board conducted a self-evaluation to measure its improvement as compared to an evaluation conducted in 2012 to determine the areas in which there was an increase in measured commitment.

The self-evaluation survey instrument drew upon input from a broad base of district personnel including campus presidents, district senior staff, union leaders, academic senate leaders and student government leaders. The Administration and Finance areas of the self-evaluation survey had a relatively high proportion of items that exhibited a net increase in commitment in these areas of Board responsibility. The Community Relations and Education areas experienced the least improvement. Therefore, the Board committed to the development of concrete action items to improve in this area and intend to assess their progress in the next evaluation. In addition, to reinforcing the role of the Chancellor as the Board's conduit of communication to staff and to address the issue of Board behavior, all Board members completed the ACCJC's online accreditation training and approved on January 30, 2013, a revision to the Board's Rule 2300.10 (Code of Conduct) and 2105 (The Board of Trustees) language to include a pledge to follow official channels of communication with the Chancellor in gathering any information from staff that is not contained in the public record. Language also included a commitment to civility and courtesy in order to demonstrate in word and deed a respect of others and a willingness to acknowledge that reasonable people can respectfully disagree based upon divergent views. The Board also committed to attend conferences and visitations to other district board meetings to gain a broader understanding of operating methods and challenges facing neighboring districts.

Conclusion: The District has fully addressed the recommendation, corrected the deficiencies, and now is in compliance with the Accreditation Standards and Commission policies. The follow up visit indicates that the Board of Trustees has provided clear evidence to show its commitment to ensuring that Board members understand their role as policy makers, the importance of using official channels of communication through the Chancellor or assigned designee, and the need to operate in a respectful manner as a body representing the public's interest in regard to policy and governance making for the LACCD. The Board of Trustees provided to the Team representatives an actionable improvement plan which was developed on March 19, 2013 to address the Accreditation Standards and deficiencies noted. The Board members interviewed reported upon the improvements made thus far and the continued commitment of all Trustees to openly address deficiencies noted in the last evaluation on an on-going basis and through subsequent annual retreats.

WLAC - Recommendation 6 (2006)

The college should periodically review its staffing priorities, hours of operations, and counseling priorities to ensure that what is delivered is consistent with program review, of acceptable quality, and aligns with the mission and values of the college. (Standard II.B.1.).

Findings and Evidence: During the visit, four representatives from the Student Services Council were interviewed as a group by two members of the follow-up team regarding this specific recommendation from 2006. The two members of the follow-up team also interviewed the Interim Vice President of Student Services (as of 6 weeks prior to the follow-up visit) and the administrator who had served as Acting Vice President of Student Services prior to the interim appointment. In addition, the Chair of the Accreditation Steering Committee, who is a faculty member, was also interviewed by the two follow-up team members. The evidence supports the use of Student Service program reviews to identify specific needs as part of the College planning cycle. Moreover, West Los Angeles College is using technology to augment the efficiency of existing personnel as evidenced by the launching of “*West Expressway*,” which includes a portal for students to make appointments with a counselor, provide an opportunity for students through the matriculation process to identify education goals and identify courses of study, complete a college orientation, assessment preparation, and a process to assist students in the development of an abbreviated educational plan. Matriculation initially piloted *West Expressway* with a limited group of students; to date, a total of 116 students have scheduled student services appointments during the pilot season. In addition, administrators, staff and faculty across the district are currently analyzing the fit of Oracle’s PeopleSoft Campus Solutions application to address college needs, including matriculation requirements. The District’s goal is to have a new Student Information System with a full array of self-service options, initially tested at two of the nine colleges, with full district-wide implementation in Fall 2016. Also, as a result of West’s Student Services program review process, two staff counselors were recently hired (2012) to replace previously vacated positions and to address increasing responsibilities due to the recently enacted State “Student Success” initiatives and associated recommendations to be implemented state-wide. Additionally, three classified staff (two Financial Aid and one Admissions and Records) have been hired pursuant to the resource prioritization process constituent to recent (2011) program reviews.

Conclusion: The College has fully addressed the recommendation, corrected the deficiencies, and now is in compliance with Accreditation Standards and Commission policies. The evidence provided in advance of the follow up visit, as well as the interviews conducted during the visit constitute clear evidence to show that the College has responded appropriately to the 2006 Recommendation 6 and has taken the necessary steps to establish and demonstrate sustained, continuous compliance with the Standards in these areas.

WLAC - Recommendation 13 (2006)

All college personnel should identify ways to increase participation in governance and develop trust throughout the institution by conducting meaningful, timely dialogue that acknowledges different perspectives and ideas for making informed decisions. (Standards IV.A.1., IV.A.2.a.).

Findings and Evidence: During the visit, follow-up team members validated evidence provided in advance of the team’s visit that meaningful and timely dialogues are being held at the college in regard to college governance. It was reported that the college conducted a “*Spring Recharge*” staff

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development opportunity during Spring Break 2012, primarily for line staff to mitigate what the College identified as a limited opportunity for them to engage with accreditation, assessment, and planning. A post-event survey indicated that those in attendance appreciated the opportunity to collaborate with colleagues throughout the college. In addition, West's College Council recommended funding support and the President has agreed to fund an "*Academy for College Excellence Experiential Learning Institute*" for up to 25 administrators, faculty and staff in June 2013, which will be held over a five-day period. The demand for the Institute has resulted in a "wait list" of individuals wishing to participate in this training opportunity; therefore, West College Council is considering the possibility of recommending another Institute opportunity to accommodate the "wait list" of interested individuals. The Institute program is facilitated by an individual external to the college along with external presenters to be brought in for the Institute training program. The accreditation follow-up team also confirmed through the interviews conducted that college committees are continuing to regularly schedule meetings and post committee agendas and minutes to the college's website. The Faculty Senate and Union leadership confirmed that trust has improved greatly at the college and proudly stated that by working together 100% of the full-time' faculty are serving on at least one college-wide governance committee.

Conclusion: The College has fully addressed the recommendation, corrected the deficiencies, and now is in compliance with Accreditation Standards and Commission policies. The follow up visit indicates that the college has provided clear evidence to show that it has continued its efforts to increase participation in college governance throughout the institution. Moreover, the College continues to identify meaningful training opportunities and focus efforts to increase committee representation to allow for timely and meaningful dialogue where different perspectives and ideas are shared and acknowledged so that informed decision making may be made at West Los Angeles College. Therefore, the accreditation follow-up team has determined that the college has responded appropriately to Recommendation 13 from 2006 and has taken the necessary steps to establish and demonstrate sustained, continuous compliance with the Standards in these areas.