SHOW CAUSE EVALUATION REPORT

City College of San Francisco

50 Phelan Avenue
San Francisco, California 94112

A confidential report prepared for
The Accrediting Commission for Community and Junior Colleges
Western Association of Schools and Colleges

This report represents the findings of the Show Cause Team that visited
City College of San Francisco from April 4-5, 2013

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Thursday, April 4-Friday, April 5, 2013

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CITY COLLEGE OF SAN FRANCISCO

Introduction

City College of San Francisco is a comprehensive community college in California serving the City and County of San Francisco. The college was founded in 1935 as an academic
and vocational component of the San Francisco Unified School District. The college became a separate, independent entity in 1970 under the title San Francisco Community College District, which included both the existing college and the school district's Adult and Occupational Education Division. Thus, the San Francisco Community College District became the provider of both credit and noncredit education for its service
region. This organization has grown over the years, from approximately 1,100 students in 1935 to a highly diverse student population of nearly 90,000 credit and noncredit students at its Ocean Campus, eight centers and the district Business Office, as well as several neighborhood sites.

San Francisco is California's fourth largest city, with a current estimated population of 825,863. According to the U.S. Census Bureau, the city's population grew 2.6 percent between the years 2010 and 2013. Population growth in San Francisco, although expected to be moderate, will create a rising demand for community college education in an era of inadequate state funding.

City College of San Francisco offers some 129 credit and 80 noncredit certificates of achievement, certificates of accomplishment and awards, as well as 66 associate degree programs to area residents. The college employs 756 full-time faculty and more than 876 part- time faculty, representing less FTE than a year ago. Approximately 748 classified and approximately 40 administrative personnel also strive to meet the needs of the myriad communities of students who attend City College of San Francisco.

CCSF recently underwent a series of leadership transitions including the retirement of its chancellor and the appointment of two successive interim chancellors. The combination of new leaders, including several interim vice chancellor appointments, contribute to a climate of uncertainty and instability. A search for the next Chancellor of City College of San Francisco is underway.

The college is governed by a seven-member elected Board of Trustees. In November 2012, one new member was elected to the governing board. The board is responsible for ensuring that the district is implementing its educational mission. The governing board is also responsible for ensuring the quality, integrity and financial stability of CCSF. In response to the 2012 ACCJC Show Cause determination, the board reviewed its policies and made several changes. The members of the governing board participated in governance training and, in September 2012, approved the appointment of a Special Trustee by the State Chancellor for California Community Colleges to assist in Board deliberations.

Accreditation Overview

From March 11 through 15, 2012, a 17-member Evaluation Team visited City College of San Francisco for the purpose of evaluating the institution's request for reaffirmation of accreditation. Through the review of documented evidence and through many interviews, two open forums, and attending standing meetings, the team conducted its evaluation to determine how well the institution was meeting the Standards of Accreditation and achieving its stated purposes, as outlined in the Accrediting Commission's 21 Eligibility Requirements of Accreditation and four Standards of Accreditation.

On July 3, 2012, the college received the ACCJC Commission decision letter and 2012 Evaluation Report. The Commission ordered Show Cause for City College of San Francisco because the Commission determined that the college had failed to demonstrate that it meets the requirements described in four Eligibility Requirements for Accreditation and the four Accreditation Standards. The deficiencies described in the 14 recommendations of the 2012 accreditation evaluation report were accentuated by the college's failure to address the eight recommendations of the 2006 accreditation evaluation team. Of the eight recommendations, five were partially addressed and three were not addressed.

The Commission decision letter informed CCSF that the "March 2013 Show Cause Report should demonstrate that the college has addressed all recommendations and Commission concerns expressed its July 2, 2012 action letter, resolved all deficiencies, and come into compliance with Eligibility Requirements 5, 17, 18, and 21, and with Accreditation Standards I, II, III, and IV, and their specific component parts noted in the recommendations…"

The 2012 Accreditation Evaluation Team Findings on Eligibility Requirements are:

Eligibility Requirement 5 Administrative Capacity
The college does not have sufficient administrative staff with appropriate experience to support the necessary services for an institution of its size, mission, and purpose.

Eligibility Requirement 17 Financial Resources
The institution cannot document a funding base, financial resources or plans for financial development that are adequate to support student learning programs and services, to improve institutional effectiveness, and to assure financial stability.

Eligibility Requirement 18 Financial Accounting
The institution fails to conduct audits and provide reports to the college or community in a timely manner. The institution has also failed to implement corrective action to audit findings over multiple years.

Eligibility Requirement 21 Relations with the Accrediting Commission
The institution does not adhere to each of the Eligibility Requirements and
Accreditation Standards and has failed to follow Commission directives to address the
deficiencies noted by the 2006 evaluation team.

The 2012 Evaluation Team Recommendations are:

Recommendation 1: Mission Statement
(Repeats 2006 Recommendation 1)
To improve effectiveness of Standard I.A Mission, the team recommends that the
college establish a prescribed process and timeline to regularly review the mission
statement and revise it as necessary. The college should use the mission statement as
the benchmark to determine institutional priorities and goals that support and improve
academic programs, student support services and student learning effectively linked to
a realistic assessment of resources (I.A.3).

Recommendation 2: Effective Planning Processes
(Repeats 2006 Recommendation 2)
To fully meet Standard I.B Institutional Effectiveness, the team recommends the
college to develop a strategy for fully implementing its existing planning process to
look at each campus and site, examine revenues and expenses, and systematically
address instructional program planning, staffing requirements, provision of student and
library services, including facilities needs and competing priorities. The planning
process should include clearly prescribed roles and scope of authority for all
governance stakeholders involved in each component of the planning process (I.A.3,
I.B.1, I.B.2, I.B.4, I.B.6, II.A.1, II.B.3.a, III.A.2, III.A.6, III.B.2.a-b, III.C.1.a-c, III.C.2,
III.D.1.a-c, III.D.2.a-c, III.2.g, III.3, IV.A.3, IV.A.5, IV.B.1, and IV.2.a).

Recommendation 3: Assessing Institutional Effectiveness
(Repeats 2006 Recommendation 2)
To improve the efficacy of evaluation and planning to enhance institutional
effectiveness, the team recommends that the college complete its work to fully
implement its model for Program Review for all courses, programs and support
services and advance its framework for defining and assessing student learning
outcomes for all courses, programs, support services and certificates and degrees, in
order to develop and report performance metrics to measure institutional effectiveness,
including information on noncredit students and specified indicators for the Annual
Plan and the End-of-Year Assessment Report to the Board of Trustees (I.B.5 and
ACCJC Rubric for Evaluation Institutional Effectiveness).

Recommendation 4: Student Learning Outcomes
(Repeats 2006 Recommendation 3)
To fully meet Standard II Student Learning Programs and Services, the team
recommends that the college identify the intended student learning outcomes at the
course, program, general education, certificate and degree levels; develop and
implement assessments of student learning; and analyze the results of assessment to

improve student learning. The results of ongoing assessment of student learning outcomes should foster robust dialogue and yield continuous improvement of courses, programs and services and the alignment of college practices for continuous improvement (I.B; II.A.1.a, c, II.A.2.a-c, f, g-i, II.A.3, II.A.6, II.A.6.a, II.B.1, II.B.3, II.B.4, II.C.2; III.A.1.c; IV.A.2.b, IV.B.2.b).

Recommendation 5: Student Support Services
(Repeats part of 2006 Recommendation 3)
To fully meet Standard II.B Student Support Services, the team recommends that the institution systematically assess student support services using student learning outcomes and other appropriate measures to improve the effectiveness of its support services and develop as well as communicate its plans for the expansion of delivery and prioritization of student services that support student learning and achievement regardless of location or means of delivery (II.B.1, II.B.3, II.B.3.a,c,d,e,f and II.B.4).

Recommendation 6: Human Resources Components of Evaluation
To fully meet Standard III.A Human Resources, the team recommends that the evaluation of faculty and others directly responsible for student progress toward achieving stated student learning outcomes include a component that assesses the effectiveness in bringing about those learning outcomes (III.A.1.c).

Recommendation 7: Human Resources
(Repeats part of 2006 Recommendation 2)
To fully meet Standard III.A Human Resources, the team recommends that the college assess the adequacy of its current number of qualified classified staff and administrators and their appropriate preparation and experience necessary to support the institution's mission and purpose. The college must ensure that human resource planning is fully integrated with the institutional program review, planning and budgeting processes and linked to the annual allocations of funding to maintain and improve institutional effectiveness (III.A.2, III.A.6, I.B.4).

Recommendation 8: Physical Resources
(Repeats part of 2006 recommendations 5 and 6)
To fully meet Standard III.B Physical Resources, the team recommends that the college incorporate all costs required to appropriately operate and maintain existing facilities, whether owned or leased, into its annual and long-term planning and budgeting processes and annually allocate the required human and fiscal resources to effectively and equitably operate and maintain physical resources at locations where courses, programs and services are offered (III.B.1).

Recommendation 9: Technology Resources
(Repeats 2006 recommendation 7)
To fully meet Standard III.C Technology Resources, the team recommends the college develop a comprehensive plan for equipment maintenance, upgrade and replacement

that is integrated with the institution's budget allocation processes and that the college continues to monitor its information technology systems and implement measures to more fully secure the technology infrastructure (III.C.1.a, c-d, III.C.2).

Recommendation 10: Financial Planning and Stability
(Repeats 2006 recommendation 4)
To meet the Standard III.D Financial Resources, the team recommends that the college use its mission statement to inform its allocation of resources decisions to match annual, ongoing expenditures with ongoing financial resources. This action is needed to increase its reserves to a prudent level that will allow it to meet financial emergencies and unforeseen occurrences, to meet its operating expenses without excessive, short-term borrowing, and to effectively manage the financial impact of its unfunded, long-term liabilities (III.D.1.c, III.D.2.c).

Recommendation 11: Financial Integrity and Reporting
(Repeats part of 2006 Recommendation 5)
To meet Standard III.D Financial Resources, the team recommends the college use the resources necessary to provide accurate and timely reporting of financial information and to report this information to internal users so they may effectively participate in the annual and long-term planning and budgeting processes (III.D.1.d, III.D.2.g).

Recommendation 12: Leadership, Governance and Decision-making
To fully meet Standard IV Leadership and Governance, the team recommends that the district engage the services of an external organization to provide a series of workshops for all college constituencies, including the members of the governing board, the chancellor, faculty, staff, students and every administrator, in order to clarify and understand their defined roles of responsibility and delineated authority in institutional governance and decision making (IV.A, IV.B).

Recommendation 13: Governance Structures
To fully meet Standard IV.A Decision-making Roles and Processes, the team recommends that college leaders from all constituencies evaluate and improve the college's governance structure and consequent processes used to inform decision making for the improvement of programs, practices and services. The college must ensure that the process does not create undue barriers to the implementation of institutional decisions, plans and initiatives (IV.A.1, IV.A.3).

Recommendation 14: Effective Board Organization
(Repeats part of 2006 Recommendation 8)
To fully meet Standard IV.B Board and Administrative Organization, the team recommends that the board act in a manner consistent with its policies and by-laws, assess and develop operating procedures, develop and implement a plan for board development, and regularly evaluate the effectiveness of its policies and practices (IV.B.1.a, e-h).

The Commission decision letter outlined reporting requirements to be met by CCSF:

- By October 15, 2012 prepare a Special Report by describing the overall plan of how the college will address the issues identified in the 2012 evaluation team recommendations
- By March 15, 2013 complete a Show Cause Report, the report to be followed by a visit of Commission representatives
- By March 15, 2013 prepare a Closure Report submitted with the Show Cause Report

CCSF prepared a Special Report, dated October 15, 2012, as required by the Commission. According to the Executive Summary, more than 200 CCSF faculty, staff, students, administrators and trustees engaged in an ambitious plan of work. The goal was to conduct a comprehensive assessment and develop actionable plans as components of an overall plan of how the college would address the mission, institutional assessments, planning and budgeting issues identified in several of the 14 recommendations and the four Eligibility Requirements for Accreditation described as not being met in the 2012 accreditation evaluation team report.

CCSF's approach to prepare the Show Cause Report was to conduct a new self evaluation following the ACCJC Guidelines for Institutional Self Evaluation (June 2011 edition). Work on the Show Cause Report began immediately following the submission of the Special Report on October 15, 2012. Workgroups were tasked by the CCSF Accreditation Steering Committee. The workgroups were responsible for drafting summary descriptions in response to each Standard of Accreditation, a self evaluation, and actionable improvement plans. An additional component of the Show Cause Report focused on the college centers and sites. The constituent leadership was central to reviewing and providing feedback on the report. The CCSF Student Trustee received input from approximately 100 students. The governing board held a special meeting in early February 2013, focused exclusively on the Show Cause Report and provided feedback prior to its final review in late February 2013.

In March 2013, the Commission assembled a nine-member Show Cause Visiting Team that visited City College of San Francisco on April 4 and 5, 2013. The primary charge to the accreditation evaluation team assigned to conduct the Show Cause Visit was to verify the contents of the Show Cause Report and confirm whether City College of San Francisco met the Commission Eligibility Requirements and Accreditation Standards that are listed in the Commission action letter. The accreditation visiting team charge was also to determine whether City College of San Francisco had addressed the recommendations enumerated in the Commission action letter.

During the Show Cause Visit, the team met with many individuals, workgroups, and committee members who, combined, represent the CCSF governing board, administration, faculty, classified staff and students. Through the team's review of

documented evidence, many interviews and two open forums, which were well attended by a cross section of the college community, the team determined whether CCSF has met the Accreditation Standards and the Accreditation Eligibility Requirements and has addressed the 14 recommendations enumerated in the March 2012 Evaluation Report.

Overall, the Show Cause Visiting Team was impressed with the engagement and responsiveness of the entire college community to take corrective measures to meet the ACCJC Accreditation Standards and Eligibility Requirements in response to the Commission directives in its July 3, 2013 accreditation decision letter.

Section 1: Institutional Performance on Accreditation Standards

Standard I: Institutional Mission and Effectiveness
The institution demonstrates strong commitment to a mission that emphasizes achievement of student learning and to communicating the mission internally and externally. The
institution uses analyses of quantitative and qualitative data and analysis in an ongoing and systematic cycle of evaluation, integrated planning, implementation, and re-evaluation to verify and improve the effectiveness by which the mission is accomplished.

Standard I.A Mission: *The institution has a statement of mission that defines the institution's broad educational purposes, its intended student population, and its commitment to achieving student learning.*

Standard I.A.1 *The institution establishes student learning programs and services aligned with its purposes, its character, and its student population.*

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the Standard.

Standard 1.A.2 *The mission statement is approved by the governing board and published.*

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the Standard.

Standard 1.A.3 Using *the institution's governance and decision-making processes, the institution reviews its mission statement on a regular basis and revises it as necessary. The institution's mission is central to institutional planning and decision making.*
Findings and Evidence:

City College of San Francisco undertook a review of its Mission Statement in response to Recommendation 1 set forth in the 2012 Evaluation Report. After examining internal and external data, surveying CCSF personnel, reviewing the California Education Code, and receiving input from the public, the governing board narrowed the priorities of Mission Statement from seven to four. The four priorities of the Mission Statement are: 1) preparation for transfer, 2) achievement of associate degrees, 3) acquisition of career skills, and 4) development of basic skills, including English as a Second Language and Transitional Studies. The Mission Statement
also focuses on student learning and achievement and the role of assessment.

The governing board adopted policy containing the revised Mission Statement in September 2012. The policy includes that the Vision and Mission Statements will be reviewed annually during the Board's annual summer retreat when the governing board establishes its planning priorities for the next year.

Conclusion:

The college meets the standard.

Standard 1.A.4 *The institution's mission is central to institutional planning and decision making.*

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the Standard.

Standard I.B Improving Institutional Effectiveness: *The institution demonstrates a conscious effort to produce and support student learning, measures that learning, assesses how well learning is occurring, and makes changes to improve student learning. The institution also organizes its key processes and allocates its resources to effectively support student learning. The institution demonstrates its effectiveness by providing 1) evidence of the achievement of student learning outcomes and 2) evidence*

of institution and program performance. The institution uses ongoing and systematic evaluation and planning to refine its key processes and improve student learning.

Standard I.B.1: *The institution maintains an ongoing, collegial, self-reflective dialogue about the continuous improvement of student learning and institutional processes.*

Findings and Evidence:

The college has demonstrated a conscious effort to measure and support its effectiveness in assuring student learning. Institutional effectiveness measures, including measures of student achievement and student learning, are part of the planning system revised in response to the March 2012 Evaluation Visit. The planning system is based on program reviews that include evidence of achievement of student learning and program performance. Implementation for the revised planning system is in its early stages as a full cycle has not passed. The system provides an ongoing and systematic data-based process for institutional improvement and resource allocation.

A number of changes have resulted to increase dialogue about continuous improvement of student learning and institutional processes at CCSF. The college-wide dialogue around the Commission's determination that the college must Show Cause to maintain its accreditation has been extensive. Fifteen workgroups were established to address the deficiencies found by the March 2012 Visiting Team. The minutes and progress reports of the 15 accreditation workgroups demonstrate that a great deal of work has occurred. For example, Accreditation Workgroup Progress Forms from Workgroup 2 demonstrate that considerable progress occurred by August 2012. The planning system has been revised. An annual timeline for planning has been put into place and has been followed, as demonstrated by the completion of program reviews by units across the college and by the use of those program reviews to produce an overall prioritization of resource requests. Additionally, an SLO Coordinator was assigned to work across the college. College committees are being restructured, and a Dean of Institutional Effectiveness has been hired.

The participation of the college community in recent work to improve college processes and ensure institutional effectiveness is evidenced by the minutes and progress reports of the many workgroups formed to address the Commission's Show Cause determination and by interviews conducted by the Show Cause Visiting Team during the April 2013 visit. The extensive work of the Research and Planning Office and the Planning Committee to support college planning and assessment is especially notable.

A culture of dialogue related to institutional effectiveness is present at the college. For example, the Show Cause Visiting Team heard from various college faculty and staff, including the interim Vice Chancellor of Academic Affairs, the SLO Coordinator, the members of the planning and curriculum committees and the Distance Education Coordinator, that the revised program review process has resulted in widespread collegial, self-reflective dialogue about the improvement of student learning and institutional processes. Comments such as "I never understood before how important it

was to talk to other departments" were common. Minutes of the Planning Committee reflect the engagement of constituencies in discourse.

The new SLO Coordinator's primary responsibility is to facilitate dialogue related to SLO assessment results and to cultivate the use of those results for improvement. SLO assessment results are emphasized more strongly in the planning process than they had been a year ago. This is evident from a review of recent program reviews. College-wide events focus on SLO assessment and institutional effectiveness dialogue. Hiring a permanent SLO Coordinator is the top-ranked item on the prioritized college-wide list of program review objectives.

The new Participatory Governance Council (PGC) is designed to support the current high-level dialogue related to institutional effectiveness; however, the PGC has just begun its work. CCSF must continue its deliberate work to ensure that the degree of dialogue related to institutional effectiveness that has been achieved in the wake of the Show Cause decision is maintained in the future.

Conclusion:

The college meets the Standard.

Standard I.B.2: *The institution sets goals to improve its effectiveness consistent with its stated purposes. The institution articulates its goals and states the objectives derived from them in measurable terms so that the degree to which they are achieved can be determined and widely discussed. The institutional members understand these goals and work collaboratively toward their achievement.*

Findings and Evidence:

The revised planning process results in measurable goals and objectives stated in measurable terms. The rubric used by School Deans and Supervisors to rate resource requests developed through the program review process includes the alignment of objectives with the college priorities, the degree to which the request is based on measurable outcomes, and a data-informed rationale for the request. The use of this rubric was evident in the prioritized resource request lists developed by each area of the college.

The Board of Trustees has adopted strategic priorities for the college that provide measurable goals for the college. The priorities were developed based on a review of substantial data, including internal and external environmental scans. These college priorities were developed through a data-based approach that included data on state policies, the characteristics of the CCSF student body, and student achievement. This information was provided in a document entitled "Data to Inform Discussion of Board Planning Priorities for Fiscal Year 2013-14," by the Office of Research and Planning.

The Board Priorities adopted for 2013-14 are as follows:

1. Put students first by using data related to student needs to set priorities for distribution of resources.
2. Continue to implement and assess strategies to close student achievement gaps for identified underrepresented groups.
3. Strengthen excellence in teaching, learning, and support services through a focus on student learning outcomes, student achievement, and student goal completion.
4. Implement all the actions included in the Accreditation reports of October15, 2012 and March 15, 2013 to ensure City College of San Francisco retains its accreditation.
5. Meet the base FTES goal in as cost effective way as possible.
6. Focus on increasing productivity in all FTES generating programs.
7. Secure outside partners wherever possible and cost-effective to assist in select non-credit offerings.
8. Use the program review process to identify programs that need to grow or are in decline.
9. Reduce the cost of faculty non-instructional costs.
10. Reduce expenditures wherever possible in order to achieve fiscal stability.

The Board Priorities were widely disseminated and used to foster engagement in all aspects of institutional planning. Program reviews demonstrate the alignment of college programs with these priorities.

The revised planning process has simplified and clarified the measures used as a scorecard to evaluate overall college effectiveness. Rather than complex and voluminous end-of-year reports that were generally not well understood, the college now uses the Accountability Report for Community Colleges 2.0 Scorecard (ARCC 2.0) metrics as the core indicators of college effectiveness for broad-based dialogue. ARCC metrics are available to the college community on the college website. For example, the student success page of the college website has ARCC data links. Using the ARCC 2.0 Scorecard will allow a college discussion of a set of metrics that can be used to focus on specific targets for improvement and for benchmarking. Additional dashboard indicators will be added as needed.

The overall richness of available data has not been lost, as additional data is provided for each department as part of the program review process and on request for other college needs. Information on noncredit students and selected indicators for annual planning are available. Data used as part of program review includes department productivity; department demographics; department success rates; program awards; tracked data from student services contacts, activities, lab use, and demographics; current enrollment (updated daily); college-wide comparisons; city and county comparisons; student survey results; and employee survey results. This data is available to the college community from links on the program review web page. Use of this data is evident in the program review forms submitted from across the college.

The college prioritization of program review resource allocation requests offers evidence of institutional commitment to provide needed resources for the Office of

Research and Planning to support and grow a culture of evidence and data-informed decision making. Seven of the Chancellor's Office priorities, which are based on program review for that area of the college, support strengthening the Office of Research and Planning.

Program Review is data-informed. Data used by departments as part of program review includes staffing and budget data, student enrollments, student headcount, FTES, FTEF, student demographics, and course success rates, as well as degree and certificate completion numbers. For student service areas, data also include the number of student contacts and student and employee survey data. Program reviews from across the college, including CTE, transfer, basic skills, and student service departments, demonstrate the informed use of this data. Additional data is available through the Decision Support System (DSS). The DSS is being replaced by Argos, a new data management tool.

The revised program review system has strengthened the ability of the college to use both qualitative and quantitative data, as is evident from quality of the program reviews and the use of those reviews to develop prioritized lists of resource requests.

Conclusion:

The college meets the Standard.

Standard I.B.3: *The institution assesses progress toward achieving its stated goals and makes decisions regarding the improvement of intuitional effectiveness in an ongoing systematic cycle of evaluation, integrated planning, resource allocation, implementation, and re-evaluation. Evaluation is based on analyses of both quantitative and qualitative data.*

Findings and Evidence:

No deficiency was found in the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

At the time of the March 2012 Evaluation Visit, CCSF had an ongoing cycle of evaluation, planning and re-evaluation. A few years previous to the 2012 visit, the college had assessed its progress toward effective decision-making and had designed an integrated planning system. The planning system in place at the time of the March 2012 Evaluation Visit included all of the elements of an ongoing, systematic cycle of evaluation, integrated planning, resource allocation, implementation, and re-evaluation based on data. It was the judgment of the team that the planning system was adequate to meet Standard I.B.3. Regardless, a number of factors related to other parts of the Accreditation Standards, such as fiscal resource issues and the need to clearly define governance roles and structure had hampered the use of the planning system. These problems were addressed in the March 2012 Evaluation Report related to those Standards.

At the time of the Show Cause Visit, it was clear that 1) the planning system had been strengthened beyond the adequate system that was in place in 2012, and 2) the fiscal and governance issues that had hindered the use of the system had been substantially reduced.

Conclusion:

The college meets the Standard.

Standard I.B.4: *The institution provides evidence that the planning process is broad-based, offers opportunities for input by appropriate constituencies, allocates necessary resources, and leads to improvement of institutional effectiveness. The institution used documented assessment results to communicate matters of quality assurance to appropriate constituencies.*

Findings and Evidence:

The college has developed and implemented a revised planning process based on program reviews conducted by each department and functional unit at the college. This revised process is broad-based, offers opportunities for input from college constituencies, results in resource allocation requests, and is based on institutional effectiveness data. However, the complete resource allocation process has not yet occurred under the revised planning process. It is not clear whether planned resource allocation processes will be effective. For example, while information about, and resource requests related to, the centers are included in the program reviews of many college departments, the resource needs of individual centers have not yet been analyzed specifically for each center as a single unit. Workgroup 15 is identifying and collecting data elements that will be used by others to conduct program reviews of college centers.

The Show Cause Visiting Team noted significant changes made in the past year with respect to college planning and resource allocation processes. A revised planning process has now been implemented. Program reviews have been completed for more than 100 academic and non-academic programs.

The visiting team's review of posted completed program reviews shows them to be thorough, addressing the college Mission, linking to measurable goals, addressing data, and including resource requests. This revised planning process includes resource prioritization and allocation. At the time of the Show Cause Visit, the resource prioritization process had just been completed. Resource allocation processes were on schedule to be conducted as part of the planning cycle but had not occurred at the time of the visit.

Involvement in the program review process is widespread, involves input from appropriate constituencies and ties directly to resource allocation requests. The program reviews are written by faculty and/or staff in the units. A review of the completed

program reviews demonstrates that they include clearly stated resource requests and information on the impacts of reduced program budgets should that be necessary. Interviews with the Planning Committee provided information that the program reviews are tied to the college Mission and Board Priorities and are based on data related to institutional effectiveness. This was evaluated by examining the instructions for completing the program review, and an examination of posted program reviews support this.

Department resource requests listed on the program reviews are prioritized by program faculty and staff. The completed program review then goes to the appropriate School Dean or Supervisor, who uses a rubric to rate the resource requests for the area. The rubric provided for this rating includes the degree to which each request:

1. Is linked to the Board Priorities and approved college plans
2. Is student success oriented (i.e. learning and/or achievement outcomes)
3. Has a beneficial cost/benefit ratio (e.g. many students positively affected using low cost approach)
4. Has a data-based rationale
5. Includes measurable outcomes
6. Is important for health and safety

Every resource allocation request made as part of program review receives a composite score based on the listed items. Following the rating by the Deans/Supervisors, the resource allocation requests are prioritized by the college Vice Chancellors. The results of this prioritization process were available at the time of the Show Cause Visit and provide evidence that the revised planning process is being followed. The Planning Committee and the Participatory Governance Council (PGC) include the results of that prioritization in their agendas. The work of the PGC has begun, as evidenced by its agendas and minutes.

Resources previously outside the scope of the planning system, such as Perkins funding, have been integrated into the new planning process. For example, the program review forms are used to prioritize unit resource requests including information indicating whether the program resource request has been submitted for Perkins funding. The revised planning process includes resource allocation priorities and procedures. The results of program reviews and prioritization of resource requests will form the basis of the Annual Plan currently being developed. The Board of Trustees is scheduled to adopt the Annual Plan and Tentative Budget in June. The resource requests will inform the final budget to be approved by the Board of Trustees. The 2013-14 draft budgets for each unit will be adjusted to reflect resource allocation decisions and priorities while maintaining a balanced budget for the college. Procedures and timelines are established for these prospective processes and the college is on track with respect to those timelines. In accordance with the college planning timeline, the resource allocation process had not been completed at the time of the Show Cause Visit.

A revised Educational Master Plan (EMP) is being developed. The new EMP will be based on environmental scan data and on the program reviews that were completed in fall 2012. The new EMP will consider college-level planning related to the college centers, which had been relatively ineffective in institutional planning conducted prior to the Show Cause finding. At the time of the Show Cause Visit, the resource needs of the centers were not being analyzed separately from the other units. Workgroup 15 is identifying and collecting data elements that will be used by others to conduct program reviews of college centers. The new EMP has not yet been developed.

Conclusion:

The college does not meet the Standard.

The revised planning process includes timelines for planning and resource allocation procedures that are being followed by the college. At the time of the Show Cause Visit not all processes related to resource allocation had yet been conducted under the revised planning system. The college has identified the remaining steps to be taken and is on track to meet the Standard if or when it effectively implements the full revised planning system.

Standard I.B.5: *The institution uses documented assessment results to communicate matters of quality assurance to appropriate constituencies.*

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the Standard.

Standard I.B.6: *The institution assures the effectiveness of its ongoing planning and resource allocation processes by systematically reviewing and modifying, as appropriate, all parts of the cycle, including institutional and other research efforts.*

Findings and Evidence:

The March 2012 Evaluation Visiting Team made a recommendation to improve the college's effectiveness in order to meet Standard I.B. That team's report recommended the college develop a strategy for fully implementing its existing planning process to look at each campus and site, examine revenues and expenses, and systematically address instructional program planning, staffing requirements, and provision of student and library services, including facilities needs and competing priorities. That recommendation is addressed in Section 2 of this report.

In fall 2012, Workgroup 2 reviewed the college planning system and recommended changes. The college has substantially revised its planning and resource allocation processes in the last year. The revised system includes a clearly defined timeline, which has been followed.

The college's previously used program review system had been evaluated in 2011, as noted in the minutes of the Program Review Committee dated November 14, 2011. The newly revised and implemented planning process was already the subject of a preliminary evaluation, as recorded in the minutes of the Planning Committee of March
7, 2013. This preliminary evaluation focused on the program review process and sought feedback from college employees about the level of dialogue that occurred related to program review, the perceived purposes of program review, and the usefulness of the data provided, as well as other items. This initial review of the revised planning process has resulted in planned changes such as designating categories for future program review-based resource requests, such as staffing, facilities, supplies, equipment and instructional technology, which will be sorted and prioritized early in the planning process. An evaluation of the entire Annual Assessment, Planning, and Budgeting process is scheduled for fall 2013. The efficacy of the Office of Research and Planning is evaluated periodically via an employee survey.

Conclusion:

The college meets the Standard.

Standard I.B.7: *The institution assesses its evaluation mechanisms through a systematic review of their effectiveness in improving instructional programs, student support services, and library and other learning support services.*

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the Standard.

Standard II: Student Learning Programs and Services
The institution offers high-quality instructional programs, student support services, and library and learning support services that facilitate and demonstrate the achievement of stated student learning outcomes. The institution provides an environment that supports learning, enhances student understanding and appreciation of diversity, and encourages personal and civic responsibility as well as intellectual, aesthetic, and personal development for all of its students.

Standard II.A Instructional Programs: *The institution offers high-quality instructional programs in recognized and emerging fields of study that culminate in identified student outcomes leading to degrees, certificates, employment, or transfer to other higher education institutions or programs consistent with its mission. Instructional programs are systematically assessed in order to assure currency, improve teaching and learning strategies, and achieve stated student learning outcomes. The provisions of the Standard are broadly applicable to all instructional activities offered in the name of the institution.*

1.   The institution demonstrates that all instructional programs, regardless of location or means of delivery, address and meet the mission of the institution and uphold its integrity.

a.   The institution identifies and seeks to meet the varied educational needs of its students through programs consistent with their educational preparation and the diversity, demographics, and economy of its communities. The institution relies upon research and analysis to identify student learning needs and to assess progress toward achieving stated learning outcomes.

b.   The institution utilizes delivery systems and modes of instruction compatible with the objectives of the curriculum and appropriate to the current and future needs of its students.

c.   The institution identifies student learning outcomes for courses, programs, certificates, and degrees; assess student achievement of those outcomes; and uses assessment results to make improvements.

Findings and Evidence:

At the time of the March 2012 Evaluation Team's visit, the college was using standard data such as student diversity and demographics to determine the educational needs of its students, but implementation and assessment of student learning outcomes (SLOs) was sporadic and uncoordinated. Some departments had fully developed outcomes and were actively assessing them, but other departments had only limited development or no development of SLOs.

Since the accreditation visit of the March 2012 Evaluation Team, the college has exercised substantial effort to address the Commission's recommendation in this area (Recommendation #4) and has achieved significant improvements in its levels of SLO implementation and assessment. Workgroup 4 was formed specifically to address recommendations related to student learning outcomes. Work and progress related to SLOs has been dramatically accelerated.

Department chairs recognized that their previous, decentralized storage of information regarding outcomes and assessments in binders kept in chairs' offices made it difficult for team members and members of the college community to assess the number of courses with defined SLOs and active, ongoing assessment. Beginning in summer of 2012, work began to develop a website that serves as a centralized repository for information about student learning outcomes and assessments. Development of the

website was accomplished by a Department Chair and Dean of Instruction, assisted by student workers. Data on the website are publicly available. Assessments for all courses and programs are thus visible to the college community, facilitating widespread dialog about progress in developing outcomes and assessments, as well as facilitating the identification of model programs.

The department chair responsible for developing the college's SLO website was formally designated as the college's interim Student Learning Outcomes Coordinator in November
2012 and provided with reassigned time and some assistance from another faculty member and student workers.

The college has provided a range of training opportunities for faculty to better understand the development of authentic outcomes with measureable assessments, including all-day training on September 12, 2012 and an SLO-focused accreditation workshop on November 21, 2012. Professional development workshop descriptions were reviewed on the college's website. Every department maintains an SLO-specific webpage to collect information on the department's process for developing SLOs for courses and programs, as well as links to the specific course and program SLOs. These pages can be accessed through a dedicated SLO development website and, in most cases, are also linked directly through the departments' websites. A team review of the instructional SLO pages showed that 49 of the 53 (92.5%) pages included a description of the department's SLO process and/or a list of recent highlights in SLO development that indicated active, ongoing departmental dialog regarding SLOs. All departments have reported their current SLO implementation status and future plans, which are accessible via the college website.

Each course and program has an identified coordinator to gather assessment information from all instructors and to facilitate the sharing and review of assessment. Coordinators for each course and program are listed on the forms for each course and program. The college has begun incorporation of SLOs into its new program review process, which is discussed further under Standard II.A.2.

The 2012 Evaluation Team determined that SLO implementation data provided in the college's Self Study Report did not accurately reflect the college's percent of courses, programs and services with defined SLOs and implemented assessment and improvement strategies. The college appears to have corrected this deficiency, largely through the development of its centralized web site to provide comprehensive data on SLO development and implementation. Review of the SLO website and the College Status Report on Student Learning Outcomes indicates that the college data now appear to accurately reflect their progress in these areas.

In its most recent College Status Report on Student Learning Outcomes Implementation, dated March 2013, the college reports that all courses and support activities, and nearly all programs, have defined learning outcomes. A majority of courses, programs and support services have ongoing assessment, with a smaller

percentage having achieved closed loop continuous quality improvement (CQI). The specific figures reported by the college are summarized in the following table.

	Percentage with defined learning	Percentage with ongoing assessment	Percentage having achieved closed-loop
Courses	100%	82%	22%
Programs	95%	76%	15%
Student Learning and Support Activities	100%	96%	28%

Due to time constraints, the team was not able to individually check every course offered by the college. However, a team review of the program descriptions in the college catalog, and a broad sampling of courses listed on the departmental SLO web sites and in the SLO assessment reports are all consistent with the reported data.

In less than 25 percent of the course outlines sampled, course SLO documentation references outlines list "course objectives" rather than "major learning outcomes." While the objectives are phrased in terms of what the student will be able to do after completion of the course, not every objective is a true outcome. This issue arose only with older course outlines. All outlines approved since 2005 list major learning outcomes. The directive issued by the Vice Chancellor for Academic Affairs to prohibit offering courses with outlines more than six years old should correct this issue since the directive includes a timeline for completion by fall 2015. This issue is further discussed under Standard II.A.2.

In addition, the college has defined four institutional learning outcomes, each with three to four bulleted points, along with eight general education outcomes for a total of 42 SLOs defined, although assessment is currently ongoing in only three areas. The college is also working to combine its institutional SLOs with its administrative unit outcomes to define a set of institutional achievement outcomes. All outcomes as well as information about plans to develop institutional achievement outcomes are available on the SLO website.

The SLO Coordinator communicates regularly with the college community, providing monthly reports through the SLO web site. One feature of these reports is to highlight three exemplary departments or programs per month, which provides models to emulate plus motivation for other departments to improve their SLO implementation process.

The SLO coordinator also produces Summary Course Assessment Reports that summarize overall progress on SLO implementation and assessment, provide findings based on the data, and identify areas for improvement. These reports are available on the SLO website.

The college has identified TracDat or a similar program in its program review funding list to further systematize the collection and analysis of SLO data [priority #10 in the Program Review Rubric for Chancellor's Chain]. However, the college is evaluating how to ensure that new software will meet the now-established expectation that all outcome and assessment work will be visible to the entire community via a centralized web site.

The accreditation Show Cause Visiting Team's assessment is that the college is now largely, though not entirely, at the "proficiency" level in implementation of student learning outcomes.

Conclusion:

The college does not meet the Standard.

Even so, CCSF has made remarkable progress in a very short time. Faculty, staff and administration recognize that SLO assessment and improvement is a continuous journey for quality that is a fundamental value of the college.

A wide range of faculty, staff and administrators interviewed by the team report that the implementation of SLO assessment, along with the college's new planning processes, have been transformative for the college culture. College constituents are embracing the concept of evidence-based planning. Faculty, staff and administration report that committees across the institution, not just those directly involved with SLOs, have been re-energized by an expectation that their work will have identifiable, measureable outcomes.

In order to fully meet the Standard, the college must continue to build on the progress it has made and close the loop by completing a full cycle of assessment, evaluation and improvement for all courses and programs. The Vice Chancellor of Academic Affairs' directive to review course outlines that have not been revised in more than six years should be implemented to ensure that all outlines incorporate student learning outcomes, not just course objectives.

Standard II.A.2 *The institution assures the quality and improvement of all instructional courses and programs offered in the name of the institution, including collegiate, developmental, and pre-collegiate courses and programs, continuing and community education, study abroad, short-term training courses and programs, programs for international students, and contract or other special programs, regardless of type of credit awarded, delivery mode, or location.*
a. The institution uses established procedures to design, identify learning outcomes for, approve, administer, deliver, and evaluate courses and programs. The institution recognizes the central role of its faculty for establishing quality and improving instructional courses and programs.
b. The institution relies on faculty expertise and the assistance of advisory committees

when appropriate to identify competency levels and measurable student learning outcomes for courses, certificates, programs including general and vocational education, and degrees. The institution regularly assesses student progress towards achieving those outcomes.

c.   High-quality instruction and appropriate breadth, depth, rigor, sequencing, time to completion and the synthesis of learning characterize all programs.

d.   The institution uses delivery modes and teaching methodologies that reflect the diverse needs and learning styles of its students.

e.   The institution evaluates all courses and programs through an on-going systematic review of their relevance, appropriateness, achievement of learning outcomes, currency, and future needs and plans.

f. The institution engages in ongoing, systematic evaluation and integrated planning to assure currency and measure achievement of its stated student learning outcomes for courses, certificates, programs including general and vocational education, and degrees. The institution systematically strives to improve those outcomes and makes the results available to appropriate constituencies.

g.   If an institution uses departmental course and/or program examinations, it validates their effectiveness in measuring student learning and minimizes test biases.

h.   The institution awards credit based on student achievement of the course's stated learning outcomes. Units of credit awarded are consistent with institutional policies that reflect generally accepted norms or equivalencies in higher education.

i. The institution awards degrees and certificates based on student achievement of a program's stated learning outcomes.

Findings and Evidence:

The college has clear and effective procedures in place to design and approve courses and programs, including course and program SLOs. The Curriculum Committee provides appropriate scrutiny to course outlines, assuring the quality and rigor of courses, and appropriate sequencing of courses within programs. The program reviews outlines to ensure that course SLOs are appropriate and measureable, and that course SLOs are aligned with program SLOs, consistent with the *CCSF Curriculum Committee Handbook* version 3.5.1, fall 2012. Through the Curriculum Committee, the college recognizes the central role of its faculty for establishing quality and improving instructional courses and programs.

In fall 2012, the college established a policy and timeline to prohibit offering courses whose outlines are more than six years old, as directed in a memo from the Vice Chancellor of Academic Affairs dated December 3, 2012, and a follow-up memo from the Dean of Instruction dated January 28, 2013.

The college's revamped program review process requires that programs include SLO data as evidence when assessing the quality of programs and identifying needed improvements. Item #4 on the program review form states, "Summarize overall departmental directions taken as a result of the assessment of learning outcomes. If your unit does not offer courses or direct service to students, summarize improvements based on the assessment of your administrative unit outcomes." A review of sample

program reviews indicates a variable response. Some programs focus mostly on their efforts to implement SLOs rather than improvements identified as a result of assessment. The college acknowledges that proficiency has not been achieved in this area because the new process has not yet gone through a full cycle of implementation and assessment.

Conclusion:

The college does not meet the Standard.

The quality and rigor of courses, including identified student learning outcomes, is ensured by the work of the college Curriculum Committee. New policies and procedures have been put in place to ensure the currency of course outlines. However, the college is only in the initial stages of using the results of outcome assessment to ensure continuous improvement of student learning. Nearly all courses and programs now have identified outcomes, and a majority are undergoing assessment, but only a fraction have completed a full cycle of assessment and improvement.

In order to meet the Standard, the college must continue to build on the progress it has made, and "close the loop" by completing a full cycle of assessment, evaluation and improvement for all courses and programs.

Standard II.A.3 *The institution requires of all academic and vocational degree programs a component of general education based on a carefully considered philosophy that is clearly stated in its catalog. The institution, relying on the expertise of its faculty, determines the appropriateness of each course for inclusion in the general education curriculum by examining the stated learning outcomes for the course.*

General education has comprehensive learning outcomes for the students who complete it, including the following:
a. An understanding of the basic content and methodology of the major areas of knowledge: areas include the humanities and fine arts, the natural sciences, and the social sciences.
b. A capability to be a productive individual and life-long learner: skills include oral and written communication, information competency, computer literacy, scientific and quantitative reasoning, critical analysis/logical thinking, and the ability to acquire knowledge through a variety of means.
c. A recognition of what it means to be an ethical human being and effective citizen: qualities include an appreciation of ethical principles; civility and interpersonal skills; respect for cultural diversity; historical and aesthetic sensitivity; and the willingness to assume civic, political, and social responsibilities locally, nationally, and globally.

Findings and Evidence:

Student learning outcomes have been established for General Education (GE) Areas A

through H, as set forth on the college's website related to general education student learning outcomes. New rules adopted by the college in fall 2012 require courses submitted for inclusion in general education to show how the course maps to the area under consideration. In fall 2012, the college also reviewed all courses applicable to GE, mapping the learning outcomes of courses to the learning outcomes for the applicable GE area. The visiting team was able to verify mapping results. Once the mapping is completed, a more robust assessment of GE SLOs is planned to be completed in spring 2013. A pilot assessment of GE outcomes is underway for Area C (natural sciences), with results to be reported at the beginning of the fall 2013 semester, as described on the GE Area C Workgroup web page.

Conclusion:

The college meets the Standard.

The college has made significant progress in examining and mapping course learning outcomes to GE outcomes. The college recognizes that it needs to sustain and build on the work already done in this area, including assessment of GE outcomes in all areas.

Standard II.A.4 *All degree programs include focused study in at least one area of inquiry or in an established interdisciplinary core.*

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the standard.

Standard II.A.5 *Students completing vocational and occupational certificates and degrees demonstrate technical and professional competencies that meet employment and other applicable standards and are prepared for external licensure and certification.*

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the Standard.

Standard II.A.6 *The institution assures that students and prospective students receive clear and accurate information about educational courses and programs and transfer*

policies. The institution describes its degrees and certificates in terms of their purpose, content, course requirements, and expected student learning outcomes. In every class section students receive a course syllabus that specifies learning outcomes consistent with those in the institution's officially approved course outline.

a. The institution makes available to its students clearly stated transfer-of-credit policies in order to facilitate the mobility of students without penalty. In accepting transfer credits to fulfill degree requirements, the institution certifies that the expected learning outcomes for transferred courses are comparable to the learning outcomes of its own courses. Where patterns of student enrollment between institutions are identified, the institution develops articulation agreements as appropriate to its mission.
b. When programs are eliminated or program requirements are significantly changed, the institution makes appropriate arrangements so that enrolled students may complete their education in a timely manner with a minimum of disruption.
c. The institution represents itself clearly, accurately, and consistently to prospective and current students, the public, and its personnel through its catalogs, statements, and publications, including those presented in electronic formats. It regularly reviews institutional policies, procedures, and publications to assure integrity in all representations about its mission, programs, and services.

Findings and Evidence:

The college meets the Standard.

As noted in section 4.7, p. 52 of the college's Faculty Handbook, all faculty are required to provide students with relevant course information regarding the student learning outcomes for each course. Faculty must provide a copy of their course syllabi to the department chairperson, who checks for compliance. SLOs for all courses are also posted on departments' assessment web sites and are available through the college outcomes web site.

On February 28, 2013, the Board of Trustees reviewed a new Academic Policy and Process for Program Revitalization, Suspension and/or Discontinuance. This policy includes provisions to allow students in programs that are discontinued to complete their education in a timely manner.

Conclusion:

The college meets the Standard.

Standard II.A.7 *In order to assure the academic integrity of the teaching-learning process, the institution uses and makes public governing board-adopted policies on academic freedom and responsibility, student academic honesty, and specific institutional beliefs or world views. These policies make clear the institution's commitment to the free pursuit and dissemination of knowledge.*
a. Faculty distinguish between personal conviction and professionally accepted views

in a discipline. They present data and information fairly and objectively.
b.   The institution establishes and publishes clear expectations concerning student academic honesty and consequences for dishonesty.
c.   Institutions that require conformity to specific codes of conduct of staff, faculty, administrators, or students, or that seek to instill specific beliefs or world views, give clear prior notice of such policies, including statements in the catalog and/or appropriate faculty or student handbooks.

Findings and Evidence

No deficiency was found during the Evaluation Team Visit. No deficiency was found during the Show Cause visit.

Conclusion:

The college meets the Standard.

Standard II.A.8 *Institutions offering curricula in foreign locations to students other thanU.S. nationals operate in conformity with Standards and applicable Commission policies.*

This Standard does not apply to City College of San Francisco.

Standard II.B Student Support Services: *The institution recruits and admits diverse students who are able to benefit from its programs, consistent with its mission. Student support services address the identified needs of students and enhance a supportive learning environment. The entire student pathway through the institutional experience is characterized by a concern for student access, progress, learning, and success. The institution systematically assesses student support services using student learning outcomes, faculty and staff input, and other appropriate measures in order to improve the effectiveness of these services.*

Standard II.B.1: *The institution assures the quality of student support services and demonstrates that these services, regardless of location or means of delivery, support student learning and enhance achievement of the mission of the institution.*

Findings and Evidence:

The need to provide all locations with like services is now driven by data-informed decision making. This includes student focus groups held at the main campus and at each of the eight centers. The Student Support Services team continues to update and expand the information available on their website to provide students more information and better access to services. The Student Support Services is committed to providing ample and quality services to all students at the college.

The Student Support Services team has engaged in comprehensive, reflective dialog about the types of services needed and how to deliver the services to the primary

campus and all eight centers. Based on these discussions and planning sessions, Student Support Services staff have concluded that a comprehensive needs assessment must be completed by the end of the fall 2013 semester. Once completed, the Chancellor will receive a report setting forth the level of resources needed to provide the essential student support services necessary.

The Show Cause Visiting Team found that Student Support Services has engaged in a systematic assessment and planning process that includes a substantive program review process. In the most recent College Status Report of Student Learning Outcomes Implementation (March 2013), Student Support Services reported the following results for SLO.

	Percentage with defined learning outcomes	Percentage with ongoing assessment of learning	Percentage having achieved closed-loop CQI
Student Learning and Support Activities	100%	96%	28%

A One-Stop Center model is recommended to provide the required service level and will look to the needs assessment to validate this proposal. The One-Stop, customized to the needs of the Ocean Campus and each of the center locations, would include a Counselor and one or more Student Service Specialists combined with extensive online student support services facilitated by technology. Based on the geographic, demographic, and cultural diversity of the CCSF service area, One Stops augmented by online services and clear online information are deemed the most efficient means of guaranteeing adequate service delivery to all students.

Based on a Student Support Services Reorganization Report and extensive interviews, a new organizational structure was described that clarifies roles and responsibilities, includes cross training, and relies on collaboration among the Student Support Services Deans and the Center Deans. Student Support Services administrators expressed optimism and an overall sense of support and empowerment.

Recent Student Support Services program reviews identified the need for major software improvements that include items such as SARS Grid, document imaging, DegreeWorks, and a dedicated computer lab for GED testing. These items have been designated with a high priority for acquisition in 2013-14 Program Plans.

The efficacy of Program Review and Planning is dependent on data for decision making. As such, robust Institutional Research and Information Technology environments are necessary to strengthen Student and Support Services.

Conclusion:

The college does not meet the Standard.

The Show Cause Visiting Team concluded that until a student support needs assessment is completed, adequate and equitable services for students at college primary sites cannot be provided without a responsive student needs mitigation plan being developed, approved, and implemented with the establishment of intended One-Stop Centers, the requisite IT staffing and allocation of related technology resources, including updated Banner releases and other software resources that are acquired and launched.

Standard II.B.2: *The institution provides a catalog for its constituencies with precise, accurate, and current information concerning the following:*
a. ***General information***
* *Official name, Address(es), Telephone Number(s), and Website Address of the Institution*
* *Educational Mission*
* *Course, Program, and Degree Offerings*
* *Academic Calendar and Program length*
* *Academic Freedom Statement*
* *Available Student Financial Aid*
* *Available learning Resources*
* *Names and Degrees of Administrators and Faculty*
* *Names of Governing Board Members*
b. ***Requirements***
* *Admissions*
* *Student Fees and Other Financial Obligations*
* *Degree, Certificates, Graduation and Transfer*
c. ***Major Policies Affecting Students***
* *Academic Regulations, including Academic Honesty*
* *Nondiscrimination*
* *Acceptance of Transfer Credits*
* *Grievance and Complaint Procedures*
* *Sexual Harassment*
* *Refund of Fees*
d. ***Locations or Publication Where Other Policies may be Found***

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the Standard.

Standard II.B.3: *The institution researches and identifies the learning support needs of its student population and provides appropriate services and programs to address those needs.*
a. The institution assures equitable access to all of its students by providing appropriate, comprehensive, and reliable services to students regardless of service location or delivery method.
b. The institution provides an environment that encourages personal and civic responsibility, as well as intellectual, aesthetic, and personal development for all of its students.
c. The institution designs, maintains, and evaluates counseling and/or academic advising programs to support student development and success and prepares faculty and other personnel responsible for the advising function.
d. The institution designs and maintains appropriate programs, practices, and services that support and enhance student understanding and appreciate of diversity.
e. The institution regularly evaluates admissions and placement instruments and practices to validate their effectiveness while minimizing biases.
f. The institution maintains student records permanently, securely, and confidentially, with provision for secure backup of all files, regardless of the form in which those files are maintained. The institution publishes and follows established policies for release of student records.

Findings and Evidence:

Student Support Services administrators have engaged in extensive campus-wide dialogue, program review, and student learning outcomes assessment to inform changes to its delivery model. The process and methods used to identify the support needs of the students are outlined in the Student Support Services Reorganization Report, which was updated in December 2012. Discussions have been across divisions and across units. The result has been improved student service delivery. Senior leadership has encouraged collaboration leading to more efficient resource allocation.

Although the college is focused on defining and assessing student learning outcomes and using data to inform decision making, many stakeholders, including information technology (IT) and institutional research (IR) staff, report that despite a good working relationship, IT does not have the required programming and applications enterprise staffing to effectively support college IT and IR needs. Much of the service delivery improvements required to support the needs of the Ocean campus and its eight centers is technology based. Without the requisite IT technology and programming staff, these learning support service delivery improvements cannot be adequately implemented.

The integrated information management system, Banner, has not been upgraded to the current version. The CCSF Banner Administrative Information System is five versions behind the current release. This is a significant detriment to the ability of Instructional Services and Student Support Services to provide effective and efficient information and services to support learning. This is of great concern to student support personnel.

Student Support Services has identified the need to better support Distance Education online students. Skype counseling services became available in April 2013, and the

service is posted on the college website. Student Support Services content is also placed on a YouTube channel.

The college has not fully resolved the issue of securing and storing student files, reportedly due to budget and IT staffing constraints. The Banner Imaging System is currently number two on the Vice Chancellor's funding priority list. When acquired and implemented, the system will fulfill the need to maintain and securely store student files.

Based on a review of the college SLO website and interviews, the Show Cause Visiting Team was able to verify that data from SLO development and assessment activities as well as other data gathering and planning instruments are being utilized by instructional and student services programs and services in their respective program review process. Further, the team found evidence that most units have completed a full cycle of assessment, analysis, and program improvement.

Based on an interview with the college's Distance Education (DE) Coordinator, it was concluded that the DE Program lacks an articulated vision, plan and support. Despite a DE plan, the Director is concerned that implementation will be thwarted for lack of adequate administrative support. Until such time as the program elements are clarified and supported, it will be difficult for Student Support Services to fully meet the needs of online students.

Conclusion:

The college does not meet the Standard.

As indicated in the conclusion of Standard II.B.1, the Show Cause Visiting Team concluded that until a student support needs assessment is completed, adequate and equitable services for all students at all college locations cannot be provided without a responsive student needs mitigation plan being developed, approved, and implemented with the establishment of intended One-Stop Centers, the requisite IT staffing and allocation of related technology resources, including updated Banner releases and other software resources that are acquired and launched.

Standard II.B.4: *The institution evaluates student support services to assure their adequacy in meeting identified student needs. Evaluation of these services provides evidence that they contribute to the achievement of student learning outcomes. The institution uses the results of these evaluations as the basis for improvement.*

Findings and Evidence:

The Show Cause Visiting Team found that Instructional and Student Support Services has engaged in a systematic assessment and planning process that includes effective program review. In the most recent College Status Report of Student Learning Outcomes Implementation (March 2013), Student Support Services reported 100

percent of departments with defined learning outcomes; 96 percent departments with ongoing SLO assessment; and, 28 percent of departments having achieved closed loop continuous quality improvement.

The Show Cause Visiting Team noted the college's expanded support of the SLO development and assessment process by providing .8 FTE release time for this effort. The two faculty (SLO Coordinator, .6 FTE and librarian faculty, .2 FTE) working with the SLO Committee have done outstanding work. In addition, the Student Support Services faculty, staff and administrators have made headway in a short period of time.

Conclusion:

The college meets the Standard.

Standard II.C Library Learning Support Services: *Library and other learning support services for students are sufficient to support the institution's instructional programs and intellectual, aesthetic, and cultural activities in whatever format and wherever they are offered. Such services include library services and collections, tutoring, learning centers, computer laboratories, and learning technology development and training. The institution provides access and training to students so that library and other learning support services may be used effectively and efficiently. The institution systematically assesses these services using student learning outcomes, faculty input, and other appropriate measures in order to improve the effectiveness of the services.*

Standard II.C.1*: The Institution supports the quality of its instructional programs by providing library and other learning support services that are sufficient in quantity, currency, depth, and variety to facilitate educational offerings, regardless of location or means of delivery.*
a.   Relying on appropriate expertise of faculty, including librarians and other learning support services professionals, the institution selects and maintains educational equipment and materials to support student learning and enhance the achievement of the mission of the institution.
b.   The institution provides ongoing instruction for users of library and other learning support services so that students are able to develop skills in information competency.
c.   The institution provides students and personnel responsible for student learning programs and services adequate access to the library and other learning support services.
d.   When the institution relies on or collaborates with other institutions or other sources for library and other learning support services for its instructional programs, it documents that formal agreements exist and that such resources and services are adequate for the institution's intended purposes, are easily accessible, and utilized. The performance of these services is evaluated on a regular basis. The institution takes responsibility for and assures the reliability of all services provided either directly or through contractual arrangement.

Standard II.C.2: *The institution evaluates library and other learning support services to assure their adequacy in meeting identified student needs. Evaluation of these services provides evidence that they contribute to the achievement of student learning outcomes. The institution uses the results of these evaluations as the basis of improvement.*

Findings and Evidence:

The general quality of the institutional self-evaluation report on Standard II.C Library and Learning Support Services remains good. Every group interviewed was professional, dedicated, and positive. The focus remains on continuous improvement. The evidence demonstrates the effectiveness of programs and services based on program reviews, defined student learning outcomes and assessment, and closed-loop activities as indicated by the substantive evidence found on the college accreditation website: Standard III.C (Workgroup 9 Technology Resources).

The library continues to demonstrate a strong collegial commitment to systematic planning and outcomes assessment. Program reviews indicate effective use of assessment data to make improvements. There is statistical evidence that courses and services meet students' learning needs and satisfaction.

To address the issue of up to 30 percent reduction in 2012 Library hours college wide, the Library staff analyzed program review data, performed a needs assessment, and used data to make informed decisions to adjust or modify service delivery. Classified staff was supportive in working flexible hours in different locations throughout the district to maximize student support. Some library staff rotates among three different locations per week. The Library continues to maintain a presence at five locations in the district.

The age of the book collection is problematic and the Library is in need of a reliable year-to-year budget line for new books. The Library is developing data that supports the argument that a current collection is essential to supporting SLOs. The librarians are also working with academic divisions to tie Library SLOs with Institutional Learning Outcomes (ILOs), such as Information Literacy or Information Competency. During the past several years, the librarians have recognized the need to build strong relationships with academic departments.

The Distance Education Librarian has worked diligently to support the 300 online courses. Online student library courses include: Using the Library Catalog, Searching on the Web, Search Strategies and Creating Citations, General Library Orientation, Basic Introduction to Web Searching and Evaluation of Web Services. The Library maintains an integrated library system and uses technology to support of student success. In particular, emphasis remains on teaching students how to navigate technology efficiently in support of their academic and workplace needs. All Library workshops are offered online, and students are referred to on-site reference librarians for further support.

There is concern about the new Library organizational/administrative reporting line. The Library will report to the Associate Dean of Instructional Support Services. The Library faculty conveyed that they were not consulted during the reorganization discussions and many are unsettled by the change. The new model requires Librarian Department Chairs to run the five sites and services. Department Chairs do not have the authority to supervise classified staff. Supervision of approximately 50 staff and 24FTE librarians at five locations is assigned to the new Associate Vice Chancellor.

With the expected high usage of the Chinatown Center, the Library and Learning Support Services Division plans to provide an increasingly robust collection and more librarian hours, information competency sessions, and in-person tutoring. Additionally, Chinatown Center planning intends to provide a one-stop point of service for students. It was reported that the budget was not allocated for the librarian staffing, and the Chinatown Center remains without the two promised librarians. The Dean of Human Resources indicated that the district plans to hire the two librarians by July, 2013.

Budget constraints continue to hinder CCSF's Library and other learning support services. Since the 2006 accreditation visit, however, attention has been given to increasing the number and availability of electronic books, databases and teaching materials. Evidence of some progress to improve the Library collection is that it will have access to the district's new Technology Fund.

Library hours have been increased slightly over those reported in 2012 when hours were reduced by 30 percent. Service delivery to all campus sites is not yet a reality and continues to be a challenge.

The Broadcast and Media Services (BMS) department provides 40,000 service hours per year with limited staffing. Based on team interviews, the Media Services and TV production operations are significantly understaffed. Student interns partially mitigate the understaffing, yet it remains difficult to maintain the level of service needed. Although BMS would like to work with faculty to create more content in direct support of instruction, current staffing levels preclude this ability. The equipment and facilities exist, but the requisite staff support does not.

The Library and Learning Services departments use data-based decision making and rely on flexible staffing to provide the broadest level of service possible. This underscores the commitment to provide student support and fulfill the college mission.

The Learning Assistance Department presented compelling evidence of quality service in an atmosphere of diminishing resources. Based on program review and assessment data, service delivery adjustments were made to maximize resource allocation and student support. The department is very well organized and managed and has ample evidence to support its service delivery model. The department exemplifies the continuous cycle of improvement model.

The program review of Technology Resources has led to resource allocations including a district pledge to create a $1.5 million Technology Resource Fund in 2013-14. Technology needs are prioritized through a process that starts with faculty and then move to the Department Chairs, School Deans or service area managers, then to the Vice Chancellors who in turn provide recommendations to the Chancellor.

Technology Resources has refined its mission and centralized services. Assigned staff provide assistance in a more efficient manner. A weakness continues in the area of Banner support. There is wide agreement that the district does not have the programming staff needed to maintain and upgrade the Banner system and its broad-based capabilities.

Overall, IT management and staff feel they are getting the support of the administration and the Board. There is recognition that technology is the backbone of the institution and that it must be supported beyond program planning. Although the IT group feels great support, it is hoped that the new senior leadership will continue the commitment made in the recent time.

Conclusion:

The college does not meet the Standard.

According to interviews with several groups, Library and Learning Support Services staff are maximizing services to students with limited resources. For example, staff are working flexible hours and utilizing technology, such as Skype, to extend services at college locations. Also, appreciation was expressed for the district pledge to create a $1.5 million Technology Resource Fund in the 2013-14 budget year, which could be used for the acquisition of equipment, electronic Library resources and more.

Regardless of these laudable efforts, several needs were identified that would, if met, provide adequate learning support services at each college location. These needs include, but are not limited to, increasing Library staff and updating the aging book collection, improving the Broadcast and Media services staffing level, hiring additional programming staff to improve access to the information system, and providing supervision for site services.

Standard III.A Human Resources
The institution employs qualified personnel to support student learning programs and services wherever offered and by whatever means delivered, and to improve institutional effectiveness. Personnel are treated equitably, are evaluated regularly and systematically, and are provided opportunities for professional development. Consistent with its mission, the institution demonstrates its commitment to the significant educational role played by persons of diverse backgrounds by making positive efforts to encourage such diversity. Human resource planning is integrated with institutional planning.

Standard III.A.1
The institution assures the integrity and quality of its programs and services by employing personnel who are qualified by appropriate education, training, and experience to provide and support these programs and services.

a. *Criteria, qualifications, and procedures for selection of personnel are clearly and publicly stated. job descriptions are directly related to instructional mission and goals, and accurately reflect position duties, responsibilities, and authority. Criteria for selection of faculty include knowledge of the subject matter or service to be performed (as determined by individuals with discipline expertise), effective teaching, scholarly activities, and potential to contribute to the mission of the institution. Institutional faculty play a significant role in selection of new faculty. Degrees held by faculty and administrators are from institutions accredited by recognized U.S. accrediting agencies. Degrees from non- U.S. institutions are recognized only if equivalence has been established.*
b. *The institution assures the effectiveness of its human resources by evaluating all personnel systematically and at stated intervals. The institution establishes written criteria for evaluating all personnel, including performance of assigned duties and participation in institutional responsibilities and other activities appropriate to their expertise. Evaluation processes seek to assess effectiveness of personnel and encourage improvement. Actions taken following evaluations are formal, timely, and documented.*

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No Deficiency was found during the Show Cause visit.

Conclusion:

The college meets the Standard.

Standard III.A.1.c *Faculty and others directly responsible for student progress toward achieving stated student learning outcomes have, as a component of their evaluation, effectiveness in producing those learning outcomes.*

Findings and Evidence:

In fall 2012, the college incorporated the assessment of student learning outcomes into the evaluation process for faculty and others directly responsible for student progress in stated student learning outcomes. For faculty, a modification was made to the collective bargaining agreement, Article 9-Evaluation. Under the category of Professionalism, included in the criteria for faculty evaluation is a new section on effectively assessing student learning outcomes. Evaluations for classified professionals now include student learning outcomes under "Other Performance Indicators." Similarly, educational administrators have an evaluation component that addresses student learning outcomes. The Dean of Human Resources confirmed in an

interview that employee evaluation criteria include the components to assess effectiveness in producing student learning outcomes.

Conclusion:

The college meets the Standard.

The deficiency was remediated as validated by the Show Cause Visiting team in April 2013.

Standard III.A.1.d *The institution upholds a written code of professional ethics for all of its personnel.*

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

The Board of Trustees for the City College of San Francisco has policies that set forth standards of expected employee behavior to ensure a safe and respectful work and learning environment. These policies include BP 1.17 Governing Board Code of Ethics and Responsibilities, BP 1.18 Institutional Code of Ethics, BP 1.19 Conflict of Interest, BP 1.20 Protected Disclosure of Improper Government Activities and a Workplace Violence Policy & Procedure brochure.

Conclusion:

The college meets the Standard.

Standard III.A.2 *The institution maintains a sufficient number of qualified faculty with full- time responsibility to the institution. The institution has a sufficient number of staff and administrators with appropriate preparation and experience to provide the administrative services necessary to support the institution's mission and purposes.*

Findings and Evidence:

The college formed Workgroup 7 and tasked it with 1) addressing options for a more effective and efficient organizational structure to determine logical reporting lines and structures that support timely decision making and accountability, 2) reviewing the appropriate number of administrators needed to support and manage the district's instructional programs and services, 3) examining issues relating to the reassignment of personnel, and 4) proposing new practices designed to clarify and enhance the roles and authority of Deans and Department Chairs. Moreover, the Board of Trustees also directed the Interim Chancellor to propose a new instructional structure, congruent with the Fiscal Crisis Management and Assistance Team (FCMAT) findings.

As documented in meeting minutes, the group met from the end of July through mid-September 2012 developing a revised administrative structure. Their analysis included 1) preparedness and experience of staff and administrators, 2) options for improving professional development, 3) leadership development, 4) ensuring administrative and staff positions are included in college's planning process, 5) barriers to administrative authority, 6) administrative evaluation process, and 7) organizational structure.

The proposed administrative structure relative to the May 2012 organization added nine new positions, including an Associate Vice Chancellor, a Dean of Institutional Effectiveness, four Center Deans, and three Student Services Deans. The structure stopped at the Dean level and did not address the first-line administrative work performed by faculty Department Chairs.

Workgroup 7 discussed administrative structures and streamlined reporting responsibilities and clarification of accountabilities. Questions among the group included reassignment of staff, lay-offs, use of consultants, department chair structure, clarification on structure, communication, sufficient administrators in place to the jobs defined, administrators re- applying for current jobs, impact of change on college-wide learning outcomes, and finally how these changes link to budget.

The charge to Workgroup 7 was expanded in response to the FCMAT Report, to include developing a new Academic Affairs structure. The board approved the proposed new Academic Affairs re-organization on October 25, 2012. The Academic Affairs re-organization elicited numerous public comments on the issue, with some believing that not enough vetting with all constituent groups had taken place. Concurrently, the Vice Chancellor of Student Services re-structured that division, which the Board approved on December 13, 2012. As a result of the reorganizations and to effect such changes, the Board at its February 28, 2013 meeting, provided separation notices to 24 administrators, including 15 in Academic Affairs and nine in Student Services.

In addition to the organizational changes and the resultant recruitments, management hiring appears to pose challenges and continued reliance is placed on interim appointments. There were five unfilled vacant positions, and several temporary reassignments to provide requisite knowledge and experience in areas with inadequate staffing, such as accounting and financial reporting.

The Show Cause Report notes that once the administrative restructuring has been completed, the district would review other administrative positions. Based on that restructuring, classified support staffing needs would be reviewed. As of the Show Cause Visit, the evaluation of the classified personnel structure had not yet begun.

Conclusion:

The college does not meet the Standard.

Standard III.A.3 *The institution systematically develops personnel policies and procedures that are available for information and review. Such policies and procedures are equitably and consistently administered.*

Standard III.A.3.a *The institution establishes and adheres to written policies ensuring fairness in all employment procedures.*

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the Standards.

Standard III.A.3.b *The institution makes provision for the security and confidentiality of personnel records. Each employee has access to his/her personnel records in accordance with law.*

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the Standard.

Standard III.A.4 *The institution demonstrates through policies and practices an appropriate understanding of and concern for issues of equity and diversity.*
a. The institution creates and maintains appropriate programs, practices, and services that support its diverse personnel.
b. The institution regularly assesses its record in employment equity and diversity consistent with its mission.

Findings and Evidence:

No deficiency was found in the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

The college embraces equity and diversity as key to the institution's success and includes this value in its Vision Statement. Additionally, the 2011-16 Strategic Plan identifies one of six priorities as "promoting diversity and inclusiveness at all levels of the college." The Diversity Committee fosters diversity by cultivating and raising awareness through alignment with the college mission to integrate diversity.

City College of San Francisco includes diversity as a component of new employee

orientation as well as in FLEX (faculty development) workshops. The college offers the Grow Your Own Program designed to encourage and help CCSF graduates to return as teaching, counseling or library faculty after completing graduate education.

The data provided in the Show Cause Report and the evidence reviewed by the team reflect that the college has ethnic diversity in personnel.

Conclusion:

The college meets the Standards.

Standard III.A.4.c *The institution subscribes to, advocates, and demonstrates integrity in the treatment of its administration, faculty, staff and students.*

Findings and Evidence:

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

The college employs an Affirmative Action Officer and a Director of Student Advocacy. Together they assure institutional integrity and fair and equitable treatment of administration, faculty, staff and students.

Conclusion:

The college meets the Standard.

Standard III.A.5 *The institution provides all personnel with appropriate opportunities for continued professional development, consistent with the institutional mission and based on identified teaching and learning needs.*
a.   The institution plans professional development activities to meet the needs of its personnel
b.   *With the assistance of the participants, the institution systematically evaluates professional development programs and uses the results of these evaluations as the basis for improvement.*
 Findings and Evidence:

No deficiency was found in the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

The college offers limited professional development opportunities due to fiscal constraints. However, a host of educational technology training to faculty and staff are offered through the Technology Learning Center. In response to the Commission recommendation on administrative capacity, the district is allocating $150,000 for employee professional development in FY 2013-14.   Additionally, Interim Chancellor Fisher instituted a series of Leadership Training activities for the management team.

Professional development programs have been severely curtailed due to budget cuts. For example FLEX (faculty professional development) sessions are limited to one day per semester and were held August 14, 2012 and January 11, 2013. While professional development opportunities are limited, the college continues assessing workshops and using the findings for improvement.

Conclusion:

The college meets the Standards.

Standard III.A.6 *Human resource planning is integrated with institutional planning. The institution systematically assesses the effective use of human resources and uses the results of the evaluation as the basis for improvement.*

Findings and Evidence:

The Board of Trustees accepted college recommendations on how to allocate Proposition A, CCSF local property tax funds based on the recommendations of the Fiscal Crisis and Management Assistance Team (FCMAT) and accreditation recommendations to improve the college's financial and operational condition. The recommendations address Board reserves, maintenance, technology, other post-employment benefits (OPEB) employer share, professional development, and a special ninth-year reserve, with the remainder available for distribution and/or allocation toward program review priorities. This remainder was estimated by Finance and Administration to be half a million dollars annually.

While the college uses departmental Program Review as its primary planning tool to link planning to budget, the resulting prioritized list of requests to address identified staffing needs has not been funded for the FY 2013-14 budget cycle, although that budget will not be adopted for several months.

Staffing needs for the centers have been included in the program reviews of many of the departments with courses or services at the centers. However, staffing has not been analyzed for each center as a unit. Despite the development of total cost of ownership models that were extended to include center operations and listed current staffing, the centers did not participate in program review because the templates did not adequately address center operations and needs. Workgroup 15, whose focus was center operations, is identifying and collecting data elements that will be used by others to conduct program reviews of college centers.

Evidence, which was both garnered and gleaned from interviews as well as document reviews, ascertained that the college had not yet fully integrated planning to resource allocation. This was further confirmed in the college's Show Cause Report which notes that staffing plans are not sufficiently linked to institutional planning. At the time of the Show Cause Visit, not all processes related to resource allocation had yet been

conducted under the revised planning system. The college has identified the remaining steps to be taken in order to fully link resource allocation to planning.

Conclusion:

The college does not meet the Standard.

Standard III.B Physical Resources
Physical resources, which includes facilities, equipment, land, and other assets, support student learning programs and services and improve institutional effectiveness. Physical resource planning is integrated with institutional planning.

Standard III.B.1. *The institution provides safe and sufficient physical resources that support and assure the integrity and quality of its programs and services, regardless of location or means of delivery.*

Findings and Evidence:

The team toured the recently opened new location of the Chinatown/North Beach Center. The new facilities and environment appear safe, secure and well-maintained. The college's Public Safety Department provides on-site law enforcement and/or security services to the Chinatown/North Beach Center as well as the Ocean Campus and other designated centers and sites. A follow-up interview with the college Chief of Police and a review of its 2012 Annual Security Report and Crime Statistics 2009, 2010, 2011 supported the college's assertion of safe, secure and well-maintained facilities.

No deficiency was found during the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the Standards.

Standard III.B.1.a *The institution plans, builds, maintains, and upgrades or replaces its physical resources in a manner that assures effective utilization and the continuing quality necessary to support its programs and services.*

Standard III.B.1.b *The institution assures that the physical resources at all locations where it offers courses, programs, and services are constructed and maintained to assure access, safety, security, and a healthful learning and working environment.*

Findings and Evidence:

The new Chinatown/North Beach Center and the remainder of the college facilities build-out were guided by the comprehensive 2004 facilities master plan and achieved

through local bond measures and state matching funds. This facilities master plan was developed with the assistance of a facilities planning firm with experience in college master planning.

While facilities projects for repairs and maintenance were planned and prioritized based on the 2010 facilities condition assessment data (a study commissioned by the California Community College Chancellor's Office), budget cuts called into question the adequacy of the funding allocation to address deferred maintenance items. However, with the passage of the local parcel tax, the Board of Trustees at its meeting on February 2013 approved substantial funding for maintenance, which should allow Building and Grounds to tackle the projects in the queue to improve physical resources.

Conclusion:

The college meets the Standard.

Standard III.B.2. *To assure the feasibility and effectiveness of physical resources in supporting institutional programs and services, the institution plans and evaluates its facilities and equipment on a regular basis, taking utilization and other relevant data into account.*

Findings and Evidence:

Budget constraints are limiting the college's use of the external facilities planning firm, which in the past has helped with institution plans and evaluation of its facilities and equipment on a regular basis. This firm helped develop the previous comprehensive facilities master plan, assisted with the facilities condition assessment and updates to the FUSION (Facilities Utilization, Space Inventory Options Net), and other planning documents, such as capacity load calculations to evaluate facility use issues.

Also related to budget constraints, concern was expressed about the recent staff reductions, realignment of duties, and reduced administrative oversight for facilities management. Given the size of the facility plant and aging buildings and equipment, the college's ability to maintain the facilities resources necessary to support programs and services is uncertain.

Conclusion:

The college does not meet the Standard.

Standard III.B.2.a. *Long-range capital plans support institutional goals and reflect projections of the total cost of ownership of new facilities and equipment.*

Standard III.B.2.b. *Physical resource planning is integrated with institutional planning. The institution systematically assesses the effective use of physical resources and uses the results of the evaluation as the basis for improvement.*

Findings and Evidence:

As reported in the CCSF Show Cause Report, the college assembled Workgroup 8 in response to its review of Commission Recommendation 8. The workgroup was tasked to improve its understanding of operational resources and to integrate such data into planning. It was to specifically address identifying all costs required to appropriately operate and maintain existing facilities and incorporate these costs into the college's long-term planning and budgeting process.

The group developed a comprehensive total cost of ownership (TCO) model based on guidelines from the Association of Physical Plant Administrators (APPA), the largest international association of educational institutions and their facilities and physical plant departments. This model incorporates facilities data, including gross and assignable square footage, insured property values and land costs, breakdown of interior space by category, programs housed in the facility, WSCH (weekly student contact hour) capacity, capacity load rations, credit and non-credit FTES generated, insurance, utilities, leases, maintenance and repairs costs. Additionally, the model estimates staffing and support service costs. Pending the completion of the TCO model and its assimilation into the planning and budgeting process, the college temporarily suspended the Performing Arts Center project.

Once the total cost of ownership model was completed it was forwarded to other work groups for actual budget numbers and integration into planning and budget process.

Workgroup 15, comprised of Center Deans, faculty, administrators, staff and students, expanded the TCO analysis and developed center specific replacement costs for building components as well as equipment based on data from the 2010 facilities condition assessment study and FUSION. Incorporating FTES and FTES per FTE, this information was used to apportion various district revenues as appropriate into the expenditure mode. Supplemented by recording current administrative and classified support levels, a comprehensive picture of center operations was formed. This, according to the members of Workgroup 15, was the first time in CCSF history that this level and detail of financial information was ever available, and the Center Deans are considering this data for center-specific business plans.

Even though the Show Cause Report notes that departments use program review as a way to inform the college community on departmental facilities needs, Workgroup 15 reported that, at this time, it consciously chose not to submit program review reports for each center because the program review format did not lend itself to address center needs. Moreover, the Show Cause Report remarked that the college's Education Master Plan needs to be updated and inform other college plans, including the Strategic Plan and the Facilities Master Plan.

While review of programs housed at one or more centers is already ongoing as previously noted in Standard I.B.4, Workgroup 15 is identifying and collecting data to contribute to a program review template for centers as the next step to enhancing of the

TCO model. Additionally, the Show Cause Report has a table of action plans with respect to fully integrating the centers into the planning and resource allocation process and developing a business plan for each of the centers. Institutional Research and Planning confirmed that, to ensure physical resource planning is integrated with college planning, the new Educational Master Plan (to be developed) will examine the specific center resource needs to inform the facilities master plan. It is still undetermined how the TCO model will affect the allocation of resources for the centers.

Conclusion:

The college does not meet the Standards.

Standard III.C Technology Resources
Technology resources are used to support student learning programs and services and to improve institutional effectiveness. Technology planning is integrated with institutional planning.

Standard III. C.1.*The institution assures that any technology support it provides is designed to meet the needs of learning, teaching, college-wide communications, research, and operational systems.*

Standard III C.1.a *Technology services, professional support, facilities, hardware, and software are designed to enhance the operation and effectiveness of the institution.*

Findings and Evidence:

During the March 2012 Evaluation Visit, the college was found to not comply with this standard due to network and lab security breaches. At the time of the Show Cause Visit, based on discussions with information technology (IT) personnel and a review of the ITPC minutes, the team was able to document that the college had upgraded its firewall software and effectively addressed the security issues.

Conclusion:

The college meets the Standards.

Standard III.C.1.b *The institution provides quality training in the effective application of its information technology to students and personnel.*

Standard III.C.1.c *The institution systematically plans, acquires, maintains, and upgrades or replaces technology infrastructure and equipment to meet institutional needs.*

Findings and Evidence:

During the March 2012 Evaluation Visit, the college was found to not comply with this standard due to the failure to integrate into the ongoing general fund budget plans the

total cost of technology acquisition and maintenance, including regular replacement of outdated hardware. The college was not conducting planning based on available ongoing funding sources. The college relied on one-time grants and bond funding.

At the time of the Show Cause Visit, the college had implemented changes to the program review and college planning processes as discussed in Standard I.B.3-4. The revised processes now integrate technology needs, both new and replacement, into the planning and budgeting processes using identified funding sources. A funding model for the next eight years was created and is the basis for the tentatively adopted for the 2013-2014 budget that includes new funding for technology that is sufficient to fund the total cost of technology acquisition and maintenance, including regular replacement of outdated hardware. The eight-year financial stability plan identifies resources to mitigate, if not eliminate, total reliance on grants and other one-time resources to acquire and upgrade technology.

Conclusion:

The college meets the Standards.

Standard III.C.1.d *The distribution and utilization of technology resources support the development, maintenance, and enhancement of its programs and services.*

Findings and Evidence:

The March 2012 Evaluation Visit determined that the college did not comply with the Standard due to discretionary resources being too limited to finance college priorities and goals.

The passage of Proposition A, the CCSF local parcel tax, is projected to generate revenue of about $16 million per year for the next eight years. This supplemental revenue and the college's Plan for Long-Term Stability make it possible to acquire, distribute and utilize technology resources to develop, support and enhance college programs and services. The college now has resources to finance college technology priorities and goals established using integrated processes for program review, planning and budgeting.

Conclusion:

The college meets the Standard.

Standard III.C.2 *Technology planning is integrated with institutional planning. The institution systematically assesses the effective use of technology resources and uses the results of evaluation as the basis for improvement.*

Findings and Evidence:

During the March 2012 Evaluation Team Visit, the college was found to not comply

with the Standard due to planning and budgetary practices, as well as the lack of technology funding. As discussed in Standard I.B.3-4, the college has assessed and revised its planning and budgeting processes and practices. Due to the availability of additional revenue from temporary state and local taxes, technology funding has been increased to address institutional priorities. CCSF now has a long-term revenue source available to fund new and replacement technology based on institutional assessment and planning, which brings the college into compliance with the Standard.

Conclusion:

The college meets the Standard.

Standard III.D Financial Resources

Financial resources are sufficient to support student learning programs and services and to improve institutional effectiveness. The distribution of resources supports the development, maintenance, and enhancement of programs and services. The institution plans and manages its financial affairs with integrity and in a manner that ensures financial stability. The level of financial resources provides a reasonable expectation of both short-term and long-term financial solvency. Financial resources planning are integrated with institutional planning.

Standard III.D.1 The institution's mission and goals are the foundation for financial planning.

Findings and Evidence:

The college governing board adopted a revised Mission Statement and Annual Priorities to inform a revised planning and budgeting process that will direct goals and priorities for programs and services. Additionally, the governing board adopted Annual Priorities to provide direction for annual budget planning.

Conclusion:

The college meets the Standard.

Standard III.D.1.a *Financial planning is integrated with and supports all institutional planning.*

The college's revised planning process yields institutional priorities that are used to inform the budget process, although not completely, as yet. The college continues to develop a total cost of ownership (TCO) model that is pending based on the need for more study related to the determining the total costs of operating centers and sites. Although it appears that information technology needs are fully integrated into the institutional planning process and inform financial planning and the allocation of fiscal resources, this level of integration is not evident in relation to the allocation of human resources and facilities operations and maintenance. The iterative process of

development, implementation and evaluation to make improvements to institutional and financial planning is a work in progress.

Conclusion:

The college does not meet the Standard.

Standard III.D.1.b *Institutional planning reflects realistic assessment of financial resource availability, development of financial resources, partnerships, and expenditure requirements.*

Standard III.D.1.c *When making short-range financial plans, the institution considers its long-range financial priorities to assure financial stability. The institution clearly identifies, plans, and allocates resources for payment of liabilities and future obligations.*

Findings and Evidence:

CCSF conducted meetings with budget managers to improve their understanding of unit level budgets, thereby improving development of realistic budgets. Program Review is now used to inform unit needs and now include requests not only for budget increases, but also budget reductions if needed to balance the college budget.

Whether institutional planning reflects a realistic assessment of financial resource availability is as yet undetermined depending on current and future temporary and sustainable actions implemented by the college. With the passage of Proposition 30, a California temporary sales tax and income tax increase, and Proposition A, a temporary CCSF local parcel tax, the preliminary 2013-14 budget presented to the Board of Trustees on March 21, 2013, reflects a realistic assessment of financial resource availability and expenditure requirements in the short term. The funding of the long term expenditure requirements have not yet been fully resolved since revenues from the local parcel tax are temporary. Also, there is no final resolution of the issues related to the percentage of the budget that is dedicated to salaries and benefits, including the cost of unfunded liabilities, such as other post employment benefit (OPEB).

The college has not fully addressed long-term liabilities in order to provide a realistic assessment of financial resources available to support and sustain all obligations and operations. A letter from Geoffrey L. Kischuk the district's OPEB consultant dated March 6, 2013 indicates:

"Based on the information provided by the college, we concluded that the proposed funding scenario would be expected to fully fund the obligation over the long run. For the first five years, contributions would be less than the ARC [annual required contribution]. However, as contributions increase in subsequent years, they would become sufficient to cover the ARC plus the cumulative shortfall from the first five years."

It appears that the college assumptions are that full funding of both pay as you go and additional annual required contributions will be available after the expiration of the temporary local parcel tax in 2020. The calculations included in Mr. Kischuk's letter for pay as you go plus anticipated contributions provided by the district would be $20,316,003 in 2020-21, a steep increase from $7,548,401 in 2011-12. This would raise OPEB costs from approximately 4 percent to 9 percent of the General Fund Budget. At the time of the Show Cause Visit, a full analysis of the impact of this increase based only on pay-as-you-go funding after the expiration of the local parcel tax has not been included in the assessment of financial resources available to support and sustain all obligations and operations.

Conclusion:

The college does not meet the Standards.

Standard III.D.1.d *The institution clearly defines and follows its guidelines and processes for financial planning and budget development, with all constituencies having appropriate opportunities to participate in the development of institutional plans and budgets.*

Findings and Evidence:

The revisions the college made to planning and budgeting processes are driven by program review. Based on reports and interviews the team found that the college clearly defines and follows its existing guidelines and processes for financial planning and budget development. Several college employees reported that these changes have improved transparency and all constituencies have opportunities to participate in the development of institutional plans and budgets. It was reported that the college governance system, which was changed from shared governance to participatory governance, has raised some concern about the level of opportunity for participation based on the recently defined roles and responsibilities for representation, communication and decision-making.

Conclusion:

The college meets the Standard.

Standard III.D.2 *To assure the financial integrity of the institution and responsible use of its financial resources, the internal control structure has appropriate control mechanisms and widely disseminates dependable and timely information for sound financial decision making.*

Standard III.D.2.a *Financial documents, including the budget and independent audit, have a high degree of credibility and accuracy, and reflect appropriate allocation and use of financial resources to support student learning programs and services.*

Findings and Evidence:

In July 2012, the California Community Colleges Chancellor's Office and the Fiscal Crisis and Management Assistance Team (FCMAT) entered into a contract for FCMAT to provide a fiscal review of the San Francisco Community College District. The Comprehensive FCMAT review resulted in 53 recommendations. CCSF ranked 45 of the 53 recommendations as "highest priority implementation must be underway ASAP." The recommendations were identified in six general categories: Fiscal Health Analysis, Multiyear Financial Projection, Staffing and Operational Costs, Enrollment Management, Administrative Structure, and Barriers to Fiscal Solvency. The recommendations center primarily on the responsible use of financial resources. At the time of the teams visit many of the FCMAT recommendations had not been implemented.

Conclusion:

The college does not meet the Standards.

Standard III.D.2.b *Institutional responses to external audit findings are comprehensive, timely, and communicated appropriately.*

Findings and Evidence:

The external audit findings are comprehensive, timely, and communicated appropriately. Nonetheless, the eight repeat findings in the audit report for the year ended June 30, 2012 continue to demonstrate a failure of the college to respond in a timely manner to take corrective action to address the audit findings.

Conclusion:

The college does not meet the Standard.

Standard III.D.2.c *Appropriate financial information is provided throughout the institution in a timely manner.*

Findings and Evidence:

The college reported that much budget-related information is available. While available budget information is current and posted on the college website, access to accurate current expenditure information is not available. To address this issue, the college purchased reporting software (Argos) in order to provide accurate and timely financial information throughout the institution. At the time of the Show Cause Visit, the Argos reporting system had not been fully implemented.

Conclusion:

The college does not meet the Standard.

Standard III.D.2.d *All financial resources, including short and long term debt instruments (such as bonds and Certificates of Participation), auxiliary activities, fund-raising efforts, and grants, are used with integrity in a manner consistent with the intended purpose of the funding source.*

Findings and Evidence:

No deficiency was found in the March 2012 Evaluation Visit. No deficiency was found during the Show Cause visit.

Conclusion:

The college meets the Standard.

Standard III.D.2.e *The institution's internal control systems are evaluated and assessed for validity and effectiveness and results of this assessment are used for improvement.*

Findings and Evidence:

The California Community Colleges Chancellor's Office, on behalf of San Francisco Community College District, and the Fiscal Crisis and Management Assistance Team (FCMAT) have entered into a second contract that will focus primarily on the finance and administrative office operations and functions, including a review of internal controls.

The Show Cause Visiting Team believes this review is timely since the internal auditor position was eliminated in January of 2013. During a period of understaffing in the finance department and a history of unsettled compliance with laws and regulations, there is not internal independent oversight of the financial operations of the college.

The college is fiscally independent under the laws of California. Accordingly, California Education Code requires an independent review of financial transactions by a person designated as a disbursing officer. The college has no independent audit function that reviews the financial transactions of the college.

Conclusion:

The college does not meet the Standard.

Standard III.D.3 *The institution has policies and procedures to ensure sound financial practices and financial stability.*

Standard III.D.3.a *The institution has sufficient cash flow and reserves to maintain stability, strategies for appropriate risk management, and realistic plans to meet financial emergencies and unforeseen occurrences*

Findings and Evidence:

The college currently struggles with cash flow for three reasons: 1) the State of California's practice to defer budget allocation payments, 2) the timing of the disbursement of local property taxes, and 3) an inadequate fund balance. The college is borrowing through Tax Anticipation Notes (TRANs) and a short-term loan agreement with the County of San Francisco. At the time of the Show Cause Visit, the college failed to maintain a fund balance necessary to meet financial emergencies or unforeseen circumstances.

Over the next eight years, the Plan for Long-term Fiscal Stability adopted by the Board of Trustees and funded from the local parcel tax may allow the college to create realistic plans to maintain stability and meet financial emergencies. As for now, the college does not have the fund balance (reserves) to manage cash flow or address emergencies or unexpected expenses. Additionally, temporary and limited parcel tax revenue may not be adequate to address financial issues that include new budget priorities and plans for payment of unfunded liabilities.

Conclusion:

The college does not meet the Standards.

Standard III.D.3.b *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.*

Findings and Evidence:

No deficiency was found in the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the Standard.

Standard III.D.3.c *The institution plans for and allocates appropriate resources for the payment of liabilities and future obligations, including Other Post- Employment Benefits (OPEB), compensated absences, and other employee related obligations.*

Findings and Evidence:

As discussed in III.D.1.c, the long-term resolution of the outstanding OPEB obligation remains unresolved. The administrative staff of the college has indicated they were discussing with the OPEB consultant the long term cash flow impact on the General Fund in order to allocate resources based on not just the accounting (ARC)

requirements, but also review the long-term impact of pay-as-you-go funding on the General Fund.

The college maintains a self-insurance fund for Worker's Compensation. The June 30, 2012 audit has a finding (2012-03) of a significant deficiency due to the negative fund balance of four million dollars ($4,000,000). The finding indicates "The district has not provided the financial resources to adequately fund the liability balance."

Conclusion:

The college does not meet the Standard.

Standard III.D.3.d *The actuarial plan to determine Other Post-Employment Benefits (OPEB) is prepared, as required by appropriate accounting standards.*

Findings and Evidence:

The college has a current OPEB actuarial plan as required by the accounting standards.

Conclusion:

The college meets the Standard.

Standard III.D.3.e *On an annual basis, the institution assesses and allocates resources for the repayment of any locally incurred debt instruments that can affect the financial condition of the institution.*

Findings and Evidence:

The college has three items of local incurred debt. Two items are short-term debt and one item is long-term debt. The first is Tax Anticipation Notes (TRANs), which are budgeted and repaid on an annual basis. The second is a short-term loan agreement with the County of San Francisco. This agreement is used to bridge the period of time between the repayment of the previous TRAN and the issuance of the new TRAN. These borrowings are planned and repayment is budgeted in a manner not to affect the financial condition of the institution.
The third item of local incurred debt is General Obligation debt which relies on approved taxes for payment and does not affect the financial condition of the college.

Conclusion:

The college meets the Standard.

Standard III.D.3.f *Institutions monitor and manage student loan default rates, revenue streams, and assets to ensure compliance with federal requirements.*

Findings and Evidence:

The institution monitors and manages student loan default rates and revenue streams. The June 30, 2012 audit has two findings (2012-06, 2012-07) that indicate the college is out of compliance with two federal requirements. The first is a requirement to prepare a schedule of expenditures of federal awards. The second is to conduct a physical inventory of equipment every two years. At the time of the Show Cause Visit, a schedule of expenditures of federal awards had been prepared, but the physical inventory of equipment had not been completed.

Conclusion:

The college does not meet the Standard.

Standard III.D.3.g *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.*

Finding and Evidence:

No deficiency was found in the March 2012 Evaluation Visit. No deficiency was found during the Show Cause Visit.

Conclusion:

The college meets the Standard.

Standard III.D.3.h *The institution regularly evaluates its financial management practices and the results of the evaluation are used to improve internal control structures.*

Findings and Evidence:

The institution has relied on the annual independent audit to evaluate its financial management processes, yet audit findings repeatedly indicate the college has not implemented timely action to correct findings of deficiencies. In addition, the elimination of the internal auditor position has limited the ability to continuously monitor and recommend changes to the financial management process.

The college entered into a contract with the Fiscal Crisis Management Assistance Team (FCMAT) to conduct an independent comprehensive review of the finance and administrative office, including a review of positions, internal controls, staffing, workflow, and distribution of work. This fiscal review is expected to provide a one-time picture of the operation, yet it does not provide continuous oversight that would be provided by an internal audit function. FCMAT had not commenced its new contract service at the time of the Show Cause visit.

Conclusion:

The college does not meet the Standard.

Standard III.D.4 *Financial resource planning is integrated with institutional planning. The institution systematically assesses the effective use of financial resources and uses the results of the evaluation as the basis for improvement.*

Findings and Evidence:

The college revised its planning process to systematically assess the effective use of financial resources and to use the results of the evaluation as the basis for improvement. The 2012- 2013 budget did not use the redesigned program review, planning and budget system, which is scheduled to be used to develop the 2013-2014 budget. The college had not fully implemented or completed a cycle of integrated program review, planning and budgeting at the time of the Show Cause visit. The Show Cause Visiting Team was unable to determine if the new process will be used as a basis for improvement of planning and the effective use of resources.

Conclusion:

The college does not meet the Standard.

Standard IV: Leadership and Governance
The institution recognizes and utilizes the contributions of leadership throughout the organization for continuous improvement of the institution. Governance roles are designed to facilitate decisions that support student learning programs and services and improve institutional effectiveness, while acknowledging the designated responsibilities of the governing board and the chief administrator.

Standard IV.A Decision-Making Roles and Processes *The institution recognizes that ethical and effective leadership throughout the organization enables the institution to identify institutional values, set and achieve goals, learn, and improve.*

Standard IV.A.1 *Institutional leaders create an environment for empowerment, innovation, and institutional excellence. They encourage staff, faculty, administrators, and students, no matter what their official titles, to take initiative in improving the practices, programs, and services in which they are involved. When ideas for improvement have policy or significant institution-wide implications, systematic participative processes are used to assure effective discussion, planning, and implementation.*

Findings and Evidence:

The 2012 Evaluation Team cited deficiencies that the college must mitigate in order to fully meet the Standard. The cited deficiencies centered on ineffective decision- making processes tied to the existing governance structure of the college. The 2012 Evaluation

Team noted unclear, cumbersome, and opaque processes, along with ambiguous assignments and applications of roles and responsibilities among the college constituencies. Responding to Recommendation 13 from the March 2012 Evaluation Team, the college has evaluated its long-standing governance structure, and, through new Board Policies, has significantly revised the governance structure. The college initiated implementation of the revised governance structure in January 2013, and the Show Cause Visiting Team found that implementation is very much a work in progress. The Show Cause Visiting Team also found that the evaluation and development processes, conducted over the last year were inclusive, reflecting broad engagement among all constituencies.

The revised governance structure is defined by two new Board Policies, one defining the Participatory Governance System, headed by a Participatory Governance Council with representatives from all constituencies, and the other defining the Collegial Governance System, which specifies the role and responsibilities of the Academic Senate. The revised structures clearly define and promote participation in governance for all employee groups and students. However, as noted above, implementation is young, and, having held just three meetings of the Participatory Governance Council thus far, the Show Cause Visiting Team found that no operating procedures or processes have been defined for the revised governance structure. The Show Cause Visiting Team was informed that defining operating procedures and processes is the immediate priority. The college's Show Cause Report presents detailed Actionable Improvement Plans, which specify planned steps for implementation.

Through interviews with constituency leaders, the Show Cause Visiting Team found that some participants believe that decisions affecting the college are rushed and too top down. Some also believe that instability in senior administration has led to some confusion in decision making and that interim administrators may not understand the culture of the college. However, all constituency leaders expressed hope and some confidence in the future and full implementation of the revised governance structures, noting that all are learning as they go. It was clear to the Show Cause Visiting Team that all constituencies are sincerely engaged in implementation of the governance structure and that they are working collaboratively to improve decision making.

Conclusion:

The college meets the Standard.

While the need for quick action and decisions in responding to deficiencies related to meeting Accreditation Standards may have triggered concern among some individuals and constituencies regarding intentions and processes attendant to governance and decision making, the college has defined and is implementing an inclusive governance structure, based on a comprehensive evaluation of the old structure. It is too early to declare the revised structure effective, but the college has met the Standard.

Standard IV.A.2 *The institution establishes and implements a written policy providing for faculty, staff, administrator, and student participation in decision-making processes. The policy specifies the manner in which individuals bring forward ideas from their constituencies and work together on appropriate policy, planning, and special-purpose bodies.*
a. Faculty and administrators have a substantive and clearly defined role in institutional governance and exercise a substantial voice in institutional policies, planning, and budget that relate to their areas of responsibility and expertise. Students and staff also have established mechanisms or organizations for providing input into institutional decisions.
b. The institution relies on faculty, its academic senate or other appropriate faculty structures, the curriculum committee, and academic administrators for recommendations about student learning programs and services.

Findings and Evidence

The revised governance structure is defined by two new Board Policies, and those Policies define the roles of faculty, staff, administrators, and students in governance and decision making. However, the two primary bodies cited by the Policies have not developed operating procedures or processes for college-wide governance. The Academic Senate has its own by-laws and operating procedures for decision-making processes, but it has yet to define its relationship to the Participatory Governance Council.

The Senate also has long standing policies and procedures relating to curriculum and other academic matters affecting student learning programs and services. The Participatory Governance Council (PGC) has not defined its operating procedures or processes. However, the PGC has defined four standing, subordinate committees: Enrollment Management, Accreditation, Planning, and Diversity. None of the committees has defined its operating procedures or processes. All affected groups stated that defining operating procedures and processes is the immediate priority.

Conclusion:

The college does not meet the Standard.

Although the revised governance structure is in initial implementation stages, participants report an improved sense that their efforts may result in meaningful outcomes, as well as a sense that the constituent groups are working for the good of the college, as opposed to working for their own interests. Both students and classified staff report feeling less marginalized as participants. However, because the college has not defined the manner in which individuals bring forward ideas from the constituencies and work together on appropriate policy, planning and special purpose bodies, the college does not meet the Standard.

Standard IV.A.3 *Through established governance structures, processes, and practices, the governing board, administrators, faculty, staff, and students work together for the good of the institution. These processes facilitate discussion of ideas and effective communication among the institution's constituencies.*

Findings and Evidence:

Participants in the revised governance structure report an improved sense of collaboration and of working for the good of the college. However, the participants also report that college-wide communication thus far remains weak, which was a common complaint under the previous governance structure. The college has defined Actionable Improvement Plans to improve communication and training on governance, but the plans are not scheduled for implementation until fall 2013.

Conclusion:

The college does not meet the Standard.

The college determined that the previous governance structure was ineffective, and the 2012 Evaluation Team cited deficiencies in the (then) governance structure. The college has taken seriously the findings of its own evaluation of the governance structure, as well as the findings of the 2012 Evaluation Team, and has revised the governance structure. However, neither the college nor the Show Cause Visiting Team can yet evaluate the effectiveness of the revised structure or how well it promotes a venue for all stakeholders to work for the good of the college. Consequently, the college does not meet the Standard.

Standard IV.A.4 *The institution advocates and demonstrates honesty and integrity in its relationships with external agencies. It agrees to comply with Accrediting Commission Standards, policies, and guidelines, and Commission requirements for public disclosure, self evaluation and other reports, team visits, and prior approval of substantive changes. The institution moves expeditiously to respond to recommendations made by the Commission.*

Findings and Evidence:

The 2012 Evaluation Team and the college have reported instances of the college not communicating honestly with the Commission, thus compromising the integrity of its relationship with the Commission. In addition, the college states in its Show Cause Report that some members of all college constituency groups have communicated misleading information about the Commission and its findings and actions relating to the college. The college indicated that its current leaders have at times communicated insufficiently to the college and outside communities about plans and actions that will assist the college in resolving deficiencies related to the Standards. The college also reports that its leaders recognize the need for more transparency in action and communication and are now creating more opportunities for dialogue. Based on

interviews with college leaders, the Show Cause Visiting Team concluded that leaders at every level of the institution are improving transparency and communication. Nonetheless, there remain leaders in each of these same constituency groups whose actions are counterintuitive to achieving the kind of honest communication needed to set the institution on a path to demonstrate integrity in its relationships.

Conclusion:

The college does not meet the Standard.

The college has taken seriously the findings of the 2012 Evaluation Team, as well as the findings of its own self-evaluation, and has increased its efforts to improve the integrity of its communication with external entities, including the Commission. Conscious practice to continue improving honest communication will set the institution on the path to meeting the Standard.

Standard IV.A.5 *The role of leadership and the institution's governance and decision-making structures ad processes are regularly evaluated to assure their integrity and effectiveness. The institution widely communicates the results of these evaluations and uses them as the basis for improvement.*

Findings and Evidence:

Responding to the 2012 Evaluation Team Report and Commission Action Letter, the college initiated a comprehensive and inclusive evaluation of the existing governance structure in 2012. The results of that evaluation led to the development of the revised structure of governance, embodied in two new Board Policies (2.07 and 2.08). Implementation of the revised structure began last fall and is very much a work in progress now. The college plans to develop an evaluation process for the revised structure in spring 2014.

Conclusion:

The college does not meet the Standard.

Standard IV.B *In addition to the leadership of individuals and constituencies, institutions recognize the designated responsibilities of the governing board for setting policies and of the chief administrator for the effective operation of the institution. Multi-college districts/systems clearly define the organizational roles of the district/system and the colleges.*

Standard IV.B.1 *The institution has a governing board that is responsible for establishing policies to assure quality, integrity, and effectiveness of the student learning programs and services and the financial stability of the institution. The governing board adheres to a clearly defined policy for selecting and evaluation the chief administrator for the college or the district/system.*

a. *The governing board is and Independent policy-making body that reflects the public interest in board activities and decisions. Once the board reaches a decision, it acts as a whole. It advocates for and defends the institution and protects it from undue influence or pressure.*
b. *The governing board establishes policies consistent with the mission to ensure the quality, integrity, and improvement of student learning programs and services and the resources necessary to support them.*
c. *The governing board has ultimate responsibility for education quality, legal matters, and financial integrity.*
d. *The institution or the governing Board publishes the board bylaws and policies specifying the board's size, duties, responsibilities, structure, and operating procedures.*
e. *The governing board acts in a manner consistent with its policies and bylaws. The board regularly evaluates its policies and practices and revises them as necessary.*
f. *The governing board has a program for board development and new member orientation. It has a mechanism for providing for continuity of board membership and staggered terms of office.*
g. *The governing board's self evaluation processes for assessing board performance are clearly defined, implemented, and publishes in its policies or bylaws.*
h. *The governing board has a code of ethics that includes a clearly defined policy for dealing with behavior that violates its code.*
i. *The governing board is informed and involved in the accreditation process.* j. *The governing board has the responsibility for selecting and evaluating the district/system chief administrator…The governing board delegates full responsibility and authority to him/her to implement and administer bard policies without board interference and holds him/her accountable for operation of the district/system or college respectively.*

Findings and Evidence:

Board policy for City College of San Francisco establishes the governing board as an independent policy-making body that reflects the public interest in board activities and decisions. The board has responsibility for educational quality, integrity and financial responsibility. To this end the Board establishes policy that includes the Vision, Mission Statement, and Annual Priorities that guide the college in educational, financial and legal matters.

Over the past year, the CCSF Board has participated in several workshops and other activities on governing board roles and responsibilities. The Board has heard from representatives of the Commission on the meaning and application of the Standards related to governance and governing boards, and the Board has conducted its own self-evaluation. The Board has also reviewed and revised its own policies that inform its conduct, roles and responsibilities. However, as reported in the CCSF Show Cause Report, and as verified by the Show Cause Visiting Team, the Board still engages in behaviors that violate its own code of ethics and definitions of roles and responsibilities (Board Policy 1.17). In addition, the Show Cause Report presents evidence that Board members have difficulty in delegating authority to the Chancellor, by either

undermining decisions made by the Board or by interfering with the implementation of policies adopted by the Board.

The Show Cause Report presents numerous examples of Board action and behavior that violate Board Policy, as well as Commission Standards. In interviews with the Show Cause Visiting Team, Board members admitted to and presented their own examples of actions and behaviors that violate their code of ethics and Commission Standards. At the same time, the Board members, in recognizing their own short comings, spoke to their commitment to change, noting that more recently their behavior at Board meetings and, as individuals, away from Board meetings, has improved. Other college leaders verified that claim.

Conclusion:

The college does not meet the Standards.

While the Show Cause Visiting Team found some evidence that the Board is attempting to change its behavior and follow its own policies and Commission Standards, evidence of inappropriate behavior and action was also in evidence. Until the college and the Board itself can present evidence that it is following its own policies and adhering to accreditation Standards, the college does not meet the Standard.

Standard IV.B.2 *The CEO has primary responsibility for the quality of the institution he/she leads. He/she provides effective leadership in planning, organizing, budgeting, selecting and developing personnel, and assessing institutional effectiveness.*
a. *The CEO plans, oversees, and evaluates an administrative structure organized and staffed to reflect the institution's purposes, size, and complexity. He/she delegates authority to administrators and others consistent with their responsibilities, as appropriate.*
b. *The CEO guides institutional improvement of the teaching and learning environment by the following:*
   • *Establishing a collegial process that sets values, goals, and priorities;*
   • *Ensuring that evaluation and planning rely on high quality research and analysis on external and internal conditions;*
   • *Ensuring that educational planning is integrated with resource planning and distribution to achieve student learning outcomes; and*
   • *Establishing procedures to evaluate overall institutional planning and implementation efforts.*
c. *The CEO assures the implementation of statues, regulations, and governing board polices and assures that institutional practices are consistent with institutional mission and policies.*
d. *The CEO effectively controls budget and expenditures.*
e. *The CEO works and communicates effectively with the communities served by the institution.*

Findings and Evidence:

While the March 2012 Evaluation Visiting Team did not cite the college for deficiency on the Standard, the college's Show Cause Report presents information that caused the Show Cause Visiting Team to investigate the evidence. The college's self-evaluation

for the Standard focuses on the turnover and instability in senior leadership at the college. Following the 2012 Evaluation Team visit, the Chancellor resigned for health reasons. He has been followed by two interim Chancellors. In summer 2012, reorganization at the vice chancellor level occurred, which resulted in one permanent vice chancellor and two interim vice chancellors. The interim Chancellors have focused on correcting the deficiencies cited by the Commission, including significant actions to reduce expenditures and to reorganize the administration, including redefining assignment of responsibilities between administrators and faculty. The Chancellor, working with the State Chancellor's Office, engaged the services of FCMAT to provide a comprehensive review of the fiscal health of San Francisco Community College District. The FCMAT review resulted in 53 recommendations in six categories: Fiscal Health Analysis, Multiyear Financial Projection, Staffing and Operational Costs, Enrollment Management, Administrative Structure, and Barriers to Fiscal Solvency. City College of San Francisco ranked most of the recommendations as highest priority and needing to be addressed as soon as possible.

The pace and substance of decisions has led to concern expressed by college constituencies (primarily faculty) that decisions have not been discussed and vetted adequately. However, in spite of turnover among senior administrators, including the assignment of two interim Chancellors, the decisions and actions taken by the interim Chancellors have been unified, and, as presented in this Report, largely effective thus far. In spite of concerns expressed by constituent leaders, primarily about the administrative reorganization, those same leaders express the desire to see the changes through to success. Long term stability in the Chancellor's position is a goal for the college expressed by the interim Chancellor, Special Trustee, Board, and constituency leaders, and that goal includes having the (permanent) Chancellor maintain the direction and momentum for change and improvement initiated over the last year.

Conclusion:

The college does not meet the Standard.

The interim chancellors have focused on correcting the deficiencies cited by the Commission in 2012, as well as leading the college through a fiscal crisis. The evidence reviewed by the Show Cause Visiting Team supports the conclusion.

Many of the elements of the standard are met as it relates to the CEO; however, the institution is only as strong as its leadership throughout the organization. Institutional effectiveness is not dependent on the CEO alone. It requires the collaboration and support of the members of the Board of Trustees who are elected to adopt strategic goals, institutional priorities, and stable financial practices leading to a vibrant organization. Trustees must model this effective leadership by speaking in a unified voice on behalf of the institution. It is the actions of the college leaders, including those on the Board of Trustees, in the administration and among faculty and staff that enable the college to embrace the values and goals leading to institutional effectiveness.

Standard IV.B.3 Multi-college districts or systems: City College of San Francisco is a single college district; therefore the Standard does not apply.

Section 2: Evaluation of 2012 Eligibility Requirements For Accreditation and Accreditation Standard Recommendations

2013 Institutional Compliance with Eligibility Requirements for Accreditation

In order to achieve accreditation eligibility, the institution must completely meet all Eligibility Requirements. Compliance with the Eligibility Requirements is expected to be continuous and will be validated periodically as prescribed by the Commission.

The March 2012 Evaluation Visiting Team confirmed that City College of San Francisco was in compliance with 17 of the 21 Eligibility Requirements for Accreditation. The March 2012 Evaluation Visiting Team did not confirm compliance with the following Eligibility Requirements: ER 5 Administrative Capacity; ER 17 Financial Resources; ER18 Financial Accountability; and ER 21 Integrity in Relations with the Accrediting Commission.

Eligibility Requirement 5, Administrative Capacity
The institution has sufficient staff, with appropriate preparation and experience to provide the administrative services necessary to support its mission and purpose.

The Show Cause Visiting Team did not confirm that City College of San Francisco has a sufficient administrative staff with appropriate preparation and experience to support the necessary services and functions for an institution of its size.

CCSF has made tremendous progress with interim leadership and existing dedicated personnel to conduct program and operational reviews and develop actionable corrective plans to address the deficiencies noted in Standard III. A. Recommendation 7. In spite of the progress, there are many essential positions that remain vacant, some of which are in the process of being hired, such as the Chancellor and Vice Chancellors, and others with uncertain status, such as, but not limited to, a Disbursing Officer, Accountants, and Director of Information Technology.

The institution does not meet ER 5.

Eligibility Requirement 17, Financial Resources
The institution documents a funding base, financial resources, and plans for financial development adequate to support student learning programs and services, to improve institutional effectiveness, and to assure financial stability.

The Show Cause Visiting Team did not confirm that City College of San Francisco maintains and documents a sustainable funding base, financial resources, and plans for

financial development that are adequate to support student learning programs and services to improve institutional effectiveness and to assure financial stability.

The November 2012 passage of Proposition 30, a California sales and income tax increase that will be effective for seven years, along with Proposition A, a CCSF local parcel tax expected to generate about $16 million annually during the next eight years. This new revenue increase is a temporary increase that affords the college time to develop, implement and maintain a plan for fiscal sustainability.

As indicated in the Show Cause Report dated March 15, 2013, the college has begun to address the underlying structural issues related to the cost of salaries and benefits. However, while these reductions help, current district projections indicate salaries and benefits (without transfers) will continue to exceed 90 percent of the budgeted expenditures. Without permanent fiscal change to reduce the 92 percent of budget devoted to salaries and benefits, and the additional costs of other post employment benefits (OPEB), it is anticipated that CCSF will return to an unstable financial status of deficit spending at the expiration of the parcel tax.

In order to meet and maintain compliance with the intent of this eligibility requirement, the college must continue its analysis of cost savings measures and implement a lasting strategy to control costs in order to avoid dependence on temporary revenues such as bond measures and local parcel taxes.

The institution does not meet ER 17.

Eligibility Requirement 18, Financial Accountability
The institution annually undergoes and makes available an external financial audit by a certified public accountant or an audit by an appropriate public agency. The institution shall submit with its eligibility application a copy of the budget and institutional financial audits and management letters prepared by an outside certified public accountant or by an appropriate agency, who has no other relationship to the institution, for its two most recent fiscal years, including the fiscal year ending immediately prior to the date of the submission of the application. The audits must be certified and any exceptions explained. It is recommended that the auditor employ as a guide Audits of Colleges and Universities, published by the American Institute of Certified Public Accountants. An applicant institution must not show an annual or cumulative operating deficit at any time during the eligibility application process. Institutions that are already Title IV eligible must demonstrate compliance with federal requirements.

The Show Cause Visiting Team confirmed that City College of San Francisco undergoes and makes available an external financial audit conducted by an appropriately qualified agency. The annual audit report for year-end June 30, 2012, was received by CCSF in late January 2013, which is within a reasonable time. The audit for year-end June 30, 2012 was reviewed by the governing board in a public meeting on February 7, 2013.   Once the annual audit report is issued, the audits are provided to appropriate agencies. Also, the audits are available on the CCSF public website.

Nonetheless, there are 12 audit findings in the June 30, 2012 audit. Of these 12 findings, eight are repeated findings from the June 30, 2011 audit. There were a total of 13 audit findings for the year ended June 30, 2011, which means only five (5) of 13 audit findings were completely resolved during the 2012 fiscal year. Consequently, the college does not implement timely corrective action in response to audit findings.

The Show Cause Visiting Team concluded that the college does not meet the intent of this eligibility requirement. The audit process helps stakeholders learn about the financial health and operating activities of the college. Audit findings generally relate to compliance of policies, procedures and legal requirements, adequacy and effectiveness of controls, and/or efficiency and effectiveness of administration.

The institution does not meet ER 18.

Eligibility Requirement 21, Relations with the Accrediting Commission:
The institution provides assurance that it adheres to the Eligibility Requirements and Accreditation Standards and policies of the Commission, describes itself in identical terms to all its accrediting agencies, communicates any changes in its accredited status, and agrees to disclose information required by the Commission to carry out its accrediting responsibilities. The institution will comply with Commission requests, directives, decisions and policies, and will make complete, accurate and honest disclosure. Failure to do so is sufficient reason, in and of itself, for the Commission to impose a sanction, or to deny or revoke candidacy or accreditation.

City College of San Francisco has been resolute in its efforts to address the findings that the institution is in substantial non-compliance with the Commission's Eligibility Requirements for Accreditation, Accreditation Standards and Commission Policies. The Show Cause Visiting Team affirmed that the institution fully cooperated with the team by providing access to all information requested for review. Also affirmed was that the staff, faculty and members of the governing board spoke openly and candidly during interviews, as did personnel and students who attended the open forums. Regardless of notable progress made to date, the Show Cause Visiting Team did not confirm that the institution meets Eligibility Requirement 5, Administrative Capacity; Eligibility Requirement 17, Financial Resources; or Eligibility Requirement 18, Financial Accountability. And while the college has addressed each of the Commission Recommendations, the Show Cause Visiting Team concluded that not all of the Standard Recommendations have been corrected as noted in Section 1, Institutional Performance on Accreditation Standards. Additionally, CCSF self reported its non-compliance with the Commission Policy on Distance Education. Specifically, in December 2011, the college prepared a substantive change proposal for submission to ACCJC concerning the college's intent to offer a program, degree or certificate in which 50 percent or more of the courses are by online instruction. The college never submitted the proposal due to administrative changes. The college is aware this is a requirement it must address; however, due to the Commission Policy on

Substantive Change, the college may not submit a Substantive Change Proposal in the six-month period preceding the site visit or while on sanction.

The institution does not meet ER 21.

Institutional Progress to Address 2012 Standard Recommendations

Recommendation 1: Mission Statement

To improve effectiveness of Standard I.A Mission, the team recommends that the college establish a prescribed process and timeline to regularly review the mission statement and revise it as necessary. The college should use the mission statement as the benchmark to determine institutional priorities and goals that support and improve academic programs, student support services and student learning effectively linked to a realistic assessment of resources (I.A.3).

Findings and Evidence:

As noted in board policy BP1.00, trustees instituted a timeline for review of the mission statement, which will take place at the board's annual summer planning retreat. No evidence could be found, however, of the creation of a prescribed process for review. An interviewee indicated that the issue of process would be addressed by the chancellor with the Research and Planning Office in preparation for the summer 2013 board retreat.

The college is using the mission statement as the benchmark to determine institutional priorities and goals. For example, the SLO process includes the question, "Does the SLO assist the Mission?" and the 2012-13 Program Review Summary Report indicates an increase in faculty dialogue about how well course and program SLOs align with the college Mission. The Enrollment Management Committee's 1-17-13 Committee Description and Purpose identifies its goal as ensuring enrollment goals are aligned with the college's Mission. Marketing personnel identify the mission as a key element in marketing and enrollment messaging, and the high visibility of the mission statement on the college website and in the college catalog supports this statement. The 03-12-2013 draft Request for Proposal seeks to engage a consultant to assist with creating an educational master plan that will support the college mission statement.

Conclusion:

The college has partially addressed the recommendation; however, is the college expects that the recommendation will be fully addressed by the end of summer 2013.

Recommendation 2: Effective Planning Processes

To fully meet Standard I.B Institutional Effectiveness, the team recommends the college to develop a strategy for fully implementing its existing planning process to look at each campus and site, examine revenues and expenses, and systematically address instructional program planning, staffing requirements, provision of student and library services, including facilities needs and competing priorities. The planning process should include clearly prescribed roles and scope of authority for all governance stakeholders involved in each component of the planning process (I.A.3, I.B.1, I.B.2, I.B.4, I.B.6, II.A.1, II.B.3.a, III.A.2, III.A.6, III.B.2.a-b, III.C.1.a-c, III.C.2, III.D.1.a-c, III.D.2.a-c, III.2.g, III.3, IV.A.3, IV.A.5, IV.B.1, and IV.2.a).

Findings and Evidence:

The college has developed a strategy for fully implementing its planning process. A revised planning process based on program review has been designed and is being implemented. The revised program review process includes each college department, and systematically addresses instructional program planning, staffing requirements, and the provision of student and library services. Program review and planning identify facility needs and competing priorities. It is linked to resource allocation that examines revenues and expenses. Program reviews have been completed for programs across the college, though college centers are not participating as yet. An examination of a large sample of posted program reviews shows them to be thorough, addressing the college mission, linking to measurable goals, addressing data, and including resource requests.

Every resource allocation request brought in as part of program review receives a composite score based on these items. Following the rating by the deans/supervisors, the resource allocation requests are prioritized by the college vice chancellors. The results of this prioritization process were available at the time of the Show Cause Visit and provide evidence that the revised planning process is being followed. The prioritized items are clearly identified as relating to staffing, supply, equipment, and some facility resources although not fully including the centers at this time. It was revealed in the Show Cause Visiting Team's evaluation of Standard III. B. Physical Resources that the Total Cost of Ownership (TCO) model resulted in the centers not being included in the program review process until such time that the program review criteria applicable to the centers is defined and adopted.

A defined timeline for planning activities, which includes clearly prescribed roles for those involved in the planning process, has been developed and has been followed. This is demonstrated by the completion of program reviews by units across the college and by the use of those program reviews to produce an overall prioritization of resource requests in a timely manner.
Conclusion:

The college has partially addressed the recommendation.

<u>Recommendation 3: Assessing Institutional Effectiveness</u>

To improve the efficacy of evaluation and planning to enhance institutional effectiveness, the team recommends that the college complete its work to fully implement its model for Program Review for all courses, programs and support services and advance its framework for defining and assessing Student Learning Outcomes for all courses, programs, support services and certificates and degrees, in order to develop and report performance metrics to measure institutional effectiveness, including information on noncredit students and specified indicators for the Annual Plan and the End-of-Year Assessment Report to the Board of Trustees (I.B.5 and ACCJC Rubric for Evaluation Institutional Effectiveness).

Findings and Evidence:

Program review has been fully implemented for all instructional areas, programs, and support services. Program reviews have been completed for most programs across the college. A review of posted program reviews shows them to be thorough, addressing the college Mission, linking to measurable goals, addressing data, and including resource requests.

The work of incorporating SLO assessment results with college planning has made substantial advances in the past year. The new SLO Coordinator's primary responsibility is to facilitate dialogue related to SLO assessment results and the use of those results for improvement. SLO assessment results are emphasized more strongly in the planning process than they had been; this is evident from a review of recent program reviews. College-wide events are held that focus on SLO assessment and institutional effectiveness dialogue. Hiring a permanent SLO coordinator is the top ranked item on
the prioritized college-wide list of program review objectives.

Performance metrics related to institutional effectiveness have been provided to all units as part of program review. Information on noncredit students and selected indicators for annual planning are available. Data provided by the Research and Planning Office as
part of program review includes: Department Productivity, Department Demographics, Department Success Rates, Program Awards, SARS Demographics, SARS Contacts, AccuTrack Summary, Current Enrollment (updated daily) , College-wide Comparisons, City & County Comparisons, Student Survey Results, and Employee Survey Results. This data is available to the entire college community from links on the program review web page. Use of this data is evident in the program review forms from across the college.

Conclusion:

The college has addressed the recommendation.

Recommendation 4: Student Learning Outcomes

To fully meet Standard II Student Learning Programs and Services, the team recommends that the college identify the intended student learning outcomes at the course, program, general education, certificate and degree levels, develop and implement assessments of student learning, and analyze the results of assessment to improve student learning. The results of ongoing assessment of student learning outcomes should foster robust dialogue and yield continuous improvement of courses, programs and services and the alignment of college practices for continuous improvement (I.B; II.A.1.a, c, II.A.2.a-c, f, g-i, II.A.3, II.A.6, II.A.6.a, II.B.1, II.B.3, II.B.4, II.C.2; III.A.1.c; IV.A.2.b, IV.B.2.b).

Findings and Evidence:

As discussed in Recommendation 3, Assessing Institutional Effectiveness, the college has made exceptional progress towards addressing this recommendation. Student learning outcomes have been defined for nearly all courses, programs, support units, general education areas, and at the institutional level. There is robust dialog regarding student learning outcomes and assessment across the college and this dialog has been transformative for the college culture. The college has plans in place to build on and institutionalize its progress through changes in relevant policies and procedures, and the hiring of a permanent Student Learning Outcomes Coordinator.

Conclusion:

The college has addressed this recommendation.

To continue to satisfy the recommendation, the college must build on the progress it has made and "close the loop" by completing a full cycle of assessment, evaluation and improvement for all courses and programs.

Recommendation 5: Student Support Services

To fully meet Standard II.B Student Support Services, the team recommends that the institution systematically assess student support services using student learning outcomes and other appropriate measures to improve the effectiveness of its support services and develop as well as communicate its plans for the expansion of delivery and prioritization of student services that support student learning and achievement regardless of location or means of delivery (II.B.1, II.B.3, II.B.3.a,c,d,e,f and II.B.4).

Findings and Evidence:

Overall, the institution has made significant progress, although limited by resource constraints in areas including Student and Support Services, Information Technology, and Institutional Research staffing and technology support. The limited transformation is exacerbated by an inadequate budget, transition of senior administration and Board of Trustee performance. These factors have led to the inability to modify service

delivery models to be fully responsive to the recommendation within the last year. Nonetheless, Student Support Services has completed its plan for reorganization and the premises for implementing a one-stop support services model on the Ocean Campus and each of the centers, as well as embellish its web site.

Conclusion:

The college partially addressed the recommendation.

Recommendation 6: Human Resources Components of Evaluation

To fully meet Standard III.A. Human Resources, the team recommends that the evaluation of faculty and others directly responsible for student progress toward achieving stated student learning outcomes include a component that assesses the effectiveness in bringing about those learning outcomes (III.A.1.C).

Findings and Evidence:

To address this recommendation, a workgroup was charged with responsibility for taking the lead to develop an actionable plan to include a component of evaluation for faculty and others directly responsible for student progress toward achieving stated student learning outcomes (III.A.1.c). This workgroup focused on drafting language for inclusion in job announcements, performance evaluations, as well as employee handbooks for each employee group responsible for student progress toward achieving stated SLOs. Additionally, the workgroup initiated conversations and negotiations with employee bargaining units to reach agreement to include SLO responsibilities in job announcements, performance evaluation instruments and employee handbooks.

Approval of SLO evaluation components in faculty performance evaluation instruments was received in fall 2012. A modification was made to the collective bargaining agreement in Article 9, Evaluation. By spring 2013, approval was received to include an SLO component of evaluation in all applicable performance instruments for faculty, department chairs, classified staff and administrators with direct responsibility for student progress toward achieving the stated SLO.

This component is new to the employee performance evaluation process. As the college noted, it will take time to determine the impact of this change on student progress toward achieving the stated SLOs.

Conclusion:

The college has addressed the recommendation.

Recommendation 7: Human Resources Staffing and Planning

To fully meet Standard III.A Human Resources, the team recommends that the college assess the adequacy of its current number of qualified classified staff and administrators

and their appropriate preparation and experience necessary to support the institution's mission and purpose. The college must ensure that human resource planning is fully integrated with the institutional program review, planning and budgeting processes and linked to the annual allocations of funding to maintain and improve institutional effectiveness (III.A.2, III.A.6, and I.B.4).

Findings and Evidence:

To address the recommendation, the college formed Workgroup 7, and tasked it with the following: 1) address options for a more effective and efficient organizational structure to determine logical reporting lines and structures that support timely decision making and accountability, 2) review the appropriate number of administrators needed to support and manage the district's instructional programs and services, 3) examine issues relating to the reassignment of personnel, and 4) propose new practices designed to clarify and enhance the roles and authority of deans and department chairs. Additionally, the Board of Trustees directed the Interim Chancellor to propose a new instructional structure, congruent with the findings of an independent fiscal review that was conducted by the Fiscal Crisis Management and Assistance Team (FCMAT).

The Board approved the proposed Academic Affairs re-organization in October 2012. Concurrently, the Vice Chancellor of Student Services re-structured that division, which the Board approved in December 2012. As a result of the reorganizations and to effect such changes, the Board at its February 28, 2013 meeting, provided separation notices to twenty-four administrators, including fifteen in Academic Affairs and nine in Student Services. The hiring process to fill the vacant positions as a result of the administrative reorganizations and separation notices is in progress.

In addition to the organizational changes, the resultant recruitments and management hiring appear to pose challenges and continued reliance is placed on interim appointments. Additionally, at the time of the Show Cause Visit, there were five unfilled vacant positions, and several temporary reassignments to provide requisite knowledge and experience in areas with inadequate staffing, such as accounting, financial reporting, and information technology.

The Show Cause Report noted that once the administrative restructuring had been completed, the district would conduct a review of the supporting staff needs of the administration. As of the Show Cause visit the evaluation of the classified personnel structure had not yet begun.

The concern noted in the Evaluation Team Report, March 12, 2012, that there is a need for "staff and administrators with appropriate preparation and experience to provide the leadership, management or services necessary to support the institution's mission and operations" is in the process of being addressed as a result of the administrative reorganization of academic affairs and student services. Positions have been announced and are in the process of being filled. However, there remain key leadership positions, such as the Director of Information Technology, that are filled by interim contract employees, who albeit knowledgeable, experienced and effective, will not be around to

provide long term, stable leadership to carry-on the massive amount of assessment, planning and implementation underway in response to the Commission's accreditation sanction. Furthermore, the fiscal review assessment resulted in several recommendations related to finance and administrative services, which seem to infer that a review of operations and staffing is warranted in relation to the concern for appropriately prepared and experienced staff (III.A.2).

It remains unclear whether human resource planning is integrated with institutional planning to the extent that there is a systematic assessment of the effective use of human resources and the results of evaluation are used for improvement. While the human resources evaluations that occurred over the last year are being used for improvement, only time will tell whether the assessment will be systematic and whether the results of assessment will become budget priorities (III.A.6, I.B.4).

Conclusion:

The college has partially addressed the recommendation.

Recommendation 8: Physical Resources

To fully meet Standard III.B Physical Resources, the team recommends that the college incorporate all costs required to appropriately operate and maintain existing facilities, whether owned or leased, into its annual and long-term planning and budgeting processes and annually allocate the required human and fiscal resources to effectively and equitably operate and maintain physical resources at locations where courses, programs and services are offered (III.B.1).

Findings and Evidence:

The college assembled a workgroup to specifically identify all costs required to appropriately operate and maintain existing facilities and incorporate them into the college's long-term planning and budgeting process. As a result of the college's development of a comprehensive total cost of ownership (TCO) model, and pending completion of at model and its integration into the planning and budgeting process, the college suspended the Performing Arts Center project.

The workgroup forwarded the drafted TCO model to another workgroup that included center deans who have responsibility for providing the breadth of leadership and management duties for programs, services, and operations for each of the college centers. As a result of this consultation, the draft TCO model was expanded and recorded current administrative and classified support levels.

The TCO model remains a work in progress as the college continues to collect and sort data by center and major locations to better understand the total costs associated with operating each center and site. The collection of data will inform how the college will integrate the TCO model and Center and site operations into the planning process to result in the appropriate allocation of resources.

Conclusion:

The college has partially addressed the recommendation.

Recommendation 9: Technology Resources

To fully meet Standard III.C Technology Resources, the team recommends the college develop a comprehensive plan for equipment maintenance, upgrade and replacement that is integrated with the institution's budget allocation processes; and that the college continues to monitor its information technology systems and implement measures to more fully secure the technology infrastructure (III.C.1.a, c-d, III.C.2).

Findings and Evidence:

The college has developed a comprehensive plan for equipment maintenance, upgrade and replacement that is integrated with the institution's revised processes for program review, planning and budget allocation. The plan includes an increase of $1,500,000 in the 2013-14 budget, and additional increases for the next eight years. This was possible due to the passage of Proposition 30, a temporary State tax initiative, and Proposition A, a temporary local parcel tax.

In addition to the technology plan to replace equipment and software, the revised program review process provides a direct connection between the program reviews throughout the college and the development of budget priorities specifically related to technology.

A review of technology security surrounding the servers and networks resulted in upgrading and, in some cases, replacing software designed to protect the systems. This security upgrade and a keen focus on actual security risks have resulted in a more secure system.

Conclusion:

The college has addressed the recommendation.

Recommendation 10: Financial Planning and Stability

To meet the Standard III.D Financial Resources, the team recommends that the college use its mission statement to inform its allocation of resources decisions to match annual, ongoing expenditures with ongoing financial resources. This action is needed to increase its reserves to a prudent level that will allow it to meet financial emergencies and unforeseen occurrences, to meet its operating expenses without excessive short-term borrowing, and to effectively manage the financial impact of its unfunded, long-term liabilities (III.D.1.c, III.D.2.c).

Findings and Evidence:

The college revised its mission statement to identify the priorities for the college's mission. The revised mission statement is used to guide and focus a revised integrated process of program review, planning and budgeting in order to connect the allocation process to the program review process.

The college has taken initial steps to match annual expenses with annual resources by making adjustments to its 2012-2013 budget. This was accomplished with the agreement among all collective bargaining union partners to implement changes to compensation to achieve immediate savings in the current fiscal year. How this one-year concession is resolved in the year ahead or in the long term remains unknown.

The college admits that there is far more financial analysis and planning left to do. The passage of a temporary state tax and local parcel tax provide the college time to develop plans to establish prudent reserves and reduce short term borrowing. However, other financial challenges must also be addressed. A plan to fully address the Other Post- Employment Benefits (OPEB) liability has not been completed. The dependence on an eight year local parcel tax is a temporary measure to a long term challenge, which requires timely decisions based on long term funding.

Conclusion:

The college has partially addressed the recommendation.

Recommendation 11: Financial Integrity and Reporting

To meet Standard III.D Financial Resources, the team recommends the college use the resources necessary to provide accurate and timely reporting of financial information; and to report this information to internal users so they may effectively participate in the annual and long-term planning and budgeting processes (III.D.1.d, III.D.2.g).

Findings and Evidence:

The college temporarily increased staffing to support the timely completion of the year end 2011-2012 Annual Audit and State reports that are used to determine annual general fund budget allocations. To improve access to up-to-date budget information, the college purchased software to improve the systems necessary to provide accurate and timely financial reporting. The development of this system is not yet complete.

Conclusion:

The college has partially addressed the recommendation.

Recommendation 12: Leadership, Governance and Decision-making

To fully meet Standard IV. Leadership and Governance, the team recommends that the district engage the services of an external organization to provide a series of workshops for all college constituencies, including the members of the governing board, the chancellor, faculty, staff, students and every administrator, in order to clarify and understand their defined roles of responsibility and delineated authority in institutional governance and decision making (IV.A, IV.B).

Findings and Evidence:

Responding to the recommendation, Board members, administrators, faculty, and classified personnel have participated over the past year in a number of workshops and training sessions on college governance and roles and responsibilities in a participatory governance system. Additionally, the student government leadership elected for the Ocean campus and the college centers participated in a meeting about college governance and their roles and responsibilities in the governance system.

The activities have included training by ACCJC, Community College League of California, Academic Senate of the California Community Colleges, and Association of Community College Trustees. The Show Cause Visiting Team found evidence of improved understanding of roles and responsibilities as well as a need for ongoing workshops and better practices by governance constituents.

Conclusion:

The college has partially addressed the recommendation.

Recommendation 13: Governance Structures

To fully meet Standard IV.A   Decision-making Roles and Processes, the team recommends that college leaders from all constituencies evaluate and improve the college's governance structure and consequent processes used to inform decision making for the improvement of programs, practices and services. The college must ensure that the process does not create undue barriers to the implementation of institutional decisions, plans and initiatives (IV.A.1, IV.A.3).

Findings and Evidence:

The 2012 Evaluation Team cited deficiencies that the college must mitigate in order to fully meet the Standard. The cited deficiencies centered on ineffective decision making processes tied to the existing governance structure of the college. The 2012 Evaluation Team noted unclear, cumbersome, and opaque processes, along with ambiguous assignments and applications of roles and responsibilities among the college constituencies. Responding to the recommendation, the college has evaluated its long standing governance structure, and, through new Board Policies (2.07 and 2.08), has significantly revised the governance structure. The college initiated implementation of

the revised governance structure in January 2013, and the Show Cause Visiting Team found that implementation is very much a work in progress. The Show Cause Visiting Team also found that the evaluation and development processes, conducted over the last year were inclusive, reflecting broad engagement among all constituencies.

The revised governance structure is defined by two new Board Policies, one defining the Participatory Governance System headed by a Participatory Governance Council with representatives from all constituencies, and the other defining the Collegial Governance System that specifies the role and responsibilities of the Academic Senate. The revised structures clearly define and promote participation in governance for all employee groups and students. However the implementation is young; therefore, the Participatory Governance Council and the relationship between it and the Collegial Governance System has not yet been defined. The Show Cause Visiting Team found that no operating procedures or processes have been defined for the revised governance structure. The Show Cause Visiting Team was informed that defining operating procedures and processes is the immediate priority. The college's Show Cause Report presents detailed Actionable Improvement Plans, which specify planned steps for implementation.

Through interviews with constituency leaders, the Show Cause Visiting Team found that some participants believe that decisions affecting the college are rushed and too "top down." Some also believe that instability in senior administration has led to some confusion in decision making and that interim administrators may not understand the culture of the college. However, all constituency leaders expressed hope and some confidence in the future and full implementation of the revised governance structures, noting that all are learning as they go. It was clear to the Show Cause Visiting Team that all constituencies are sincerely engaged in implementation of the governance structure and that they are working collaboratively to improve decision making.

Conclusion:

The college has partially addressed the recommendation.

Recommendation 14: Effective Board Organization

To fully meet Standard IV.B Board and Administrative Organization, the team recommends that the board act in a manner consistent with its policies and by-laws, assess and develop operating procedures, develop and implement a plan for board development, and regularly evaluate the effectiveness of its policies and practices (IV.B.1.a, e-h).

Findings and Evidence:

Over the past year, the CCSF Board has participated in several workshops and other activities on governing board roles and responsibilities. The Board has heard from representatives of the Commission on the meaning and application of the Standards

related to governance and governing boards, and Board has conducted its own self-evaluation. The Board also has a schedule for evaluating its own policies, and has reviewed and revised its own policies that inform its conduct, roles and responsibilities. However, as reported in the Show Cause Report and as verified by the Show Cause Visiting Team, the Board still engages in behaviors that violate its own code of ethics and definitions of roles and responsibilities (Board Policy 1.17). In addition, the Show Cause Report presents evidence that Board members have difficulty in delegating authority to the Chancellor, by either undermining decisions made by the Board or by interfering with the implementation of policies adopted by the Board.

The Show Cause Report presents numerous examples of Board action and behavior that violate Board Policy, as well as Commission Standards. In interviews with the Show Cause Visiting Team, Board members admitted to and presented their own examples of actions and behaviors that violate their code of ethics and Commission Standards. At the same time, the Board members, in recognizing their own shortcomings, spoke to their commitment to change, noting that more recently their behavior at Board meetings and, as individuals, away from Board meetings, has improved. Other college leaders verified that claim.

Conclusion:

The college has partially addressed the recommendation.