



Office of the President
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December 19, 2013

Ms. Mary Green
Process Administrator, AQIP Accreditation Services
Higher Learning Commission
230 South LaSalle Street
Suite 7-500
Chicago, IL 60604-1411

Dear Ms. Green,

I am writing to acknowledge receipt of the Quality Checkup and Multi-campus reports dated December 10, 2013.

First, I would like to thank the AQIP Peer Reviewers for their conscientious efforts and diligence in preparing for Black Hawk College's October 22-24, 2013 visit. The visit was conducted very professionally and the college community embraced the reviewers' advice and found their recommendations most valuable. I convened a first reading session with my senior leadership team and have scheduled subsequent readings by our AQIP Steering Committee in January 2014. I am also working with my leadership team to communicate the feedback to our campus communities immediately upon our return from winter break.

We take seriously the primary issues and opportunities for improvement in assessment. I would like to take this opportunity to update you on recent initiatives since our Quality Check Up. Under the leadership of our Chief Academic Officer (CAO) and the relatively new academic structure that increased the academic leadership team from two academic Deans to five, I believe BHC is positioned to address the strategic issues regarding assessment of student learning. Since the Quality Check Up, the CAO has worked collaboratively with the Deans, Academic Department Chairs, Faculty Senates, Student Learning Committee and the office of Planning and Institutional Effectiveness to assimilate the recommendations of the Peer Reviewers into an Action Project and working plan for Black Hawk College. The team has revised the program level outcomes for the AA/AS Degrees-General Education Core Curriculum and outlined a plan to further

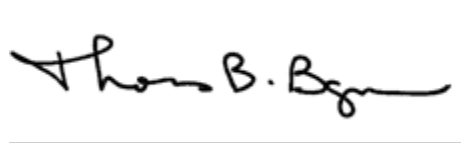
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design and implement an assessment approach that provides consistent oversight and meets the needs of faculty and students to ensure that students have an excellent academic experience at Black Hawk College.

Finally, I have directed the CAO to prepare the College for application and subsequent participation in the HLC Academy for Assessment of Student Learning. It is through this experience that I believe the College will accelerate and deepen its understanding how to fully assess those learning outcomes and use the information gained to improve student learning.

Once again, please convey my appreciation to our Peer Reviewers who provided constructive and actionable feedback in Black Hawk College's journey for excellence.

Respectfully,

A handwritten signature in black ink, reading "Thomas B. Baynum". The signature is written in a cursive style with a large, stylized 'T' and 'B'.

Dr. Thomas Baynum
President
Black Hawk College



Higher Learning Commission
A commission of the North Central Association

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December 10, 2013

Dr. Thomas Baynum
President
Black Hawk College
6600 34th Avenue
Moline, IL 61265-5899

Dear President Baynum:

Attached are the reports of the team that conducted Black Hawk College's Quality Checkup and Multi-campus site visits. In addition to communicating the team's evaluation of your compliance with the Commission's Criteria for Accreditation and the Commission's Federal Compliance Program, the Quality Checkup report captures the team's assessment of your use of the feedback from your last Systems Appraisal and your overall commitment to continuous improvement.

A copy of the Quality Checkup report will be read and analyzed by the AQIP Panel that reviews institutions for Reaffirmation of Accreditation at the time your review is scheduled.

Please acknowledge receipt of these reports within the next two weeks, and provide us with any comments you wish to make about the Quality Checkup report. Your response will become a part of the institution's permanent record.

Sincerely,

Mary L. Green
Process Administrator, AQIP Accreditation Services

QUALITY CHECKUP REPORT

Black Hawk College

Moline, IL
October 22 – 24, 2013

The Higher Learning Commission
A Commission of the North Central Association

QUALITY CHECKUP TEAM MEMBERS:

Karna Loewenstein
Director of Institutional Effectiveness/AQIP Liaison
Iowa Western Community College

Rena Lillegard Fry, JD
Dean of Business, Technology and Career Programs
North Hennepin Community College



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Background on Quality Checkups conducted by the Academic Quality Improvement Program

The Higher Learning Commission's Academic Quality Improvement Program (AQIP) conducts Quality Checkup site visits to each institution during the fifth or sixth year in every seven-year cycle of AQIP participation. These visits are conducted by trained AQIP Reviewers to determine whether the institution continues to meet The Higher Learning Commission's *Criteria for Accreditation*, and whether it is using quality management principles and building a culture of continuous improvement as participation in the Academic Quality Improvement Program (AQIP) requires. The goals of an AQIP Quality Checkup are to:

1. Affirm the accuracy of the organization's Systems Portfolio and verify information included in the portfolio that the last Systems Appraisal has identified as needing clarification or verification (System Portfolio Clarification and Verification), including review of distance delivery and distributed education if the institution is so engaged.
2. Review with organizational leaders actions taken to capitalize on the strategic issues and opportunities for improvement identified by the last Systems Appraisal (Systems Appraisal Follow Up);
3. Alert the organization to areas that need its attention prior to Reaffirmation of Accreditation, and reassure it concerning areas that have been covered adequately (Accreditation Issues Follow Up);
4. Verify federal compliance issues such as default rates, complaints, USDE interactions and program reviews, etc. (Federal Compliance Review); and
5. Assure continuing organizational quality improvement commitment through presentations, meetings, or sessions that clarify AQIP and Commission accreditation work (Organizational Quality Commitment).

The AQIP peer reviewers trained for this role prepare for the visit by reviewing relevant organizational and AQIP file materials, particularly the organization's last *Systems Appraisal Feedback Report* and the Commission's internal *Organizational Profile*, which summarizes information reported by the institution in its *Annual Institutional Data Update*. The Quality Summary Report provided to AQIP by the institution is also shared with the evaluators. Copies of the Quality Checkup Report are provided to the institution's CEO and AQIP liaison. The Commission retains a copy in the institution's permanent file, and will be part of the materials reviewed by the AQIP Review Panel during Reaffirmation of Accreditation.

Clarification and verification of contents of the institution's Systems Portfolio

One of the team members had served on the Systems Portfolio Appraisal Team and brought an in-depth understanding of the portfolio, the circumstances surrounding the preparation of the portfolio (institution's first portfolio, the accelerated completion deadline, and new category questions with embedded criteria) and the rationale that guided the appraisal team's observations. During the visit, contents of the Systems Portfolio were clarified and verified through discussions with the President, the Director of Planning and Institutional Effectiveness, the Vice President for Instruction/Interim Vice President for Student Services, Vice President for East Campus, the academic deans, and members of the AQIP Steering Committee, faculty, staff and other college representatives.

Discussions with campus groups focused on general systems appraisal conclusions concerning the Systems Portfolio. The AQIP Steering Committee acknowledged that at times the portfolio did not contain a complete explanation of the college's processes (in their words, the portfolio did not always tell "their complete story") so for the most part, feedback on the portfolio was considered accurate.

Through conversations, the institution sought clarification of the current trends in curriculum and co-curricular goal alignment and expressed particular concern regarding the appraisal team's conclusion regarding Core Component 4.B., specifically, that the Institution has a potential accreditation issue regarding its processes for outcomes assessment. ***This topic is discussed in more detail later in this report.***

Notwithstanding the foregoing, the institution provided added clarification and explanation regarding its use of WEAVE on-line for planning and budgeting purposes. It demonstrated a progressive and comprehensive approach to planning and improvement, and updated the team on the deployment of its new data warehouse and early alert systems and its ongoing commitment to using data effectively in decision making.

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with the Commission's standards and AQIP's expectations.

Review of the organization's quality assurance oversight of its distance education activities.

Black Hawk College verifies the identity of students using a secure login and passcode. Students are assigned a student ID number at registration and log on to the portal to create a secure password known only to the student. Online courses are accessed through the myBlackHawk portal using the login and

passcode. Approximately half of all online courses include some type of proctored examination requiring photo identification.

In the team's judgment, the institution has presented satisfactory evidence that its distance education activities are acceptable and do comply with the Commission's standards and expectations.

Review of the organization's quality assurance and oversight of distributed education (multiple campuses)

A multi-campus visit was conducted as part of the quality check up visit. A separate Multi-Campus Visit: Peer Review Report was completed for the institution's East Campus. Please see that report for additional information in support of the team's conclusions relative to the quality assurance and oversight of distributed education.

In the team's judgment, the institution has presented satisfactory evidence that its distributed education activities (operation of multiple campuses) is acceptable and complies with Commission's standards and expectations.

Review of specific accreditation issues identified by the institution's last Systems Appraisal

The systems appraisal team identified one possible accreditation issue relative to Core Component 4.B. The systems appraisal team observed “[t]he College has recently developed curriculum-level learning goals for general education, but there does not appear to be the same level of effort for determining specific program-level learning goals and co-curricular goals. Further, the efforts related to assessment, although underway in a variety of areas, appear uncoordinated and have yet to be tied to specific goals, outcomes, and levels of desired achievement for student learning and development at the curriculum and program levels. It is vitally important for the College to develop an integrated system of planning and assessment that ensures alignment of activities and efforts across disciplines and programs, curricular and co-curricular opportunities and non-credit offerings, that includes processes for defining measurable goals and objectives for its numerous and varied activities.”

The quality check up visit team had numerous conversations with faculty, staff and administration of the institution, reviewed program review reports relating to outcomes assessment for the past 4 years (extracts from WEAVE on-line that were presumably prepared by faculty from the discipline), reviewed the “Grid” and a packet of information detailing the progress of the Student Learning Committee since receipt of the

Systems Appraisal Feedback Report, ICCB Occupational Curriculum Approval Applications for two recently approved programs, the institution's Federal Compliance Report, its Quality Summary, and Program Review template.

The Quality Check-up Visit team observed:

- There exists a robust plan for course level assessments in certain disciplines, generally consisting of pre/post tests, exit essays, and student demonstrations of industry specific competencies.
- Several programs require the preparation of portfolios or mandate other activities (internships, capstone projects, presentations, etc.) that might serve as the basis for possible program level assessments.
- Programs subject to specialized accreditation tended to have industry or accrediting body defined program level goals, assessment plans and external measures, such as licensure exams, that they were using to assess student learning. Such programs included EMT, nursing and medical assistant programs.
- The WEAVE on-line program review template seems to call for a narrative discussion of program level goals and assessment plans, but there did not appear to be specific instructions calling for data, results and evidence of improvements made as a result of program or discipline outcomes assessment activities.
- There was frequent mention of using assessments for the purpose of giving feedback to students but not for other purposes.
- Courses with strong competency-based learning objectives are likely to be conducting course and program level assessments, but there was no evidence provided that their processes for doing so are formalized, that data are being collected and/or that the data are used to inform decision making.
- Program level goals are not published in the catalog and are not found on the college's web site. None of the documents reviewed contained any reference to stated program level goals except for the EMT program handbook.
- Faculty reported conducting assessments regarding the institution's general education goals based on the "Grid," but no actual results were provided. It was also reported that the institution's Student Learning Committee was considering adopting three new goals to replace the "Grid" but there did not seem to be consensus on whether that change would occur or how.

- Little or no evidence was provided to demonstrate that program level goals exist for the institution's AA/AS degrees or its AAS degrees, that the goals serve as the basis for program level assessment, that results are being reported in WEAVE on-line or otherwise, that results are being used to inform program improvements and are communicated broadly other than for specially-accredited programs.
- Faculty reported that institutional change deterred progress relative to developing a comprehensive program for outcomes assessment.

The team believes that the institution is committed to developing and implementing a comprehensive outcomes assessment program, but there has been limited progress since the systems appraisal. Tools and techniques are being deployed at the course level, and there exists a possible framework for program level assessment in the career and technical programs. In response to the concern expressed about change and transition that occurs within the organization, if the institution were to develop a comprehensive program that was widely understood by faculty and encouraged by administration, the institution might be able to withstand the inevitable institutional changes that occur with some frequency in higher education (i.e. retirements, turnover in faculty and administration, etc.).

It is the team's opinion that this potential accreditation issue still remains, but the team is confident that the institution is in a position to develop and implement a comprehensive learner outcomes assessment plan in the next few years.

Screening of Criteria for Accreditation and Core Components

The following section identifies any areas in the judgment of the Quality Checkup Team where the institution either has not provided sufficient evidence that it currently meets the Commission's *Criteria for Accreditation* (and the core components therein) or that it may face difficulty in meeting the *Criteria* and core components in the future. Identification of any such deficiencies as part of the Quality Checkup affords the institution the opportunity to remedy the problem prior to Reaffirmation of Accreditation. Items judged to be "Adequate but could be improved" or "Unclear or incomplete" during the Checkup Visit screening will not require Commission follow-up in the form of written reports or focused visits. However, Commission follow-up will occur if the issues remain apparent at the point of reaffirmation of accreditation.

Criterion 1: Evidence found in the Systems Portfolio	Core Component				
	1A	1B	1C	1D	
Strong, clear, and well-presented.	X	X	X	X	
Adequate but could be improved.					
Unclear or incomplete.					
Criterion 2: Evidence found in the Systems Portfolio	Core Component				
	2A	2B	2C	2D	2E
Strong, clear, and well-presented.	X	X	X	X	X
Adequate but could be improved.					
Unclear or incomplete.					
Criterion 3: Evidence found in the Systems Portfolio	Core Component				
	3A	3B	3C	3D	3E
Strong, clear, and well-presented.	X		X	X	X
Adequate but could be improved.		X*			
Unclear or incomplete.					
Criterion 4: Evidence found in the Systems Portfolio	Core Component				
	4A	4B	4C		
Strong, clear, and well-presented.	X		X		
Adequate but could be improved.					
Unclear or incomplete.		X			
Criterion 5: Evidence found in the Systems Portfolio	Core Component				
	5A	5B	5C	5D	
Strong, clear, and well-presented.	X	X	X	X	
Adequate but could be improved.					
Unclear or incomplete.					

**The portfolio contained reference to use of the “Grid” as the foundation for the institution’s general education learning goals, but in conversation with the team, it appears that the institution may be making a significant change to another process based on a limited number of goals.*

Core Component 4B concerning outcomes assessment is discussed in the prior section of this report, pages 4-6.

In the team’s judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution’s approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP’s expectations except as noted above.

Review of the institution’s approach to capitalizing on recommendations identified by its last Systems Appraisal in the Strategic Issues Analysis.

The institution has begun to address all of the strategic issues identified in the Systems Appraisal

Feedback Report. In addition to the observations reported above, the team makes the following comments in response to each strategic issue:

1. **Learner Outcomes Assessment.** The Systems Portfolio described the institution's use of the "Grid" as its foundation for assessing curriculum-level learning goals for general education; however, the appraisal team did not see a comparable description for determining specific program-level learning goals and co-curricular goals. Recently articulated plans to adopt a new method of assessing general education raises a question about whether the foundation observed by the appraisal team is now in flux (See above for more information on the status of the institution's learner outcomes assessment plan). As to the setting and assessment of co-curricular goals and their alignment with curricular goals, the team held several conversations with faculty and administration regarding the opportunities that exist for formally defining and more intentionally tracking the benefits of the numerous co-curricular opportunities in various agriculture related programs and extending the planning and assessment to other co-curricular activities such as student clubs, student government and athletics.
2. **Need for defined and systemized processes for data gathering and analysis.** The institution has made tremendous progress with its efforts to define and systemize processes for data gathering and analysis. The institution has undertaken a project to develop and deploy a data warehouse. It has designed its data extract processes, is validating data integrity, is conducting data cleansing, and is developing standards for data requests. In addition, the institutional research department is developing plans to more effectively use the mandated state reports for internal planning processes, streamlining data requests to increase consistency, and developing ways to better align operational and financial planning tools for better financial results.
3. **Aligning activities and processes with comparative and longitudinal data.** The development and deployment of the data warehouse, the expanding use of WEAVE on-line to align strategic planning efforts, and ever broadening institutional understanding of the need for data-informed decision making demonstrates that the institution is addressing this issue from the Systems Appraisal.

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.

Review of organizational commitment to continuing systematic quality improvement

Review of organizational commitment to continuing systematic quality improvement

There was much evidence of the College's continuing commitment to systematic improvement:

- The President and members of the Board of Trustees were active participants in the Quality Check Up visit and demonstrated clear vision, high level of energy, and a strong commitment to the quality journey. For example:
 - The Board members are elected at large and have the entire college in mind
 - The student trustee is an actively involved in Board discussions and decisions (to the extent permitted by law)
 - The Board is committed to the success of the “Quad Cities” (two states, 4 cities), the economic region, and the Rock Island Arsenal (the area's major employer)
 - The Board and the President recognize that they need to be inventive and creative in finding new funding sources, thinking outside of the box, and working with industry and the community. The Board supports its role as champions and representatives of the college and defers to administration to run the college
 - The Board is genuinely interested in seeking opportunities for improvement for the institution and will be undertaking its own self-evaluation. This self-reflection demonstrates the Board's courage and willingness to participate in continuous improvement itself.
 - The Board is seeking additional ways to be more involved in strategic planning efforts
- External stakeholders participated in the visit and spoke with great respect about the efforts the college has undertaken to incorporate the needs of the external constituencies in its improvement efforts.
- Campus members consistently use the language of quality improvement in their discussion of day-to-day matters, not just in the context of high level strategic planning. Most campus members are engaged in some type of quality improvement activity and reported with pride even the smallest of changes that resulted in improved performance or efficiency.
- Campus members are active in large and small scale improvements – using data to effectively plan and assess impact and benefits conferred. Examples of recent improvements include:
 - East Campus “Plan for Grand” campaign that increased enrollment on that campus by over 30%
 - Expansion of transportation services for students in remote areas of the district
 - Launch of the First Year Experience, including continuously improving new student orientation sessions, New Stars advising sessions, education plans, and financial aid

related notifications, all of which include feedback loops, assessable goals, and rapid deployment of improvements

- Implementation of the new class cancellation process
 - Deployment of new student advising tool and the data warehouse
 - New first stop welcome center
 - New veterans center, scheduled to be open at the end of fall semester
- The sense of family and community is evident in all aspects of the campus experience.

It is clear to the team that Black Hawk College has a strong organizational commitment to systematic quality improvement, from the Board down and throughout the college. Campus members, students, and external stakeholders attended sessions held during the checkup visit, and interactions were candid and genuinely positive.

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.

Federal Compliance Worksheet for Evaluation Teams

Effective for visits beginning January 1, 2013

Evaluation of Federal Compliance Components

The team reviews each item identified in the Federal Compliance Guide and documents its findings in the appropriate spaces below. Generally, if the team finds in the course of this review that there are substantive issues related to the institution's ability to fulfill the Criteria for Accreditation, such issues should be raised in appropriate sections of the Assurance Section of the Team Report or highlighted as such in the appropriate AQIP Quality Checkup Report.

This worksheet outlines the information the team should review in relation to the federal requirements and provides spaces for the team's conclusions in relation to each requirement. The team should refer to the Federal Compliance Guide for Institutions and Evaluation Teams in completing this worksheet. The Guide identifies applicable Commission policies and an explanation of each requirement. **The worksheet becomes an appendix to the team's report.**

Assignment of Credits, Program Length, and Tuition

Address this requirement by completing the "Team Worksheet for Evaluating an Institution's Assignment of Credit Hours and on Clock Hours" in the Appendix at the end of this document.

Institutional Records of Student Complaints

The institution has documented a process in place for addressing student complaints and appears to be systematically processing such complaints as evidenced by the data on student complaints since the last comprehensive evaluation.

1. Review the process that the institution uses to manage complaints as well as the history of complaints received and processed with a particular focus in that history on the past three or four years.
2. Determine whether the institution has a process to review and resolve complaints in a timely manner.
3. Verify that the evidence shows that the institution can, and does, follow this process and that it is able to integrate any relevant findings from this process into its review and planning processes.
4. Advise the institution of any improvements that might be appropriate.
5. Consider whether the record of student complaints indicates any pattern of complaints or otherwise raises concerns about the institution's compliance with the Criteria for Accreditation or Assumed Practices.
6. Check the appropriate response that reflects the team's conclusions:

-
- (X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
- () The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
- () The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
- () The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: The institution's complaint process work flow (process map), its complaint log, and practices of analyzing complaint log entries for patterns is thorough and comprehensive.

Additional monitoring, if any: None.

Publication of Transfer Policies

The institution has demonstrated it is appropriately disclosing its transfer policies to students and to the public. Policies contain information about the criteria the institution uses to make transfer decisions.

1. Review the institution's transfer policies.
2. Review any articulation agreements the institution has in place, including articulation agreements at the institution level and program-specific articulation agreements.
3. Consider where the institution discloses these policies (e.g., in its catalog, on its web site) and how easily current and prospective students can access that information.

Determine whether the disclosed information clearly explains the criteria the institution uses to make transfer decisions and any articulation arrangements the institution has with other institutions. Note whether the institution appropriately lists its articulation agreements with other institutions on its website or elsewhere. The information the institution provides should include any program-specific articulation agreements in place and should clearly identify program-specific articulation agreements as such. Also, the information the institution provides should include whether the articulation agreement anticipates that the institution under Commission review: 1) accepts credit from the other institution(s) in the articulation agreement; 2) sends credits to the other institution(s) in the articulation agreements that it accepts; or 3) both offers and accepts credits with the other institution(s).

4. Check the appropriate response that reflects the team's conclusions:

- (X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.

- () The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
- () The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
- () The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: None.

Additional monitoring, if any: None.

Practices for Verification of Student Identity

The institution has demonstrated that it verifies the identity of students who participate in courses or programs provided to the student through distance or correspondence education and appropriately discloses additional fees related to verification to students and to protect their privacy.

1. Determine how the institution verifies that the student who enrolls in a course is the same student who submits assignments, takes exams, and earns a final grade. The team should ensure that the institution's approach respects student privacy.
2. Check that any fees related to verification and not included in tuition are explained to the students prior to enrollment in distance courses (e.g., a proctoring fee paid by students on the day of the proctored exam).
3. Check the appropriate response that reflects the team's conclusions:
 - (X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
 - () The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
 - () The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
 - () The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: None.

Additional monitoring, if any: None.

Title IV Program Responsibilities

The institution has presented evidence on the required components of the Title IV Program.

This requirement has several components the institution and team must address:

- **General Program Requirements.** *The institution has provided the Commission with information about the fulfillment of its Title IV program responsibilities, particularly findings from any review activities by the Department of Education. It has, as necessary, addressed any issues the Department raised regarding the institution's fulfillment of its responsibilities in this area.*
- **Financial Responsibility Requirements.** *The institution has provided the Commission with information about the Department's review of composite ratios and financial audits. It has, as necessary, addressed any issues the Department raised regarding the institution's fulfillment of its responsibilities in this area. (Note that the team should also be commenting under Criterion Five if an institution has significant issues with financial responsibility as demonstrated through ratios that are below acceptable levels or other financial responsibility findings by its auditor.)*

Default Rates. *The institution has provided the Commission with information about its three year default rate. It has a responsible program to work with students to minimize default rates. It has, as necessary, addressed any issues the Department raised regarding the institution's fulfillment of its responsibilities in this area. Note for 2012 and thereafter institutions and teams should be using the three-year default rate based on revised default rate data published by the Department in September 2012; if the institution does not provide the default rate for three years leading up to the comprehensive evaluation visit, the team should contact Commission staff.*

- **Campus Crime Information, Athletic Participation and Financial Aid, and Related Disclosures.** *The institution has provided the Commission with information about its disclosures. It has demonstrated, and the team has reviewed, the institution's policies and practices for ensuring compliance with these regulations.*
- **Student Right to Know.** *The institution has provided the Commission with information about its disclosures. It has demonstrated, and the team has reviewed, the institution's policies and practices for ensuring compliance with these regulations. The disclosures are accurate and provide appropriate information to students. (Note that the team should also be commenting under Criterion One if the team determines that disclosures are not accurate or appropriate.)*
- **Satisfactory Academic Progress and Attendance.** *The institution has provided the Commission with information about policies and practices for ensuring compliance with these regulations. The institution has demonstrated that the policies and practices meet state or federal requirements and that the institution is appropriately applying these policies and practices to students. In most cases, teams should verify that these policies exist and are available to students, typically in the course catalog or student handbook. Note that the Commission does not necessarily require that the institution take attendance but does*

anticipate that institutional attendance policies will provide information to students about attendance at the institution.

- ***Contractual Relationships.*** *The institution has presented a list of its contractual relationships related to its academic program and evidence of its compliance with Commission policies requiring notification or approval for contractual relationships (If the team learns that the institution has a contractual relationship that may require Commission approval and has not received Commission approval the team must require that the institution complete and file the change request form as soon as possible. The team should direct the institution to review the Contractual Change Application on the Commission's web site for more information.)*
 - ***Consortial Relationships.*** *The institution has presented a list of its consortial relationships related to its academic program and evidence of its compliance with Commission policies requiring notification or approval for consortial relationships. (If the team learns that the institution has a consortial relationship that may require Commission approval and has not received Commission approval the team must require that the institution complete and file the form as soon as possible. The team should direct the institution to review the Consortial Change Application on the Commission's web site for more information.)*
1. Review all of the information that the institution discloses having to do with its Title IV program responsibilities.
 2. Determine whether the Department has raised any issues related to the institution's compliance or whether the institution's auditor in the A-133 has raised any issues about the institution's compliance as well as look to see how carefully and effectively the institution handles its Title IV responsibilities.
 3. If an institution has been cited or is not handling these responsibilities effectively, indicate that finding within the federal compliance portion of the team report and whether the institution appears to be moving forward with corrective action that the Department has determined to be appropriate.
 4. If issues have been raised with the institution's compliance, decide whether these issues relate to the institution's ability to satisfy the Criteria for Accreditation, particularly with regard to whether its disclosures to students are candid and complete and demonstrate appropriate integrity (*Core Component 2.A and 2.B*).
 5. Check the appropriate response that reflects the team's conclusions:
 - (X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
 - () The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
 - () The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
 - () The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: None.

Additional monitoring, if any: None.

Required Information for Students and the Public

1. Verify that the institution publishes fair, accurate, and complete information on the following topics: the calendar, grading, admissions, academic program requirements, tuition and fees, and refund policies.
2. Check the appropriate response that reflects the team's conclusions:
 - (X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
 - () The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
 - () The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
 - () The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: None.

Additional monitoring, if any: None.

Advertising and Recruitment Materials and Other Public Information

The institution has documented that it provides accurate, timely and appropriately detailed information to current and prospective students and the public about its accreditation status with the Commission and other agencies as well as about its programs, locations and policies.

1. Review the institution's disclosure about its accreditation status with the Commission to determine whether the information it provides is accurate and complete, appropriately formatted and contains the Commission's web address.
2. Review institutional disclosures about its relationship with other accrediting agencies for accuracy and for appropriate consumer information, particularly regarding the link between specialized/professional accreditation and the licensure necessary for employment in many professional or specialized areas.

3. Review the institution's catalog, brochures, recruiting materials, and information provided by the institution's advisors or counselors to determine whether the institution provides accurate information to current and prospective students about its accreditation, placement or licensure, program requirements, etc.
4. Check the appropriate response that reflects the team's conclusions:
 - (X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
 - () The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
 - () The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
 - () The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: None.

Additional monitoring, if any: None.

Review of Student Outcome Data

1. Review the student outcome data the institution collects to determine whether it is appropriate and sufficient based on the kinds of academic programs it offers and the students it serves.
2. Determine whether the institution uses this information effectively to make decisions about academic programs and requirements and to determine its effectiveness in achieving its educational objectives.
3. Check the appropriate response that reflects the team's conclusions:
 - () The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
 - () The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
 - (X) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
 - () The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments:

The team identified a possible accreditation issue relative to Core Component 4.B. Discussion occurs on pages 4-6 of this report.

It is the team's opinion that the institution does not meet the Commission's requirements at this time.

Standing with State and Other Accrediting Agencies

The institution has documented that it discloses accurately to the public and the Commission its relationship with any other specialized, professional or institutional accreditor and with all governing or coordinating bodies in states in which the institution may have a presence.

Important note: If the team is recommending initial or continued status, and the institution is now or has been in the past five years under sanction or show-cause with, or has received an adverse action (i.e., withdrawal, suspension, denial, or termination) from, any other federally recognized specialized or institutional accreditor or a state entity, then the team must explain the sanction or adverse action of the other agency in the body of the Assurance Section of the Team Report and provide its rationale for recommending Commission status in light of this action. In addition, the team must contact the staff liaison immediately if it learns that the institution is at risk of losing its degree authorization or lacks such authorization in any state in which the institution meets state presence requirements.

1. Review the information, particularly any information that indicates the institution is under sanction or show-cause or has had its status with any agency suspended, revoked, or terminated, as well as the reasons for such actions.
2. Determine whether this information provides any indication about the institution's capacity to meet the Commission's Criteria for Accreditation. Should the team learn that the institution is at risk of losing, or has lost, its degree or program authorization in any state in which it meets state presence requirements, it should contact the Commission staff liaison immediately.
3. Check the appropriate response that reflects the team's conclusions:
 - (X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
 - () The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
 - () The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
 - () The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Public Notification of Opportunity to Comment

The institution has made an appropriate and timely effort to solicit third party comments. The team has evaluated any comments received and completed any necessary follow-up on issues raised in these comments. Note that if the team has determined that any issues raised by third-party comment relate to the team's review of the institution's compliance with the Criteria for Accreditation, it must discuss this information and its analysis in the body of the Assurance Section of the Team Report.

1. Review information about the public disclosure of the upcoming visit, including sample announcements, to determine whether the institution made an appropriate and timely effort to notify the public and seek comments.
2. Evaluate the comments to determine whether the team needs to follow-up on any issues through its interviews and review of documentation during the visit process.
3. Check the appropriate response that reflects the team's conclusions:
 - (X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
 - () The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
 - () The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
 - () The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: None.

Additional monitoring, if any: None.

Institutional Materials Related to Federal Compliance Reviewed by the Team

Provide a list of materials reviewed here:

Federal Compliance Report
Quality Summary
Systems Portfolio
Systems Appraisal
WEAVE online extracts regarding program review
College Catalog
Student Handbook
BHC Complaint Log
Complaint Management Summary
Complaint processes work flow and feedback loop process maps
Transfer Guides and Agreements
College web page
Examples of program review analysis
Selected course syllabi
Credit hour worksheet

Appendix

Team Worksheet for Evaluating an Institution's Program Length and Tuition, Assignment of Credit Hours and on Clock Hours

Part 1: Program Length and Tuition

Instructions

The institution has documented that it has credit hour assignments and degree program lengths within the range of good practice in higher education and that tuition is consistent across degree programs (or that there is a rational basis for any program-specific tuition).

Review the “*Worksheet for Use by Institutions on the Assignment of Credit Hours and on Clock Hours*” as well as the course catalog and other attachments required for the institutional worksheet.

Worksheet on Program Length and Tuition

A. Answer the Following Questions

Are the institution's degree program requirements within the range of good practice in higher education and contribute to an academic environment in which students receive a rigorous and thorough education?

☒

Yes

☐

No

Comments:

Are the institution's tuition costs across programs within the range of good practice in higher education and contribute to an academic environment in which students receive a rigorous and thorough education?

☒

Yes

☐

No

Comments:

B. Recommend Commission Follow-up, If Appropriate

Is any Commission follow-up required related to the institution's program length and tuition practices?

☐

Yes

☒

No

Rationale:

Identify the type of Commission monitoring required and the due date:

Part 2: Assignment of Credit Hours

Instructions

In assessing the appropriateness of the credit allocations provided by the institution the team should complete the following steps:

1. Review the Worksheet completed by the institution, which provides information about an institution's academic calendar and an overview of credit hour assignments across institutional offerings and delivery formats, and the institution's policy and procedures for awarding credit hours. Note that such policies may be at the institution or department level and may be differentiated by such distinctions as undergraduate or graduate, by delivery format, etc.
2. Identify the institution's principal degree levels and the number of credit hours for degrees at each level. The following minimum number of credit hours should apply at a semester institution:
 - Associate's degrees = 60 hours
 - Bachelor's degrees = 120 hours
 - Master's or other degrees beyond the Bachelor's = at least 30 hours beyond the Bachelor's degree
 - Note that one quarter hour = .67 semester hour
 - Any exceptions to this requirement must be explained and justified.
3. Scan the course descriptions in the catalog and the number of credit hours assigned for courses in different departments at the institution.

- At semester-based institutions courses will be typically be from two to four credit hours (or approximately five quarter hours) and extend approximately 14-16 weeks (or approximately 10 weeks for a quarter). The description in the catalog should indicate a course that is appropriately rigorous and has collegiate expectations for objectives and workload. Identify courses/disciplines that seem to depart markedly from these expectations.
 - Institutions may have courses that are in compressed format, self-paced, or otherwise alternatively structured. Credit assignments should be reasonable. (For example, as a full-time load for a traditional semester is typically 15 credits, it might be expected that the norm for a full-time load in a five-week term is 5 credits; therefore, a single five-week course awarding 10 credits would be subject to inquiry and justification.)
 - Teams should be sure to scan across disciplines, delivery mode, and types of academic activities.
 - Federal regulations allow for an institution to have two credit-hour awards: one award for Title IV purposes and following the above federal definition and one for the purpose of defining progression in and completion of an academic program at that institution. Commission procedure also permits this approach.
4. Scan course schedules to determine how frequently courses meet each week and what other scheduled activities are required for each course. Pay particular attention to alternatively-structured or other courses with particularly high credit hours for a course completed in a short period of time or with less frequently scheduled interaction between student and instructor.
5. **Sampling.** Teams will need to sample some number of degree programs based on the headcount at the institution and the range of programs it offers.
- At a minimum, teams should anticipate sampling at least a few programs at each degree level.
 - For institutions with several different academic calendars or terms or with a wide range of academic programs, the team should expand the sample size appropriately to ensure that it is paying careful attention to alternative format and compressed and accelerated courses.
 - Where the institution offers the same course in more than one format, the team is advised to sample across the various formats to test for consistency.
 - For the programs the team sampled, the team should review syllabi and intended learning outcomes for several of the courses in the program, identify the contact hours for each course, and expectations for homework or work outside of instructional time.
 - The team should pay particular attention to alternatively-structured and other courses that have high credit hours and less frequently scheduled interaction between the students and the instructor.
 - Provide information on the samples in the appropriate space on the worksheet.

6. Consider the following questions:

- Does the institution's policy for awarding credit address all the delivery formats employed by the institution?
- Does that policy address the amount of instructional or contact time assigned and homework typically expected of a student with regard to credit hours earned?
- For institutions with courses in alternative formats or with less instructional and homework time than would be typically expected, does that policy also equate credit hours with intended learning outcomes and student achievement that could be reasonably achieved by a student in the timeframe allotted for the course?
- Is the policy reasonable within the federal definition as well as within the range of good practice in higher education? (Note that the Commission will expect that credit hour policies at public institutions that meet state regulatory requirements or are dictated by the state will likely meet federal definitions as well.)
- If so, is the institution's assignment of credit to courses reflective of its policy on the award of credit?

7. If the answers to the above questions lead the team to conclude that there may be a problem with the credit hours awarded the team should recommend the following:

- If the problem involves a poor or insufficiently-detailed institutional policy, the team should call for a revised policy as soon as possible by requiring a monitoring report within no more than one year that demonstrates the institution has a revised policy and evidence of implementation.
- If the team identifies an application problem and that problem is isolated to a few courses or single department or division or learning format, the team should call for follow-up activities (monitoring report or focused evaluation) to ensure that the problems are corrected within no more than one year.
- If the team identifies systematic non-compliance across the institution with regard to the award of credit, the team should notify Commission staff immediately and work with staff to design appropriate follow-up activities. The Commission shall understand systematic noncompliance to mean that the institution lacks any policies to determine the award of academic credit or that there is an inappropriate award of institutional credit not in conformity with the policies established by the institution or with commonly accepted practices in higher education across multiple programs or divisions or affecting significant numbers of students.

Worksheet on Assignment of Credit Hours

A. Identify the Sample Courses and Programs Reviewed by the Team (see #5 of instructions in completing this section)

The college's AA/AS transfer degrees

EMT program

Syllabi from the following courses (with examples from a variety of delivery methods, on-line, full semester, minimester, accelerated formats)

Eng 101

Econ 222

EMS 100

Nursing 112

Psyc 101

WLD 125

Anth 102

Spec 101

B. Answer the Following Questions

1) Institutional Policies on Credit Hours

Does the institution's policy for awarding credit address all the delivery formats employed by the institution? (Note that for this question and the questions that follow an institution may have a single comprehensive policy or multiple policies.)

☒

Yes

☐

No

Comments:

Does that policy relate the amount of instructional or contact time provided and homework typically expected of a student to the credit hours awarded for the classes offered in the delivery formats offered by the institution? (Note that an institution's policy must go beyond simply stating that it awards credit solely based on assessment of student learning and should also reference instructional time.)

☒

Yes

☐

No

Comments:

For institutions with non-traditional courses in alternative formats or with less instructional and homework time than would be typically expected, does that policy equate credit hours with intended learning outcomes and student achievement that could

be reasonably achieved by a student in the timeframe and utilizing the activities allotted for the course?

☒ Yes

☐ No

Comments:

Is the policy reasonable within the federal definition as well as within the range of good practice in higher education? (Note that the Commission will expect that credit hour policies at public institutions that meet state regulatory requirements or are dictated by the state will likely meet federal definitions as well.)

☒ Yes

☐ No

Comments:

2) Application of Policies

Are the course descriptions and syllabi in the sample academic programs reviewed by the team appropriate and reflective of the institution's policy on the award of credit? (Note that the Commission will expect that credit hour policies at public institutions that meet state regulatory requirements or are dictated by the state will likely meet federal definitions as well.)

☒ Yes

☐ No

Comments:

Are the learning outcomes in the sample reviewed by the team appropriate to the courses and programs reviewed and in keeping with the institution's policy on the award of credit?

☒ Yes

☐ No

Comments:

Yes, the learning outcomes found in the syllabi reviewed seemed to comply with the institution's policy on the award of credit. That being said, with regard to one set of syllabi reviewed for Eng 101, the learning outcomes varied between some of the syllabi, suggesting that the courses may have had different outcomes depending on who teaches the course regardless of delivery format. The team recommends that syllabi contain the same learner outcomes for each section of the same course even if taught by different faculty in differing delivery formats.

If the institution offers any alternative delivery or compressed format courses or programs, were the course descriptions and syllabi for those courses appropriate and reflective of the institution's policy on the award of academic credit?

☒

Yes

☐

No

Comments:

If the institution offers alternative delivery or compressed format courses or programs, are the learning outcomes reviewed by the team appropriate to the courses and programs reviewed and in keeping with the institution's policy on the award of credit? Are the learning outcomes reasonably capable of being fulfilled by students in the time allocated to justify the allocation of credit?

☒

Yes

☐

No

Comments:

The syllabi for Econ 222 mentioned an optional unit "depending on whether time was available" in its accelerated format. The syllabi reviewed for Anth 102 for sections offered in the minimester format made mention of 4 chapters that were not included because of the accelerated format even though the stated course goals and objectives were the same as those in the traditional format. Because the stated goals and objectives were the same, it was unclear whether the omitted chapters had any impact on the learning experience for the students. The institution might want to include a review of syllabi in its annual program review process to ensure consistency of experience across the different delivery formats.

Is the institution's actual assignment of credit to courses and programs across the institution reflective of its policy on the award of credit and reasonable and appropriate within commonly accepted practice in higher education?

☒

Yes

☐

No

Comments:

C. Recommend Commission Follow-up, If Appropriate

Review the responses provided in this section. If the team has responded "no" to any of the questions above, the team will need to assign Commission follow-up to assure that the institution comes into compliance with expectations regarding the assignment of credit hours.

Is any Commission follow-up required related to the institution's credit hour policies and practices?

☐ Yes

☒ No

Rationale:

Identify the type of Commission monitoring required and the due date:

D. Identify and Explain Any Findings of Systematic Non-Compliance in One or More Educational Programs with Commission Policies Regarding the Credit Hour

The team made no findings of systematic non-compliance.

Part 3: Clock Hours

Instructions

Complete this worksheet **only if** the institution offers any degree or certificate programs in clock hours OR that must be reported to the U.S. Department of Education in clock hours for Title IV purposes even though students may earn credit hours for graduation from these programs. Non-degree programs subject to clock hour requirements (an institution is required to measure student progress in clock hours for federal or state purposes or for graduates to apply for licensure) are not subject to the credit hour definitions per se but will need to provide conversions to semester or quarter hours for Title IV purposes. Clock-hour programs might include teacher education, nursing, or other programs in licensed fields.

For these programs Federal regulations require that they follow the federal formula listed below. If there are no deficiencies identified by the accrediting agency in the institution's overall policy for awarding semester or quarter credit, accrediting agency may provide permission for the institution to provide less instruction provided that the student's work outside class in addition to direct instruction meets the applicable quantitative clock hour requirements noted below.

Federal Formula for Minimum Number of Clock Hours of Instruction (34 CFR §668.8)

- 1 semester or trimester hour must include at least 37.5 clock hours of instruction
- 1 quarter hour must include at least 25 clock hours of instruction

Note that the institution may have a lower rate if the institution's requirement for student work outside of class combined with the actual clock hours of instruction equals the above formula

provided that a semester/trimester hour includes at least 30 clock hours of actual instruction and a quarter hour include at least 20 semester hours.

Worksheet on Clock Hours

A. Answer the Following Questions

Does the institution's credit to clock hour formula match the federal formula?

☒

Yes

☐

No

Comments:

If the credit to clock hour conversion numbers are less than the federal formula, indicate what specific requirements there are, if any, for student work outside of class?

Did the team determine that the institution's credit hour policies are reasonable within the federal definition as well as within the range of good practice in higher education? (Note that if the team answers "No" to this question, it should recommend follow-up monitoring in section C below.)

☒

Yes

☐

No

Comments:

Did the team determine in reviewing the assignment of credit to courses and programs across the institution that it was reflective of the institution's policy on the award of credit and reasonable and appropriate within commonly accepted practice in higher education?

☒

Yes

☐

No

Comments:

B. Does the team approve variations, if any, from the federal formula in the institution's credit to clock hour conversion? NA

☐

Yes

☐

No

(Note that the team may approve a lower conversion rate than the federal rate as noted above provided the team found no issues with the institution's policies or practices related to the credit hour and there is sufficient student work outside of class as noted in the instructions.)

C. Recommend Commission Follow-up, If Appropriate

Is any Commission follow-up required related to the institution's clock hour policies and practices?

☐ Yes

☒ No

Rationale:

Identify the type of Commission monitoring required and the due date: