



Institutional Effectiveness & Governance Council

Meeting Minutes for March 26, 2026 | 12:50 pm to 1:50 pm | Location: IT*211

Join via [Zoom Link](#) | Meeting ID: 841 3903 6382 | Passcode: 046624

Council Members (total#13)

Ms. Charise Allingham, Mr. Zander Allport, Ms. Hannah Brough, Ms. Caitlin Busso, Dr. Deshonna Harsch, Dr. Tim Russell, Mr. Alex Spencer and Mr. Alex Zuniga

Council Members Not Present: Dr. Hayley Ashby, Dr. Greg Ferrer, Dr. Tenisha James, Ms. Daniela McC Carson, Mr. Dan Reade

Guest(s): Ms. Ashlee Johnson

Recorder: Desiree Wagner

Quorum: # 7

Subject to Brown Act: No

1. Call to Order: 12:50 p.m.

2. Action Items

2.1 Approval of Agenda

- MSC (Motion- Dr. Tim Russell /Second- Ms. Charise Allingham)
- The Council reviewed and approved the agenda.
- **Approved by consensus.**

2.2 Approval of [February 26, 2026, Meeting Minutes](#)

- MSC (Motion- Ms. Charise Allingham /Second- Dr. Tim Russell)
- The Council reviewed and approved the meeting minutes.
- **Approved by consensus.**

2.3 SPGM Institutional Effectiveness and Governance Revisions ([Second Read](#))

- MSC (Motion- Ms. Charise Allingham /Second- Dr. Tim Russell)
- The Council reviewed the second reading of the SPGM Institutional Effectiveness and Governance Revisions. Most of the updates were minor and focused on grammatical corrections. The Council also discussed revision control procedures for documents that require approval from both this group and the College Council prior to implementation in the SPGM. Alex clarified that while the Council's approval advances the document, final approval from the College Council is still required for implementation.
- Discussion also noted the need for additional cleanup to address overlapping content within the document, including the creation of a clearly defined section outlining procedures for making future SPGM revisions. The Council reviewed the established revision process, noting that while updates may occur as needed, a comprehensive review is conducted on a five-year cycle.
- Following discussion, the Council approved the SPGM Institutional Effectiveness and Governance Revisions document.
- **Approved by consensus.**

3. Discussion Items

3.1 [2026 Norco Institutional Self-Evaluation Report Draft](#) (First Read)

- [Presentation Copy](#)
- [Draft \(N\)ISER](#)
- The Council reviewed the first draft of the Norco Institutional Self-Evaluation Report video, narrated by Dr. James. No detailed discussion took place at this time.

4. Information Items

4.1 IEGC Co-Chair Membership Update: Dr. Deshonna Harsch replacing Ms. Ashlee Johnson

- The conversation ended with the announcement of Dr. Deshana Harsh's appointment as a new co-chair member of IEGC, and recognition of Professor Ashley Johnson's contributions to the council.

5. Good of the Order

- No items.

6. Future Agenda Topics

6.1 IEGC 2025-2030 Charter (April 2026 First Read)

6.2 Professional Development Reports

6.3 IEGC Annual Calendar Update for 2026-27

7. Adjournment: 1:11 p.m.

Next Meeting: April 23, 2026, **Time:** 12:50pm to 1:50pm, **Location:** IT*211

Spring 2026 IEGC Schedule		
Meeting Date	Time	Agenda Item Request Deadline
March 26, 2026	12:50-1:50 PM	March 19, 2026 (5 PM)
April 23, 2026	12:50-1:50 PM	April 16, 2026 (5 PM)
May 28, 2026	12:50-1:50 PM	May 21, 2026 (5 PM)

IEGC Purpose

The Institutional Effectiveness & Governance Council (IEGC) coordinates, discusses, and makes recommendations regarding functions, plans, and activities related to mission, academic quality, institutional effectiveness, institutional integrity, leadership, and governance. The IEGC provides leadership and retains responsibility for ACCJC Standards I and IV, while serving as a communication link to the rest of the college regarding strategic and operational matters associated with their assigned Educational Master Plan objectives. The IEGC makes recommendations to the College Council, Academic Senate and the Vice President of Planning & Development.

SPGM Institutional Effectiveness and Governance Procedures Revision (Second Read)

The package of material for this agenda item includes the following in the attached file:

- Clean copy of the revised Part 4 Procedures
- Track changes copy of the revised Part 4 Procedures
- Recommendations for changes to the Governance Manual based on Part 4 revisions



NORCO
COLLEGE

Part 4: Institutional Effectiveness and Governance Procedures



Executive Summary

Norco College has developed a comprehensive and integrated framework for institutional effectiveness and governance designed to support continuous improvement, strategic alignment, and equitable student outcomes. Through a series of institutional and governance procedures, the College ensures that planning, resource allocation, and decision-making are transparent, data-informed, and mission-driven.

College Council serves as the overarching body that integrates the work of the leadership councils – Academic, Student Support, Resources and Institutional Effectiveness & Governance – in support of the College’s strategic goals and continuous improvement.

The chapter details the following:

- **Mission, Vision, and Core Commitments Review** Procedure occurs every five years and involves broad stakeholder input to ensure alignment with student needs, equity goals, and accreditation standards.
- **Assessment of Institutional Climate Procedure** is administered in years one and four of each planning cycle and provides insights into employee and student experiences, informing priorities and identifying progress areas.
- **The Strategic Planning and Governance Manual (SPGM) Revision Procedure** ensures accuracy, consistency, and broad participation in governance practices.
- **Program Review Process** links program evaluation with strategic planning and resource prioritization, using disaggregated data to inform equity-centered decisions.
- **Electronic Voting Procedure for Leadership Councils and Committees** ensures timely and participatory decision-making, supporting transparency and inclusivity.
- **Governance Evaluation Procedure** guides councils and committees through a structured review of their alignment and impact on strategic goals and priorities.
- **Evaluation of Institutional and Governance Procedures** ensure that planning and decision-making processes remain relevant, efficient, and strategically aligned.

Each procedure is presented in the following format:

- Purpose: Explains why the procedure is necessary
- Scope: Describes which areas are covered by the procedures
- Timeline: Prescribes when tasks and activities will occur
- Procedures: Details how the tasks will be conducted
- Instructions: Steps to follow to complete the procedure

These procedures reflect Norco College’s commitment to shared governance, equity, and institutional excellence. The integration of continuous feedback, stakeholder engagement, and strategic alignment ensures that the College is well-positioned to adapt, improve, and fulfill its mission.

Institutional Procedures

Mission, Vision, and Core Commitments Review Procedure

Purpose: The purpose of the Mission Statement, Vision, and Core Commitments Review (MVCC) Procedure is to ensure that Norco College has a clearly defined mission that reflects its character, values, organizational structure, and unique student population as required by the ACCJC Accreditation Standards. Regularly reviewing the Mission Statement, Vision, and Core

Commitments allows College constituents to reaffirm the College's commitment to providing equitable educational opportunities and outcomes for all students.

Scope: The Mission, Vision, and Core Commitments Review Procedure requires the participation of all College constituencies in reviewing and revising the Mission, Vision, and Core Commitments (MVCC), ensuring they reflect the character, values, and structure of the College and the unique student population it serves.

Timeline: Every five years (beginning in the 2024-2025 academic year), the Vice President of Planning & Development and the Accreditation Faculty Co-Chair will lead the review and revision of Norco College's Mission Statement, Vision, and Core Commitments in the Spring Terms of 2025 and 2030. The procedure will align with the evaluation of the strategic planning process and the update of the Strategic Planning and Governance Manual.

Procedure: Led by the Vice President of Planning & Development and the Faculty Accreditation Co-Chair, the College will undergo a process of reviewing and revising the College mission, vision, and core commitments every five years. This includes broad feedback from institutional stakeholders. The Academic Senate and College Council provide input and final recommendations to the College President. The College President initiates district approval via the District Strategic Planning Committee, the Board of Trustees, and the Chancellor.

Instructions:

- 1. Initiate the Mission, Vision, Core Commitments (MVCC) Review**
Process: Develop/launch a college-wide survey with support from the Office of Institutional Effectiveness in year four of a five-year strategic plan to collect college-wide input to review the current MVCC and propose revisions to the MVCC.
- 2. College-Wide Survey Data Review:** The VPPD will collect and engage in initial data review and sensemaking with the Office of Institutional Effectiveness.
- 3. Distribute MVCC Review Feedback and Revisions:** Share college feedback and proposed revisions of MVCC to the College community.
- 4. Newly Revised MVCC Distributed for College Approval:** The newly revised MVCC will be presented at all college leadership councils, including Academic Senate and College Council, as an action item for approval. Academic Senate and College Council will provide a formal recommendation of the MVCC to Executive Cabinet and the College President.
- 5. District Review and Approval:** The College President will forward the approved draft to the District Strategic Planning Committee, the Chancellor's Cabinet, and finally, the Board of Trustees for approval.
- 6. Adoption and Communication:** The College President will distribute the revised approved mission statement, vision, and core commitments to the Norco College community, while the Office of Planning and Development will provide guidance on updating the college's print and online documentation.

Assessment of Institutional Climate Procedure

Purpose: The purpose of the Assessment of Institutional Climate Procedure is to evaluate the college climate using a validated instrument. The goal of the institutional climate assessment is to gather data on the perceptions and experiences of college employees and students, to ensure a positive, inclusive, and productive environment. If there is a desire to compare to other institutions in or outside the district, the instrument will be a third-party instrument constructed for this purpose.

Scope: The procedure covers the selection, dissemination, and use of climate survey results.

Timeline: In every five-year cycle of the strategic plan, the Assessment of Institutional Climate will be completed in the Spring semester of year one and year four of the planning cycle. The initial results of the climate survey will be available to inform all other institutional procedures to guide improvements, and the year four results will indicate whether improvements have been achieved.

Procedures: The Assessment of the Institutional Climate is led by the Office of Institutional Effectiveness in collaboration with the IEGC co-chairs and members to facilitate the selection, dissemination, and use of climate surveys in years one and four of the strategic plan to inform and guide improvements in planning and institutional effectiveness.

Instructions:

- 1. Selection of the Climate Survey:** The Office of Institutional Effectiveness will identify and select a validated climate survey based on a review of technical specifications and input from IEGC.
- 2. Dissemination of the Survey:** The survey will be sent to all members of the stakeholder group for which it is designed or in accordance with established guidelines, if purchased from a third-party.
- 3. Communication of Survey Results:** The results of the climate survey will be shared at IEGC, College Council, Academic Senate and to other college groups as needed in the following Fall semester of year two, highlighting areas for improvement. The results of the year four climate survey will be shared in the Fall semester of year five, identifying whether areas of improvement have made progress over the previous three years and if new areas for improvement have emerged. The results of both climate surveys will be posted on the Institutional Research website.
- 4. Use of Results:** Results will inform and guide institutional procedures and planning processes. Climate survey results in year four will identify whether interventions identified from the year one survey have made an impact. If these areas of improvement persist or if new areas emerge, they may inform the creation of the next strategic plan.

Strategic Planning and Governance Manual (SPGM) Revision Procedure

Purpose: The purpose of the Strategic Planning and Governance Manual Revision Procedure is to ensure the quality, accuracy, integrity, and transparency of the Strategic Plan and Governance Manual by describing the process for making revisions, updates, and improvements.

Scope: The procedure guides revision control for updating the Strategic Plan and Governance Manual.

Timeline: Throughout the five-year SPGM, members of any governance entity or bargaining unit may request updates or changes to the document by following the instructions provided.

Procedures: Requests to revise or update the SPGM are submitted to the IEGC co-chairs, who will initiate and facilitate revision procedure.

Instructions:

- 1. Revision Request:** Identify content to be revised or updated in the SPGM.

- 2. Submit for Review:** Submit a revision request to the SPGM Revision Form to begin the process. The IEGC co-chairs will review and document via a shared Revision Log, which the IEGC Meeting Recorder will maintain.
- 3. Draft Revise:** IEGC co-chairs will send a draft document with the section(s) for revision to the requester.
- 4. Submission of Track Changes:** The requester will make the desired changes using track changes and submit the updated draft to IEGC co-chairs for review and approval.
- 2. Revision Recommendation:** The IEGC co-chairs will present the revision as an Action Item to IEGC for approval.
- 3. Approval:** Once IEGC approves the revision, the IEGC co-chairs will present the revision as an Action Item to College Council for approval.
- 4. Revision Control:** Once College Council approves the SPGM revision, the IEGC co-chairs and meeting recorder will archive the old section, and the document will be submitted via the document control platform with a revision number and date.

Program Review Process

One of the primary processes for facilitating continued improvement at Norco College is the Program Review process. Program Review ensures continuous improvement and alignment with the college's mission, strategic goals, and the Educational Master Plan (EMP). Through the Program Review process, College stakeholders systematically evaluate instructional programs, support services, and administrative units to assess effectiveness and make improvements that will impact student success and equity. This systematic evaluation of all program units within the college guides resource allocation and aligns with Accreditation Standards and the college's commitment to data-driven decision-making. The Program Review Process has four components: 1. Report on current goals; 2. Set new goals; 3. Align program goals with college strategic goals; 4. Determine how the college can help the unit achieve its goals (through resource allocation or improvements to process and procedure.) Each year, programs can make annual updates to their Program Review through resource requests and assessment updates.

Details regarding the Comprehensive Program Review Process, including the Annual Resource Request and Prioritization Process, can be found online at www.norcollege.edu/committees/prc/.

Governance Procedures

Electronic Voting Procedure for Leadership Councils and Committees

Purpose: The purpose of the Electronic Voting Procedure is to encourage participation, support transparency, and ensure consistency across the leadership councils and committees in decision-making. Electronic voting (e-voting) protocols provide flexibility to ensure all constituents, regardless of work location, can participate in college governance, and decision-making is timely and responsive.

Scope: These protocols allow for e-voting by email on items added to the agendas of leadership council meetings. The e-voting protocols exclude agendas and meeting minutes. E-voting procedures are not applicable for governance entities that are subject to the Brown Act (e.g., Academic Senate).

Timeline: Within three business days of a leadership council or committee meeting, the co-chairs may initiate an e-vote on an item from that meeting. An e-vote can be initiated for any agendaized

Once initiated, council/committee members will have five business days to vote electronically on that item.

Procedures: The leadership council/committee co-chairs will initiate e-voting procedures. Although attendance is encouraged and expected for all appointed members, e-voting provides councils/committees with the opportunity to conduct business when the 50% +1 quorum meeting requirements (both in-person and virtual attendees) are not met in addition to items that need to be addressed in a timely manner. Any action item from such a council/committee meeting may be acted upon via the electronic voting procedures below.

Instructions:

- 6. Initiate E-Vote:** Within three business days of a council or committee meeting, the co-chairs may initiate an e-vote on an item from that meeting.
- 7. Distribute E-Vote to Members:** The co-chairs or meeting recorder will initiate the e-vote via an email to voting members. Each email message will only contain one action item and any associated documentation
- 8. Discuss and Collect E-Votes:** All appointed council or committee members, including co-chairs, will have five business days to submit their comments and e-vote.
- 9. E-Vote Reporting:** After an e-vote, the co-chairs or meeting recorder will send an E-Vote Report listing each member's vote and summarizing the outcome. A passing vote requires a majority vote (50% +1) of voting members.
- 10. Add to Meeting Minutes:** The E-Vote Report will be added to the next meeting agenda as an information item

Governance Evaluation Procedure

Purpose: The purpose of the Governance Evaluation Procedure is to ensure the efficiency, effectiveness, and alignment of all governance entities.

Scope: The procedure include instructions for evaluating governance entities to confirm alignment with strategic goals and priorities.

Timeline: In alignment with the strategic plan, the Governance Evaluation procedure will be completed in years two and four of the five-year cycle or can be initiated at any time during the five-year cycle if a need for a major change is identified.

Procedures: The Office of Institutional Effectiveness initiates the Governance Evaluation Procedure in the Fall semester of years two and four of the five-year strategic plan by sending out the Survey of Effectiveness to the council or committee co-chairs. If the need for a major change is identified, the council or committee co-chairs will notify the Office of Institutional Effectiveness to initiate the Governance Evaluation Procedure. Major changes may include updating the name of group name, group purpose, membership structure, strategic alignment, change in authorizing body, or need to create a new group.

Instructions:

- 1. Complete the Survey of Effectiveness:** Council or committee co-chairs will distribute the Survey of Effectiveness to their membership for completion prior to the last meeting of the Fall Semester of years two and four of the five-year cycle.
- 2. Discuss Results and Plan:** At the last Fall meeting of the term, council or committee members will discuss survey results and actions for improvement. Discussion will be documented in meeting minutes.
- 3. Document Improvements and Revisions:** Co-chairs complete the Report of Effectiveness using the survey results and discussion from the last meeting of the

Fall term. If any changes need to be made to the charter based on the Report of Effectiveness, they should be made at this time. The Report of Effectiveness and updated charter (if necessary) should be added as an Action Items to the first meeting of the Spring term.

4. **Feedback & Approval** : A council or committee representative will present the Report of Effectiveness as an Information Item and updated charter (if necessary) as an Action Item to its governing body in the Spring semester of years two and four for feedback and approval. College Council will present its Report of Effectiveness to the college president and will present the updated charter (if necessary) to IEGC as an Information Item.

Take Action: Implement improvements identified through the Governance Evaluation Procedure.

Evaluation of the Institutional and Governance Procedures

Purpose: The purpose of the Evaluation of Institutional Governance Procedures is to evaluate processes and procedures related to strategic planning and decision-making.

Scope: The procedure includes activities for assessing all Institutional and Governance Procedures, program review, resource allocation, and decision-making.

Timeline: In every five-year cycle of the strategic plan, the evaluation of the institutional and governance procedures should be completed in year three.

Procedures: The Institutional Effectiveness Planning Survey (IEPS) is the primary mechanism for evaluating strategic planning and decision-making procedures. The Office of Institutional Effectiveness, in collaboration with the IEGC co-chairs, administers the IEPS in the Fall and conducts the evaluation of the Institutional and Governance Procedures in the Spring of year three.

Instructions:

1. **Complete the IEPS:** The Office of Institutional Effectiveness distributes the IEPS college-wide.
 2. **Present IEPS Results:** The IEGC co-chairs will present the results of the IEPS as a Discussion Item at IEGC, College Council, and Academic Senate.
 3. **Review Evaluation Documents:** The IEGC co-chairs will review the following planning and decision-making documents:
 - Institutional and Governance Procedures
 - Institutional Effectiveness and Planning Survey Results
 - Reports of Effectiveness
 - Minutes from the leadership council meetings where resource requests are prioritized
 - Key Performance Indicators Progress Report: Prepared by the Office of Institutional Effectiveness, this report is presented to College Council and discussed by the leadership councils during the Fall term of each academic year and addresses annual progress toward KPI targets.
 - College President Memorandum: By the end of the year, the college president distributes a memorandum college-wide that identifies which program review resource requests were funded. The Memorandum includes approved positions, items, and budget, and an explanation for requests that were not approved by the president despite their recommendation.
2. **Discuss, Decide, and Improve:** The IEGC co-chairs will discuss any misalignment, discrepancies, or gaps in the planning and decision-making documents and make

recommendations for improvement at the March IEGC meeting in the Spring semester of year three.

3. **Feedback & Approval** (if necessary): IEGC presents the evaluation findings and recommended improvements to College Council as a first read at the April meeting of the Spring semester of year three, with a second read and action scheduled for the May meeting.

4. **Take Action:** At the May meeting of the Spring semester of year three, IEGC co-chairs will share the feedback and improvement updates from College Council and implement the changes to the Institutional and Governance Procedures. Improvements will be used to inform the next strategic plan.

Track Changes Version

Executive Summary

Norco College has developed a comprehensive and integrated framework for institutional effectiveness and governance designed to support continuous improvement, strategic alignment, and equitable student outcomes. Through a series of ~~interconnected institutional and governance~~ procedures ~~and governance structures~~, the ~~college~~ College ensures that ~~institutional~~ planning, resource allocation, and decision-making are transparent, data-informed, and mission-driven.

~~At the core of this framework are five Leadership Councils—Academic, Student Support, Resources, College Council, and the Institutional Effectiveness & Governance Council (IEGC)—which collectively guide the implementation and assessment of the college’s strategic goals. Each council engages in regular self-evaluation through the Reports of Effectiveness, contributing to a cycle of continuous improvement that aligns planning with operational outcomes—College Council serves as the overarching body that integrates the work of the leadership councils—Academic, Student Support, Resources and Institutional Effectiveness & Governance—in support of the College’s strategic goals and continuous improvement.~~

The chapter details the following ~~procedures~~:

- **Mission, Vision, and Core Commitments Review Procedure** occurs every five years and involves broad stakeholder input to ensure alignment with student needs, equity goals, and accreditation standards.
- **Assessment of Institutional Climate Procedure Assessments**, is administered in years one and four of each planning cycle ~~and~~ provides insights into employee and student experiences, informing priorities and identifying progress areas.
- **The Strategic Planning and Governance Manual (SPGM) Revisions Procedure** ~~are governed by a documented process to ensure~~ accuracy, consistency, and broad participation in governance practices.
- **The Program Review Process** links program evaluation with strategic planning and resource prioritization, using disaggregated data to inform equity-centered decisions.
- **Electronic Voting Procedures for Leadership Councils and Committees** ensures ~~timely and participatory decision-making operational continuity when quorum is not met~~, supporting transparency and inclusivity.
- **Governance Self-Evaluation Procedures** guide councils and committees through a structured review of their ~~function, purpose, and impact on institutional goals, including charter reauthorization, alignment and impact on strategic goals and priorities.~~
- **Evaluation of Institutional and Governance Procedures** ~~in year three~~ ensures that planning ~~and decision-making~~, resource allocation, and institutional effectiveness processes remain relevant, efficient, and strategically aligned.

Each ~~of the procedures is provided in the following template~~ procedure is presented in the following ~~format~~:

- Purpose: Explains why the procedure is ~~needed~~ necessary
- Scope: ~~Describes which areas are covered by the procedures~~ Defines what areas the procedures apply to
- Timeline: ~~Describes Prescribes~~ when the tasks and activities will occur
- Procedures: ~~Detail how~~ Details how the tasks will be ~~carried out~~ conducted

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- Instructions: ~~Steps to follow to complete the procedure~~ ~~The actions required to complete the procedure~~

Together, these procedures reflect Norco College's commitment to shared governance, equity, and institutional excellence. The integration of continuous feedback, stakeholder engagement, and strategic alignment ensures that the college-College is well-positioned to adapt, improve, and fulfill its mission.

Institutional Procedures

Mission, Vision, and Core Commitments Review Procedures

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Scope: The Mission, Vision, and Core Commitments Review Procedure requires the participation of all College constituencies in reviewing and revising the Mission, Vision, and Core Commitments (MVCC), ensuring they reflect the character, values, and structure of the College and the unique student population it serves.

Timeline: Every five years (beginning in the 2024-2025 academic year), the Vice President of Planning & Development and the Accreditation Faculty Co-Chair will lead the review and revision of Norco College's Mission Statement, Vision, and Core Commitments in the Spring Terms of 2025 and 2030. The procedure will align with the evaluation of the strategic planning process and the update of the Strategic Planning and Governance Manual.

Procedure: Led by the Vice President of Planning & Development and the Faculty Accreditation Co-Chair, the College will undergo a process of reviewing and revising the College mission, vision, and core commitments every five years. This includes broad feedback from institutional stakeholders. Academic Senate and College Council provide input and final recommendations to the College President. The College President initiates district approval via the District Strategic Planning Committee, the Board of Trustees, and the Chancellor.

Instructions:

- 1. Initiate the Mission, Vision, Core Commitments (MVCC) Review**

Process: Develop/launch a college-wide survey with support from the Office of Institutional Effectiveness in year four of a five-year strategic plan to collect college-wide input to review the current MVCC and propose revisions to the MVCC.

- 2. College-Wide Survey Data Review:** The VPPD will collect and engage in initial data review and sensemaking with the Office of Institutional Effectiveness.

- 3. Distribute MVCC Review Feedback and Revisions:** Share college feedback and proposed revisions of MVCC to the College community.

- 4. Newly Revised MVCC Distributed for College Approval:** The newly revised MVCC will be presented at all college leadership councils, including Academic

Senate and College Council, as an action item for approval. Academic Senate and College Council will provide a formal recommendation of the MVCC to Executive Cabinet and the College President.

5. **District Review and Approval:** The College President will forward the approved draft to the District Strategic Planning Committee, the Chancellor's Cabinet, and finally, the Board of Trustees for approval.

6. **Adoption and Communication:** The College President will distribute the revised approved mission statement, vision, and core commitments to the Norco College community, while the Office of Planning and Development will provide guidance on updating the college's print and online documentation.

Assessment of Institutional Climate Procedures

Purpose: The purpose of the Assessment of Institutional Climate Procedure is to evaluate one or more aspects of the institutional climate through using a validated instrument. The goal of the institutional climate assessment is to gather data on the perceptions and experiences of college employees and students, to ensure a positive, inclusive, and productive environment. If there is a desire to compare to other institutions in or outside the district, the instrument to be used should be a third-party instrument constructed for this purpose.

Scope: The procedures covers the selection, dissemination, and use of climate survey results.

Timeline: In every five-year cycle of the approved strategic plan, the Assessment of Institutional Climate will be completed in the Spring semesters of year one and year four of the planning cycle. In this way, the initial results of the climate survey will be available to inform all other institutional procedures for areas of guide improvements, and the year four results will indicate whether improvements have been achieved.

Procedures: The Assessment of the Institutional Climate is led by the Office of Institutional Effectiveness in collaboration with the IEGC co-chairs and members to facilitate the selection, dissemination, and use of climate surveys in years one and four of the five-year strategic plan to inform and guide improvements in planning and institutional effectiveness.

Instructions:

- Selection of the Climate Survey:** The Office of Institutional Effectiveness will identify and select a validated climate survey based on a review of technical specifications and input from the IEGC Chairs and/or IEGC members.
- Dissemination of the Survey:** If purchased from a third party, the survey will be sent to all members of the stakeholder group for which it is designed or in accordance with third party established guidelines, if purchased from a third party.
- Communication of Survey Results:** The results of the climate survey will be shared at an IEGC, College Council, Academic Senate and to other college groups as needed meeting in the following Fall semester of year two, highlighting areas for improvement. The results of the year four climate survey will be shared in the Fall semester of year five, identifying whether areas of improvement have made progress over the previous three years and if new areas for improvement have emerged. The results of both climate surveys will be posted on the Institutional Research website.
- Use of Results:** Results will inform and guide institutional procedures and planning processes. Climate survey results in year four will identify whether interventions identified from the year one survey have made an impact. If these areas of improvement persist or if new areas emerge, they may inform the creation of the next strategic plan.

Commented [AH1]: If the climate survey will be coordinated across the district, we will need to update this section to describe who is responsible and the process.

Commented [AH2]: Talk to Dr. James about the status of the climate survey discussion with Dr. Few; take climate survey comparison and discussion to first IEGC meeting.

Strategic Planning and Governance Manual (SPGM) Revision Procedures

Purpose: ~~The purpose of the Strategic Planning and Governance Manual Revision Procedure is to~~ Ensure the quality, accuracy, integrity, and transparency of the Strategic Plan and Governance Manual by describing the process for making revisions, updates, and improvements.

Scope: ~~The procedure guides r~~ Revision control ~~procedures~~ for updating the Strategic Plan and Governance Manual ~~(SPGM).~~

Timeline: Throughout the five-year SPGM, members of any governance entity or bargaining unit may request updates or changes to the document by following the instructions provided. ~~Alternatively, any institutional member may submit updates or improvements to the SPGM through the SPGM Improvement Form, which should be sent directly to the IEGC Co-Chairs.~~

Procedures: Requests to revise or update the SPGM are submitted to the IEGC co-chairs ~~(by a governance entity or through the Improvement Form),~~ who will initiate and facilitate ~~the document control and~~ revision procedures.

Instructions:

- ~~1. Content Update~~**Revision Request:** ~~Members of any governing entity i~~ identify ~~procedures or content to be revised or updated that requires a revision or update~~ in the SPGM.
- ~~2. Submit for Review:~~ ~~A request is submitted~~ **Submit a revision request** to the ~~IEGC co-chairs~~ **SPGM Revision Form** to ~~initiate the document revision~~ **begin the** process. The IEGC co-chairs will review and document via a shared Revision Log, which the IEGC Meeting Recorder will maintain.
- ~~3. Draft Revise:~~ IEGC co-chairs will send a ~~Watermarked D~~raft ~~Word~~ document ~~of with the revised/updated~~ section(s) **for revision** to the requestor.
- ~~4. Submission of Track Changes:~~ The requester will ~~make the desired changes using~~ **provide** track changes ~~via redlining to the section~~ and submit ~~the updated final~~ draft to IEGC co-chairs for review and approval.
- ~~2. Revision Recommendation:~~ The IEGC co-chairs will present the ~~finalized~~ revision as an Action Item to IEGC for ~~approval~~ **consideration**.
- ~~3. Approval:~~ ~~Once IEGC approves the revision, the~~ IEGC co-chairs will ~~present the revision as an Action Item to College Council for approval. submit the recommended revisions to College Council for review and approval.~~
- ~~4. Revision Control:~~ Once College Council approves the SPGM ~~updates~~ **revision**, the IEGC co-chairs and meeting recorder will archive the old section, and the document will be submitted via the document control platform with a revision number and date.

Program Review Process

One of the primary processes for facilitating continued improvement at Norco College is the Program Review process. Program Review ensures continuous improvement and alignment with the college's mission, strategic goals, and the Educational Master Plan (EMP). Through the Program Review ~~process~~ **process**, College stakeholders systematically evaluate instructional programs, support services, and administrative units to assess effectiveness and make improvements that will impact student success and equity. This systematic evaluation of all program units within the college guides resource allocation and aligns with ~~A~~ccreditation Standards and the college's commitment to data-driven decision-making. The Program Review Process has four components: 1. Report on current goals; 2. Set new goals; 3. Align program goals with college strategic goals; 4. Determine how the college can help the unit achieve its goals (through resource allocation or improvements to process and procedure.)-Each year, programs can make annual updates to their Program Review through resource requests and assessment updates.

Commented [AH3]: Does this form exist and where is it located online? is a form even needed or can requests be sent directly to the co-chairs using the instructions?

Commented [AH4]: This section including the diagram will need to be updated following the comprehensive PR evaluation and once a mandatory annual review is implemented. The timeline may need to be adjusted, especially for faculty prioritization (might need to be called out separately on the diagram).

Details regarding the Comprehensive Program Review Process, including the Annual Resource Request and Prioritization Process, can be found online at www.norcocollege.edu/committees/prc/.

Governance Procedures

Electronic Voting Procedures for Leadership Councils and Committees

Purpose: ~~The purpose of the Electronic Voting Procedure is to~~ encourage participation, support transparency, and ensure consistency across the leadership councils and committees in decision-making. Electronic voting (e-voting) protocols provide flexibility to ensure all constituents, regardless of work location, can participate in college governance, and decision-making is timely and responsive.

Scope: These protocols allow for e-voting by email on items added to the agendas of leadership council meetings ~~agendized action items from leadership council meetings at which quorum is not met. These e-voting procedures may not be used for any other purpose.~~ The e-voting protocols exclude agendas and meeting minutes. E-voting procedures are not applicable for governance entities that are subject to the Brown Act (~~i.e. e.g.,~~ Academic Senate).

Timeline: Within three business days ~~following of any a~~ leadership council or committee meeting, ~~the co-chairs may initiate an e-vote on an item from that meeting, where quorum is not met, an e-vote can be initiated for any agendaized a quorum is not met, an e-vote can be initiated for any agendaized action item from that meeting.~~ Once initiated, council/committee members will ~~be provided have at least~~ five business days to vote electronically on that item.

Procedures: The leadership council/committee co-chairs will initiate e-voting procedures. Although ~~council~~ attendance is encouraged and expected for all appointed members, e-voting provides councils/committees with the opportunity to conduct business when the 50% +1 quorum meeting requirements (both in-person and virtual attendees) are not met in addition to items that need to be addressed in a timely manner. Any action item from such a council/committee meeting may be acted upon via the electronic voting procedures below.

Instructions:

- ~~5. Establish Quorum: The leadership council co-chairs establish that voting is suspended due to a lack of quorum at the regularly established council meeting.~~
- 6. Initiate E-Vote:** Within three business days ~~following of a~~ leadership council or committee meeting ~~in which a quorum was not met~~, the council co-chairs may initiate an e-vote on ~~any action~~ item from that meeting.
- 7. Distribute E-Vote to Members:** The leadership council, co-chairs ~~and/or meeting recorder, or meeting recorder~~ will initiate the e-vote via an email to voting members. Each email message will only contain one action item and any associated documentation. ~~distribute separate messages for each item for which an e-vote is sought. Each item shall include the relevant documentation for the action item.~~
- 8. Discuss and Collect E-Votes:** All appointed leadership council or committee members, including ~~council~~ co-chairs, will have five business days to submit their comments and e-vote.
- 9. E-Vote Reporting:** After an e-vote, the co-chairs ~~and or~~ meeting recorder will send an E-Vote Report ~~to the members~~ listing each member's vote and summarizing the outcome ~~of the vote~~. A passing vote requires a majority vote (50% +1) of voting members.

Commented [AH5]: Should this be expanded to apply to all committees and taskforces under leadership councils. If so, we need to adjust the language in this section to be more broadly applicable.

Commented [AH6]: Why is evoting restricted to when a quorum is not met? Past practice has allowed evoting on time-sensitive items outside of meeting times.

Commented [AH7]: Feedback was to add quorum requirement, but decided against due to past exceptions that did not meet this condition.

Commented [AH8R7]: The protections built in are: 1. item must have been added to a meeting agenda in the past; 2. allows for informed decision meeting by giving context and background to members prior to e-voting.

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Commented [AH9]: Should evoting really be contingent on a lack of quorum?

10. Add to Meeting Minutes: The E-Vote Report will be added to the next meeting agenda as an information item and meeting minutes of the next meeting.

Charter Procedures

Purpose: To ensure that each governance charter provides accurate and up-to-date information to orient the efforts of the council or committee regarding their contributions to the operational and strategic efforts of the College through regular review and examination of the charter.

Scope: Governance entities can create new charters at any time during the five-year strategic planning cycle. All governance entities shall seek reauthorization of existing charters in years two and four of the five-year strategic planning cycle as part of the Governance Self-Evaluation and Continuous Improvement Process.

Timeline: Each governance entity conducts an annual internal review of its charter for updates and revisions, led by the chair or co-chairs. In years two and four of the five-year strategic planning cycle, each governance entity will participate in the Governance Self-Evaluation and Continuous Improvement Procedures, which includes a formal and in-depth review of the charter in response to the Report of Effectiveness.

Procedures: Charter procedures define the required charter elements as well as the process for review and updating charters. The first set of instructions is for the creation of new charters, followed by the procedures for the reauthorization of existing charters.

New Charter Instructions:

1. **Creation of New Charter:** Any member of a constituent group at the college may propose a new council, committee, or other group that aligns with and supports the College's strategic goals. The following charter elements are required:

- Name of Council/Committee
- Description: A 25-50 word overview (brief and descriptive) of the Council/Committee's mission or central charge.
- Meeting Schedule
- Chair/Co-Chairs (include constituent group when relevant)
- Membership: names of members and relevant constituent groups (e.g., faculty, classified professionals, etc.) from which each membership is drawn.
- Key Performance Indicators/Goals: Specific KPIs or Goals that the Council/Committee has been assigned and the specific KPIs or Goals that the Council/Committee has chosen to pursue.
- Equity Focus: A brief statement about how it will contribute to the development of equity at the college, including but not limited to equity-focused efforts, populations, or initiatives.
- Edition Date: Date of their most recent revision and dates of previous versions of the charter.
- Support Staf: Support staf assigned to the Council/Committee

2. **Feedback and Approval:** The new charter will be presented to the appropriate governance entity (i.e. one of the four leadership councils or Academic Senate) authorizing body to examine and discuss mission alignment and strategic goal alignment, as well as compliance with institutional effectiveness procedures.

3. **New Charter Recognition:** New charters are subject to additional approval from the following entities:

- a. **Norco College Academic Senate:** Councils, committees, or other groups that impact 10+1 matters as defined by the Educational Code.

Commented [CA10]: Should there be a process for establishing workgroups or project teams? At least a template of things to consider, i.e., timeframe, deliverables, alignment, approving and reporting group, and any reports?

Commented [CA11]: Confusing, consider re-writing for clarity

Commented [CA12]: Repetitive, consider revising and simplifying.

Commented [CA13]: Will a template be provided to ensure consistency?

Commented [CA14]: Consider removing names because membership changes constantly. Consider including the desired membership, which includes the constituent group and department/area of each member.

Commented [CA15]: Alignment to accreditation standards?

b. **Office of the President:** Councils, committees, or other groups that direct Norco College employees' time and effort. The Office of the President may also delegate charter approval authority to relevant leadership councils.

Reauthorization of Existing Charter Instructions:

1. **Review Charter Elements:** Each governance entity will annually review the following charter elements to ensure accuracy in composition and purpose, led by the chair/co chairs.

- **Name of Council/Committee**
- **Description:** A 25-50 word overview (brief and descriptive) of the Council/Committee's mission or central charge.
- **Brown Act:** identification of bodies subject to the Brown Act
- **Meeting Schedule:** regularly occurring meeting schedule
- **Chair/Co-Chairs** (include constituent group when relevant)
- **Reports and Recommendations:** to the governance entity or office that the council or committee reports and submits recommendations to
- **Required Reports and Updates:** specific reports and updates related to institutional effectiveness and strategic goals
- **Key Performance Indicators/Goals:** Specific KPIs or Goals that the Council/Committee has been assigned and the specific KPIs or Goals that the Council/Committee has chosen to pursue
- **ACCJC Accreditation Standards:** alignment to specific standards that guide the committee or council's work
- **Equity Focus:** A brief statement about how it will contribute to the development of equity at the college, including but not limited to equity focused efforts, populations, or initiatives.
- **Edition Date:** Date of their most recent revision and dates of previous versions of the charter.
- **Link:** Provide URL to site with Membership Roster.

2. **Discuss and Document:** The members will discuss the composition and purpose of the council or committee alongside their **R**Report of Effectiveness and document any recommended revisions to the charter via meeting minutes. Groups are encouraged to engage in dialogue and reflection to continuously improve their efforts.

3. **Feedback and Approval:** Charter revisions and recommendations will be presented to the group's governing body to examine and discuss mission alignment and strategic goal alignment, as well as compliance with institutional effectiveness procedures. Minor changes require reporting to the authorizing body, while major changes require approval from the authorizing body.

a. **Minor Changes:** Changes that do not require approval include:

- i. Meeting schedule and location
- ii. Changes in members or co-chairs
 1. Per Senate bylaws, approval is required if a Senate committee wishes to name a non-faculty member as a co-chair.

b. **Major Changes:** Changes that require approval include:

- i. The identity of support staff for Senate committees as required by Academic Senate bylaws
- ii. Group Name
- iii. Group Purpose

Commented [AH16]: New charters are only necessary when new leadership council or committees are created (they are not required for operational groups - see pg. 32 of the SPGM). New councils and committees are only created following an evaluation of the strategic plan/structure. This section should not be included in the procedures because it creates the misconception that new governance entities can be created at any time merely by developing a new charter.

Commented [AH17R16]: On pg. 32 in "3. Operational Groups" you should include a list item that requires those groups to document their purpose, scope, deliverables, and timeline at the time of creation by the umbrella council/committee.

Commented [CA18]: This should be membership structure, areas, roles, and constituent groups, actual names are unnecessary

Commented [CA19]: This is not indicated as included in new charters?

Commented [CA20]: Again, this is not mentioned as required or even optional in the creation of a new charter; consider including.

Commented [CA21]: Consider providing a link to committee or council webpage.

Commented [CA22]: Consider revising to suggest reviewing Senate bylaws for membership considerations for Senate subcommittees.

Commented [CA23]: Shouldn't this also apply to all councils and committees, because changes in support staff may be implicated by job descriptions?

- iv. Membership structure
- v. Strategic alignment
- vi. Change in authorizing body

4. **Charter Reauthorization:** Once the authorizing body approves the revised updates and changes, the charter is reauthorized and formally recognized as a governance entity. Any group that does not seek reauthorization or is not granted reauthorization should no longer convene.

Governance Self-Evaluation & Continuous Improvement Procedures

Purpose: The purpose of the Governance Evaluation Procedure is to ensure the efficiency, effectiveness, and alignment of all governance entities. The universal self-evaluation and continuous improvement process amongst all governance entities at Norco College.

Scope: The procedures include instructions related to the self-evaluation for evaluating of all governance entities for the purpose of to strengthening confirm alignment to with strategic goals and priorities, and continued improvement.

Timeline: In alignment every five-year cycle of an approved with the strategic plan, the Governance Evaluation self-evaluation and continuous improvement procedure will be ~~to be~~ completed in years two and four of the five-year plan cycle or can be initiated at any time during the five-year cycle if a need for a major change is identified.

Procedures: Facilitated by council or committee co-chairs, with IEGC co-chairs' support and oversight by College Council. The evaluation and improvement procedures Governance Evaluation Procedure The Office of Institutional Effectiveness initiates the Governance Evaluation Procedure will be initiated in the Fall semester of years two and four of the five-year strategic plan by sending out the Survey of Effectiveness to the council or committee co-chairs, to support the college Mission, Vision, and Core Commitments through continuous improvement procedures in governance aligned with Accreditation Standards. If the need for a major change is identified, the council or committee co-chairs will notify the Office of Institutional Effectiveness to initiate the Governance Evaluation Procedure. Major changes may include updating the name of group name, group purpose, membership structure, strategic alignment, change in authorizing body, or need to create a new group.

Instructions:

1. **Complete the Survey of Effectiveness:** Each Council or committee co-chairs will distribute the Survey of Effectiveness to their membership for completion prior to the last meeting of the Fall Semester and facilitate survey completion in the Fall semester of years two and four of the five-year strategic plan of years two and four of the five-year cycle.
2. **Discuss Results and Plan, Decide, and Improve:** At the last Fall meeting of the term, council or committee members will document discussions and decisions regarding survey results and actions for improvement. Discussion will be documented in meeting minutes, charter alignment, and recommended improvements, along with actions that ensure compliance with institutional procedures.
3. **Document Improvements and Revisions:** Co-chairs complete the Report of Effectiveness using the survey results and discussion from the last meeting of the Fall term. If any changes need to be made to the charter based on the Report of Effectiveness, they should be made at this time. The Report of Effectiveness and updated charter (if necessary) should be added as an Action Items to the first meeting

Commented [CA24]: 1. The above makes this confusing: is membership a major or minor change?

Commented [AH25]: Split this section in three parts: 1. Governance Self-Evaluation that would include the administration of the Survey of Effectiveness and the review of the results; 2. Improvement Plan Procedures that would include the Report of Effectiveness (discussion and decisions aimed at making improvements to the council or committee); 3. Improvement Plan Implementation Procedures that would include making the improvements specified by the plan including changes to the charter.

Commented [AH26]: Change based on feedback

Commented [AH27]: Change based on feedback

Commented [CA28]: Identify IE as the coordinating body for the survey distribution and dissemination of results. How often and when should the SOE be reviewed and updated?

~~of the Spring term. Improvements are documented by refining and revising the council or committee Charter.~~

4. **Feedback & Approval** (if necessary): A council or committee representative will present ~~findings, plans, the Report of Effectiveness as an Information Item~~ and updated ~~charters (if necessary) as an Action Item~~ to ~~the its~~ governing body in the Spring semester of years two and four ~~for feedback and approval. (In the case of the College Council, it will present its finding, and improvement plans~~ Report of Effectiveness to the college president and will present the updated charter (if necessary) to IEGC as an Information Item. ~~to the Institutional Effectiveness and Governance Council (IEGC)). The council or committee will adjust improvement plans in collaboration with feedback from the oversight governance body. If necessary, councils or committees should obtain approval for significant changes to their organizational structure or purpose.~~

5. **Finalize Improvement Plan:** Prepare the Report of Effectiveness (ROE) in the Spring semester of years two and four, and present and distribute the ROE to the oversight governing body as an agendaized information item, as well as in the council/committee minutes, agenda, and posted public information. Updates, revisions, and improvements should be reflected in the council/committee charter.

6. **Charter Reauthorization:** The approved and updated charter is reauthorized with an updated Edition Date.

7. **Take Action:** Implement improvements identified through the Governance Evaluation Procedure. Take action to improve institutional effectiveness, including, but not limited to, governance training and refinement of charter purview and strategic alignment.

Evaluation of the Institutional and Governance Procedures

Purpose: The ~~purpose of the Evaluation of Institutional Governance Procedures is to evaluate evaluation of the institutional processes and procedures related to regarding~~ strategic planning and decision-making ~~procedures.~~

Scope: The procedures include activities ~~for assessing all Institutional and Governance Procedures, relating to institutional effectiveness and planning, including program review, resource allocation, and decision-making, and compliance with institutional procedures.~~

Timeline: In every five-year cycle of ~~an approved, the~~ strategic plan, the evaluation of the institutional and governance procedures should be completed in ~~the Fall semester of year year three of the planning cycle.~~

Procedures: The Institutional Effectiveness Planning Survey (IEPS) is the primary mechanism for evaluating strategic planning and decision-making procedures. The Office of Institutional Effectiveness in collaboration with the IEGC co-chairs administer the IEPS in the Fall and conducts the evaluation of the Institutional and Governance Procedures in the Spring of year three. Led by IEGC co chairs and facilitated by council or committee co chairs. The Institutional Effectiveness Planning Survey (IEPS) is distributed college wide. All college employees are encouraged to participate. Following the IEPS administration in the Fall of year three, the IEGC co-chairs will initiate the evaluation of the institutional effectiveness and governance procedures in the Spring semester of year three.

Instructions:

1. Complete the IEPS: Review of the Planning and Decision-Making

~~Procedures:~~ The Office of Institutional Effectiveness distributes the IEPS college-wide.

Commented [AH29]: To be continued. This section needs to be further considered and revised.

Commented [CA30]: Consider doing it again in preparation for the next strategic plan to inform improvements and needs.

2. Discuss Present IEPS Results: The IEGC co-chairs will present the results of the IEPS as a Discussion Item at IEGC, College Council, and Academic Senate.

1.3. Review Evaluation Documents: The IEGC co-chairs will review the following planning and decision-making documents:

- Institutional and Governance Procedures
- Institutional Effectiveness and Planning Survey Results
- Reports of Effectiveness
- Minutes from the leadership council meetings where resource requests are prioritized
- Key Performance Indicators Progress Report: ~~This report, to be prepared by the Office of Institutional Effectiveness, shall be presented at a College Council meeting during the fall term of each academic year addressing annual progress made on KPI targets. This report shall subsequently be discussed by each of the Leadership Councils as part of their annual review of assigned EMP objectives and their associated KPIs. Prepared by the Office of Institutional Effectiveness, this report is presented to College Council and discussed by the leadership councils during the Fall term of each academic year and addresses annual progress toward KPI targets.~~
 - College President Memorandum: ~~By the end of the year, the college president distributes a memorandum college-wide that identifies which program review resource requests were funded. The Memorandum includes approved positions, items, and budget and explanation for requests that were not approved by the president despite their recommendation.~~
 - ~~Review of the timeline for all institutional effectiveness and governance procedures—~~
 - ~~Review of annual progress in KPI targets as presented to College Council—~~
 - ~~Institutional Effectiveness and Planning Survey—~~
 - ~~Review of the Mission, Vision, and Core Commitments Review Procedures and adherence to those procedures—~~
 - ~~Review of the charters for all Leadership Councils and College Council—~~

~~o The IEGC co chairs will review decision making processes via a sampling of the following documents—~~

- ~~▪ Minutes from the leadership council meeting where resource requests are prioritized. Program Review and Resource Prioritization documentation as presented to College Council from each of the leadership councils—~~
- ~~▪ President's Memorandum: The President's Memorandum is distributed by the President's Office at the conclusion of each academic year. The memorandum communicates the alignment between the college's budget priorities and approved resource allocations, as well as decision updates that have college wide impact that were recommended through the governance process—~~

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Commented [CA31]: Should the IE dean or the OIE be included in this process, considering their role on campus?

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Commented [AC32]: Where is this mentioned? Will this be annual? Need some details of what this is

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Commented [CA33]: This needs to be explained somewhere in the SPGM

Commented [CA34]: Where is this mentioned? Will this be annual? Need some details of what this is

•—College President Memorandum: By the end of the year, the college president distributes a memorandum college-wide that identifies which program review resource requests were funded. Based on the previous year's program review requests and the prioritization process, by the end of each academic year (or as soon thereafter as budget recommendations and decisions for the subsequent academic year have been made) the College President will submit a memorandum to the college-at-large that identifies which resource requests were funded. The Memorandum shall include approved positions, items, and budget and explanation for requests that were not approved by the president despite their recommendation—that are approved for hiring as well as other resources. In instances in which the President's decisions do not correspond to the recommendations of the prioritization process, a detailed rationale for the decisions will be provided.

•—Regular Update (RU): All members of the college community can submit items for inclusion in the Regular Update, which is released bi-monthly during the Fall and Spring terms, and once a month during Winter and Summer terms. The information collected documents the College's work to achieve our strategic priorities as well as documentation of evidence for continued improvement in support of accreditation. The RU is shared internally and publicly.

2. **Discuss, Decide, and Improve:** The IEGC co-chairs will discuss any misalignment, discrepancies, or gaps in the planning and decision-making documents and make recommendations for improvement at the March IEGC meeting in the Spring semester of year three. Document discussions, decisions, and recommended improvements with actions, including alignment and compliance with institutional procedures at the March meeting of the Spring semester of year three to IEGC as a first read.—

3. **Feedback & Approval** (if necessary): The leadership council/IEGC presents the evaluation findings and plans recommended improvements to the College Council as a first read at the April meeting of the Spring semester of year three, with a second read and action to be taken in scheduled at for the May meeting. Adjust improvement plans in collaboration with feedback from the council. Obtain approval if needed for major changes to planning and decision-making.—

4. **Finalize Improvement Plan Take Action:** At the May meeting of the Spring semester of year three, IEGC co-chairs will share the feedback and improvement updates from College Council and implement the changes to the Institutional and Governance Procedures. Improvements will be used to inform the next strategic plan.

4. Prepare a final report documenting the findings and recommendations from College Council at the May meeting of the Spring semester of year three to IEGC. Present and distribute the report to the oversight governing body as an agendaized information item and in the council/committee minutes, agenda, and posted public information.—

5. **Take Action:** Engage in action steps to improve institutional effectiveness, including, but not limited to, constituency-based governance training and revisions/updates to the council's purview and alignment as identified in the charter. Improvements will be used to inform the next strategic plan.—

Commented [AH35]: Why are we using the RU for the evaluation of governance procedures as there is no requirement for submission related to strategic goals? The RU is a communication tool, but we do not use it for planning or decision-making.

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Recommendation Resulting from Revision of Institutional Procedures

Under “Definitions of Groups” in the Governance Manual (p. 29-30)

Recommend adding the following to “3. Operational Groups” after the first list item (a.):

b. The above groups should document their purpose, deliverables, and timeline at the time of creation which should be included in the meeting minutes of the associated council/committee.

Reaffirming Our Purpose: The Norco College ISER

Collective Responsibility in Continuous Improvement

Presented to the Norco College Community | Spring 2026



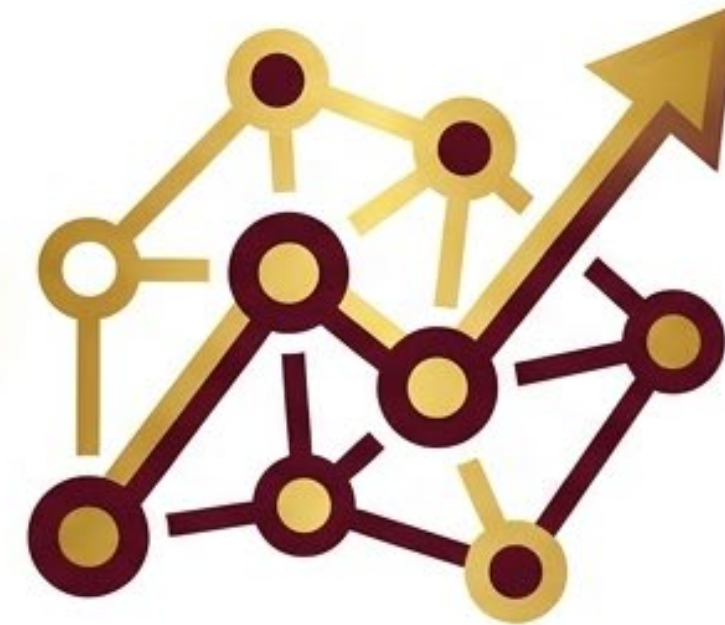
Reframing Accreditation: Beyond a Compliance Checklist

The Old View



~~Proving we follow the rules
for an external agency.~~

The New View

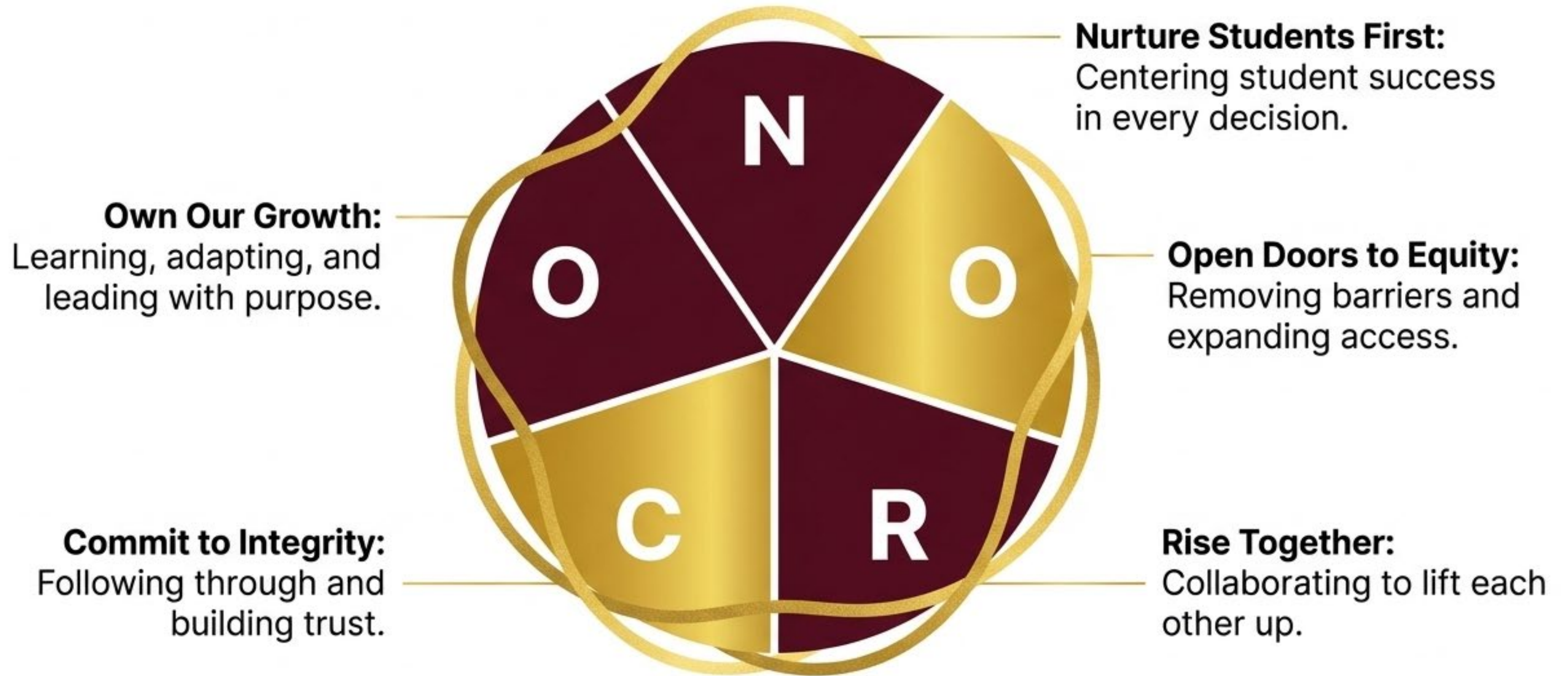


**Documenting how we learn, adapt,
and improve equitable outcomes
for our unique student population.**

The Institutional Self-Evaluation Report (ISER) is a mirror. It proves that our commitment to equity is backed by data, dialogue, and resource allocation.

Anchored in Our Core Commitments

The 2025-2030 framework that guided our institutional self-evaluation.



The Golden Thread in Action: Assessment to Allocation



Having data isn't enough. The magic happens between Data and Action—when faculty and staff dialogue turns insights into resource requests.

Translating ACCJC Standards into Local Ownership



Standard 1: Mission & Effectiveness

Owned by: IEGC &
College Council

Focus: KPI tracking,
integrated planning,
and institutional
accountability.



Standard 2: Student Success

Owned by: Academic &
Student Support
Councils

Focus: Curriculum rigor,
SLOs, holistic support,
and equitable outcomes.



Standard 3: Infrastructure & Resources

Owned by: Resources
Council

Focus: Fiscal stability,
facilities planning, and
technology security.



Standard 4: Governance

Owned by: College
Council & Academic
Senate

Focus: Participatory
decision-making and
continuous evaluation.

Looking to the Horizon: Our Documented Commitments

Where We Are Going



Granular Equity Data:

Deepening SLO assessment with course-level demographic data via the NAC Canvas pilot.



Student Feedback Loops:

Adding direct student perspectives to our communication and service reviews.



Systematizing KPI Loops:

Establishing a consistent reporting cycle linking KPI outcomes directly to campus changes.

What We've Learned

A. We learned that structural conditions matter as much as data.

B. Disaggregated data reveals complex equity gaps requiring differentiated, coordinated responses.



The Missing Pieces: We Need Your Evidence

The narrative is written. The governance structure is sound. Now, we need the definitive proof.

We have embedded specific **[Evidence Needed]** flags throughout the **current ISER draft**. We are **relying** on you—the faculty, staff, and managers who do the daily work—to supply **these vital artifacts and help us cross the finish line**.

Evidence Flag 1: Closing the Loop in the Classroom

The Strategic Need:

ACCJC requires proof that we don't just collect SLO data, but that faculty use it. We need to document the explicit pathway from assessment to instructional improvement.

What We Need From You:

- 2-3 specific examples of disaggregated data driving a change in instructional practice.
- Named disciplines and specific citations (from Nuventive submissions or department meeting minutes).
- Proof of faculty dialogue directly leading to an action plan.

Evidence Flag 2: Validating the Student Experience

The Strategic Need:

We must prove that our communication is clear, accurate, and consistently accessible to students navigating their unique educational journeys.

What We Need From You:

- EduNav Screenshots:** Real, student-facing examples showing exactly how students track their degree progress.
- Communication Review Logs:** Analytics snapshots or logs showing our periodic review of high-impact webpages to ensure accuracy and relevance.



Next Steps for Continuous Improvement

The Strategic Need:

Our ISER isn't just a historical record; it's a blueprint for our future. We need to ensure the report narrative reflects a culture of ongoing inquiry and improvement, demonstrating that our processes are not static but dynamic and effective.

What We Need From You:

- ✓ **Narrative Alignment:** Review ISER sections to ensure the evidence we've collected is woven into a clear, compelling narrative that demonstrates the "closing of the loop."
- ✓ **Focus on Process:** Clearly describe the *processes* of dialogue, analysis, and planning that lead to improvement, not just the outcomes.
- ✓ **Future-Forward Planning:** Articulate concrete, actionable next steps and future plans based on our current findings, showing a commitment to sustained progress.

The Final Stretch to Institutional Reaffirmation



Submit Evidence: Submit evidence to your Leadership Council Chairs or directly to the Office of Planning and Development.





**“We learn, adapt, and lead
with creativity and purpose.”**

The ISER is not just a report for the Commission. It is the documented story of how we support every learner on their path.

Thank you for your dedication. Let's finish telling our story.

NORCO COLLEGE

Institutional Self-Evaluation Report

in Support of an Application for

Reaffirmation of Accreditation

Submitted by

Norco College
2001 Third Street
Norco, CA 92860

to

Accrediting Commission for Community and Junior Colleges

[insert date of submission: Month Year]

Certification

To: Accrediting Commission for Community and Junior Colleges

From: Dr. Monica Green
Norco College
2001 Third Street
Norco CA 92860

This Institutional Self-Evaluation Report is submitted to ACCJC in support of an Application for Reaffirmation of Accreditation. The Institutional Self-Evaluation Report reflects the nature and substance of this institution, as well as its best efforts to align with ACCJC Standards and policies, and was developed with appropriate participation and review by the campus community.

Signatures:

[Chief Executive Officer of Multi-College District, if applicable] [Date]

[Chief Executive Officer] [Date]

[Chairperson, Governing Board] [Date]

[Name, Title, Representing] [Date]

[Name, Title, Representing] [Date]

[Name, Title, Representing] [Date]

[Name, Title, Representing] [Date]

Update the table of contents prior to submission. To update, click anywhere in the table of contents and select "Update Table" on the tab that appears above the table of contents header. When prompted, select "Update entire table."

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Forward to the Institutional Self-Evaluation Report

Provide a **very brief** (1 page maximum) overview of the high-level themes and findings that emerged from the institution's self-evaluation process. The forward is intended to provide readers with a sense of what the institution learned from its self-reflection (including areas of strength and opportunities for institutional growth). ACCJC staff recommend writing this section last, after the rest of the institutional narrative has been completed.

[Insert the Forward to the Institutional Self-Evaluation Report.]

A. Introduction: Institutional Context

Provide a brief introduction to the institution and its context. Include a brief history of the institution, including the year of establishment. Provide data and/or narrative to help readers understand the community and student population the institution serves as it implements its mission, and highlight any major events or developments that have occurred at the institution since the last comprehensive review. Suggested length is 3-5 pages of narrative (not including any charts, tables, or other visuals).

[Insert the Introduction.]

B. Institutional Self-Evaluation of Alignment with Accreditation Standards

For each numbered Standard below (i.e., 1.1, 2.4, 3.2, etc.), provide a narrative response that analyzes the institution's alignment with the Standard. The narrative should address the review criteria and provide supporting evidence, data, and examples as appropriate. The narrative should also address opportunities for innovation and areas for improving alignment to the Standard that were identified during the self-evaluation process.

As you prepare to draft your response, it may be helpful to reflect on the following questions:

- What does the institution do to align with the Standard?
- What are the results of these actions? How effectively do the actions support equitable student success? How do you know?
- What did the institution learn?
- What will the institution do differently as it moves forward? How will the institution's learning inform its plans for action, improvement, and/or innovation?

Standard 1: Institutional Mission and Effectiveness

The institution has a clearly defined mission that reflects its character, values, organizational structure, and unique student population. The mission outlines the institution's explicit commitment to equitable student achievement and serves as a guiding principle for institutional planning, action, evaluation, improvement, and innovation.

1.1. The institution has established a clearly defined mission that appropriately reflects its character, values, structure, and unique student demographics. The institution's mission articulates its commitment to ensuring equitable educational opportunities and outcomes for all students. (ER 6)

Norco College's mission reflects the students and community it serves: "Norco College is an open-access college that supports every learner on their educational path. We help diverse students grow, succeed, and change their lives through education." The Mission, Vision, and Core Commitments (MVCC) were developed through a structured, college-wide process that engaged faculty, classified professionals, students, and administrators, and approved by the Board of Trustees on November 18, 2025. (Mission and Core Commitments) The SPGM 2025–2030 codifies mission review as a five-year cycle, with the next review scheduled for Spring 2030, ensuring this remains a standing institutional responsibility rather than an ad hoc undertaking. (SPGM 2025–2030, MVCC Review Procedures)

Because the Board approved the revised mission on November 18, 2025, institutional effectiveness data, planning documents, and structured reflection activities completed prior to that date reference the College's prior mission language. Those sources are cited throughout this standard as evidence that mission-reflection processes are institutionalized and that their findings informed the revision; they do not constitute evaluation of the current Board-approved mission. The 2025–26 academic year is the first full cycle in which the revised MVCC serves as the reference point for institutional effectiveness instruments, program review, and structured reflection activities.

The mission reflects Norco College's student population and regional context. The College enrolls a student population that is 58.9% Hispanic/Latinx and 7.2% Black or African American — together representing 65% of first-time college students and 78% of first-generation students — and most students attend part time. (Norco College At-a-Glance 2025) As a Hispanic-Serving Institution (HSI), Black-Serving Institution (BSI), and Asian American and Native American Pacific Islander-Serving Institution (AANAPISI), and the only public higher education institution on the I-15 corridor, the College serves communities with historically limited access to higher education. The Student Equity Plan 2022–2025 documents these demographics alongside the outcome metrics the College monitors to ensure that commitment to access translates into equitable outcomes. (Student Equity Plan 2022–2025, Section II)

The five Core Commitments — Nurture Students First, Open Doors to Equity, Rise Together, Commit to Integrity, and Own Our Growth — translate the mission into shared institutional expectations across faculty, classified professionals, administrators, and students. The SPGM 2025–2030 embeds the MVCC as the foundation for institutional planning, governance, and continuous improvement, connecting mission language to measurable goals and decision-making structures. (Mission and Core Commitments; SPGM 2025–2030, College Alignment)

This commitment to equitable outcomes is grounded in data. (DI) for Black/African American and Hispanic/Latinx students across all five equity metrics. As of January 2025, Black/African American students' successful enrollment rate stood at 12.8%, compared to 20% for the broader student population, and the Hispanic/Latinx transfer gap continued to widen. (Student Equity Plan 2025–2028, Figure 2) The Institutional Effectiveness and Planning Survey (IEPS) embeds annual mission-review questions that invite faculty and classified professionals to assess how their work connects to institutional outcomes — a process that predates the current mission and will be updated to reflect the revised language beginning in 2025–26. (IEPS Mission Review Survey Results 2024–25) These mechanisms ensure that the mission's commitment to "every

learner" is evaluated against evidence, not assumed.

Both the SPGM 2025–2030 and the Educational Master Plan align institutional goals and programmatic priorities with mission-driven outcomes including transfer, workforce preparation, and certificate and degree completion.. (SPGM 2025–2030, College Alignment; Educational Master Plan 2030)

Moving Forward

The 2025–26 academic year is the first full cycle under the revised mission. The 2025–2026 Catalog retains prior mission language from the preceding cycle; the College website and high-visibility materials already reflect the Board-approved mission. (Mission and Core Commitments; Norco College 2025–2026 Catalog) The Office of Planning and Development is coordinating remaining updates, monitored through the College's governance processes. IEPS mission review questions will be updated beginning in 2025–26 to establish a baseline for evaluating the revised mission's reach across the institution.

1.2. The institution establishes meaningful and ambitious goals for institutional improvement, innovation, and equitable student outcomes.

Norco College establishes institutional goals through an integrated, evidence-informed planning process documented in the SPGM 2025–2030. Goals are set at the college level through strategic objectives and Key Performance Indicators (KPIs), connected to unit-level work through program review and administrative assessment, and evaluated on an annual cycle. (SPGM 2025–2030, Strategic Objectives and KPIs) The 2025–2030 objectives were developed using multi-year KPI trend data from the prior planning cycle — including areas where progress was insufficient — ensuring that goals reflect honest institutional assessment rather than directional aspirations. Some evidence cited in this section references 2020–2025 KPIs and objectives; those documents are included to demonstrate the continuity of the College's goal-setting processes across planning cycles.

Equitable student outcomes are embedded in the goal structure, not treated as supplementary concerns. Two of the 2025–2030 KPIs explicitly target the elimination of equity gaps: Objective 3.1 for Black/African American students and Objective 3.2 for Hispanic/Latinx students. (SPGM 2025–2030, Strategic Objectives and KPIs) The Student Equity Plan 2022–2025 reinforces this alignment by documenting the disproportionate impact methodology the College uses to identify gaps and the inquiry-based strategies designed to close them across five metrics: successful enrollment, persistence, transfer-level completion, degree and certificate completion, and transfer. (Student Equity Plan 2022–2025)

Institutional goals are coherent across planning documents because the SPGM 2025–2030 functions as the integrating framework. Strategic objectives cascade into the Educational Master Plan, the Student Equity Plan, and the Strategic Enrollment Management (SEM) Plan 2024–2027, which aligns enrollment strategy to institutional priorities including access, persistence, completion, and equity. (Educational Master Plan 2030; SEM Plan 2024–2027) This coherence ensures that goal-setting is a shared responsibility across governance structures rather than an administrative function.

Moving Forward

The goal-setting infrastructure is in place and producing results. The immediate priority is ensuring VP-level administrative assessments of the 2025–2030 strategic objectives are completed and documented, providing the evidence base for the annual KPI progress review cycle. As multi-year data accumulates under the new planning cycle, the College will continue refining how KPI trend data is communicated to constituents — deepening shared understanding of where progress is sufficient and where sustained effort is needed. (SPGM 2025–2030, Strategic Objectives and KPIs)

1.3. The institution holds itself accountable for achieving its mission and goals and regularly reviews relevant, meaningfully disaggregated data to evaluate its progress and inform plans for continued improvement and innovation. (ER 3, ER 11)

Norco College holds itself accountable for institutional performance through a layered system of published standards, annual data review, and structured improvement cycles that connect evidence to action across every level of the institution. Institution-set standards (ISS) establish published benchmarks for student achievement that are monitored annually and brought forward to participatory governance venues including the Academic Senate, supporting shared understanding of institutional performance and improvement expectations. (ISS Procedural Response; Academic Senate Presentation)

The SPGM 2025–2030 structures annual monitoring of college-level KPIs across eight areas including equitable access, equitable success, and institutional effectiveness, ensuring that progress toward strategic objectives is reviewed on a regular cycle. (SPGM 2025–2030, Strategic Objectives and KPIs) Program review reinforces this accountability at the unit level: the Program Review and Resource Request Procedure uses outcomes assessment data as a scoring element for resource requests, creating a direct link between evidence of program effectiveness and budget prioritization. (Program Review and Resource Request Procedure) Administrative assessment connects operational decision-making to KPI-linked evaluation — the Office of the President, for example, explicitly identifies monitoring FTES, success rates, and equity factors before and after SEM Plan implementation as a core assessment responsibility.

Disaggregated data is central to how Norco identifies gaps and plans responses. The Student Equity Plan 2022–2025 documents the College's disproportionate impact methodology and an inquiry-team model that uses qualitative and quantitative methods to investigate root causes of persistent equity gaps for Black/African American and Hispanic/Latinx students. (Student Equity Plan 2022–2025) SEP Research Highlights translate student-experience evidence into actionable recommendations — including strengthening student awareness of available supports — ensuring that planning reflects what students report experiencing, not only what institutional data shows. (Student Equity Plan Research, Campus Area Highlights 2023–24) Disaggregated KPI equity data has also driven specific staffing and resource responses. Analysis of degree attainment and transfer gaps for Men of Color and Hispanic/Latinx students supported the creation of a full-time Student Success Coach position; persistent equity gaps in degree and certificate attainment for LGBTQ+ students prompted a documented action plan to transition the Student Resource Specialist from part-time to full-time and establish ongoing funding for the Phoenix Scholars Program. (KPI Equity Reports; Student Services Annual Update 2025)

The transition to Canvas-based SLO data collection represents a significant advance in the College's assessment infrastructure: for the first time, results can be compared on a common scale and tracked over time across disciplines (Five-to-Thrive Presentation to BOT). Nuventive displays these results in a dedicated dashboard that disaggregates SLO mastery data by demographic group, making equity patterns in student learning visible alongside the achievement data faculty already review in program review. As of Fall 2025, 22% of course outcomes data has been collected in Canvas, up from 15% at the end of 2024-2025 — reflecting how early the College is in this transition. A college-wide campaign is underway to expand faculty participation and build consistent assessment practice across all programs. (Annual Assessment Report 2024-2025; Canvas SLO Data Collection Process)

Moving Forward

Two areas are in active development. The first is SLO documentation in program review: the College is piloting a structured approach in Nuventive so that program review consistently captures where SLO results influenced improvement decisions and resource requests — strengthening the evidence trail from assessment to action. The second is dashboard granularity: the Nuventive SLO dashboard currently displays mastery data disaggregated by student demographics at the aggregate level, combining results across

courses and outcomes. Developing course-level disaggregation is a priority, as more granular data is a condition for the targeted, faculty-led equity analysis the College's inquiry model depends on. (Annual Assessment Report 2024-2025; Program Review and Resource Request Procedure; SPGM 2025–2030)

1.4. The institution's mission directs resource allocation, innovation, and continuous quality improvement through ongoing systematic planning and evaluation of programs and services. (ER 19)

Norco College's mission directs resource allocation and continuous quality improvement through an integrated planning system that connects unit-level program review to college-level priorities and budget decisions. Program review is the primary mechanism through which instructional, student services, and administrative units evaluate effectiveness, identify improvement priorities, and connect planning to the College's strategic objectives. (SPGM 2025–2030) The Program Review and Resource Request Procedure defines how units document needs, link requests to Educational Master Plan goal areas and mission-aligned priorities, and submit evidence in support of resource allocation decisions — ensuring that funding follows institutional purpose rather than precedent. (Program Review and Resource Request Procedure)

Resource requests move through a sequenced governance pathway — leadership council ranking followed by College Council review — before final funding decisions are made, reinforcing consistency and transparency. (Program Review and Resource Request Procedure) Faculty hiring requests illustrate how this works in practice: units document alignment to EMP goals, specify the requested resource, and identify the funding source in support of mission-directed capacity building. (Sample Faculty Hiring Request, 2025) These processes ensure that the mission's commitment to open access and equitable student success is operationalized through how the College allocates its resources.

Program review operates on a three-year cycle with optional annual updates and is accepted as the basis for resource requests at all campus locations. Continuous quality improvement is also reflected in the College's ongoing refinement of its planning documentation through participatory governance — including SPGM revisions reviewed and approved through the Academic Senate — demonstrating that planning structures themselves are subject to the same improvement cycle they govern. (SPGM 2025–2030; Academic Senate Minutes, November 2024)

Moving Forward

Norco College's planning systems are functioning and well integrated. The College is exploring whether aligning comprehensive program review timing with the five-year strategic planning cycle would strengthen coherence across planning systems and support longer-range analysis of program effectiveness. This evaluation will be carried out through the College's participatory governance processes, with findings informing the next SPGM revision cycle.

1.5. The institution regularly communicates progress toward achieving its mission and goals with internal and external stakeholders in order to promote understanding of institutional strengths, priorities, and areas for continued improvement. (ER 19)

Norco College communicates institutional progress through recurring, high-visibility forums and public-facing channels that connect evidence to shared understanding of priorities. Town Hall presentations share KPI results with the full campus community, framing progress against targets, identifying areas of strength, and naming focus areas for improvement. (NC KPI Progress Report) The SPGM 2025–2030 establishes KPI progress reporting and communication expectations as standing governance responsibilities, ensuring that transparency about institutional performance is built into how the College operates. (SPGM 2025–2030)

Program reviews are written, stored in Nuventive, and publicly posted on the Program Review Committee

website, providing all employee groups, students, and community members access to program-level evaluation and improvement planning. (Program Review Committee Website) The Regular Update, distributed to all faculty and classified professionals on a published schedule, was developed through the prior accreditation cycle to connect institutional news and activity to strategic direction. Most items are explicitly tagged to a named strategic goal, making the connection between daily institutional work and college priorities visible on an ongoing basis. (Regular Update Website) Beyond internal channels, the College's strategic planning documents — including the SPGM, Student Equity Plan, and Educational Master Plan — are publicly accessible, ensuring that any stakeholder can examine institutional goals, equity commitments, and improvement priorities directly. Beyond campus, the College communicates progress through community forums — including a 2025 presentation to the Eastvale Chamber of Commerce updating local business and community stakeholders on institutional facilities development, state-funded construction projects, and the new Corona Educational Center. (Eastvale Chamber of Commerce Presentation 2025)

Data and evidence actively inform institutional dialogue — not only what is shared but how priorities are set and decisions are made. The College's equity research and inquiry work illustrates this most clearly: SEP research highlights translate qualitative student-experience findings into actionable priorities, elevating student voice in institutional decision-making. (Student Equity Plan Research, Campus Area Highlights 2023–24) The Spring 2025 State of the College materials demonstrate closing the loop — reporting a marked reduction in fraud indicators following coordinated institutional actions, showing constituents that evidence-informed decisions produce measurable results. (State of the College, Spring 2025)

Moving Forward

Norco College's channels for communicating progress are established and active. The next step is systematizing how the College closes the loop — establishing a consistent reporting cycle that communicates back to campus and community how KPI, Student Equity Plan, and program review findings have resulted in specific policy, process, and service changes. The Office of Institutional Effectiveness and the Vice President of Planning and Development are developing an IE report addressing progress toward the 2020–2025 strategic plan goals and objectives; going forward, this will become an annual report providing constituents with a structured account of institutional improvement across planning cycles.

Standard 2: Student Success

In alignment with its mission, the institution delivers high-quality academic and learning support programs that engage and support students through their unique educational journeys. Academic and learning support programs promote equitable student success, and the institution evaluates student learning and achievement data to inform improvements and advance equitable outcomes.

Suggested length for Standard 2 is no more than 20 pages.

2.1. Academic programs at all locations and in all modes of delivery are offered in fields of study consistent with the institution's mission and reflect appropriate breadth, depth, and expected learning outcomes. (ER 3, ER 9, ER 12)

Norco College's academic programs are developed and maintained through a structured, faculty-driven curriculum process that runs from initial concept through Board of Trustees approval. Faculty-initiated proposals must document alignment with the College's mission and Educational Master Plan before advancing through governance review, ensuring that program development is grounded in institutional purpose from the outset. (Curriculum Development Process) The programs that emerge from this process span the full range of pathways described in the mission: in 2022–23 the College conferred 2,342 total credentials across associate degrees, Associate Degrees for Transfer (ADTs), and certificates. (SEM Plan 2024–2027, Figure C.04.03)

Breadth and rigor are maintained through layered review. Board Policy governing associate degrees assigns the Chancellor, in consultation with the District Academic Senate, responsibility for ensuring all courses used to fulfill degree and general education requirements meet established standards, while the Curriculum Committee exercises local oversight of proposal quality and alignment. (BP/AP governing associate degrees) The Academic Council's 2025–2030 charge includes systematic review of program design and delivery across all modalities, with equitable attainment of learning outcomes as a standing evaluation criterion, and the Program Review Committee conducts regular reviews of program effectiveness and equity. (SPGM 2025–2030, Academic Council charge)

The College's commitment to Open Doors to Equity shapes how this portfolio is evaluated. The Student Equity Plan 2025–2028 identifies persistent disproportionate impact for Black/African American students in successful enrollment and persistence, and for Hispanic/Latinx students in transfer-level English and math completion and transfer. (Student Equity Plan 2025–2028) These gaps inform ongoing program evaluation and the Academic Council's review priorities.

Academic standards extend equally to students at all locations. The Rising Scholars program at the California Rehabilitation Center (CRC) has awarded more college degrees than any other California Department of Corrections and Rehabilitation institution — 84 students earned ADTs in the most recent reporting period — demonstrating that the College's commitment to breadth, rigor, and equitable access applies across every instructional context. (Rising Scholars Program Annual Report)

The same expectations for breadth, depth, and rigor apply across all delivery modalities. Policies and procedures governing online and hybrid course development ensure that courses offered by distance education meet the same curricular standards as in-person instruction. (Curriculum Handbook; DE Addendum)

Moving Forward

[Re-evaluate] The Academic Council's systematic review of program design and delivery across all modalities, launched under the 2025–2030 SPGM, will generate the next cycle of evidence on whether programs are achieving equitable learning outcomes across student populations. As that review matures, findings will

inform program development priorities and resource allocation decisions.]

**2.2. The institution, relying on faculty and other appropriate stakeholders, designs and delivers academic programs that reflect relevant discipline and industry standards and support equitable attainment of learning outcomes and achievement of educational goals.
(ER 3, ER 9, ER 11, ER 14)**

Norco College's curriculum is designed, reviewed, and revised through faculty-led governance processes that ensure currency, rigor, and alignment with discipline standards. District policy establishes the framework for curriculum and program development and affirms Academic Senate authority over curriculum, while the Curriculum Committee exercises local oversight. Course Outlines of Record (CORs) embed discipline standards directly — PSYC-C1000, for example, specifies required topical coverage, evaluation methods, and SLOs aligned with external discipline expectations. (COR, PSYC-C1000) Curriculum currency is monitored systematically through Nuventive, where disciplines confirm whether courses are current within a four-year cycle and document plans for updating out-of-date courses as part of program review. (Nuventive Curriculum Review Screenshots)

Program review is the primary mechanism through which the College evaluates whether programs are achieving equitable outcomes. The Program Review Committee (PRC), a standing committee of the Academic Senate, establishes guidelines and content requirements for comprehensive review. Nuventive prompts require disciplines to analyze multi-year trends in success, retention, awards, and equity indicators, and embedded dashboards support disaggregated analysis by student subgroup. (Program Review Data Review Screenshots) A standardized feedback tool strengthens review quality and consistency by prompting reviewers to verify that equity gaps are identified and that action plans are stated when gaps exist. (Program Review Feedback Tool 2024–27)

Where relevant to the discipline, workforce and industry feedback inform program development and review. Advisory board involvement is documented in program development materials — the Biomedical Electronic Equipment Repair Certificate, for example, documents external partner need as part of the proposal — ensuring that program design reflects regional labor market conditions alongside discipline standards. (Biomedical Electronic Equipment Repair Certificate Program Development Materials)

The Norco College Assessment Committee (NAC), a standing committee of the Academic Senate, supports assessment practice and learning improvement. The College has transitioned to Canvas-based SLO data collection, enabling results to be disaggregated by demographic group and tracked over time. NAC built PLO assessment capability in Canvas during Fall 2025, with initial data beginning to be collected. Spring 2026 marks the first major campaign to drive systematic PLO assessment participation across disciplines, with programs developing assessment schedules and taking ownership of program-level outcomes. (Annual Assessment Report 2024-2025)

Moving Forward

Norco College's assessment infrastructure is established and improving. Two priorities are underway. The first is formalizing and publishing a collegewide SLO and PLO assessment cycle — with clear timelines, documentation expectations, and integration points with program review — to ensure complete and verifiable assessment loops across all programs. The second is implementing structured reflection and improvement documentation within Nuventive, so that faculty dialogue, equity analysis, instructional adjustments, and reassessment outcomes are consistently captured as part of the review cycle. Both initiatives are led by NAC and reflect what program review cycles have demonstrated: outcomes-focused improvement is strongest when equity-minded analysis and follow-through are embedded in routine practice, not treated as optional additions. (Learning Outcome Assessment Status Briefing; NAC Charter)

2.3. All degree programs include a general education framework to ensure the development of broad knowledge, skills, and competencies related to communication, quantitative reasoning, critical thinking, information literacy, civic responsibility, and the ability to engage with diverse perspectives. (ER 12)

Norco College's general education framework is grounded in Riverside Community College District policy, which articulates general education as central to the associate degree and emphasizes coherent, integrated learning rather than the accumulation of units. (BP 2025) The District Academic Senate holds authority for developing, revising, and maintaining associate degree requirements and the General Education Student Learning Outcomes (GELOs), and the College Catalog publishes GELOs and their definitions across four interdisciplinary domains, making the framework visible and accessible to students. (Norco College 2025–2026 Catalog)

All associate degree programs include a structured general education pattern requiring coursework across foundational communication and quantitative reasoning as well as broad disciplinary engagement in the arts and humanities, social and behavioral sciences, and natural sciences. (GE Courses 2025–26) The California General Education Transfer Curriculum (Cal-GETC) provides a parallel transfer-aligned pathway, requiring coursework across the same core competency areas and ensuring that students pursuing transfer meet lower-division general education norms. (Cal-GETC Pattern) Academic support services reinforce core competencies across the curriculum — the Library provides research instruction and support for information literacy, and the Learning Resource Center supports quantitative reasoning and writing skills. (Library and LRC Catalog Description)

District assessment committees, including Norco College participation, have identified opportunities to improve GELO outcome clarity and measurability and advanced a formal governance pathway for reviewing and revising ILO and GELO language. (Process for Updating ILO Language, Academic Senate Presentation)

Moving Forward

No GELOs were assessed in 2024-2025 as the Canvas infrastructure for direct GELO assessment was being built. NAC began importing GELOs into Canvas in Fall 2025 alongside PLOs, and Spring 2026 marks the first major campaign to drive systematic GELO assessment participation across disciplines. The immediate priority is establishing a Norco-specific cycle of GELO assessment — including regular analysis, disaggregation by student population, and structured faculty reflection — that connects general education outcomes to the same improvement infrastructure being built for course and program-level assessment. (Annual Assessment Report 2024-2025)

2.4. The institution communicates clear, accurate, and accessible information regarding programs, services, and resources that foster success in students' unique educational journeys. (ER 20)

Norco College communicates student learning outcomes through multiple aligned, publicly accessible channels. Course-level Student Learning Outcomes (SLOs) are established in approved Course Outlines of Record (CORs), where General Education Student Learning Outcomes (GELOs) are also linked to SLOs where appropriate. Program Learning Outcomes (PLOs) are published in the College Catalog within degree and certificate program listings. CORs are publicly accessible through CurricUNET, making course-level outcomes and requirements available to prospective and current students. Faculty syllabi communicate course-level outcomes and expectations directly to enrolled students, and the Improvement of Instruction (IOI) process ensures syllabi accurately reflect approved curriculum through mandatory review for contract faculty and regular review for tenured faculty. (Norco College 2025–2026 Catalog; CurricUNET; IOI Process; Syllabus Shell Template)

Students access program requirements, support services, and institutional resources through a coordinated

set of channels designed to serve students across entry points and throughout their educational journey. The College Catalog and published class schedule provide foundational information on program requirements, course offerings, and key academic policies. A centralized services hub on the College website directs students to core academic and student support resources, and the Student Handbook Canvas shell places those same resources within the learning management environment students use daily. (Student Support Services Catalog; Student Support Links on Website) The College communicates in multiple modalities — including social media to amplify information about courses, programs, and events — and provides a website translation tool to support multilingual students and community members. (Website Translation Tool; NC Instagram) [Evidence Needed: EduNav student-facing degree progress screenshots — incorporate when available to demonstrate how students track progress toward completion.]

Norco College reviews its communication practices to ensure clarity, accuracy, and relevance. The College Catalog is reviewed and updated annually, and the IOI process provides recurring review of instructional communications to ensure syllabi accurately reflect approved curriculum. (Norco College 2025–2026 Catalog; IOI Process) [Evidence Needed: Web/communications review log or analytics snapshot — evidence of periodic review of high-impact webpages and whether findings inform updates. Check SPGM for policy.]

Moving Forward

Norco College's priority in this area is adding a student feedback dimension to existing communication review mechanisms — incorporating student perspectives on the clarity and accessibility of program requirements, support services, and academic planning tools into the College's institutional effectiveness processes. This will complement the accuracy-focused review already in place and provide evidence that communications are not only correct but navigable for the students they serve.

2.5. The institution holds itself accountable for students' success by scheduling courses in a manner that ensures degree and certificate programs can be completed in the expected period of time. (ER 9)

Norco College builds its course schedule to ensure that every student who commits to a degree or certificate can find the courses they need, in the sequence they need them, within a reasonable time. The Academic Council (AC), which holds primary institutional responsibility for this standard under the SPGM 2025–2030, coordinates scheduling oversight with the Academic Planning Chairs (APC) — a body of department chairs and deans of instruction that builds and maintains the schedule each term. (SPGM 2025–2030, Academic Council Charter; SEM Plan 2024–2027, Chapter 4)

Schedule construction follows written Guiding Principles codified in the SEM Plan 2024–2027. These principles require balancing general education sections across morning, afternoon, and evening time blocks and across multiple day configurations so that students with constrained schedules encounter sufficient sections of required courses. The College's scheduling grid is designed to minimize class overlap, allowing students to move between three-unit and four-unit courses without time conflicts. All pathway courses rotate on a two-year cycle, ensuring every course required for a degree or certificate is available at least once per academic year; CTE completions and Associate Degree for Transfer (ADT) pathway maps are explicit rotation requirements. (SEM Plan 2024–2027, Appendix B.01)

The College protects pathway access through a deliberate section cancellation policy. Sections with fill ratios below 70% are eligible for cancellation, but the policy codifies four exceptions: sections essential to completing a pathway, capstone courses on a two-year rotation, sections tied to existing industry partnerships, and sections belonging to newly developed programs. (APC Minutes, October 3, 2025) That exception framework reflects a specific institutional judgment — that canceling a required course can set a student back a full year, and that efficiency metrics should not override completion access. When sections are added, a new section is typically opened once a waitlist reaches half the enrollment capacity of the class, with counseling informing which late-start courses are prioritized based on student need. (APC Minutes,

December 6, 2024; APC Minutes, September 12, 2025)

Multi-year planning is supported by PathMaker technology, which allows deans and department chairs to project schedules with room utilization, FTES generation estimates, and efficiency metrics across multiple terms. As of December 2024, Norco was actively scheduling two terms out, with multi-year scheduling under active development through the District Enrollment Management Committee (DEMC). A district-developed course demand dashboard, built from approved Student Education Plans, gives department chairs direct visibility into projected course need for future terms. (DEMC Minutes, December 12, 2024)

Scheduling effectiveness is evaluated through multiple data streams reviewed by the APC, the AC, and DEMC on a recurring basis. Fill rates, waitlist counts, enrollment targets, and efficiency metrics are standing monitoring items; as of spring 2025, Norco was operating at 101% of its annual enrollment target with an efficiency metric of 14.61. (APC Minutes, March 14, 2025) When data surfaces a scheduling need, the College responds. In fall 2024, retention and success data comparing short-term and full-term sections found that retention is stronger in short-term formats; the College responded by substantially expanding late-start and 8-week section offerings. (APC Minutes, September 13, 2024) [FLAG: Insert section counts — Fall 2019 vs. Fall 2025 — once schedule analysis is complete.]

The College's most documented example of scheduling responding to completion data comes from its participation as a Multiple Measures Assessment Project (MMAP) pilot college beginning in fall 2017. Identifying that students were not completing transfer-level English in a timely manner, Norco began placing students directly into transfer-level English, removing a structural scheduling and placement barrier. The results were measurable: access for Black/African American students increased 117% and for Hispanic/Latinx students 75%. (Norco College Guided Pathways Self-Assessment, 2020–21) That decision — tracing a completion problem to a scheduling structure and redesigning it — is the model the College continues to apply.

[Evidence Needed: We need evidence showing whether students from specific racial/ethnic groups have equal access to the courses they need to complete their degrees on time. I searched Academic Council, APC, and DEMC minutes but may have missed it.]

Under SEM Plan Goal 4 — decreasing student time to completion — the College has committed to refining multi-year schedule development informed by student educational plans, reaffirmed its Schedule Development Guiding Principles, and identified monitoring of success across all instructional modalities as a standing priority. (SEM Plan 2024–2027, Goal 4) The SEM Workgroup will assess progress annually against Vision Goal Completion and transfer-within-three-years metrics. (SEM Plan 2024–2027, Chapter 6) The infrastructure for deeper scheduling accountability is in place: PathMaker for multi-year schedule projection, the DEMC course demand dashboard drawing from approved Student Education Plans, and district PowerBI dashboards monitoring student success metrics. The 2025–2028 Student Equity Plan identifies Black/African American and Hispanic/Latinx students as experiencing the most persistent disproportionate impact in completion and transfer — the populations whose outcomes should anchor any recurring analysis connecting scheduling decisions to completion results. (Student Equity Plan 2025–2028)

Moving Forward

The infrastructure for scheduling accountability is in place — PathMaker for multi-year projection, the DEMC course demand dashboard built from approved Student Education Plans, and district PowerBI dashboards monitoring student success metrics. The next step is connecting these tools to a recurring analysis of whether scheduling decisions are producing equitable completion outcomes, with particular attention to Black/African American and Hispanic/Latinx students.

[FLAG — This may need to be revised if we find evidence of this occurring.]

2.6. The institution uses delivery modes and teaching methodologies that meet student and curricular needs and promote equitable student learning and achievement.

Norco College offers instruction across in-person, hybrid, and online modalities and holds itself accountable for whether each modality is working equitably. In 2022–23, distance education courses carried a success rate of 70.2%, compared to 72.6% for non-distance education — a pattern that has persisted for four years. Closing that gap is part of what SPGM 2025–2030 Objective 2.1 is designed to accomplish: increasing course success rates across all modalities by 5% by 2030. (SPGM 2025–2030, Objective 2.1; SEM Plan 2024–2027, Figure C.04.01) Program review is the mechanism through which disciplines examine this pattern at the course and program level, with Nuventive dashboards providing faculty disaggregated data by modality and student population embedded directly into the three-year review cycle. (Nuventive Program Review Dashboard Screenshots)

Distance education faculty teach under a policy and credentialing framework that establishes RSI expectations before instruction begins. AP 2105 and BP 2105 define RSI requirements aligned with Title 5; faculty are required to acknowledge RCCD RSI guidelines before approving online teaching assignments. All DE faculty must hold the RCCD Online Teaching Certification by June 2026, earned through either a peer-to-peer review process developed collaboratively by faculty across all three RCCD colleges, or an equivalency pathway for faculty with recognized prior training through @ONE or another institution. The certification establishes that faculty know and are equipped to implement RSI expectations in their courses. (RCCD BP/AP 2105; RCCD Online Teaching Certification Documentation) The Distance Education Committee has formally and consistently advocated for a local Peer Online Course Review (POCR) process — a state-wide initiative that would elevate the College's distance education program beyond certification, creating a faculty-led culture of continuous improvement in course design across all dimensions of online teaching. (Distance Education Committee Minutes; DEC POCR Request Documentation)

[NOTE: add most up to date count of faculty certified to date across both pathways.]

In Summer 2025, the RSI Workgroup conducted an internal Mock Review of 20 course sections using the ACCJC Quality Continuum Rubric for Distance Education. The results were instructive. On substantive interaction, 90% of sections demonstrated at least two qualifying interaction types, indicating that faculty are engaging with students in meaningful ways. The gap was in regular interaction: only 35% of sections demonstrated both required elements — predictable engagement and active monitoring of student progress. The most common issue was the absence of communication and monitoring expectations in the syllabus or Canvas shell.

In Summer 2025, while the certification process was being rolled out, the RSI Workgroup conducted an internal Mock Review of 20 course sections using the ACCJC Quality Continuum Rubric for Distance Education — the first systematic, section-level assessment of actual RSI practice at the College. The results were instructive. On substantive interaction, 90% of sections demonstrated at least two qualifying interaction types, indicating that faculty are engaging with students in meaningful ways. The gap was in regular interaction: only 35% of sections demonstrated both required elements. The most common issue was the absence of communication and monitoring expectations in the syllabus or Canvas shell. The College responded with a college-funded faculty support campaign in Fall 2025, directly targeting the regular and substantive interaction and incorporating communication and monitoring expectations into the college syllabus shell (NOTE: in progress). The College also draws on ongoing district-level support: RCCD District DE provides faculty with continuing professional development opportunities and resources related to RSI.

The Mock Review demonstrated the value of systematic assessment of RSI practice to ensure that policy expectations translate into consistent faculty practice. The College is committed to institutionalizing a

recurring RSI evaluation process that generates comparable evidence across terms and connects findings to faculty support and course design decisions. [NOTE: in progress] (RSI Mock Review Results, Summer 2025; RSI Campaign Wrap-Up and Next Steps; APC Minutes — Syllabus Shell; RCCD District DE RSI Resources)

Moving Forward

Norco College's near-term focus is completing faculty certification through the RCCD Online Teaching Certification process and developing a mechanism for a recurring RSI evaluation that connects results to faculty support and practice. The Distance Education Committee's longstanding formal request for a local Peer Online Course Review (POCR) process reflects the College's broader aspiration for a mature distance education program — one where course design is systematically reviewed and faculty grow as a community of practice across all dimensions of online teaching quality. (Distance Education Committee Minutes; DEC POCR Request Documentation)

[FLAG: Add governance documentation — DEC, NAS, APC, College Council minutes showing discussion of RSI compliance

2.7. The institution designs and delivers equitable and effective services and programs that support students in their unique educational journeys, address academic and non-academic needs, and maximize their potential for success. Such services include library and learning resources, academic counseling and support, and other services the institution identifies as appropriate for its mission and student needs. (ER 15, ER 17)

Norco College designs student support services around documented student need, beginning at entry. The Holistic Student Support (HSS) Survey, embedded in new student orientation, assesses academic, non-academic, wellness, and basic needs, providing the College with student-level data that informs proactive outreach and service coordination. (Holistic Student Support Survey) Orientation and counseling services guide students through educational planning across multiple modalities, and the Library and Learning Resource Center (LRC) Open House provides a recurring, student-facing entry point to learning supports across service areas. (Library and LRC Open House Materials)

Learning support is delivered through the Library and LRC, which serve as a central hub for library collections, instruction, tutoring, and writing and reading support, with in-person and online access options. (LRC Webpage) In Fall 2025, the LRC recorded 10,431 total visits — a 43% increase from Fall 2024 — with 1-on-1 tutoring appointments growing 200% from 183 to 549 over the same period. The volume of study space usage (8,392 hours) confirms that students use the LRC as a primary academic workspace, not only a tutoring resource. (LRC Usage Report, Fall 2025) Tutoring and learning labs are available through drop-in, study groups, embedded tutoring, and virtual access, and the Math and Science Success Center provides discipline-focused support through the same access pathways. (Math and Science Success Center Webpage) Academic Counseling supports timely educational planning through multiple access modalities, including online counseling. (Academic Counseling Catalog)

Targeted learning communities and categorical programs extend support to students with specific needs. TRIO Student Support Services (SSS and SSS-STEM), EOPS/CARE/NextUp, CalWORKs, the Disability Resource Center (DRC), and veterans services provide counseling, financial assistance, and specialized academic support to students who face additional barriers to success. (EOPS/CARE Catalog; DRC Catalog; Veterans Services Catalog) The Transfer Center and Career Services support students' onward planning through workshops, student-facing calendars, and resources that connect educational pathways to career and transfer outcomes. (Transfer Center Materials; Career Services Materials)

The College communicates support services consistently through the catalog, which provides baseline

descriptions and access information for counseling, the Disability Resource Center, the Library and LRC, veterans services, and other student-facing programs. (Norco College 2025–2026 Catalog — Academic Counseling; DRC; Library and LRC; Veterans Services) All support services are evaluated through the institutional program review cycle, in which units complete comprehensive review every three years and may submit annual updates connecting service data, equity analysis, and resource requests to institutional priorities. (Program Review and Resource Request Procedure)

Moving Forward

Program review provides the evaluation cycle through which student support services identify needs and document improvement responses. The next step is strengthening the documentation infrastructure that connects what students report to what the College changes — a need the Standard of Care framework being developed through the IEPI Partnership Resource Team is directly designed to address. The tutoring service area is already piloting this approach, gathering data through surveys and focus groups in collaboration with Institutional Research and using findings to improve services. As the Standard of Care framework matures, its documentation and assessment expectations will extend across student support services broadly. (Bellwether Consortium Slides; President's Memo 2024–25)

2.8. The institution fosters a sense of belonging and community with its students by providing multiple opportunities for engagement with the institution, programs, and peers. Such opportunities reflect the varied needs of the student population and effectively support students' unique educational journeys. (ER 15)

Norco College fosters belonging and community through a broad, intentionally varied ecosystem of engagement opportunities that connect students with the institution, academic programs, and one another. Student-led organizations form the foundation: the College supports over 40 active clubs and organizations through the Associated Students of Norco College (ASNC) and the Inter Club Council, providing students with structured opportunities for leadership, identity expression, and peer connection. (Student Life Annual Update) Career and Academic Pathway (CAP) Hour events create recurring, low-barrier opportunities for students to connect with programs, faculty, and professional networks across all four Schools. (CAP Hour Event Materials)

Campuswide cultural events celebrate and validate diverse student identities. The DEIA Committee and student equity programs host recurring events including a Lowrider Car Show and History Lecture, a Diwali Festival of Lights, a Día de los Muertos celebration, and a Black History Month program — each designed to affirm the identities and histories of Norco's student community. (DEIA Event Documentation) The college-wide Read 2 Succeed shared reading program brings together students, faculty, classified professionals, administrators, and local community members around a common text each semester, with multiple structured points of connection including book discussions, author events, and community conversations. A recent selection, *Illegally Yours* by Rafael Agustín, opened college-wide dialogue about the undocumented student experience — directly relevant to a student population that is 58.9% Hispanic/Latinx. (Read 2 Succeed Program Materials) The 28th Annual Harvest Festival, presented by ASNC and the Inter Club Council, is a free, public-facing community event that extends belonging beyond the campus boundary. (Harvest Festival Documentation)

Norco College's engagement ecosystem is designed around the documented needs of its student population, with particular attention to students who have been historically under-resourced. Umoja fosters student success, community, and leadership with an emphasis on the African-American population; Puente supports Hispanic/Latinx students through culturally relevant mentorship and academic pathways. (Special Programs Annual Update) The Promoting Achievable College Transitions (PACT) program, made possible through an award from the Inland Empire Regional K-16 Collaborative, creates structured engagement spaces for

neurodiverse students. (PACT Program Documentation) Mental health programming reflects the specific stressors and cultural contexts of Norco's student population, recognizing that belonging and wellness are interconnected. (Mental Health Programming Documentation)

Engagement design also responds to material realities impacting students. The #RealCollege Survey documented that 47% of Norco students experience food insecurity and 58% experience housing insecurity — findings that directly informed the College's decision to scale its Basic Needs response, growing from a food pantry to a comprehensive Basic Needs Hub. (RealCollege Survey; Student Life Annual Update)

Engagement quality is assessed at multiple levels. At the institution level, outcomes data from the Special Programs Annual Update shows that students participating in CalWORKs, the Disability Resource Center, and EOPS achieve success rates comparable to or exceeding the general student population. (Special Programs Annual Update) At the activity level, CAP Hour events consistently embed participant feedback mechanisms. The Holistic Student Supports model includes a belongingness and connection domain in new student orientation, with a structured follow-through process connecting identified needs to outreach. (Holistic Student Support Survey) The College is piloting Case Note Templates in Colleague, SARS, and Element 451 to document student interactions, referrals, and service utilization — building the infrastructure that connects individual student need to institutional response. (Bellwether Consortium Slides) [FLAG: Confirm whether Case Note Templates are still in pilot or more broadly implemented before submission.]

Moving Forward

Consistent, program-level documentation of how engagement activities drive specific improvements is an area the College is actively strengthening. Through a Partnership Resource Team supported by the Institutional Effectiveness Partnership Initiative (IEPI), Norco College is developing a Standard of Care framework for holistic student support, led by Dr. Kaneesha Tarrant and David Schlanger. The framework builds in accountability through assessment as a core principle — defining metrics and outcomes, establishing documentation expectations for support units, and embedding continuous improvement into how engagement programs connect findings to service changes. [FLAG: Consensus definition of Standard of Care not yet reached as of drafting — confirm status and update tense before submission.] (Bellwether Consortium Slides; President's Memo 2024–25)

2.9. The institution conducts systematic review and assessment to ensure the quality of its academic, learning support, and student services programs and implement improvements and innovations in support of equitable student achievement. (ER 11, ER 14)

Norco College conducts systematic program review and outcomes assessment through interlocking governance structures, documented cycles, and data infrastructure designed to make disaggregated evidence of student learning and achievement central to program improvement. The Program Review Committee (PRC), a standing committee of the Academic Senate, governs a three-year comprehensive review cycle for all instructional, student services, and administrative units, with annual update options for units with active goals or resource requests. (Program Review and Resource Request Procedure) The Norco Assessment Committee (NAC), also a standing committee of the Academic Senate, maintains a parallel six-year outcomes assessment rotation plan and holds primary governance responsibility for measuring student learning across instructional programs and learning support services. (NAC Charter; Assessment Rotation Plan)

The Office of Institutional Effectiveness (OIE) supports both processes by providing disaggregated data on student success, retention, and outcomes by race/ethnicity, gender, and learning modality through embedded dashboards in Nuventive, integrating evidence directly into the review workflow rather than requiring users to locate data independently. Student services units use the same PRC framework and Nuventive infrastructure for annual program updates, analyzing disaggregated enrollment, success, and service-utilization data and documenting planned responses as part of the program review cycle. (Nuventive

Program Review Dashboard Screenshots)

Disaggregation consistently surfaces equity patterns that program averages conceal — success and retention gaps by race/ethnicity, gender, and learning modality that vary significantly across disciplines and that would be invisible in aggregated reporting. (Nuventive Program Review Dashboard Screenshots) Where faculty have engaged directly with that data, the process generates dialogue that moves from evidence to action. In Psychology, faculty confronting consistent underperformance on SLO3 (research methods) convened three assessment meetings in Fall 2025 to examine whether assessment design, instructional approach, or equity factors were driving the pattern — producing concrete instructional adjustments and a plan for reassessment. (Psychology Program Review Documentation) These examples reflect the system working where conditions are right. As of Fall 2025, 22% of active courses had collected SLO data in Canvas, up from 15% at the end of 2024-2025, and systematic documentation of reflection and improvement actions was not yet in place across disciplines — the gap the College's governance response has been designed to close. (Learning Outcome Assessment Status Briefing; Annual Assessment Report 2024-2025) Where review cycles have had sufficient time to complete, the College can point to confirmed improvements: the Administration of Justice program review documents that two equity gaps among African American and Hispanic/Latina female students, identified in prior review cycles, have since closed. (ADJ Program Review Report 2024–27) For student services, the Special Programs annual update shows that students in special programs completed Student Educational Plans at a rate significantly higher than the general population, with honest identification of remaining gaps alongside evidence of effectiveness. (Special Programs Annual Update)

[**FLAG**: Additional faculty dialogue examples needed — two or three more instances of disaggregated data moving to documented action, with named disciplines and citations. Check program review submissions and NotebookLM before submission.]

[**FLAG**: Current examples are isolated rather than institution-wide. Maybe one of these would help: number of program reviews documenting equity gap analysis, PRC feedback tool results showing how many submissions include documented action plans.]

Norco College's review processes have generated three institutional insights that are actively shaping improvement work. Disaggregated data reveals equity gap complexity that requires differentiated, coordinated responses rather than uniform interventions. Structural conditions matter as much as data — where dedicated time for discipline-level dialogue, accessible disaggregated data, and shared interpretive frameworks are present together, the review process generates genuine improvement; where any of these conditions are absent, the process tends toward compliance rather than learning. The third is that the pathway from review findings to institutional action is most reliable when it is made explicit — the Chemistry instrumentation request and the ADJ equity gap closures both demonstrate that naming the connection between evidence and resource decision produces more accountable improvement planning. (President's Memo 2023–24; Chemistry Program Review Annual Update 2023; ADJ Program Review Report 2024–27) Program review findings and disaggregated outcome data feed into the annual KPI review cycle through which the College evaluates progress toward its 2025–2030 strategic objectives and adjusts institutional priorities accordingly. (SPGM 2025–2030, Strategic Objectives and KPIs)

Moving Forward

Norco College's improvement work in this area is organized around strengthening the connective infrastructure between review findings and documented action. Through governance presentations to NAC, the Academic Senate, College Council, and the Academic Planning Chairs in Fall 2025, the College identified assessment compliance risks and mobilized a coordinated response. (Learning Outcome Assessment Status Briefing; APC Minutes, November 2025) NAC is actively transitioning from data collection to a full assessment cycle that includes observation, analysis, action planning, implementation, and monitoring. The College is piloting a structured approach in Nuventive to capture faculty dialogue, improvement actions, and reassessment outcomes — building the documentation infrastructure that makes loop closure visible and

verifiable across all disciplines, not only in individual cases. A coordinated assessment action plan guides this work and will be incorporated into this section before submission. [Flag: update specifics and evidence]

NAC has identified course-level disaggregation of SLO data as a priority condition for more precise equity-minded faculty dialogue and is advancing a proposal through the College's shared governance process. PLO and GELO assessment campaigns are running simultaneously in Spring 2026, building toward a complete assessment infrastructure across course, program, and institutional levels. The goal is not compliance alone — it is a functioning, equity-minded assessment culture that generates the kind of discipline-level dialogue the College's best program reviews already demonstrate is possible. (Annual Assessment Report 2024-2025; SPGM 2025–2030)

Standard 3: Infrastructure and Resources

The institution supports its educational services and operational functions with effective infrastructure, qualified personnel, and stable finances. The institution organizes its staffing and allocates its physical, technological, and financial resources to improve its overall effectiveness and promote equitable student success. The institution actively monitors and assesses resource capacity to inform improvements to infrastructure and ensure long-term health and stability.

Suggested length for Standard 3 is no more than 20 pages.

3.1. The institution employs qualified faculty, staff, administrators, and other personnel to support and sustain educational services and improve student success. The institution maintains appropriate policies and regularly assesses its employment practices to promote and improve equity, diversity, and mission fulfillment. (ER 8, ER 14)

Norco College employs qualified faculty, classified professionals, and administrators, each hired through processes governed by Riverside Community College District (RCCD) Board Policies and Administrative Procedures and administered by the RCCD Human Resources and Employee Relations (HRER) office. Staffing needs are identified through the three-year program review cycle, in which every academic, student services, and administrative unit submits data-grounded resource requests tied explicitly to college mission, Educational Master Plan objectives, and strategic plan priorities. Requests are ranked by the appropriate governance council and forwarded to Executive Cabinet for final determination. (Program Review and Resource Request Procedure; Business Services Manager Leads PRRR Prioritization Process 2023)

The December 2025 Academic Senate meeting illustrates this process in action. The College President allocated 14 planned new faculty positions using Power BI efficiency data, approving a Disability Resource Center (DRC) Counselor and an Engineering/Environmental faculty member based on documented need, while declining an Art/Ceramics position due to insufficient curriculum and facilities readiness and a General Counselor position because the existing ratio already met the 500:1 FTES standard. The DRC Counselor approval — grounded in documented enrollment growth among students with disabilities — reflects the College's understanding that hiring decisions are student success interventions, not only organizational planning. (Academic Senate Minutes, December 2025)

All employees are hired against qualifications appropriate to their role. Faculty must meet California Community Colleges minimum qualifications per BP 6120; administrators must meet Education Code minimum qualifications per AP 6120A; and classified professionals must meet position-specific education and experience requirements defined in their job descriptions. (BP 6120 Recruitment and Hiring; AP 6120A; sample job descriptions) Faculty job descriptions enumerate the full scope of faculty responsibility, including curriculum development and Student Learning Outcomes (SLO) assessment as defined components of the workload. RCCD verifies the education, training, and experience of all new hires, including equivalency evaluation for degrees earned at non-U.S. institutions, in accordance with BP 6126. (BP 6126)

The RCCD EEO Plan, reviewed and revised at minimum every three years, governs recruitment district-wide and requires disaggregated workforce and applicant pool monitoring across all job categories. All screening and selection committee members must complete Title 5-required EEO training before participating in any hiring process, documented through signed certification forms. (RCCD EEO Plan; EEO 2022 Workforce Report; Title 5 EEO Training Form) The College's workforce diversity has improved measurably over the review period, and ongoing efforts to strengthen applicant pool outreach and screening committee practices reflect the College's commitment to a workforce that mirrors the community it serves.

Moving Forward

Hiring processes are systematically governed and mission-aligned. As the College enters the 2025–2030

planning cycle, it will continue to monitor workforce diversity trends through the EEO Plan review cycle and program review staffing requests, using findings to inform recruitment practices and ensure the College's workforce reflects the community it serves.

3.2. The institution supports its employees with professional learning opportunities aligned with the mission and institutional goals. These opportunities are regularly evaluated for overall effectiveness in promoting equitable student success and in meeting institutional and employee needs.

Norco College's professional learning system is built around a coordinated Flex Day calendar governed by RCCD Board Policy 6160 (BP 6160), which requires that full-time faculty complete 24 hours of professional development annually — 8 of which must be equity-related — and that all programs be evaluated for effectiveness. (BP 6160) Recent Flex programming has centered equity as an organizing theme, with sessions including "Seeing Beyond Bias: PANning towards Justice and Equity," "ALASS: Advancing Equity Together," Regular and Substantive Interaction (RSI) in online courses, and zero-textbook-cost (ZTC) course development. (Flex Day Schedule and Session Materials) Faculty Communities of Practice in English and Mathematics extend professional learning beyond episodic training into sustained, discipline-specific inquiry, producing shared instructional strategies and equity-focused assessment practices targeted at closing achievement gaps in gateway courses. (Communities of Practice Documentation)

Professional learning opportunities extend across all employee groups. Classified professionals and confidential employees access professional growth through RCCD's Professional Growth Program, which provides monetary incentives for approved coursework and development activities. Administrators participate in leadership development through district-coordinated programs and external conferences. The College's professional learning infrastructure also includes the Teaching and Learning Center (TLC), which provides faculty with resources, consultations, and programming on pedagogy, technology, and instructional design throughout the academic year. (TLC Documentation; RCCD Professional Growth Program)

To identify professional learning needs, the College uses multiple methods. The Institutional Effectiveness and Planning Survey (IEPS), administered annually to all employee classifications, includes questions on professional development satisfaction and needs. [Evidence Needed: IEPS professional development results] Following the 2023 Guided Pathways Summer Institute, the College used participant reflection and institutional data to evaluate impact on teaching practice and student outcomes, demonstrating a structured approach to assessing whether professional learning translates into improved practice. (Guided Pathways Summer Institute Evaluation)

Moving Forward

Professional learning at Norco College is equity-focused and actively evolving. The College is strengthening its evaluation infrastructure by developing more consistent mechanisms for documenting how professional learning participation connects to changes in instructional practice and student outcomes — moving beyond satisfaction data toward evidence of impact. The IEPS provides an annual baseline for this work; the next step is building out structured follow-through documentation that captures what employees do differently as a result of professional learning and how those changes affect students.

3.3. The institution evaluates its employees regularly, using clear criteria that align with professional responsibilities and reflect the institution's mission and goals.

Norco College evaluates all personnel on a regular, systematic cycle governed by RCCD Board Policy 6150 (BP 6150) and applicable collective bargaining agreements. Evaluation criteria are explicitly aligned to professional responsibilities and the College's mission to support every learner on their educational path. (BP 6150) RCCD Human Resources and Employee Relations (HRER) coordinates evaluation cycles across all

employee groups: contract faculty are evaluated each fall for their first four years; tenured faculty are evaluated once every three years; associate faculty are evaluated in their first term and periodically thereafter; classified professionals are evaluated annually; and managers and administrators are evaluated annually. (BP 6150; Collective Bargaining Agreements)

Evaluation criteria reflect the full scope of each employee group's professional responsibilities. Faculty evaluations address teaching effectiveness, professional development, curriculum oversight, and SLO assessment — the same responsibilities enumerated in faculty job descriptions. Management goal-setting forms, completed as part of each evaluation cycle, require managers to identify specific professional goals aligned to institutional priorities, creating a structured mechanism for connecting individual performance to college mission. (Management Goal-Setting Form) The evaluation process also includes structured mechanisms for identifying the support employees need to succeed in their roles, reflecting the Core Commitment to Own Our Growth at every level of the institution.

[Evidence Needed: Documentation demonstrating how aggregate evaluation results are reviewed to inform hiring, retention, and employment practices is not yet confirmed. Check with RCCD HRER – does this occur at the district level?]

Moving Forward

Evaluation cycles are consistent and systematically administered across all employee groups. One area the College is working to strengthen is documentation of how aggregate evaluation findings inform employment practices — demonstrating not only that evaluations occur but that reviewing patterns across evaluations produces institutional learning. The College will clarify with RCCD Human Resources and Employee Relations whether aggregate evaluation data is currently compiled and reviewed at the district level, and identify how those findings, if available, can be incorporated into College-level planning and practice improvement.

3.4. The institution develops, maintains, and enhances its educational services and operational functions through the effective use of fiscal resources. Financial resources support and sustain the mission and promote equitable achievement of student success. (ER 18)

Norco College connects fiscal resources to mission through an integrated planning architecture that links department-level needs to institutional priorities at every stage of the budget cycle. The primary college-level mechanism is the annual Program Review and Resource Request cycle, a formalized process governed by the Budget and Planning Manual in which departments author resource requests within a three-year program review cycle, with annual update provisions for urgent mid-cycle needs. (Budget and Planning Manual; Program Review and Resource Request Procedure) Annual budget priorities, approved each fall by College Council, establish the governing criteria against which all requests are evaluated — explicitly mandating that allocations support the College's Student Transformation strategic direction, including the Strategic Enrollment Management Plan and equity objectives. (College Council Budget Priorities)

The process funds enhancement as well as sustainability when evidence warrants it. The 2023 Guided Pathways Schools Reorganization illustrates this: following faculty and administrative review, the Academic Senate and College Council approved an expansion from four Schools to five, with accompanying resource allocation to support the new structure and its equity-focused design. (Academic Senate and College Council Minutes, Schools Reorganization 2023) [Evidence Needed: department-initiated Program Review resource request that resulted in a funded instructional or programmatic change]

At the district level, Norco receives general fund unrestricted resources through the RCCD Budget Allocation Model (BAM), which operates on principles of fairness, equity, and transparency. The BAM's Phase III methodology establishes median cost-per-FTEs as the allocation basis, ensuring that funding is distributed

equitably across colleges relative to student enrollment. Phase IV — establishing a parallel allocation approach for the District Office — is under development with an anticipated completion of June 2026. District investment in student-facing support has accompanied the College's structural changes: the Chancellor committed \$2.0 million annually to support the Guided Pathways Schools Reorganization. (BAM Documentation; Chancellor's Commitment Documentation)

Long-term fiscal sustainability is supported by the Facilities Master Plan (FMP) and the Educational Master Plan, which project capital outlay and programmatic needs against enrollment targets and extend resource planning beyond the annual cycle. Resource requests for off-site locations — the Corona Regional Campus (CRC), John F. Kennedy (JFK) Middle College, and Stokoe Campus — move through the same prioritization cycle as main campus requests, ensuring equitable resource consideration across all instructional sites. (Facilities Master Plan; Program Review and Resource Request Procedure)

Moving Forward

Resource allocation processes are integrated across planning cycles and explicitly tied to mission. The College continues to refine the BAM framework as Phase IV development proceeds and will monitor the impact of the \$2.0 million annual district investment in Guided Pathways Schools on student outcomes over the 2025–2030 planning cycle. As program review cycles mature under the 2025–2030 SPGM, the College will strengthen documentation of how funded resource requests connect to measurable improvements in educational services and student success.

3.5. The institution's mission and goals are the foundation for financial planning. Financial information is disseminated to support effective planning and decision-making and provide opportunities for stakeholders to participate in the development of plans and budgets.

Norco College's mission as "an open-access college that supports every learner on their educational path" is the explicit foundation from which financial planning proceeds, not a framing device applied after budget decisions are made. This design reflects the core commitment to Commit to Integrity: resource decisions are traceable to institutional priorities at every stage of the budget cycle.

Norco College operates within the budget framework established by the Riverside Community College District (RCCD). At the district level, the RCCD Board of Trustees adopts the annual budget, and the District Budget Advisory Council (DBAC) — a district-level shared governance body including administrators, faculty, classified professionals, and students — develops budget assumptions and recommendations. (DBAC Charter) Within that framework, Norco College conducts a structured annual planning and budget development cycle documented in the Norco College Planning and Budget Manual. Each February, College Council discusses and recommends Annual Budget Priorities grounded in the College's three strategic goals — Student Transformation, Regional Transformation, and College Transformation — establishing the mission-aligned criteria against which all resource requests are evaluated. (Planning and Budget Manual; College Council Budget Priorities)

The College's planning processes are structurally equity-explicit. The 2025–2030 SPGM embeds the elimination of equity gaps for Black/African American students (Objective 3.1) and Hispanic/Latinx students (Objective 3.2) as named KPIs that drive resource requests across all divisions. (SPGM 2025–2030, Strategic Objectives and KPIs) Financial information reaches planners through structured, timely channels. The Budget Development Calendar sequences information-sharing from February end-of-year projections through September distribution of adopted budget assumptions to the Resources Council, ensuring that council rankings occur against an accurate and current fiscal picture. (Budget Development Calendar)

The College's planning processes are functioning well. Three areas of active deepening are underway. The Interim Vice President of Academic Affairs and Deans of Instruction are developing FTES enrollment targets

by School and by discipline — a level of specificity that will allow program review resource requests to be evaluated against projected student demand. The Vice President of Business Services is developing multi-year projections to support longer-range planning. And the College is working to expand constituent understanding of the budget development process and the criteria by which resource requests are prioritized. (SPGM 2025–2030; Planning and Budget Manual)

Moving Forward

Financial planning infrastructure is in place and functioning as designed. The three areas of active deepening — enrollment target specificity, multi-year projections, and constituent budget literacy — represent the next cycle of integration work, each designed to make the connection between institutional priorities and resource decisions more visible, more data-driven, and more broadly understood across the College community.

3.6. The institution ensures the integrity and responsible use of its financial resources and regularly evaluates its fiscal outcomes and financial management practices to promote institutional mission fulfillment.

Norco College and the Riverside Community College District (RCCD) maintain financial integrity through layered automated controls, documented procedures, independent auditing, and transparent stakeholder communication — reflecting the College's core value of Commit to Integrity.

RCCD's Galaxy financial system blocks transactions when funds are insufficient and restricts budget overrides to designated personnel. Invoice approvals follow a multi-signature workflow; year-end accruals require VP-level authorization. Norco College administers 94 grants and categorical projects totaling over \$24 million, each governed by documented expenditure controls and compliance tracking. (RCCD Galaxy Financial System Documentation; Grant Administration Documentation)

An independent certified public accounting firm audits RCCD's financial statements, federal awards, and state compliance programs annually; the District qualifies as a low-risk auditee under federal Uniform Guidance. Across the current accreditation cycle, every audit has returned an unmodified opinion — the highest level of assurance available. (Annual Audit Reports) The Board of Trustees receives monthly financial reports, quarterly financial status reports, and annual budget documents; Board Policy 5200 mandates a published budget calendar and public hearing each year. Audit reports and annual fiscal reports are submitted to ACCJC each December and posted publicly, ensuring external accountability alongside internal oversight. (BP 5200; Annual Fiscal Reports)

Moving Forward

Norco College and RCCD will continue to maintain the audit and financial reporting cycle that has produced a clean compliance record across the current accreditation period, with Board oversight and transparent stakeholder communication as the ongoing accountability mechanism.

3.7. The institution ensures financial solvency. When making short-range financial plans, the institution considers its long-range financial priorities and future obligations to ensure sustained fiscal stability. (ER 18)

Norco College and the Riverside Community College District (RCCD) ensure financial solvency by continuously learning from past results, adapting to current conditions, and planning ahead for long-term obligations — reflecting the core value of Own Our Growth.

The District's Budget Allocation Model applies an escalation factor to prior year cost-per-student data each cycle, incorporating actual changes in retirement contribution rates, negotiated contracts, and cost-of-living

adjustments to derive the current year allocation rate. A foundational operating reserve policy ensures that the District maintains reserves sufficient to sustain operations through foreseeable disruptions. (BAM Documentation; Reserve Policy)

RCCD maintains actuarially grounded plans for each category of long-term liability, integrating these obligations into the annual budget before discretionary allocations are made. The District's total Other Post-Employment Benefits (OPEB) liability as of June 30, 2024 stands at \$93,262,887. Since 2016, the District has addressed this liability through a dedicated OPEB trust, with annual contributions structured to reduce the unfunded portion over time. (OPEB Trust Documentation; Annual Audit Reports)

Moving Forward

Norco College and RCCD will continue to monitor long-term liability obligations and maintain the actuarially grounded planning practices that have supported sustained fiscal stability across the current accreditation cycle.

3.8. The institution constructs and maintains physical resources to support and sustain educational services and operational functions. The institution ensures safe and effective physical resources at all locations where it offers instruction, student services, and/or learning supports.

Guided by the core commitment to Own Our Growth, Norco College and the Riverside Community College District (RCCD) align facilities planning with educational priorities through an integrated chain of documents and decisions. The 2020 Facilities Master Plan (FMP), updated through the annual capital outlay planning process, projects space needs against enrollment targets and guides both short-term maintenance and long-term construction priorities. (Facilities Master Plan 2020; Capital Outlay Planning Documentation)

Safety infrastructure operates through layered systems at both the college and district levels. The college-level Safety Workgroup — established in FY 2021–22 under the Safety and Emergency Planning Coordinator with a formal charge referencing ACCJC standards — holds quarterly open forum meetings, conducts annual campus safety inspections, and coordinates emergency preparedness activities. (Safety Workgroup Charge and Meeting Documentation) At the district level, the District Safety and Security Council (DSSC) provides governance oversight of safety policy and emergency management across all RCCD campuses.

Norco College offers instruction at off-campus locations including dual enrollment courses at Corona Norco Unified School District (CNUSD) campuses, college courses at the California Rehabilitation Center (CRC) through the Rising Scholars program, and instruction at the Stokoe Campus. Physical resource standards and safety requirements apply equally across all instructional locations. (Off-Campus Instructional Site Documentation)

Norco College evaluates physical resource effectiveness through a structured assessment cycle with results feeding directly into resource decisions. The FUSION database tracks building efficiency, cap load ratios, and facility deficiencies; 2023 assessments documented a \$240 million scheduled maintenance backlog, informing capital outlay prioritization in the FMP update. (FUSION Database Reports; FMP Update Documentation)

Moving Forward

Norco College continues to address the \$240 million scheduled maintenance backlog identified in the 2023 FUSION assessments through the capital outlay planning cycle, prioritizing projects that most directly support instructional effectiveness and student safety.

3.9. The institution implements, enhances, and secures its technology resources to support and sustain educational services and operational functions. The institution clearly communicates requirements for the safe and appropriate use of technology to students and employees and employs effective protocols for network and data security.

Reflecting the core commitment to Own Our Growth, Norco College aligns technology planning with institutional priorities through a governance structure that connects college-level needs to district-level investment. The 2025–2030 SPGM identifies technology infrastructure and planning as a strategic priority area, and the Resources Council provides the governance venue through which technology needs are assessed and prioritized. (SPGM 2025–2030; Resources Council Charter)

RCCD IT maintains the technology infrastructure that sustains Norco College's educational and operational functions. In 2023, RCCD unified Technology Support Services across all three colleges under a single district IT department; email support backlog decreased from 44 days to 2 days following consolidation. (RCCD IT Consolidation Documentation) RCCD communicates technology use requirements through policy and training. BP/AP 2720 — Computer and Network Use, revised November 19, 2024 — establishes requirements for all users and requires each student, faculty member, classified professional, and administrator to sign a Computer and Network Use Agreement before accessing institutional systems. (BP/AP 2720)

RCCD protects institutional data and network integrity through layered security controls — Azure Active Directory single sign-on centralizing identity management since spring 2021, a Palo Alto Firewall, Microsoft Data Loss Prevention and Intune, Multi-Factor Authentication for all employees, and offsite cloud backups of critical data. (RCCD IT Security Documentation)

Technology effectiveness is evaluated through a sustained cycle of surveys and plan-level assessment. Faculty satisfaction with technical support rose from 68% in 2019 to 86% in 2020 and 89% in 2023; in the same period, 18 of 21 non-faculty employee satisfaction indicators improved. (IEPS Technology Satisfaction Data)

Moving Forward

The ad hoc workgroup convened through the Resources Council will complete targeted updates to align Norco College's technology priorities with the RCCD District Technology Plan, producing a prioritized college technology needs list to guide future investment decisions. (Resources Council Technology Workgroup Documentation)

3.10. The institution has appropriate strategies for risk management and has policies and procedures in place to implement contingency plans in the event of financial, environmental, or technological emergencies and other unforeseen circumstances.

Norco College's approach to risk management reflects the core commitment to Commit to Integrity — following through on institutional obligations and building trust with the campus community through deliberate, documented preparedness. The College operates within RCCD's risk management architecture, which addresses emergency preparedness, insurance and self-insurance, and data security through layered systems at both the college and district levels.

Norco College exercises its emergency response capacity through a documented annual cycle of drills, inspections, and plan reviews. In spring 2024, the College conducted a lockdown drill on March 26, with building and floor captain training completed in advance, access control systems tested, and post-drill debriefs documented. (Emergency Preparedness Documentation; Lockdown Drill Report, Spring 2024) The College's capacity for large-scale contingency response is grounded in demonstrated institutional experience. When COVID-19 required full operational disruption beginning spring 2020, RCCD developed an Emergency Conditions Recovery Plan, BOT-approved August 16, 2022, with a midyear update submitted to the Board in

February 2023. (Emergency Conditions Recovery Plan)

Norco College, as a college of RCCD, is covered through a multi-layered insurance architecture that transfers risk across several Joint Powers Authorities (JPAs) while maintaining self-funded reserves for retained exposures. For fiscal year 2022–23, the District participated in the Southern California Schools Risk Management JPA for property and liability coverage and the Schools Excess Liability Fund for excess coverage. (RCCD Insurance Documentation) The District reviews and updates its insurance and self-insurance programs on an annual cycle, with findings reported to the DSSC. RCCD engaged Centric Actuarial Solutions to complete an independent actuarial analysis of workers' compensation liabilities, informing reserve adequacy determinations. (Actuarial Analysis — Workers' Compensation)

RCCD protects sensitive institutional data through layered technical controls and established backup protocols, including a Palo Alto Firewall, Microsoft Data Loss Prevention, Multi-Factor Authentication for all employee groups, and offsite cloud backups of critical data. (RCCD IT Security Documentation)

Moving Forward

RCCD IT's Data Access and Security Taskforce will complete the district's formal information security policies and procedures through the newly formed Information Security Sub-Committee, and the Technology Continuity Plan will integrate technology recovery protocols with the broader emergency preparedness framework. (Information Security Sub-Committee Documentation)

Standard 4: Governance and Decision-Making

The institution engages in clear and effective governance practices that support the achievement of its mission. Governance roles and responsibilities are delineated in widely distributed policies, and institutional decision-making processes provide opportunities for meaningful participation and inclusion of relevant stakeholders.

Suggested length for Standard 4 is no more than 12 pages.

4.1. The institution upholds an explicit commitment to principles of academic freedom, academic integrity, and freedom of inquiry. (ER 13)

Norco College's commitment to academic freedom and academic integrity is grounded in the core commitment to Commit to Integrity — following through, owning institutional impact, and building trust with every member of the college community. At the district level, RCCD Board Policy 2030 affirms that academic freedom is essential to the College's educational mission and establishes the right of faculty to teach and students to learn without interference. (BP 2030: Academic Freedom)

Academic integrity expectations reach every student through a layered, multi-channel system. BP 3500: Standards of Student Conduct defines plagiarism and cheating, establishes a range of faculty responses to academic dishonesty, and outlines the formal appeal process. The mandatory syllabus template requires faculty to include academic integrity expectations in every course, ensuring that standards are communicated consistently at the start of each term. (BP 3500: Standards of Student Conduct; Syllabus Template)

BP/AP 1800: Institutional Code of Professional Ethics, reviewed September 2022, extends integrity expectations beyond the classroom to all employees and students. The policy requires that employees not seek to abridge the freedoms of other employees or students for any purpose. (BP/AP 1800: Institutional Code of Professional Ethics) Norco College follows clearly communicated, multi-stage procedures for addressing academic dishonesty, published across all primary student-facing channels. Procedures for addressing violations of academic freedom principles are similarly documented and communicated. (Academic Dishonesty Procedures; Student-Facing Publications)

In September 2025, the RCCD Board of Trustees approved an agreement with the Community College League of California for Turnitin, a plagiarism detection platform, making the commitment to academic integrity a funded institutional priority. (Board of Trustees Minutes, September 2025)

Moving Forward

Norco College is strengthening its academic integrity infrastructure to keep pace with evolving instructional contexts. The 2025 syllabus template already prompts faculty to establish course-level AI policies; as the College expands its guidance on artificial intelligence in instruction, academic integrity expectations will be explicitly addressed in that framework. (Syllabus Template 2025; AI Guidance Documentation — in development)

4.2. Roles, responsibilities, and authority for decision-making are clearly defined and communicated throughout the institution. The institution's structure for decision-making provides opportunities for stakeholder participation and ensures the inclusion of relevant perspectives.

Norco College's decision-making structure ensures that every constituency group has a defined role, legal standing, and genuine opportunity to shape institutional direction. At the district level, RCCD Board Policy 1430: Delegation of Authority to Chancellor and Presidents, revised June 2022, establishes the authority chain from the Board through the Chancellor to college presidents, and defines the scope of each role in institutional decision-making. (BP 1430: Delegation of Authority to Chancellor and Presidents)

At the college level, the 2025–2030 Strategic Planning and Governance Manual (SPGM), approved by the RCCD Board of Trustees on November 18, 2025, defines the College's participatory governance framework. The SPGM provides every constituent group the opportunity to participate in the College's planning and decision-making processes through clearly defined council and committee structures, charter-based responsibilities, and documented participation rights. (SPGM 2025–2030) Governance procedures are documented in the SPGM and made available to all members of the college community through the College's public-facing website. The SPGM establishes consensus as the primary decision-making method, with voting as the documented fallback and quorum set at 50% plus one of voting members.

The 2020 ISER identified governance role clarity as an improvement area, and Norco College's response was comprehensive. The SPGM was drafted by a broadly representative subgroup of the Institutional Strategic Planning Council — the predecessor body to the current Institutional Effectiveness and Governance Council (IEGC)-led governance structure — with broad constituent input, approval through Academic Senate and College Council, district review, and Board of Trustees adoption. The resulting document established clear delineation of roles, responsibilities, and authority across all governance bodies. (SPGM 2025–2030; Academic Senate and College Council Approval Minutes)

Moving Forward

As the College enters the 2025–2030 SPGM cycle, the IEGC will conduct the next formal evaluation of governance structures and procedures in Fall 2026. Findings from the Survey of Effectiveness, administered across all leadership councils, will be reported to College Council and used to update council charters and inform the comprehensive governance process review scheduled for that year. (SPGM 2025–2030, Governance Self-Evaluation Procedures)

4.3. The institution's decision-making structures are used consistently and effectively. Institutional decision-making practices support a climate of collaboration and innovation that advances the mission and prioritizes equitable student outcomes.

Norco College's governance structures drive institutional decisions, reflecting the core commitment to Own Our Growth: learning from institutional experience and acting with purpose. The College holds itself accountable for consistent stakeholder inclusion through two institutional mechanisms that operate on defined cycles — the Survey of Effectiveness, which evaluates governance body performance, and the comprehensive SPGM review, which evaluates the governance system itself. (SPGM 2025–2030, Governance Self-Evaluation Procedures)

The structure also produces institutional innovation. In Spring 2025, the College completed a six-step Mission, Vision, and Core Commitments (MVCC) revision process: the Vice President of Planning and Development and the Faculty Accreditation Co-Chair led a college-wide survey, shared findings with constituents, brought proposed revisions to Academic Senate and College Council as action items, forwarded recommendations to the College President, initiated district review, and secured Board of Trustees approval on November 18, 2025. The revised mission — simpler, more student-centered, and grounded in constituent feedback — demonstrates that Norco College's governance structures produce meaningful outcomes, not procedural compliance. (SPGM 2025–2030, MVCC Review Procedures; Academic Senate and College Council Minutes; Board of Trustees Minutes, November 2025)

The 2022–2023 Schools Reorganization was grounded in Student Equity Plan data documenting persistent equity gaps for Hispanic/Latinx and Black/African American students in transfer-level completion and transfer rates. The restructuring from four Guided Pathways Schools to eight Career and Academic Pathways (CAP) moved through the College's shared governance process — faculty review, Academic Senate deliberation,

College Council action — before implementation, demonstrating that data-informed institutional change moves through governance structures rather than around them. (Student Equity Plan 2022–2025; Academic Senate and College Council Minutes, Schools Reorganization 2022–2023)

Norco College evaluates its governance structures on a formal, codified cycle. The SPGM requires all councils and committees to administer the Survey of Effectiveness in the fall of years two and four of each five-year planning cycle, discuss results at the final fall meeting, document improvements, and report findings to College Council. That evaluation cycle produced its most significant outcome in Spring 2025, when the IEGC led a comprehensive revision of the SPGM for the 2025–2030 cycle, incorporating stakeholder feedback, strengthening transparency requirements, and codifying the new council charter Equity Focus section. (SPGM 2025–2030; Survey of Effectiveness Results)

Moving Forward

As the College enters year two of the 2025–2030 SPGM cycle, the IEGC will administer the Survey of Effectiveness across all leadership councils in Fall 2026. Findings will be used to revise council charters and inform the comprehensive governance procedures evaluation scheduled for Fall 2027. (SPGM 2025–2030, Governance Self-Evaluation Procedures)

4.4. Acting through policy, the governing board takes responsibility for the overall quality and stability of the institution, and regularly monitors progress towards its goals and fiscal health. (ER 7)

The RCCD Board of Trustees governs Norco College's quality and stability through a policy framework that explicitly delineates Board accountability across academic and fiscal dimensions. At the district level, BP 2500: Accreditation requires the Chancellor to provide the Board with a summary of any accreditation findings and the College's response, ensuring that Board-level oversight extends to accreditation status and institutional quality. (BP 2500: Accreditation)

The RCCD Board of Trustees regularly reviews academic quality indicators and institutional plans through structured cycles of presentations and formal actions. In September 2024, Norco College faculty presented to the Board on cross-disciplinary collaboration supporting equity and Guided Pathways, demonstrating that Board review includes substantive engagement with instructional priorities and student success strategies, not only fiscal and compliance matters. (Board of Trustees Minutes, September 2024; Faculty Presentation Documentation)

Fiscal monitoring operates across multiple timeframes. The Board receives quarterly financial status reports filed with the California Community Colleges Chancellor's Office, receives and permanently records independent audit findings annually, and adopts the annual budget through a public hearing process mandated by BP 5200. (Quarterly Financial Status Reports; Annual Audit Reports; BP 5200)

Moving Forward

The RCCD Board of Trustees evaluates and revises its policies through a documented, multi-step process operating on a five-year cyclical review plan covering all Board Policies and Administrative Procedures. The Midterm Report confirmed the District instituted this cycle with a structured chapter sequence, ensuring all policies receive systematic review for currency and relevance. (Board Policy Review Cycle Documentation; Midterm Report 2024)

4.5. The governing board selects and evaluates the institution’s chief executive officer (CEO). The governing board gives the CEO full authority to implement board policies and ensure effective operations and fulfillment of the institutional mission.

The RCCD Board of Trustees selects its chief executive officers through documented, constituent-centered processes that ensure broad constituent participation and transparent decision-making at every stage. BP 1431: Chancellor Selection establishes the Board's authority to define the selection process and requires constituent input throughout. The College President is selected through a parallel process governed by BP 1432: President Selection, which similarly requires broad participation from faculty, classified professionals, students, and administrators. (BP 1431: Chancellor Selection; BP 1432: President Selection)

The RCCD Board of Trustees delegates full executive authority through a clearly documented three-tier chain. BP 1430: Delegation of Authority to Chancellor and Presidents establishes that the Board delegates to the Chancellor executive responsibility for administering Board policies and executing all Board decisions, and that the Chancellor delegates college-level authority to the College President. This chain ensures that the College President has the full authority to implement Board policies and ensure effective college operations. (BP 1430: Delegation of Authority to Chancellor and Presidents)

Moving Forward

The RCCD Board of Trustees evaluates the Chancellor at least annually using a process developed and jointly agreed to by the Board and the Chancellor. Evaluation criteria are based on Board Policy, the Chancellor job description, and performance goals developed in accordance with BP 1430. The College President is evaluated through a parallel process. Both evaluation cycles ensure ongoing Board accountability for executive performance and mission fulfillment. (BP 1430: Delegation of Authority to Chancellor and Presidents; Chancellor and President Evaluation Documentation)

4.6. The governing board functions effectively as a collective entity to promote the institution’s values and mission and fulfill its fiduciary responsibilities. The governing board demonstrates an ability to self-govern in adherence to its bylaws and expectations for best practices in board governance. (ER 7)

The RCCD Board of Trustees functions as a collective governing entity guided by BP 1715: Code of Ethics/Standards of Practice, which establishes standards of ethical conduct, collective decision-making, and conflict of interest prevention for all trustees. The policy explicitly requires trustees to subordinate personal interests to the good of the institution and to support Board decisions once made, regardless of individual position during deliberation. (BP 1715: Code of Ethics/Standards of Practice)

The RCCD Board of Trustees maintains an ongoing education program codified in BP 1740: Board Education. The program commits the Board to new member orientation, study sessions, reading materials, and conference attendance to foster continuous trustee development. In November 2024, a trustee reported attending a statewide conference focused on community college governance and fiscal sustainability, illustrating active participation in ongoing Board education. (BP 1740: Board Education; Board of Trustees Minutes, November 2024)

The RCCD Board of Trustees conducts an annual self-evaluation under BP 1745: Board Self-Evaluation, reflecting the core commitment to Own Our Growth: learning, adapting, and leading with purpose. The evaluation requires the Board to assess its performance as a collective body, prioritizing shared accountability over individual review.

[FLAG]: The most recent posted board self-evaluation is from 2019. If completed but not posted, easy fix. If

not completed, this is a potential compliance gap.]

Moving Forward

As the Board continues to strengthen trustee training and development, the annual self-evaluation cycle under BP 1745 provides the mechanism for documenting and communicating that progress to the broader college community. Ensuring the most current self-evaluation is completed and publicly posted is the immediate priority before submission. (BP 1745: Board Self-Evaluation)

C. Required Documentation

Within the Institutional Self-Evaluation Report, the institution should provide narratives and a variety of evidence sources to describe and demonstrate alignment with each Standard and related Commission policies. Institutions must also include the required items below. This documentation can be included as supporting evidence for the Standard narratives if appropriate, or they may be provided as stand-alone files. Peer Review Teams will confirm these items during the comprehensive review process.

Insert a hyperlink (or hyperlinks) to documentation for each required checklist item below. Be sure to provide a clear, descriptive name for each document listed. Your institution may have included some of this documentation as part of the supporting evidence for your narrative responses above. If so, please link to the page in the ISER where the item is discussed so your team can see the item in context.

Standard 1: Mission and Institutional Effectiveness

Required Item	Documentation
i. Documentation of institution’s authority to operate as a post-secondary educational institution and award degrees (e.g., degree-granting approval statement, authorization to operate, articles of incorporation) (ER 1)	[Insert document name(s) and link(s)]
ii. Procedures/practices for periodic review of mission/mission-related statements, including provisions for revision (if/when revisions are needed) that allow for participation of institutional stakeholders, as appropriate for the character and context of the institution	[Insert document name(s) and link(s)]
iii. Documentation of the governing board’s approval of the institutional mission (ER 6)	[Insert document name(s) and link(s)]
iv. Procedures/practices for setting institutional goals, including provisions for the inclusion of input from relevant institutional stakeholders, as appropriate for the character and context of the institution	[Insert document name(s) and link(s)]
v. Documentation that the institution has established standards and goals for student achievement (i.e., institution-set standards), including but not limited to standards and goals for successful course completion, certificate completion, degree completion, transfer rates, job placement rates, and licensure examination pass rates, at the institutional and program levels (ER 2, ER 11)	[Insert document name(s) and link(s)]

Standard 2: Student Success

Required Item	Documentation
<p>i. Documentation that the institution’s practices for awarding credit reflect generally accepted norms in higher education, including:</p> <ul style="list-style-type: none"> • Commonly accepted minimum program lengths for certificates, associate degrees, and baccalaureate degrees • Written policies for determining credit hours that are consistently applied to all courses, programs, and modalities • Adherence to the Department of Education’s standards for clock-to-credit hour conversions, if applicable (ER 10) • Methodology to reasonably equate the direct assessment program to credit or clock hours, if applicable <p>(See Commission Policy on Competency Based Education and Policy on Credit Hour, Clock Hour, and Academic Year)</p>	<p>[Insert document name(s) and link(s)]</p>
<p>ii. Documentation that the institution’s transfer of credit policies include the following:</p> <ul style="list-style-type: none"> • Any established criteria the institution uses regarding the transfer of credit earned at another institution • Any types of institutions or sources from which the institution will not accept credits • A list of institutions with which the institution has established an articulation agreement • Written criteria used to evaluate and award credit for prior learning experience including, but not limited to, service in the armed forces, paid or unpaid employment, or other demonstrated competency or learning <p>See Policy on Transfer of Credit</p>	<p>[Insert document name(s) and link(s)]</p>
<p>iii. Documentation of the institution’s advertising and recruitment policies, demonstrating alignment with the Policy on Institutional Advertising and Student Recruitment (ER 16)</p>	<p>[Insert document name(s) and link(s)]</p>
<p>iv. Documentation of clear policies and procedures for handling student complaints, including:</p> <ul style="list-style-type: none"> • Evidence that these policies/procedures are accessible to students in the catalog and online; • Evidence that that institution provides contact information for filing complaints with associations, agencies and governmental bodies that accredit, approve, or license the institution and any of its programs 	<p>[Insert document name(s) and link(s)]</p>
<p>v. Verification that the institution maintains files of formal student complaints received throughout the current accreditation cycle (i.e., since the last site visit), demonstrating:</p> <ul style="list-style-type: none"> • Accurate and consistent implementation of complaint policies and procedures • No issues indicative of noncompliance with Standards 	<p>No link required; to be verified by the team during in-person site visit</p>
<p>vi. Verification that student records are stored permanently, securely, and confidentially, with provision for secure backup</p>	<p>No link required; to be verified by the team during in-person site visit</p>
<p>vii. Documentation of the institution’s policies and/or practices for the release of student records</p>	<p>[Insert document name(s) and link(s)]</p>

Required Item	Documentation
viii. Documentation that the institution’s policies and procedures for program discontinuance provide enrolled students with opportunities for timely completion in the event of program elimination	[Insert document name(s) and link(s)]
FOR TITLE IV PARTICIPANTS:	
ix. Documentation of institution’s implementation of the required components of the Title IV Program, including: <ul style="list-style-type: none"> • Findings from any audits and program/other review activities by the U.S. Department of Education (ED) • Evidence of timely corrective action taken in response to any Title IV audits or program reviews See Policy on Institutional Compliance with Title IV	[Insert document name(s) and link(s)]
FOR INSTITUTIONS WITH DISTANCE EDUCATION AND/OR CORRESPONDENCE EDUCATION:	
x. Documentation of institution’s: <ul style="list-style-type: none"> • Procedures for verifying that the student who registers in a course offered via distance education or correspondence education is the same person who participates in the course and receives academic credit • Policies and/or procedures for notifying students of any charges associated with verification of student identity (if applicable) • Policies regarding protection of student privacy See Policy on Distance Education and on Correspondence Education	[Insert document name(s) and link(s)]
REQUIRED ONLY IF APPLICABLE	
xi. Documentation demonstrating how the institution distinguishes its pre-collegiate curriculum from its college-level curriculum	[Insert document name(s) and link(s)]
xii. Documentation of policies and/or procedures for awarding credit for prior learning and/or competency-based credit	[Insert document name(s) and link(s)]
xiii. Documentation of agreements with other external parties regarding the provision of student and/or learning support services	[Insert document name(s) and link(s)]
xiv. Policies and/or other documentation related to institutional expectations of conformity with any specific worldviews or beliefs	[Insert document name(s) and link(s)]

Standard 3: Infrastructure and Resources

Checklist Item	Documentation
i. Written policies and procedures for human resources, including hiring procedures	[Insert document name(s) and link(s)]
ii. Employee handbooks or similar documents that communicate expectations to employees	[Insert document name(s) and link(s)]
iii. Annual financial audit reports - 3 prior years (include auxiliary organizations, if applicable) (ER 5)	[Insert document name(s) and link(s)]
iv. Practices for resource allocation and budget development (including budget allocation model for multi-college districts/systems)	[Insert document name(s) and link(s)]
v. Policies guiding fiscal management (e.g., related to reserves, budget development)	[Insert document name(s) and link(s)]
vi. Policies, procedures, or agreements (e.g., AUAs) related to appropriate use of technology systems	[Insert document name(s) and link(s)]
FOR TITLE IV PARTICIPANTS:	
vii. Documentation that the institution’s student loan default rates are within the acceptable range defined by ED, or – if rates fall outside the acceptable range - documentation of corrective efforts underway to address the issue	[Insert document name(s) and link(s)]
REQUIRED ONLY IF APPLICABLE	
viii. Documentation of any agreements that fall under ACCJC’s <i>Policy on Contractual Relationships with Non-accredited Organizations</i>	[Insert document name(s) and link(s)]
ix. Written code of professional ethics for all personnel including consequences for violations	[Insert document name(s) and link(s)]

Standard 4: Governance and Decision-Making

Checklist Item	Documentation
i. Governing board policies/procedures for selecting and regularly evaluating its chief executive officer	[Insert document name(s) and link(s)]
ii. Documentation or certification that the institution's CEO does not serve as the chair of the governing board (ER 4)	[Insert document name(s) and link(s)]
iii. Governing board policies/procedures/bylaws related to Board Ethics	[Insert document name(s) and link(s)]
iv. Governing board policies/procedures/bylaws related to conflict of interest	[Insert document name(s) and link(s)]

Other Federal Regulations and Related Commission Policies

Checklist Item	Documentation
<p>i. Documentation of the institution's appropriate and timely effort to solicit third party comment in advance of the Focused Site Visit and – if applicable - cooperate with the review team in any necessary follow-up</p> <p>See Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions, Section D</p>	[Insert link to documentation]
<p>ii. Documentation that the institution provides accurate information for the public concerning its accredited status with ACCJC on its institutional website, no more than one page (one click) away from the home page</p> <p>See Policy on Representation of Accredited Status</p>	[Insert link to documentation]

D. Appendix 1: Verification of Catalog Requirements (ER 20)

ER 20 requires colleges to provide specific information in their official catalog. In the table below, list the location in the current catalog where each element can be found. Your team will verify the locations in the current catalog that you submit with this ISER as part of their review process.

REQUIRED ELEMENT	CATALOG LOCATION
General Information	
Official Name, Address(es), Telephone Number(s), and Website Address of the Institution	
Educational Mission	
Representation of accredited status with ACCJC, and with programmatic accreditors, if any	
Course, Program, and Degree Offerings	
Student Learning Outcomes of Programs and Degrees	
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	
Requirements	
Admissions	
Student Tuition, Fees, and Other Financial Obligations	
Degrees, Certificates, Graduation and Transfer	
Major Policies and Procedures Affecting Students	
Academic Regulations, including Academic Honesty	
Nondiscrimination	
Acceptance and Transfer of Credits	
Transcripts	
Grievance and Complaint Procedures	
Sexual Harassment	
Refund of Fees	
Locations or Publications Where Other Policies May be Found	
[Insert additional rows as needed]	

E. Appendix 2: Organizational Structure

Provide organizational charts for the major functional areas to help readers understand the institution's structure. For institutions with a corporate structure or reporting relationship to another external body, also include charts that show the relationship between the corporation/external organization and your institution.

[Insert organizational information.]

F. Appendix 3: Approved Locations

If applicable, provide the addresses of approved locations or campus sites where students may complete 50% or more of a credit-bearing degree or certificate program. If your institution does not have additional locations, you may delete this section.

Students may complete 50% or more of a degree or certificate program at the following locations:

[Insert the addresses of additional approved locations.]