PEER REVIEW TEAM REPORT

Napa Valley College
2277 Napa-Vallejo Highway
Napa, CA 94558

This report represents the findings of the Peer Review Team that conducted a Focused Site Visit to Napa Valley College from October 10-12, 2022. The Commission acted on the accredited status of the institution during its January 2023 meeting and this team report must be reviewed in conjunction with the Commission's Action letter.

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Team Chair

Napa Valley College
Peer Review Team Roster
TEAM ISER REVIEW

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Summary of Focused Site Visit

INSTITUTION: Napa Valley College

DATES OF VISIT: October 10-12, 2022

TEAM CHAIR: Dr. Lori Bennett

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

An eight-member peer review team conducted a Focused Site Visit to Napa Valley College on October 10-12, 2022 for the purpose of completing its Peer Review Team Report and determination of whether the College continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and U.S. Department of Education regulations.

The team chair and vice chair held a pre-Focused Site Visit meeting with the college CEO on August 12, 2022 to discuss updates since the Team ISER Review and to plan for the Focused Site Visit. During the Focused Site Visit, team members met with approximately 70 faculty, administrators, classified staff, and students in scheduled meetings, group interviews, and individual interviews. Team members met with two trustees from the College. The team held one open forum, at which approximately 25 people attended, and which provided the College community and others an opportunity to share their thoughts with members of the Focused Site Visit team. The team evaluated how well the College is achieving its stated purposes, providing recommendations for quality assurance and institutional improvement. The team thanks the College staff for coordinating and hosting the Focused Site Visit meetings and interviews, and ensuring a smooth and collegial process.

Recommendation 8:

Introduction

The Napa Valley Community College District encompasses Napa County and a small part of Sonoma County. The main campus is located on the southern edge of the City of Napa, at the south entrance to Napa Valley, approximately fifty miles northeast of San Francisco. In 1942, Napa Junior College was founded as part of Napa Union High School District. In 1949, a separate college facility was built adjacent to the high school to accommodate increasing enrollment. In 1962, the Napa Valley community affirmed its commitment to the college, approving a bond issue to purchase land previously occupied by the Napa State Hospital and build a new college campus at the current site. Napa College changed its name to Napa Valley College (NVC) in 1982. In 1994, the District established a permanent Upper Valley Campus in the City of St. Helena, some twenty miles north of the main campus, bringing expanded educational opportunities to the residents of the north valley.

Today, the Napa Valley Community College District serves over eight thousand students annually, drawing from all communities in the Napa Valley and outlying areas. NVC offers a wide range of educational programs supporting associate degrees, transfer preparation, workforce training, career-technical education, health occupations, and basic skills. NVC also supports lifelong learning through non-credit and communitnd 12 NVC e4 (g)18-5 (l p5.s)f0 T3erp skTth 4 (ne)

In 2018, the college began its transition to a community-supported funding model. Around the same time, the college also began planning for the construction of on-campus student housing. In recent years, the college has diversified its student services, increased its ties to community activities, formed new community partnerships, provided vaccination sites, and hosted a new professional baseball team, the Napa Silverados.

NVC provides academic and vocational programs, student services, community education, and cultural and recreational activities. NVC serves community members and local industries, offers associate degrees and certificates, prepares students for transfer and employment, and provides opportunities for lifelong learning. Today NVC is a vital part of the life and future of the Napa Valley and its communities.

The Peer Review Team recognizes the College for its effort to come together as a college community during the fire and pandemic to support their community, students, and each other.

	institution, and is reliable and accurate across classroom based courses, laboratory classes, distance education classes, and for courses that involve clinical practice (if applicable to the institution). (Standard II.A.9)
	Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition). (Standard I.C.2)
	conversion formula, both in policy and procedure, and in practice. (Standard II.A.9)
	The institution demonstrates compliance with the Commission *Policy on Institutional Degrees and Credits*.

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

Conclusion Check-Off (mark one):

	The team has reviewed the elements of this component and has found the institution to
	The team has reviewed the elements of this component and has found the institution to -up is recommended.
	The team has reviewed the elements of this component and found the institution does

Narrative:
The College meets the requirement.

Transfer Policies

Evaluation Items:

	Transfer policies are appropriately disclosed to students and to the public. (Standard II.A.10)
	Policies contain information about the criteria the institution uses to accept credits for transfer. (Standard II.A.10)
	The institution complies with the Commission *Policy on Transfer of Credit*.

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

Conclusion Check-Off (mark one):

	The team has reviewed the elements of this component and has found the institution to
	The team has reviewed the elements of this component and has found the institution to

	but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does

Narrative:
The College meets the requirements.

Distance Education and Correspondence Education

Evaluation Items:

For Distance Education:	
	The institution demonstrates regular and substantive interaction between students and the instructor.
	The institution demonstrates comparable learning support services and student support

	The team has reviewed the elements of this component and found the Institution
	The college does not offer Distance Education or Correspondence Education.

Narrative:
The College meets the requirements for Distance Education. The team confirmed the College does not offer Correspondence Education.

Student Complaints

Evaluation Items:

	The institution has clear policies and procedures for handling student complaints, and the current policies and procedures are accessible to students in the college catalog and online.
	The student complaint files for the previous seven years (since the last comprehensive reviewres for the ID41/TT3Cg

Narrative:
The team confirmed that the College meets the requirements of the Policy. However, the team noted (and the College acknowledged) that the current system for maintaining records of student complaints could be improved.

Recommendation 8:
In order to increase effectiveness, the team recommends the College improve its practices for maintaining clear and consistent records concerning student complaints.

Institutional Disclosure and Advertising and Recruitment Materials

Evaluation Items:

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

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

Conclusion Check-Off (mark one):

	The team has reviewed the elements of this component and has found the institution to
	The team has reviewed the elements of this component and has found the institution to -up is recommended.
	The team has reviewed the elements of this component and found the institution does

Narrative:
The College meets the requirements.

I.B. Assuring Academic Quality and Institutional Effectiveness

General Observations:

The College engages widely in data driven dialogue, including an analysis of institution-set standards. The College has learning outcomes in place for academic programs but not student services. The College disaggregates achievement data but the team did not see evidence of a wide review of disaggregated student learning outcomes data. The team could not verify the College evaluates the efficacy of its equity strategies. The College reviews policies and practices albeit inconsistently and does not assure their effectiveness in supporting academic quality and accomplishment of mission. The College communicates most results of its assessment activities but does not widely communicate results of its funding decisions based on the prioritization processes. The College has a planning process that integrates planning and resource allocation but with substantial gaps as described in its Improvement Plans.

Findings and Evidence:

The College regularly engages in data-driven dialogue to improve its effectiveness through committees, program reviews and other venues. As described in their program review guide, ment coordinator, department faculty, faculty chair, and deans are vital to the Program Review process, especially in moving from

reviewed a sample of program reviews as well as committee minutes and confirmed that programs and committees regularly reflect on data. (I.B.1)

The team did not see evidence of student services learning outcomes in place for all programs and student services. For example, when comparing the list of student services learning outcomes to the list of student services on the College website, learning outcomes are missing for several key services, such as Admissions and Records and DSPS. During the site visit, the team confirmed that the College is implementing a plan to establish SLOs for all student services during fall 2022 and assess them in 2023-2024. At the time of the visit, the team verified that the College had not completed its plan to establish SLOs for all student services. The College has SLOs for most of its instructional programs. However, a few are missing such as Analog Photography (COA) and Machine Tool Technology (LC). The ISER also stated, and the team

require programs to distinguish between short-term costs such as new technology and long-term needs such as new staff. As described in its Improvement Plans the college has some gaps in its integrated planning processes. (I.B.9)

Conclusions:

The College meets the Standard except for I.B.2 and I.B.7.

Recommendation 1:

In order to meet the Standards, the team recommends the College implement processes, including consistent program review and student learning outcome assessment, to ensure the effectiveness of all of its services in meeting student needs. (I.B.2)

I.C. Institutional Integrity

General Observations:

The College communicates its performance on learning outcomes and student achievement to the public. The College catalog includes all required elements and provides accurate information related to its program and services, as well as accreditation status. The College catalog also describes its programs and includes program learning outcomes. The College does not have a process to ensure consistency of information in the several places where the same information is published. The College informs students of the total cost of education. The College has policies for academic freedom and integrity, and ensures faculty distinguish between personal convictions and accepted discipline views. The College does not require a specific world view. The College does not operate in a foreign location. The College maintains an honest relationship with external agencies. The College is not influenced by external interests such as a parent company.

Findings and Evidence:

The publicly accessible catalog serves as the main repository of information related to the

The College clearly describes its certificates and degrees in its catalog, including expected program learning outcomes. (I.C.4)

The College does not have sufficient processes in place to ensure consistency of information in the several places where the same information is published, but is exploring allocating additional resources to this task such as hiring a web and content specialist. The team identified inconsistent information. For example, the institutional learning outcomes on the   page under mission are different than those in the catalog. In interviews the team confirmed that the College is working on a process, with plans to launch an updated website in fall 2022, which will centralize information and add additional layers of approvals to ensure integrity of information. The College plans to document this new process in fall 2022, which will also include documenting how they will ensure consistency in printed information. (I.C.5)

The College publishes in its catalog and other places information on the totats catalog and other placd inforw4 (t

Standard II

Student Learning Programs and Support Services

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rigor, course sequencing, time to completion, and synthesis of learning. Board policies and

UC and IGETC requirements. The NVC GE philosophy is also found in BP 4025. All degrees include components of GE, and the GE component is part of program planning. Students complete the Graduation Petition and Checklist, which ensures students have completed GE

understanding their physical environment, culture and society and the skills of inquiry,

developed by the curriculum committee, and faculty work with the GE subcommittee to evaluate course inclusion in the GE pattern. (II.A.12)

NVC awards degrees based on completion of courses in a major area of study, as well as GE requirements and electives. NVC publishes Program Learning Outcomes for each degree and certificate, and courses are mapped to the PLOs from the introductory level to the advanced level. Courses within the degree pathway have student learning outcomes that are reviewed during curriculum review as well as in the three-year program review process. (II.A.13)

Success Center, the report contains data on the most common English course enrollments among students who accessed the center each term and English pathway success among those who accessed the center. The review for tutoring and supplemental instruction services occurs during the program review for each program using those services. The College also conducts surveys to

Napa Valley College provided an analysis of its programs, including data it uses to inform its practices. The College uses assessment data to improve student support programs and services appropriately. The team found evidence of the assessment in learning support outcomes and assessment data in the following document: Program Review Webpage under Student Services and an external consultant document Enrollment Process Review: AACRAO Consulting Report for Napa Valley College. (II.C.2)

NVC assures equitable access to all students by providing comprehensive and reliable student support services programs, both in face-to-face and online modalities, through the adoption of Cranium Café. The College self-disclosed that COVID-19 has impacted their ability to provide equitable services at the Upper Valley Campus, which they are working to address as they return services in person during the academic year 2022   2023. (II.C.3.)

NVC offers a broad spectrum of co-curricular and athletics programs that align with the
                                                              periences for students. The team found
these programs are conducted with sound educational policy and standards of integrity. The College maintains responsibility for these programs, including financial operations. The team found evidence that the work in the Theater Arts program supports a regular schedule of performances, with casts and crews featuring NVC students, staff, and community members.

Kinesiology, Athletics, and Dance. Athletic programs adhere to BP 5700 Athletics, developed

Kinesiology program, specifically KINE 272-297. The Curriculum Committee ensures these courses are conducted with a sound educational policy according to the established curriculum approval processes described in Standards II.A.1-2. NVC controls all athletics programs, including their finances. (II.C.4.)

NVC provides academic counseling and advising services to support student development and success. NVC, through the Counseling Department, provides guidance courses to new and returning students. The curriculum of these courses focuses on personal development, academic preparation, career exploration, and transfer preparation. These courses also focus on assisting students in preparing to complete their designated educational goals. Many counselors participate in multiple opportunities for year-round professional development. The team found
do   - Counseling, Student
Educational Plans, and Counselor Training. NVC self-disclosed in their findings that they identified a need to increase collaboration amongst instructional and non-instructional faculty in advising. The need to increase the cooperation between counselors and discipline faculty; provide training for faculty regarding the advising role and effective use of existing technology, and incorporate course sequencing a balance between area focus and general/education/other requirements into program maps. (II.C.5)

NVC has and adheres to admission policies aligned with its mission. The team verified that the
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admission   based on educational background, ranging from high school students through non-
high school graduates to hq0 0 612 792 reW*ñBT/TT0 1 Tf0 Tc 0 Tw 0 Ts 100.024 385.63 Tm( )TjETQq0 0 612

Standard III

Resources

III.A. Human Resources

<u>General Observations:</u>

Napa Valley College has Board Policies, Administrative Procedures, and collective bargaining agreements that guide its human resources practices. The College establishes appropriate employment qualifications for each position and has appropriate hiring guidelines. It provides a range of professional development opportunities for all employee groups, and it maintains the confidentiality of its personnel records. Overall, NVC provides the necessary processes to ensure

services and fulfill its mission.

<u>Findings and Evidence:</u>

organizations approved by the State of California Commission on Teacher Credentialing. (III.A.4)

Despite delays in some employee evaluations because of changes in administrative positions, Napa Valley College regularly and systematically evaluates its personnel according to written criteria established for each employee group in board policy and collective bargaining agreements. These evaluations assess employee effectiveness in the appropriate criteria and encourage areas for improvement. Evaluation procedures identify the process and associated timeline for actions taken following evaluations. (III.A.5)

The College employs enough full-time and part-time faculty to maintain the quality of its programs and services. The Academic Affairs Council identifies future faculty needs and prioritizes new positions, and part-time faculty are hired to address immediate needs. An internal study of comparable colleges found that NVC employs 28%-29% more faculty than similar-sized colleges. (III.A.7)

Napa Valley College has policies and processes in place to support the orientation, oversight, evaluation, and professional development of part-time faculty. Through shared meetings and professional training, the College provides opportunities for part-time faculty to participate in the life of the institution. (III.A.8)

programs, and learning support services. The team verified that courses were not currently offered at the Upper Valley Center. Capacity/Load ratios for most space inventory categories exceed the State standards for similar institutions. New facilities are constructed and maintained to meet strict State safety and accessibility standards to support a healthful learning and working environment. The College has implemented many access improvements identified in its ADA

insurance administrator, the Napa Fire Department, the college facilities and police departments, and others. Preventative maintenance is performed both routinely and as needed or requested. Some work orders had not been closed in a timely manner; the College is w75C589. Tf0 Tc lt(56A0 T[STQqs75TQTJ

capacity to maintain facilities in a manner that fully supports programs and services. (III.B.3)

-range capital plans support institutional improvement goals. However, the College is not effectively evaluating and planning for the total cost of ownership (TCO) of new facilities and equipment. NVC completes a Five-Year Capital Outlay Plan and Five-Year Scheduled Maintenance Plan based on information from the Space Inventory and Facilities Condition Index Reports, and identifies department-specific needs in annual unit plans. However, implementation of the plans is dependent on the availability of State and local funding. NVC has increased its capital outlay allocation in its budget; however, the needs appear to exceed the available funds. NVC does not formally document and allocate funding for total cost of ownership. As an example, facilities square footage has increased 44% since 2002 without an increase in facilities staff. However, the College has implemented several infrastructure projects and preventive measures to lower ongoing operating costs. The college has identified the need to incorporate the evaluation of TCO in Improvement Plan A and is evaluating TCO for the student housing and Wine Education Center projects. However, the team did not find evidence that the College has mechanisms in place to incorporate an evaluation of TCO in all of its resource allocation processes to support long-term fiscal stability. (III.B.4)

Conclusions:

The College meets the Standard except for III.B.4.

Recommendation 3:

In order to meet the standard, the College must plan for and evaluate total cost of ownership of its physical and technological resources. (III.B.4, III.C.2)

III.C. Technology Resources

General Observations:

NVC provides effective technologies in support of its operations and services. While the College identified gaps that impact its ability to evaluate the sufficiency of technology resources to support teaching and learning, the College provides evidence that technology resources are implemented and maintained to assure reliable access, safety, and security at all locations where it offers courses, programs, and services. Policies and procedures are in place to guide the appropriate use of technology in the teaching and learning process. The College has created an Improve

III.D. Financial Resources

General Observations:

Napa Valley College has sufficient financial resources to support and sustain student learning programs and services and accomplish its mission. The mission and institutional plans guide the annual resource allocation process. As a community supported institution, NVC has a higher and more stable source of funding than similar institutions. However, the team found that the College does not have effective planning mechanisms to adequately plan for the effective allocation of its resources and ensure long-term financial stability. The College has identified the need to reduce its operating costs and allocate resources in the budget to meet its future capital needs and long-term obligations and ensure long-term financial stability to support and sustain student learning programs and services and accomplish its mission. Additionally, while the annual budgets approved by the board are balanced, actual expenditures have exceeded budgeted amounts, and in recent years the College has underestimated actual expenditures. The College is implementing conservative budget practices and tighter fiscal controls.

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Assumptions, but they have not been consistently communicated or followed. The College has established a budget development calendar. AP 6200 was developed and recommended by the Planning and Budget Committee (PBC) in spring 2022 but it was unclear whether it had been adopted and implemented. Changes in leadership and a ransomware attack appear to have delayed implementation and communication of the AP and process improvements, and resulted in modifications in the process. All constituencies have opportunities to participate in the development of institutional plans and budgets through the development of annual unit plans, the PBC, and budget forums. The team noted that there did not appear to be clarity around the prioritization and resource allocation processes. This appears to be largely the result of a lack of broad communication explaining the guidelines and processes and reporting the results of resource request funding decisions. The College, under new leadership, is working to create clear guidelines and processes and improved communication for better institutional understanding of the process and results of resource decisions. (III.D.3)

Institutional planning reflects an assessment of financial resource availability, development of financial resources, and partnerships. However, the budget appropriations for expenditures were not based on prior year actual and anticipated fiscal commitments, including funding for the facilities and technology plans or future obligations for pension liability and OPEB. Property taxes, w
However, tuition and fees follow enrollment, which has declined 22% in 5 years. NVC also develops additional resources through two auxiliary foundations to help support its operations. The College is developing plans to increase revenue from other sources, including student housing and nonresident tuition to supplement its strong property tax revenue base. Recurring deficits have resulted from expenses exceeding the budget. In addition, the College has utilized one-time revenue to cover ongoing expenses. The team did not see evidence that the College budgets for contingencies or shortfalls in projected revenue and unanticipated expenses. The College has identified the need to improve its fiscal monitoring, develop additional financial resources, and increase allocations for capital asset replacement and long-term obligations such as OPEB. Budget forecasts were extended from 3 to 5 years. (III.D.4)

The internal control structure has reasonably appropriate control mechanisms and widely disseminates dependable and timely information for sound financial decision making. The district audit reports for 3 years have indicated that its financial information is reliable and internal controls are appropriate. However, the last three completed audit reports have been delayed, especially in FY 2019-20, when the report was not completed until 14 months after year end. In addition, NVC has over-expended its budget in consecutive years, indicating that it needs tighter fiscal controls over its expenditures. Unit-level budgets were not loaded in a timely manner through 2020. However, the College has addressed these issues in recent months. Despite a recent unexpected event, the College will be able to close its fiscal year with only a modest delay. The College uses Colleague Financial Accounting System, which provides timely, reliable reports. The 2020-21 CCFS-311 report was filed on time in fall 2021. The College plans to implement the Colleague Position Control module to improve fiscal control over the primary budget expenditure

Financial documents, including the budget, reflect appropriate allocation and use of financial resources to support student learning p

report indicates that the financial reports are fairly stated in all material respects. However, while NVC presents a balanced budget, it has incurred small but consecutive, unplanned deficits, which indicates budget inaccuracies, or a failure of controls over expenses. Additionally, the College has only provided limited funding to replace capital assets and fund its long-term obligations. The College has not adjusted appropriations and expenses based on declining enrollment resulting in higher allocations relative to other similar sized institutions. The

options to reduce ongoing expenses and increase investments in capital assets and funding for future obligations. (III.D.6)

appropriately. The College has had unmodified reports but has received audit findings. However, when they occur, they appear to be consistently addressed within the subsequent year. For the year ended June 30, 2020, the College budget was not properly closed and able to prepare a trial balance until July 17, 2021, resulting in a material weakness. The College developed a corrective action plan to fix the issue and closed the fiscal year within a reasonable amount of time in the subsequent year. The College presents its audit report to the PBC, Audit Committee of the Board of Trustees, and the Board of Trustees and makes it available to the public on its webpage. (III.D.7)

including adjusting personnel down to reflect the reduction in students, as presented in its plan submitted to the ACCJC, investments can be made in capital assets and reduction of long-term obligations, while increasing reserves to ensure sufficient cash flow to meet obligations in the months when property tax revenues lag behind the operating expenses. NVC also uses appropriate strategies to manage its risk, participating in various Joint Powers Authorities for insurance coverage. (III.D.9)

The institution practices effective oversight of finances, including management of financial aid, grants, externally funded programs, contractual relationships, auxiliary organizations or foundations, and institutional investments and assets. The College has multiple layers of oversight and approval of its finances, from the grant and department level to the Controller and

paid and expensed in the current budget. As of June 30, 2021, the plan had a Total OPEB liability of $40.4 million and Fiduciary Net Position of $3.1 million (7.66%). The actuarial plan for OPEB is current and included in the financial statements and notes in the independent -term obligations included Compensated Absences ($2.5 million) and Pension Liability ($54.2 million), and General Obligation bonds, which are funded by a special tax assessment. The combination of unfunded liabilities resulted in a Total Unrestricted Net Position deficit of $81.9 million. The College, under new leadership, is evaluating the annual budget appropriations to identify options to reduce ongoing expenses and increase investments in capital assets and funding for future obligations such as OPEB. (III.D.12)

Bonds, which are repaid through taxes assessed by the C
from the taxpayers of Napa County. The Dryperiod loan, if needed, is repaid in January, when property taxes are received from the county. The General Obligation Bonds are recognized as a liability in the financial statements but are separately paid through the specific property tax assessment. (III.D.13)

All financial resources are used with integrity in a manner consistent with the intended purpose of the funding sources and in compliance with applicable laws and regulations as indicated by

The College monitors and manages student loan default rates, revenue streams, and assets to ensure compliance with federal requirements. The independent aud
College has complied with the applicable federal and state requirements. The default rates are monitored and have remained below 15%. (III.D.15)

Contractual agreements with external entities are consistent with the mission and goals of the institution, governed by institutional policies, and contain appropriate provisions to maintain the integrity of the institution and the quality of its programs, services, and operations. Contracts are reviewed by the department/program and the Board of Trustees. However, it was not evident that contracts are reviewed and approved by a contract specialist and/or administrator, including the President, prior to submitting to the Board of Trustees for approval. As noted above, the College may benefit from a formal process to review grants and contracts prior to approval. (III.D.16)

Conclusions:

The College meets the Standard except for III.D.1, III.D.2, III.D.3, and III.D.4.

Recommendation 4:

In order to meet the Standards, the team recommends the College integrate its planning and resource allocation for institutional and annual unit plans to ensure that resources meet both short-term and long-term needs of the institution and support and sustain student learning programs and services. (III.D.1, III.D.2, III.D.3, III.D.4)

Recommendation 7:

In order increase institutional effectiveness, the team recommends the College plan for and allocate appropriate resources to ensure payment of liabilities and future obligations, including Other Post-Employment Benefits. (III.D.11, III.D.12)

Standard IV

Leadership and Governance

IV.A. Decision-Making Roles & Processes

<u>General Observations:</u>

Napa Valley College possesses a committee structure designed to support governance and decision-making at the College. The committee roles and functions that support and facilitate governance are described in its policies and roles for leadership and governance, including designation of authority by the governing board to the superintendent/president. The College has a variety of board policies (BPs), many of which do not have corresponding administrative procedures to guide shared understanding of implementation. Additionally, many of its existing administrative procedures have not been regularly updated and are under contention between various constituency groups. Leadership roles are outlined in the policies, but the evidence demonstrates that personal differences and a climate of mistrust have eroded the effectiveness of -making processes.

IV.B. Chief Executive Officer

General Observations:

The Superintendent/President of the College is the chief executive officer and has the full charge and control of the administration and business affairs of the College. The President is charged with the implementation of board policies of the Board of Trustees. District Board Policies and Administrative Procedures articulate the responsibilities of Superintendent/President in most, if not all, areas that define the position of institutional chief executive officer.

The Board has delegated authority and responsibility for Napa Valley College to the Superintendent/President, who through policy ensures an administrative structure that should

the team observed that the new CEO is engaged and working to establish collegial processes and ensure a pathway toward consistent institutional improvement (IV.B.3).

The team found through the evidence that the Superintendent/President has policies and processes that provide direction for assisting the College in awareness of the Eligibility Requirements, Accreditation Standards and Commission policies, and communicates those with the college community. Reports are provided to the Governing Board, and the Academic Senate has continuous dialog. Observations during the site visit found that the new and permanent CEO has taken primary leadership of the accreditation process and is working with all college constituencies to assure compliance (IV.B.4).

The team reviewed evidence that shows the responsibility of the Superintendent/President to implement statutes, regulations and policy, as well as assuring effective control of budget and expenses. During the review of the ISER, the team found that there was no evidence those ernance process, other than the Council of Presidents, and that the Superintendent/President was engaged in fiscal management process or communications.

and is
mission and policies (IV.B.5).

The team reviewed evidence that the Superintendent/President uses various forms of communication to communicate with the colle

Conclusion:

The College meets the standard.

IV.C. Governing Board

General Observations:

The Napa Valley College Governing Board is com(0 Tw 0 T52005103 1 Tf0 Tc 0 T404C0057≥3 004B00030057

numerous presentations covering these topics, including key performance indicators, vision for success goals, institutional strategic plan updates, educational master plan updates, and Guided Pathways Scale of Adoption Self-Assessments. (IV.C.8)

Board Policy 2740 states the commitment to ongoing development of the board, including orientation for new trustees and opportunities for all trustees to attend conferences and other activities that foster trustee education. The College provides pre-Board meeting presentations on various topics. To ensure leadership continuity, BP 2100 provides that terms of trustees are staggered so that half of the trustees are elected each term. (IV.C.9)

description of the process. AP 2745 outlines the evaluation process. The self-evaluation tool is comprehensive and includes all aspects of the Board roles and responsibilities, including practices associated with programs and services, institutional effectiveness, roles for members, and ongoing training. Each evaluation process yields a set of two-year goals for improving Board performance and supporting institutional goals. (IV.C.10)

Board Policy 2715 articulates clear standards for Board ethics and establishes a clearly-defined

evidence that the Board follows its process to uphold its code of ethics and ensure individual board members adhere to the code. BP 2710 requires that trustees file statements of economic interest with the Office of the President. Board members have no employment, family ownership, or other personal financial interest in the College. To ensure impartiality, Board members recuse themselves and do not take action on any items where there is potential for a perceived conflict of interest. (IV.C.11)

The Board delegates, through policy, the full responsibility and authority to the Superintendent/President to implement and administer board policies. The Board holds the Superintendent/President accountable for District operations through the job description, performance goals, and annual evaluation. However, in the ISER review and during the site visit, the team observed evidence that the Board does not strictly adhere to its policy for delegation. For example, the team observed through the ISER and evidence provided during the site visit of Board members involved in campus committees and community directly via the college email system. (IV.C.12)

Board Policy 3200 requires that the Superintendent/President ensure Board members are informed about accreditation processes, accreditation status, and improvement plans that emerge from the accreditation process. The Board receives regular reports on accreditation efforts at

Conclusion:

The college meets the Standard except for IV.C.12.

Recommendation 6:
In order to meet the standards, the team recommends the Board delegate full responsibility and authority to the CEO without Board interference. (IV.C.12)

Institutional Effectiveness will identify career skills and expectations for all degree/certificate programs, including transfer-related programs, to clarify the path for students: and
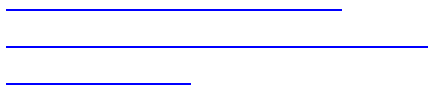
4. The Academic Senate, Program Coordinators, Counselors, Faculty, Academic Affairs, Student Affairs will increase collaboration and coordination between counseling and discipline faculty to clarify students' educational and career paths and keep them on those pathways.

The College started incorporating data disaggregation by student subpopulations and implementing the Exploration Pathways structure. The QFE has identified specific activities and responsible parties, deliverables, and short-term and medium-term outcomes. The remainder of the activities are targeted for completion (with continuous improvement) by 2023. The College may wish to consider including more specific and measurable targets for the student achievement outcomes the project is designed to address.

CORE INQUIRIES

Napa Valley College
2277 Napa-Vallejo Highway

Napa Valley College

Peer Review Team Roster

Team ISER Review
February 24, 2022

Dr. Lori Bennett, Team Chair Clovis Community College President	Dr. Eric Bishop, Vice Chair Ohlone College SuperintendentA1lSS4 (ntA1lSS4 (ntA1lSS4 (1

Summary of Team ISER Review

INSTITUTION: Napa Valley College

DATE OF TEAM ISER REVIEW: February 24, 2022

TEAM CHAIR: Dr. Lori Bennett

A 10-member accreditation peer review team conducted Team ISER Review of Napa Valley College on February 24, 2022. The Team ISER Review is a one-day, online meeting, analysis of self-evaluation report (ISER) and related evidence several weeks prior to the Team ISER Review. In general, team members found that the ISER detailed the processes used by the College to address Eligibility Requirements, Commission Standards, and Commission Policies, although some gaps were noted. The team confirmed that the ISER development process included representatives from faculty, staff, and administration. The team observed that the ISER contained several self-identified action plans for institutional improvement and a Quality Focus Essay.

In preparation for the Team ISER Review, the team chair attended a team chair training workshop on December 1, 2021, and held a pre-review meeting with the college CEO on January 20, 2022. The entire peer review team received team training provided by staff from ACCJC on February 3, 2022. Prior to the Team ISER Review, team members completed their team assignments, identified areas for further clarification, and provided a list of requests for additional evidence to be considered during Team ISER Review.

During the Team ISER Review, team members spent the morning discussing their initial observations and their preliminary review of the written materials and evidence provided by the College for the purpose of determining whether the College continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and US ED regulations. In the afternoon, the team further synthesized their findings to validate the work of the college and identified standards the college meets, as well as developed Core Inquiries to be pursued during the Focused Site Visit, which will occur in October 2022.

Core Inquiries are a means for communicating potential areas of institutional noncompliance, improvement, or exemplary practice that arise during the Team ISER Review. They describe the areas of emphasis for the Focused Site Visit that the team will explore to further their analysis to determine whether standards are met and accordingly identify potential commendations or recommendations. The college should use the Core Inquiries and time leading up to the focused site visit as an opportunity to gather more evidence, collate information, and to strengthen or develop processes in the continuous improvement cycle. In the course of the Focused Site Visit, the ACCJC staff liaison will review new or emerging issues which might arise out of the discussions on Core Inquiries.

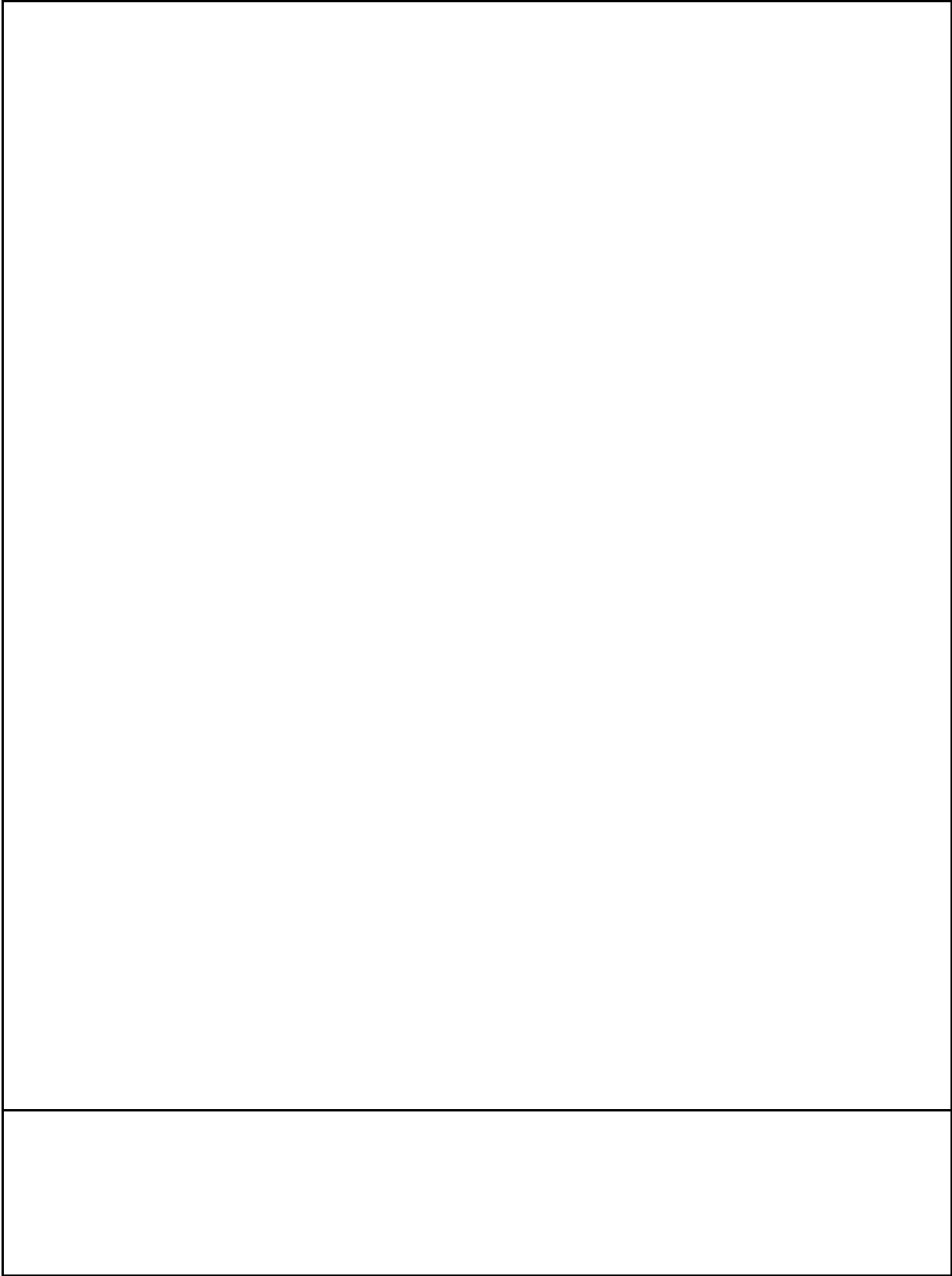**Topics of discussion during interviews:**

Core Inquiry 6: The team would like to governance practices and processes.
Standards or Policies: IV.A.1, IV.A.2, IV.A.3, IV.B.1, IV.B.3, IV.B.4, IV.B.5, IV.C.5, IV.C.7, IV.C.12
Description: The ISER and supporting evidence did not provide the team with a clear understanding of the -making.

Topics of discussion during interviews:

Request for Observations/Interviews: