Mission Statement
Recommendation I:
As previously identified in the 2003 ACCJC WASC Accreditation Report, the team recommends that the college systematically and regularly evaluate and update the mission statement; assure that it defines the college educational purposes, its intended student population, and its commitment to student learning; and use it to guide institutional decisions and improvement goals. (Standards I.A.3 and I.B.2, II.A.1)

*Description of Actions Taken***:**
Since 2011, the College Mission is reviewed annually and updated as necessary at the Shared Consultation Council retreat in August with a full consultation cycle in the fall semester. The criterion for the evaluation of the College Mission includes established institutional performance indicators, trend data, Institutional Student Learning Outcomes, accreditation eligibility requirements, standards and policies. The college community is committed, cognizant, and comprehends that institutional decisions are firmly based on the College Mission.

Program Review forms include criteria for the Mission Statement, Strategic Priorities, Student Learning Outcomes and data. This effort ensures linkage enhancing institutional effectiveness and compliance with ACCJC standards. Further explanation of the process for assessing and updating the College Mission Statement is provided in Standard I.A.3 of this Self Evaluation Report.

Analysis of Results
The College has successfully sustained resolution of this recommendation and is in full compliance with Standards I.A.3, I.B.2, and II.A.1.

Integrated Planning
Recommendation 2:
As previously identified in the 2003 ACCJC WASC Accreditation Report, the team recommends that the college establish and implement a collegial and comprehensive planning process that assures improvement in student learning. Such a process integrates the various college plans; is informed by quantitative and qualitative data and analysis; systematically assesses outcomes within both instruction and noninstructional services; and provides for an ongoing and systematic cycle of goal setting, resource allocation, implementation, and evaluation. (Eligibility Requirement 19, Standards I.B.2, I.B.3, I.B.4, I.B.7 III.A.6, III.B.2.a, and III.B.2.b)

*Description of Actions Taken***:**
The College continues to make significant progress in comprehensive planning. As a result, the College has completed four full cycles of planning that ensure integration.

All institutional planning is based on the Mission, Vision, and Values of the College, which is reaffirmed annually and updated if deemed necessary.

Institutional program review is based on annual assessment of quantitative and qualitative data and learning outcomes. The program review process includes an ongoing and systematic cycle of planning from goal setting to resource allocation.

Prioritization needs are derived from program review and vetted by representatives of all constituencies. Program Review is on a regular cycle and undergoes a systematic review that is linked to the College Mission, goals, and strategic priorities. In addition, budget development is based on needs identified in program review. Needs that require additional funding beyond current budgets are prioritized in five major areas (human resources, technology, facilities, major equipment, and overarching institutional needs) as part of the next fiscal year's budget development process. The process includes participation by representatives of affected constituent groups.

Through the analysis and application of data and outcomes, Program Review supports and promotes improvement of student learning as well as provides the rationale for funding of institutional needs to maintain the integrity of academic programs, services and units.
The institutional planning cycle is assessed annually by the Shared Consultation Council and, as needed, revised to assure institutional planning is effective.

With each cycle of planning the College reviews the efficacy of the process and adjusts when/if deemed necessary. The integrated planning process is now firmly established and assures program review outcomes are incorporated into institutional plans driving the resource allocation process. Further explanation of the process for integrated planning is provided in Standard I.B. of this Self Evaluation Report.

Analysis of Results
The College has successfully sustained resolution of this recommendation and is in full compliance with Eligibility Requirement 19, as well as Standards I.B.2, I.B.3, I.B.4, I.B.7 III.A.6, III.B.2.a, and III.B.2.b.

Program Review and Program Discontinuance
Recommendation 3:
The team recommends that the college improve program review across all areas, integrate it with student learning outcomes, ensure that it is evidence based and is occurring at regular intervals sufficient to provide a foundation for college planning and allocation of human, physical, technological, and fiscal resources. At issue since 1996, the team recommends that the college implement its policy on program discontinuance. (Standards I.A.4, I.B.1, I.B.5, I.B.6, II.A, II.A.1.a, II.A.1.c, II.A.2.e, II.A.2.f, II.B.4, II.C, II.C.1.a, and III.B.2)

*Description of Actions Taken***:**
Program Review is embedded into the College culture. The Program Review process is formally outlined in the Program Review Handbook. The utilization of data in program review and in college-wide dialogue serves as the foundation to enhance institutional planning. The implementation, analysis, and revision to the process has resulted in a paradigm shift toward sustained integrated planning, solidified commitment to student learning, and integrity of our programs and service in support of the College Mission, Vision and Values.

Along with these changes in program review, the Institutional Program Review Committee (IPRC) is working toward improving the Program Review process by developing an online interface for the college community to submit Program Review data. This improvement was

suggested after a review of the Program Review process by the IPRC and is intended to improve institutional planning and effectiveness.

A Program Discontinuance policy has been implemented and, as a result, thirty-three programs were discontinued in 2014. Further explanation of the process for program review and program discontinuance is provided in Standard I.B and II.A of this Self Evaluation Report.

Analysis of Results
The College has successfully sustained resolution of this recommendation and is in full compliance with Standards I.A.4, I.B.1, I.B.5, I.B.6, II.A, II.A.1.a, II.A.1.c, II.A.2.e, II.A.2.f, II.B.4, II.C, II.C.1.a, and III.B.2.

Student Learning Outcomes for Instructional and Noninstructional Areas
Recommendation 4:
The team recommends that the college identify SLOs for all of its courses, academic programs, learning and support services, and identify administrative unit outcomes for noninstructional areas. It is further recommended that the college use data and analysis to assess student achievement of those outcomes and use assessment results to make improvements. (Standards II.A, IIA.2.e, and IIA.2.f)

*Description of Actions Taken***:**
Through the use of Program Review, the College has established and implemented a collegial and comprehensive planning process that includes SLO assessment results to ensure improvement in student learning. SLO assessment and its results are a part of college-wide dialogue. Southwestern has solidified all the elements necessary to sustain continuous quality improvement using SLO assessment results to inform decision-making.

At the beginning of each academic year the SLO assessment process is reviewed. Based on this review improvements are made facilitated by the Institutional Student Learning Outcomes committee. This yearly review ensures that structures are solid to assure that student learning and student success remain at the forefront of decision making. Further explanation of the process for assessing student learning outcomes is provided in Standard II.A of this Self Evaluation Report.

Analysis of Results
The College has successfully sustained resolution of this recommendation and is in full compliance with Standards II.A, II.A.2.e, and II.A.2.f. However, as indicated in Standard II.A the College believes that it can still improve further so an Actionable Improvement Plan was developed and is included in the Self Evaluation Report (Link to AIP).

Distance Education and Substantive Change
Recommendation 5:

The team recommends that, in order to comply with the Commission's policies on distance learning and substantive change, the college submit a substantive change report to offer more than 50 percent of a program through distance education. (Eligibility Requirement 21)

Description of Actions Taken:

Southwestern College submitted a Substantive Change Report to the ACCJC's Substantive Change Committee. The college received confirmation that the report had been accepted in 2011. Since that time, no new distance education courses have been approved by the College curriculum committee.

Analysis of Results

The College has successfully sustained resolution of this recommendation and is currently in full compliance with Eligibility Requirement 21.

Technology Plan

Recommendation 6:

As previously identified in the 1996 and 2003 ACCJC/WASC Accreditation Reports, the team recommends that the college implement a Technology Plan that is integrated with the Strategic Plan and college goals, relies on Program Review, and provides reliable budgetary process for renewing technology and for providing appropriate technology staffing, support, and training college wide. (Standards II.C.1.a, III.C.1.a and III.C.1c)

Description of Actions Taken:

Program Review provides an opportunity for programs to identify new technology and replacement technology needs. The Institutional Technology Committee (ITC), represented by all constituencies and working in collaboration with the Academic Senate's Academic Technology Committee (ATC), has oversight of the Technology Plan and all program review technology requests. The Technology Plan is fully integrated with the Strategic Plan and institutional goals.

While conducting an assessment of the 2011–2015 Technology Plan in 2012, it was recommended that the IT Director design a Technology Plan Implementation Grid. This online database catalogs and tracks technology requests and other technology infrastructure articles that have been approved, funded, and implemented in order to support the internal functions of the College. This database is available college-wide and allows all users to easily track their requests. The IT database became such an essential tool it was improved to include computer labs. Database users are able to identify software and hardware installed in computer labs. This has further enhanced the effectiveness of scheduling and teaching classes. In addition, since 2011 the College has funded, and the ITC and ATC have collaborated on, an Institutional Computer Annual Replacement process.

With oversight from the ITC, processes and structures have been firmly entrenched providing the foundation to ensure this recommendation is sustained. The ATC and ITC will work together beginning in Fall 2015 to draft a new technology plan for 2016-2019. Further explanation of the process for technology planning is provided in Standard III.C of this Self Evaluation Report.

Analysis of Results
The College has successfully sustained resolution of this recommendation and is in full compliance with Standards II.C.1.a, III.C.1.a and III.C.1c.

Professional Development
Recommendation 7:
The team recommends that the college plan and conduct professional development activities to meet the needs of its personnel and implement a formal evaluation process of the activities. (III.A.5, III.A.5.a, and III.A.5.b)

*Description of Actions Taken***:**
A comprehensive Five-Year Staff Development Plan was developed by the Staff Development Committee, under the leadership of the Staff Development Coordinator. This plan was reviewed and approved by the Shared Consultation Council (SCC) in May 2011. The Staff Development Committee will begin in Fall 2015 to review that plan in preparation to create a plan for 2016-2020.

In addition to the Staff Development Plan, a formal evaluation process used for professional development activities was created and includes an evaluation of each activity. In addition, an annual evaluation of the Staff Development program is part of the annual Needs Assessment Survey each spring. Based on the results of that Needs Assessment, the College hired a Training Services Coordinator to provide software training and support for all employees.

Institutional effectiveness has been enhanced as a result of this recommendation's resolution. The Staff Development Committee is responsible for ensuring that the resolution of this recommendation remains sustained. Further explanation of the process for professional development for all employees is provided in Standard III.A.5 of this Self Evaluation Report.

Analysis of Results
The College has successfully sustained resolution of this recommendation and is in full compliance with Standards III.A.5, III.A.5.a and III.A.5.b.

Fostering an Environment of Trust and Respect
Recommendation 8:
The team recommends that the college set as a priority fostering an environment of trust and respect for all employees and students that allows the college community to promote administrative stability and to work together for the good of the college.

Description of Actions Taken:
Changes to the composition of the Governing Board after the elections in November of 2010 along with the resignation of the Superintendent/President shortly thereafter facilitated the beginning of meaningful change. The resignation was followed by a rapid and transparent process that yielded an experienced Interim Superintendent/President with significant accreditation experience. She came to the College in January 2011 with a can-do attitude, mobilized faculty, staff, and students in a way no one would have believed possible. By June of the same year, the college provided enough evidence to the Accrediting Commission that all recommendations were resolved and sustainability plans were in place to ensure that the college

would maintain full compliance. In 2012, after successfully overcoming the ACCJC sanction, the College hired a permanent Superintendent/President, Dr. Melinda Nish who has further enhanced the stability of the institution.

Since 2010, the College has continuously measured employee morale through its annual campus climate survey. As a result of the survey, the Shared Consultation Council (SCC) has established goals to support further dialogue and actions regarding employee morale. Along with the SCC, the Superintendent/President and the Governing Board have created goals focusing on the employee satisfaction, and the College's Strategic Plan includes a commitment to "Create and sustain a culture of inclusion at SWC that supports the charge of the Diversity and Equity Committee as well as promotes trust, respect and collaboration." In response to this need the Diversity and Equity Committee has been established as standing committee of the SCC, and Staff Development has bolstered its offerings of workshops designed to foster inclusivity and diversity to improve morale.

In conclusion, Southwestern College has sustained its efforts in upholding the accreditation standards and maintaining the College's environment of trust and respect since the reaffirmation of accreditation in June 2011. Institutional processes continue to be transparent and inclusive with constituencies providing input for decision-making.

Analysis of Results
The actions associated with resolving the recommendation have led to improved organizational effectiveness. While much has been done to foster an environment of trust and respect, the College also realizes that this is a long-term process.

The College values every employee and strives to sustain an environment of trust where faculty, classified professionals, administrators and students feel valued and free to participate. To support that principle, the College continues to focus on ways to foster continuous sustainable improvement in this area. In order to maintain a quality focus on the health and welfare of employees, the College has taken steps to improve institutional communication methods through the establishment of a shared planning and decision-making process. This process has evolved over the years since the last self evaluation, and more employee voices and perspectives have been included in decision-making. Because trust and mutual respect are core human values, subject to the complexities of human experience, and take many years to develop, the College wishes to make every effort to continue its efforts before, during, and after the accreditation cycle. To support this goal, an Actionable Improvement Plan was developed and is included in the Self Evaluation Report (Link to AIP).

Recommendation 8 (continued):
The team further recommends that the college establish and follow a written process and structure providing faculty, staff, administrators, and students a substantial voice in decision-making processes. (Standards IV.A, IV.B.2.b, and III.A.4.c)

Southwestern College has established and is following a written process and structure providing faculty, staff, administrators, and students a substantial voice in decision-making processes. Processes and structures are in place to ensure that resolution of this recommendation remains sustainable.

The Shared Consultation Council is the college's shared planning committee, holding bi-monthly meetings with membership that includes all constituencies. Policy 2510: Shared Planning and Decision Making was updated and approved. A Shared Planning and Decision Making (SPDM) Handbook was developed and is updated on a three year cycle. The Shared Consultation Council and its members are responsible for ensuring the College continues to sustain resolution of this recommendation.

Policies have been put in place to assure that all constituencies have a substantial voice in shared planning and decision-making. Processes for that substantial voice are codified in the SPDM Handbook and have become the foundation for and are deeply ingrained in our daily operations and planning. This has resulted in an improved level of organizational effectiveness. Further explanation of the process for providing employees and students substantial voice in decision-making processes is provided in Standard IV.A of this Self Evaluation Report.

Analysis of Results
Resolution of this recommendation has been sustained and Standards IV.A, IV.B.2.b and III.A.4.c have been met, resulting in an improved level of organizational effectiveness.

Governing Board
Recommendation 9:
As previously identified in the 2003 ACCJC WASC Accreditation Report, the team recommends the Governing Board adhere to its role as a policy-making body and not interfere with the authority and responsibility of the Superintendent/President for college operations. The team further recommends that the Board act as a whole once it reaches a decision and as an advocate for the college. (Standards IV.B.1.a and IV.B.1.j)

Description of Actions Taken:
The Governing Board is adhering to its role as a policy-making body and not interfering with the authority and responsibility of the Superintendent/President for College operations. Since the change in Governing Board members in December 2010, there is demonstrated respect for each other's opinions, even when not in agreement, and the Trustees are committed to and have acted as a whole once decisions are reached. They also continue to advocate for the College. The Governing Board has also formally established a training calendar and Board development opportunities. Processes and structures are in place to ensure that resolution of this recommendation remains sustainable.

The Governing Board has developed an annual training calendar and ongoing and systematic Governing Board training sessions are taking place. The Governing Board acts as a whole after a decision has been reached, conducts self-evaluations on an annual basis, and continually shows a high level of respect towards one another. Extensive training has been provided for new Trustees and will continue to be provided for new Trustees in the future. The Governing Board selected a

new permanent Superintendent/President in an open, collegial, and transparent manner. Subsequently, the Superintendent/President recommended three new permanent Vice Presidents to fill existing vacancies without any Governing Board interference. Further explanation of the Governing Board's role as a policy-making body is provided in Standard IV.B.1 of this Self Evaluation Report.

Analysis of Results
Resolution of this recommendation has been sustained and Standards IV.B.1.a and IV.B.1.j have been met, resulting in an improved level of organizational effectiveness.

Conflict of Interest and Ethics
Recommendation 10:
The team recommends that the Governing Board establish and implement a formal procedure for handling potential conflict of interest and ethics policy violations and document adherence to the protocol. (Standard IV.B.1.h and IV.B.1.i)

Description of Actions Taken:
The Governing Board's Policy and Procedures 2715 Code of Ethics are in place and the Governing Board is confident it will address any future ethics issues effectively. A revised Code of Ethics Policy, and a new accompanying Procedure, was approved by the Governing Board in 2010 and modified in 2011. The new Procedure 2710 Conflict of Interest was approved by the Governing Board on June 9, 2010. Processes and structures are in place to ensure that resolution of this recommendation remains sustainable.

The Governing Board's updated Code of Ethics Policy and Procedure has been fully implemented and has been operational for more than four years. All Governing Board members sign the Ethics Policy Declaration every year and adhere to the Declaration. Similarly, the Governing Board updated Policy 2710 Conflict of Interest and developed an accompanying Procedure in 2010, both of which have been fully operational for more than four years. Governing Board members are consistently asked to recuse themselves from agenda items during the start of each Governing Board meeting. Further explanation of the Governing Board's code of ethics is provided in Standard IV.B.1 of this Self Evaluation Report.

Analysis of Results
Resolution of this recommendation has been sustained and Standards IV.B.1.h and IV.B.1.i have been met, resulting in an improved level of organizational effectiveness.