



**ACCREDITING  
COMMISSION  
for COMMUNITY and  
JUNIOR COLLEGES**

*Western Association  
of Schools and Colleges*

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MEMO TO: Dr. Francisco Rodriguez  
Superintendent/President  
MiraCosta College  
One Barnard Drive  
Oceanside, CA 92056

FROM: Barbara A. Beno, President *Barbara A. Beno*

DATE: May 17, 2012

SUBJECT: Enclosed Report of the Evaluation Team

Previously, the chairperson of the evaluation team sent you a draft report affording you the opportunity to correct errors of fact. We assume you have responded to the team chair. The Commission now has the final version of the report.

The Accrediting Commission for Community and Junior Colleges follows a policy of providing a copy of the final evaluation visit report to the chief executive officer of the visited institution prior to consideration by the Commission. Please examine the enclosed report.

- If you believe that the report contains inaccuracies, you are invited to call them to the attention of the Commission. To do so, you should submit a letter stating recommended corrections to the ACCJC President. The letter should arrive at the Commission office by end of day **May 23, 2012**, in order to be included in Commission materials. The letter should also be sent electronically in Word.
- ACCJC policy provides that, if desired, the chief administrator may request an appearance before the Commission to discuss the evaluation report. The Commission requires that the institution notify the Commission office by **May 21, 2012**, or earlier, of its intent to attend the meeting. This enables the Commission to invite the team chair to attend. The next meeting of the Accrediting Commission will be held on **June 6-8, 2012**, at The Marriott Hotel, San Francisco Airport, 1800 Old Bayshore Highway, Burlingame, California. The enclosure, "Appearing before the Commission," addresses the protocol of such appearances.

Please note that the Commission will not consider the institution as being indifferent if its chief administrator does not choose to appear before the Commission. If the institution does request to be heard at the Commission meeting, the chairperson of the evaluation team will also be asked to be present to explain the reasons for statements in the team report. Both parties will be allowed brief testimony before the Commission deliberates in private.

The enclosed report should be considered confidential and not given general distribution until it has been acted upon by the Accrediting Commission and you have been notified by letter of the action taken.

BAB/tl

Enclosure

cc: Dr. Pam Deegan, Accreditation Liaison Officer (w/o enclosure)



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Appearing before the Commission

ACCJC policy provides that, if desired, the Chief Executive Officer (CEO) of an institution may request an appearance before the Commission to discuss the evaluation report. The opportunity is provided when the Commission is deliberating or acting upon matters that affect the institution.

The Commission meets in January and June. An institution must send written notification to the ACCJC office at least 15 days before the scheduled meeting if the CEO wishes to attend. If the institution also wishes to submit additional material to the Commission, it should exercise care, keeping in mind the Commission cannot read and absorb large amounts of material on short notice. Material should arrive at the ACCJC office with the written notification that the CEO has accepted the invitation to address the Commission.

The Chief Executive Officer is expected to be the presenter, and should consult with Commission staff if there are plans to invite other representatives to join the CEO. On the day of the Commission meeting, ACCJC staff will escort the CEO (and additional representatives) to and from the designated waiting area to the meeting at the appropriate time.

An institution's presentation should not exceed five (5) minutes. The Chair of the external evaluation team or designee will also be invited to attend. The Commissioners may ask questions of the CEO or representatives, and the chair of the evaluation team after college representatives have exited. The Commission will then will continue its deliberations in closed session. The CEO will be notified in writing of the subsequent action taken by the Commission.

The Commission considers this opportunity beneficial to the process of accreditation and values the occasion to learn new information from the institution.

Policies that are relative to this process are the *Policy on Access to Commission Meetings*, *Policy on Commission Actions on Institutions*, *Policy on Commission Good Practice in Relations with Member Institutions*, and *Policy on the Rights and Responsibilities of ACCJC and Member Institutions in the Accrediting Process*.

A Follow-Up Visit Report

MiraCosta College  
One Barnard Drive  
Oceanside, CA 92056

Report Prepared for the Accrediting Commission  
for Community and Junior Colleges  
This report represents the findings of the evaluation team that visited

MiraCosta College  
on

April 9, 2012

Dr. Jan Muto  
Team Chair

Assistant Professor  
(former President)

Norco College  
(Riverside City College)

Dr. Dennis Gervin  
Team Member

President

Columbia College

DATE: April 10, 2012

**Introduction:**

On April 9, 2012, Dr. Jan Muto and Dr. Dennis Gervin, serving as a team representing the Accrediting Commission for Community and Junior Colleges (ACCJC) visited MiraCosta College in Oceanside, California. The visit was a follow-up to the March 2010 comprehensive visit and the March 2011 follow-up visit, which resulted in MiraCosta College being placed on probation by the Commission effective June 30, 2011. The Commission action was based on the lack of a complete Comprehensive Master Plan, and included three additional recommendations related to student learning outcomes and evaluation of the governance structure. The purpose of the team visit was to verify that the Follow-Up Report prepared by the College was accurate through examination of evidence, to determine if sustained, continuous, and positive improvements had been made at the institution, and that the institution has addressed the recommendations made by the comprehensive and follow-up evaluation teams, resolved the deficiencies noted in those recommendations, and now meets the Eligibility Requirements, Accreditation Standards, and Commission policies.

In general, the team found that the College had prepared very well for the visit by arranging a complex set of interviews and demonstrations, and providing additional documentation on site. The College was welcoming to the visiting team and exhibited pride in their work.

During the visit, the team met with: the College President/Superintendent; the Vice President of Instructional Services; the Vice President of Student Services; the Co-Chair of the Budget & Planning Committee (faculty); the Dean of Institutional Planning, Research and Grants; the Co-chair of the Institutional Program Review Committee (faculty); the Director of Fiscal Services (for the Vice President of Administrative Services who was out on medical leave); the Dean of Career & Technical Education; two faculty representatives; the President of the Board of Trustees, and the Immediate Past President of the Board of Trustees; the SLO Coordinator (faculty); the SLO Assessment Committee representative (faculty); the Chair of the Courses and Programs Committee (faculty); the Curriculum Support Specialist (staff); the President of the Academic Senate & Co-Chair of the Governance Organization Committee and Steering Council; the President of the Classified Senate; the President of the Associated Student Government; the Chair of Administrative Council; the Director of Human Resources; the Administrative Assistant in Administrative Services; the Dean of Counseling and Student Development; and, the Functional Specialist in Admissions & Records. Along with the interviews, the team observed and participated in a demonstration of Student Learning Outcomes best practices session which included mini-presentations by five members of the faculty and attended by approximately 40 faculty, students, staff, and administrators.

The Follow-Up Report and visit were expected to document resolution of the following recommendations:

**Recommendation 1:** In order to meet the Standards, the Team recommends that the College (I.A.4, I.B.2, I.B.3, I.B.4, I.B.5, I.B.6, I.B.7, III.A.6, III.B.2.a, III.B.2.b, III.C.1.c, III.C.2, III.D.1.a, III.D.1.b, III.D.1.c, III.D.1.d, III.D.3, ER 19):

- Implement, align, and integrate various College plans into a fully integrated institutional plan that advances a defined mission statement.
- Develop specific, measurable, realistic and time-bound objectives in relation to clearly stated institution-wide goals that are understood College-wide and represent the foundation of the integrated institutional plan.
- Conduct consistent, systematic and timely evaluations of the integrated institutional plan and its related components based on analysis of both quantitative and qualitative data and ensure the results are communicated and understood by College constituents. Further, in order to promote and sustain a culture of evidence and improve institutional effectiveness, the College should implement an ongoing method of measuring and evaluating its effectiveness in achieving stated institutional performance objectives and student learning outcomes.
- Complete the Education Master Plan and begin implementation. In addition, the College must demonstrate that decisions regarding priorities result from stated institutional goals and are linked to an integrated institutional plan and its related planning components.

**Recommendation 2:** In order to meet the standard and achieve the proficiency level by 2012, the Team recommends that the College develop comprehensive reports to clearly demonstrate the ongoing, systematic review of student learning outcomes (I.B.1, II.A.2.e, II.A.2.f, II.B.4, II.C.2).

With regard to Recommendation 2, the Commission expects that institutions meet Standards that require the identification and assessment of student learning outcomes, and the use of assessment data to plan and implement improvements to educational quality, by fall 2012. The Commission therefore requests that the College include in its 2012 report information that demonstrates the College has met these Standards. (Standards I.B.1, II.A.2.e, II.A.2.f, II.B.4, II.C.2 and III.A.1.c)

**Recommendation 3:** In order to meet the standard, the Team recommends that the College formalize in writing participation in student learning outcomes and assessment as a stated component of the evaluation process for faculty and others directly responsible for student progress for achieving stated student learning outcomes (III.A.1.c).

**Recommendation 4:** In order to meet the standard, the Team recommends that the College develop a process to evaluate the integrity and effectiveness of its new governance structure and use the evaluation results as the basis for improvement (IV.A.2.5).

## **College Responses to the Team Recommendations:**

**Recommendation 1:** In order to meet the Standards, the Team recommends that the College (I.A.4, I.B.2, I.B.3, I.B.4, I.B.5, I.B.6, I.B.7, III.A.6, III.B.2.a, III.B.2.b, III.C.1.c, III.C.2, III.D.1.a, III.D.1.b, III.D.1.c, III.D.1.d, III.D.3, ER 19):

- Implement, align, and integrate various College plans into a fully integrated institutional plan that advances a defined mission statement.
- Develop specific, measurable, realistic and time-bound objectives in relation to clearly stated institution-wide goals that are understood College-wide and represent the foundation of the integrated institutional plan.
- Conduct consistent, systematic and timely evaluations of the integrated institutional plan and its related components based on analysis of both quantitative and qualitative data and ensure the results are communicated and understood by College constituents. Further, in order to promote and sustain a culture of evidence and improve institutional effectiveness, the College should implement an ongoing method of measuring and evaluating its effectiveness in achieving stated institutional performance objectives and student learning outcomes.
- Complete the Education Master Plan and begin implementation. In addition, the College must demonstrate that decisions regarding priorities result from stated institutional goals and are linked to an integrated institutional plan and its related planning components.

**Findings and Evidence:** The March 2011 Follow-Up Visit Report and the June 2011 Commission action letter identified an incomplete Comprehensive Master Plan. Because this 10-year plan, which consists of the Educational Master Plan and the Facilities Master Plan, is the foundation for institutional planning, its implementation could not be realized until complete. The team reviewed the completed Comprehensive Master Plan posted on the College's website as well as in hardcopy form on site, and entertained a brief presentation of the Plan's development and link to shorter-term planning processes.

All institutional plans are now consolidated, aligned and integrated in a logical and functional manner that is outlined clearly and accurately in the MiraCosta Integrated Planning Manual. At its core, the annual planning and resource allocation operations are guided by a Strategic Plan that provides the substance for a developing Comprehensive Master Plan. The MiraCosta Comprehensive Master Plan document includes a guiding Mission Statement, overview of planning processes, and data-focused sections that support an evolving Educational Master Plan and Facilities Plan. The core planning strategies for the Educational Master Plan and accompanying Facilities Plan are located in the MiraCosta Strategic Plan.

The Strategic Plan is a 3-year institutional plan that is directed towards the accomplishment of the five Institutional Goals. Each section of the Strategic Plan addresses strategies, responsible parties, target dates, estimated budgets, progress and indices of improvement. The current plan structure encompasses a 3-year span from 2011 to 2014; data and information from program review should provide the necessary information as the institution progresses through the subsequent years in this planning cycle.

While the Comprehensive Master Plan, Strategic Plan and Action Plans focus on goals and the linking of those with the College's institutional goals, objectives, and mission, the Program Review process is the mechanism for implementing the strategies identified. Every unit within the College participates in an annual Program Review whereby specific needs are identified and advanced through a collaborative process of decision making for resource allocation.

The Program Review Process is accurately outlined in the Program Review Handbook. This handbook contains the purpose of program review, as well as the specific responsibilities, procedures, timelines and validation processes for each area of the college. The handbook also identifies evaluative standards for each operational area. These standards are mission focused and measurable.

The data and measures for each standard are clearly identified and used for analysis in Program Review Reflect Forms that are submitted by all programs. Analysis from the Reflect Forms drives actionable plans that are submitted through a standardized Program Plan Form. The Program Plan Form identifies responsibilities, milestones and progress towards the accomplishment of the indicated plan. A specific field within the Program Plan Form provides a mechanism for direct connection to the institutional Comprehensive Master Plan. This area might be strengthened by providing direct connection to the Strategic Plan, which appears to be the true planning document that guides the mission-focused strategies for the institution. The Strategic Plan has appropriate fields to document progress toward the accomplishment of Institutional Goals which form the Comprehensive Master Plan.

The Program Review process is rigorous and permeates the institution. All college plans reviewed at the time of the visit utilize the annual program review processes outlined in the handbook. The institutional planning derived through the program review process is directly tied to annual resource allocation. The Institution uses a Rubric for Ranking Program Review Plans as the primary tool to prioritize resource allocations. Evidence provided at the time of the visit support that resources are allocated through the evaluation of each areas program review plans.

In the implementation of these processes, members of the College have identified elements that could and should be modified. For example, when one division noted that all of the requests in Program Review were converging at a certain rating because they all related directly to Institutional Goals, they needed to implement optional "divisional criteria" in order to make finer distinctions on the relative merit of requests.

This evolutionary perspective is a healthy one and reflects institutional ownership of the processes. So, rather than seeing the documents as perfect treatises, the College embraces the documents as representations of their processes, as their rules for action, as their communal agreement on how to get things done. The members of the College, including the Board of Trustees, describe the processes as providing clarity, improving transparency, and institutionalizing objective data-driven decision making. The team recognizes that the process is valued and understood. The institution has effectively shifted its culture from an oral tradition to data-driven decision making while preserving its core value of inclusiveness.

**Conclusion:** The College has fully addressed the issues and corrected deficiencies identified by two previous visiting teams. The College now meets the Standards.

**Recommendation 2:** In order to meet the standard and achieve the proficiency level by 2012, the Team recommends that the College develop comprehensive reports to clearly demonstrate the ongoing, systematic review of student learning outcomes (I.B.1, II.A.2.e, II.A.2.f, II.B.4, II.C.2).

With regard to Recommendation 2, the Commission expects that institutions meet Standards that require the identification and assessment of student learning outcomes, and the use of assessment data to plan and implement improvements to educational quality, by fall 2012. The Commission therefore requests that the College include in its 2012 report information that demonstrates the College has met these Standards. (Standards I.B.1, II.A.2.e, II.A.2.f, II.B.4, II.C.2 and III.A.1.c)

**Findings and Evidence:** Student learning outcomes (SLOs) have become a part of the College's everyday language. Through development and implementation of SLOs (and their concordant Service Area Outcomes, Administrative Unit Outcomes and Institutional Learning Outcomes) an interdepartmental dialog has been created wherein faculty and staff across units are collaborating on best practices and identifying mutual interests.

The visiting team observed and participated in a demonstration of SLOs roundtable sharing that was introduced in the fall 2011 All-College meeting. During this session, five faculty conducted five-minute presentations of outcomes assessment across a variety of areas: anthropology, automotive technology, liberal studies, English, and Tutoring & Retention Services. Consistent with the interviews and the documentation, the demonstration provided concrete examples of how outcomes assessment is an expected part of College participation. Importantly, the manner in which each unit approaches the task may vary but ultimately they culminate in a well-defined, coherent, meaningful data set.

The addition of a Dean of Institutional Planning, Research, and Grants codifies the College's commitment to maintaining support for this critical task. Interviewees commented on the advantages of having relevant data provided directly to them and the switch to Blackboard as a data management tool. The Student Learning Outcomes and Assessment Committee of the Academic Senate is proactive: they not only monitor progress but also help implement necessary changes in the documentation. For example, they realized that the modification of SLOs was constrained by a process that provided only two dates per year for submitting changes and subsequently refined the process to ensure greater flexibility. Staff support for this committee also ensures consistency and a repository for the information.

**Conclusion:** The College has addressed the issues and corrected deficiencies identified by two previous visiting teams. The College is on target to meet the Standards by fall 2012 and report its progress on the report its progress on the implementation of the standards in the College Status Report on Student Learning Outcomes Implementation, due in Spring 2013.



**Recommendation 3:** In order to meet the standard, the Team recommends that the College formalize in writing participation in student learning outcomes and assessment as a stated component of the evaluation process for faculty and others directly responsible for student progress for achieving stated student learning outcomes (III.A.1.c).

**Findings and Evidence:** The Academic Senate's Professional Growth and Tenure committee approved the inclusion of participation in SLOs as an element of the evaluation process. The college has met the criteria as stated in the Tenured Faculty Handbook, page 3, which shows that participation in Student Learning Outcomes Assessment Cycles is part of the faculty evaluation process.

**Conclusion:** The College has fully addressed the issues and corrected deficiencies identified by two previous visiting teams. The College now meets the Standards.

**Recommendation 4:** The Team validates that the College has developed a process to evaluate the integrity and effectiveness of its new governance structure and uses the evaluation results as the basis for improvement (IV.A.2.5).

**Findings and Evidence:** The College has conducted two formal surveys on the governance model with notable results. Through their practice with implementation of the Governance Organization and its committees, they have identified parts for fine-tuning. There is strong institution-wide understanding of the structure although a small portion of the members are still confused by it. The College identified the need for an additional committee—the Program Review committee—in order to more effectively manage operating issues in a manner consistent with the Strategic Plan and acted on that need. The original Steering Committee now finds a reduced need to meet face-to-face and is more likely to disseminate information or process reports, leaving the actual work of governance to the committees. Staff and faculty appreciated the increased accessibility of information and transparency of decision making. The structure has also formalized the inclusion of every constituency group (faculty, staff, students, administration) in governance.

**Conclusion:** The College has fully addressed the issues and corrected deficiencies identified by two previous visiting teams. The College now meets the Standards.