

South Central College

HLC ID 2083

AQIP: AQIP Pathway Systems Appraisal

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1 - Reflective Overview

The first section of the System's Appraisal Feedback Report is the Reflective Overview. Here the team provides summary statements that reflect its broad understanding of the institution and the constituents served. This section shows the institution that the team understood the context and priorities of the institution as it completed the review.

In the Reflective Overview, the team considers such factors as:

1. Stage in systems maturity (processes and results).
2. Utilization or deployment of processes.
3. The existence of results, trends and comparative data.
4. The use of results data as feedback.
5. Systematic improvement processes of the activities each AQIP Category covers.

Instructions for Systems Appraisal Team

During this stage of the Systems Appraisal, provide the team's consensus reflective overview statement, which should be based on the independent reflective overviews written by each team member. The consensus overview statement should communicate the team's understanding of the institution, its mission and the constituents it serves. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

Overall: South Central College (SCC) offers comprehensive educational programming that offers a range of credentials and learning opportunities for both career training and transfer credit. SCC serves a student body of 4500-5000 students primarily from a 12-county region that is experiencing population growth in the ethnic demographics including people of color and new Americans.

Courses and programs are offered on multiple campuses and in a variety of modalities including face-to-face, online, and hybrid methods. SCC is a member of a state-wide system, the Minnesota State Colleges and Universities System (MinnState). SCC also offers services to a variety of stakeholders through its Center for Business and Industry (CBI) and established partnerships with local, state and national industries.

SCC has identified the following strategic guiding statements:

- SCC Mission - South Central College provides accessible higher education to promote student growth and regional economic development.
- Vision Statement - South Central College will be the region's leading institution for transitioning individuals into the college environment, educating student for technical careers, and building student capacity for future study through inclusive student-centered programs and services. The college will be a community partner in the regional economy, helping individuals and organizations complete in the global marketplace.

One of SCC's continuous quality improvement initiatives is through Achieving the Dream (AtD) and

is called Just 1 More (J1M).

Category 1: SCC embraces learning from the course up to the institutional level by developing processes that address the needs of students, the community, and all other stakeholders. SCC's Institutional Core Competencies (ICCs) are the College's common learning outcomes and support the SCC Mission, Vision, Values and Purposes. The College uses a variety of data gathered by the Office of Research and Institutional Effectiveness. SCC indicates its processes are systematic, but results are reactive which this is re-enforced by its lack of co-curricular assessment and results.

Although the Institutional Core Competencies and Program Review processes are in their early stages, the College has made strides to implement them. Because these are relatively new, the institution is working to implement them in a consistent manner across the campus and across time. Co-curricular creation and assessment is also in early development.

In general, SCC describes relevant processes, but the process descriptions lack precision in addressing the Portfolio prompts. Many of the described processes have been implemented in the last few years and little of the previously used processes were described. The lack of evidence in each area concerned the appraisal team and resulted in both lower ratings for process maturity and lower ratings in the institution's ability to meet the core components and sub-components for accreditation. The overall picture that emerges is one where SCC does not appear to have been using defined processes until recently in their accreditation cycle. The lack of historical perspective, difficulties in implementing processes consistently, the lack of evidence, and not clearly addressing the Portfolio prompts offer the team little evidence in Category One to determine processes, results, and improvements.

It is also evident that many processes, especially those related to academic integrity and academic program quality, are heavily influenced by MinnState policies or standards. While this helps to impart a literal systematic level of maturity to such processes, there are opportunities to improve maturity levels related to helping students learn by using MinnState policies as a starting point for further developing practices or policies that foster SCC assessment efforts, rather than relying solely on the system's policies.

Category 2: SCC recognizes the diverse needs of its student body and the College's role in supporting the students in accessing higher education. SCC has identified a goal of improving student persistence and completion through both academic and non-academic support of students. College initiatives such as J1M support student needs, but the College is still defining its systematic approach to support other stakeholders. SCC is looking forward to using dashboards to support the development of these more systematic approaches. The College is just starting to collect and analyze data.

SCC has invested considerable efforts in developing a variety of student support initiatives including J1M, Holistic Student Services, Curricular Pathways, and related processes and services. The institution has a new structure in place to improve their complaint processes and reporting. New enrollment management strategies have informed student subgroup support and the offering of a wider range of preparedness assessments and learning assistance to improve retention, persistence, and completion. The institution is also committed to community engagement and external stakeholder development opportunities.

Although efforts to improve processes are generally systematic in maturity, effectiveness assessment is reacting in most cases. There is a consistent lack of identification and comprehensive reporting of

internal targets and external benchmarks to illustrate effectiveness and improvement in this Category. The institution would benefit from a comprehensive alignment of all new initiatives (as related to specific institutional goals) and integrating results data with improvement planning.

Category 3: As part of the Minnesota State system, SCC states that the College adopts system policies as appropriate but also exercises flexibility to act independently when possible. SCC employees experience generous compensation and benefit packages and professional development opportunities. The College is committed to the College Values of Lifelong Learning, Diversity and Inclusion, Integrity, Open and Honest Communication, Collaboration, and Continuous Improvement. To improve, the College states it needs to continue to align professional development with institutional objectives.

SCC systematically approaches performance evaluations, but not all employees are evaluated. MinnState Board Policy stipulates that all employees be evaluated annually, but recent HR data indicates that only 75% of employees have received annual evaluations. Administrative evaluations are not discussed in the Portfolio.

SCC has many professional development activities supported by College resources, but it is unclear how effective and comprehensive the activities are. The College would benefit from a clearer process for professional development that describes how these activities benefit the employee, are evaluated for satisfaction, and tie development to the attainment of institutional goals.

The College does not appear to utilize the MinnState Comparison data as robustly as it could. In fact there are numerous other data collection efforts, including internal and national survey data, which is collected but not effectively used for institutional decision-making. This is an opportunity to further the College's CQI efforts and support the various SCC hiring, training, and professional development processes.

Category 4: SCC's President leads a five-person cabinet that includes the areas of student and academic affairs, research and institutional effectiveness, economic development, finance and operations, and human resources. The College's mission statement was last reaffirmed during the 2016 strategic planning process, and the SCC's current Strategic Planning efforts began in FY2019 where a review of the Mission, Vision, and Value statement ensured internal and external stakeholders understand and support these SCC statements. The College feels they are exhibiting a systematic maturity level in planning and leading.

The College has involved internal and external stakeholder in the development of a draft Strategic Plan along with the College's Mission, Vision, and Values. The Portfolio communicates the "paths" that SCC travels in strategic planning rather than communicates repeatable processes that might be considered "paved roads" that were deliberately designed and monitored for effectiveness. The College has many plans in place for future goals, but like other categories, the processes, results, and insight/interpretation for current items are not discussed in the Portfolio.

Strength is demonstrated in financial integrity measures through ongoing training of new employees regarding effective ethical training. In addition, the College has a separation of duties process for all money handling and external auditing practices.

College employees have numerous opportunities to participate in leadership training and events with MinnState providing many required training activities. With only 60% of employees completing the required ELM training models, the College may want to consider some type of plan to improve this

response rate.

As with prior Categories, there was a consistent lack of connection between described processes and the results provided as examples of informing such processes. Exceptions to this pattern included the use of ICAT survey results that were interpreted to indicate a need for innovation and used to inform the development of AtD Innovation Teams and communication effectiveness survey results that were used to propose changes to the Presidential Forums and electronic newsletter.

Category 5: SCC uses its Office of Research and Institutional Effectiveness to provide data to campus decision makers. The institution has identified a variety of data sources that are both internally based (J1M, Strategic Enrollment goals, Strategic Plan) and externally based (IPEDS Data Feedback Report, Voluntary Framework of Accountability, and Achieving the Dream National Student Clearinghouse, and MinnState). While SCC identifies that providing meaningful, predictive, and comparative data is a goal, the institution seems less certain how those goals will be achieved. SCC aligns its financial priorities with institutional strategic priorities through its budget planning and review process, and the College uses MinnState process to effectively argue for facilities funding.

SCC currently utilizes a number of practices related to knowledge management and operational efficiency that can serve as a solid foundation for improving maturity level across all aspects of resource stewardship. This includes the utilization of technology (Sharepoint, Power BI, etc.) to broaden access to institutional data reports for internal stakeholders, the implementation of a cross-functional Data Stewardship committee to help ensure that data is accurate and consistent, and alignment of some processes to the College's Mission through annual work plans. Additional processes and procedures that were recently, or soon-to-be, implemented show further promise in managing resources. This includes the move to a zero-based budgeting process and the planned development of additional financial monitoring target metrics. However, many of these processes are too new for results data or effectiveness evaluation yet.

While many processes discussed in relation to knowledge management and resource stewardship were promising, there was also a clear focus on development of processes related to financial stewardship in the Portfolio. There is an opportunity to improve maturity levels by applying the same principles used in developing financial management processes to other areas such as facilities, safety/security, and IT infrastructure. In this regard, it should be noted that the Portfolio references numerous named policies or processes that are described as supporting knowledge management and resource stewardship without any description of the process itself outside of the name. This lack of description can make it difficult for reviewers to understand how processes ultimately inform institutional decision-making.

There is an additional opportunity to improve the overall maturity level through the specification of a clear linkage between data collected/analyzed, and the institutional decisions made as a result of this data. Data presented as results for evidence of knowledge management and resource stewardship consistently ignores data prior to 2017 and rarely serves as an appropriate connection between processes described to collect such data and the decisions made as a result of it.

Category 6: SCC is actively developing its culture of continuous quality improvement. SCC has used Action Projects and is using tools such as Process Mapping to improve its efficiencies in meeting institutional goals and understand processes. SCC reports that it is operating systematically with an immediate goal of aligning measurements with its processes. SCC has increased monitoring outcomes through the use of dashboards.

Considerable efforts have been made to recognize and celebrate Action Project progress, and the AQIP Steering Committee has championed CQI and a culture of quality. SCC appears to have a strong AQIP Action Project selection and reporting process. However, many results reported are newly established or reflect improved processes rather than actual results data related to effectiveness measures; it is unclear what informed the improvements made. There is also an apparent disconnect between many of the illustrated mapped processes and Action Projects or institutional priorities and planning efforts. A new strategic plan and the AQIP Action Project Integration Process may help to fill a critical gap in planning integration. Internal targets and external benchmarks were not noted in any of the results and continue to be an issue.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

2 - Strategic Challenges Analysis

Strategic Challenges are those most closely related to an institution's ability to succeed in reaching its mission, planning and quality improvement goals. Review teams formulate judgments related to strategic challenges and accreditation issues through careful analysis of the Institutional Overview and through their own feedback provided for each AQIP Pathway Category. These findings offer a framework for future improvement of processes and systems.

Instructions for Systems Appraisal Team

Strategic Challenges may be identified on the Independent Category worksheets as the review progresses. The team chair will work with the team to develop a consensus Strategic Challenges statement based on their independent reviews. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

The following strategic issues have been identified within the Portfolio. These issues directly relate to the institution's ability to successfully reach its mission, planning, and quality improvement goals.

HISTORICAL CONTEXT: It is unclear that SCC has *consistently* demonstrated a CQI based culture and planning strategy. SCC has been accredited by HLC for considerably longer than most of the processes described in this Portfolio. The omission of earlier practices makes it difficult for the reviewers to document that SCC has embraced a CQI-based culture for more than the last 18 months.

PORTFOLIO QUALITY: The above concern is further exacerbated by narratives that do not always directly address the Portfolio prompt. An example of a more strategic and helpful illustration might include highlights of SCC's overall improvement plan, the presentation of a comprehensive account of both process and strategy as well as key changes in culture clearly aligned to key institutional priorities and mission.

The Portfolio quality is also hampered by the absence of meaningful data. Some information is notated as approximate while the lack of trends fails to provide the team with an understanding of the College's efforts to measure its effectiveness.

CULTURE OF IMPROVEMENT: Within this Portfolio, SCC consistently fails to illustrate a clear connection between institutional process, institutional data, institutional action plans, and institutional goals. While the review team freely admits that most of SCC's current action plans are sound and also reflect current best practices, part of this review team's charge is to document SCC's progress toward a culture of continuous quality improvement. The Portfolio narrative falls short of characterizing SCC's culturally defined connections between measurements, goals, and managed changed. The review team is concerned that these shortcomings are not limited to the Portfolio but also extend well into SCC's decision-making processes.

Growth is not evident across SCC's last two Portfolios. While there is evidence of much change at SCC since submission of SCC's last Portfolio, comparison of SCC's last Portfolio with SCC's current Portfolio suggests that the institution is still struggling with nearly the same set of issues. SCC does

not demonstrate that feedback from previous reviews has been systematically considered. SCC's previous portfolio presented many new processes. The current Portfolio also describes much change but offers little evidence of the strategic thought behind this change. Change is not necessarily growth.

Additionally, the current Portfolio is nearly void of well-defined measures of effectiveness of institutional goals. The omission of well-defined measurable goals is noted at many levels including the institutional strategic plan, the President's annual work plan, the Cabinet's annual work plan, and department annual work plans. It is difficult for this review team to understand how SCC applies CQI principles in the absence of well-defined institutional-level goals to serve as a common point of reference. As a result, SCC appears to more consistently address issues as they arise than systematically anticipate institutional threats and opportunities through institutional change.

It appears that SCC relies heavily on the infrastructure provided by the MinnState educational system. This reliance reads, at times, as a self-imposed boundary. While it is clear that SCC works effectively within the MinnState system to meet MinnState requirements, SCC does not consistently demonstrate that SCC has its own unique culture that is strengthened by the application of practices found within the MinnState system.

SCC does not appear to integrate AQIP-related activities with institutional decision-making. It appears that there is a separate committee structure that manages AQIP action projects, assessment academy insights, and CQI recommendations. It is not apparent from the portfolio that these activities are leveraged to gain insight during institutional planning and decision-making.

PROCESS IMPLEMENTATION: The key processes described in several areas of the Portfolio are not consistently implemented. Aside from determining if the process can be carried out, it is difficult to reliably review any process for effectiveness when the process itself is not used consistently. Processes that do not appear to be consistently implemented include:

- Assessment of general education skill attainment.
- Evaluation of employees, including a near total omission of administrator evaluation.
- Required ELM training with only 60% of faculty and staff completing the training.

RESULTS: When presented, internal data was lacking depth and inconsistently made available.

DATA OMISSION: In most cases, the data does not extend back past 2017. Although IR has made considerable progress with dashboards and other data sharing methods, the review team noted multiple areas with incomplete data collection, and in some cases, the data collected was not integrated across varied institutional improvement planning efforts.

- 1) Oftentimes results from internal surveys was collapsed into one data set with an absence of trends.
- 2) In several instances data which was presented was given in an approximate format.

This is a missed opportunity on several levels. In the best-case scenario, SCC has forced the review team to assume:

- 3) SCC has missed the opportunity to demonstrate that data has been consistently collected.
- 4) SCC missed an opportunity to demonstrate a culture of data-based decision-making that led

to managed changes.

A more severe interpretation leaves the reviewers with serious concerns regarding SCC's consistent progress toward meeting the expectations of its accreditation pathway. So many changes in such a short amount of time with no justification, strongly suggests a "hurry-and-look-busy-someone-is-watching" mentality.

MEASURES OF LEARNING: Core to SCC's mission is education. Commensurately, SCC has many processes to review student learning. However, very little of the data that was presented in the Portfolio reflected *direct* measures of skill attainment. Most data reflected survey measures which were either a gauge of student perception or a gauge of employer perception. While these measures are useful indicators, they constitute lagging indicators of educational quality and circumvent a key benefit of developing a broader culture of improvement. Alternatively, direct measures of student skill attainment are leading indicators and offer the opportunity to address student deficiencies before they are noted in the larger community and become part of the institution's reputation and brand.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

3 - Accreditation Evidence Screening Summary

Systems Appraisal teams screen the institution's Systems Portfolio evidence in relation to the Criteria for Accreditation and the Core Components. This step is designed to position the institution for success during the subsequent review to reaffirm the institution's accreditation. In order to accomplish this task, HLC has established linkages between various Process and Results questions and the Criteria's Core Components. Systems Appraisal teams have been trained to conduct a "soft review" of the Criteria/Core Components for Systems Portfolios completed in the third year of the AQIP Pathway cycle and a more robust review for Systems Portfolios completed in the seventh year. The formal review of the Criteria and Core Components for purposes of reaffirming the institution's accreditation through the comprehensive evaluation that occurs in the eighth year of the cycle, unless serious problems are identified earlier in the cycle. As part of this Systems Appraisal screening process, teams indicate whether each Core Component is "strong, clear, and well-presented," "adequate but could be improved," or "unclear or incomplete." When the Criteria and Core Components are reviewed formally for reaffirmation of accreditation, peer reviewers must determine whether each is "met", "met with concerns", or "not met".

The full report documents in detail the Appraisal team's best judgment as to the current strength of the institution's evidence for each Core Component and thus for each Criterion. It is structured according to the Criteria for Accreditation and the Systems Appraisal procedural document. Institutions are encouraged to review this report carefully in order to guide improvement work relative to the Criteria and Core Components.

Immediately below the team provides summary statements that convey broadly its observations regarding the institution's present ability to satisfy each Criterion as well as any suggestions for improvement. Again, this feedback is based only upon information contained in the institution's Systems Portfolio and thus may be limited.

Instructions for Systems Appraisal Team

In this section, the team should create summary statements/suggestions for improvement for each of the Criteria for Accreditation.

Evidence

Evidence for core components related to South Central Community College's mission (Criterion 1) are mostly clear and well-presented. Evidence for Criterion 2, 3, 4 and 5 are generally adequate, but could be improved as described in the evidence screening section of this appraisal. Core components rated as adequate, but could be improved include: 1.C, 2.A, 2.B, 2.D, 2.E, 3.B, 4.A, 4.B, and 5.D.

- 1.C. - Although the Portfolio provided information regarding various diversity initiatives in Category Three, there is little reference to such initiatives in Category One as related to student learning. There appears to be a general lack of alignment between specific institutional initiatives, co-curricular efforts, and ICC assessments outcomes regarding diversity.
- 2.A. - Board policies are clear and well-presented, but it is unclear how this information is communicated to SCC's stakeholders. Processes noted suggest that the institution operates with

- integrity, specifically regarding financial, academic and HR functions. However, the results data was primarily limited to Gainful Employment and sexual harassment training. Implementation of the new comprehensive communication plan and conducting the planned usability study should provide added insight for improvement planning.
- 2.B. - Programmatic accreditation could have provided greater clarity regarding program strength. Expanding results measures may also provide more robust data to inform improvement planning.
 - 2.D. - Academic Freedom is a tenant of the MsCF contract. The College has an IRB board to protect rights of human subjects in research projects. The College has a Rights and Responsibilities policy that specify the rights related to academic freedom for students. However, there is no indication that the College goes beyond these policies and IRB board nor has examples of practices and activities that support Academic Freedom.
 - 2.E – The institutional IRB oversees academic research. The Student Code of Conduct and Academic Dishonesty policies establish ethical learning and research practices. SCC has IRB policies and procedures. Students have the Freedom of Expression policy. The MinnState employee code of conduct outlines ethical teaching and research practice expectations for all faculty within the state system. Faculty are made aware of these expectations through mandated training. This information is also posted on the College’s website. The College has an IT Policy/Process that indicate proper use of technology, but it does not appear that there are any processes in place to handle violations of the policy.
 - 3.B. - SCC has established Institutional Core Competencies. However, there is a lack of clarity regarding alignment with institutional mission/priorities, co-curricular experiences, and the extent to which the ICCs are embedded in programmatic curriculum.
 - 4.A. - Although clear processes for Program Review exists, SCC did not provide evidence that indicates that all program areas have participated in this process or have been reviewed. Full implementation for all programs will be essential to providing strong evidence for this criteria.
 - 4.B. - SCC has developed a structure for assessing student learning. However, it is unclear from the Portfolio whether assessment has been fully implemented across all areas or how assessment results are used to improve student learning. There is also a lack of clarity regarding the alignment of the Student Life assessment plan and the ICCs.
 - 5.D. - The new strategic plan and the Action Project Integration Process should provide a cleaner mechanism for integrating all CQI efforts in alignment with key institutional priorities. However, these have not yet been fully implemented. Current initiatives appear disconnected with a lack of effectiveness measurement in many areas or clear alignment between results data and improvement planning.

Of particular concern is evidence for core components 3.C, 3.E, 4.C, and 5.C, which remain unclear to reviewers.

Evidence provided for core component **3.C**, appropriate staff and faculty to sustain high-quality programming, includes MinnState and HLC policies which guide the institution’s credentialing standards. SCC also describes a number of internal professional development and training opportunities for new hires, especially faculty. However, reviewers were unclear about the processes in place for tracking ongoing professional development for current employees and the means for evaluating whether such activities were taken advantage of by faculty/staff or whether such training opportunities were effective. The Portfolio noted that there were a few faculty members who had not met the institution’s credentialing standards after a recent review, but it is unclear what the College’s plan is to address remediation for these faculty. The reviewers also noted that SCC has an internal policy which states that 100% of employees will receive annual performance evaluations, but the

Portfolio noted that 25% of employees did not have evaluations completed in 2018-2019. This suggested to reviewers that there may be a lack of emphasis in following through with institutional policies and goals in relation to core component 3.C.

Evidence provided for core component **3.E**, providing an enriched educational environment, include the development of processes for assessing co-curricular activities and for aligning program-level outcomes to SCC's Institutional Core Competencies. However, both processes were only recently developed during the 2018-2019 academic year and, thus, were not able to yet provide sufficient evidence toward this core component. It is also unclear from the Portfolio what processes, if any, had been in place to address this core component prior to 2018, leaving little historical evidence for the reviewers to assess the effectiveness of the institution's progress toward providing students with an enriched learning environment. Full implementation, as planned, and a comprehensive review of all ICC assessment data should provide stronger evidence of student learning across all areas including co-curricular.

Evidence for core component **4.C**, commitment to educational improvement with examination of student success metrics, includes retention, persistence, and completion goals established in the context of MinnState reporting, as well as SCC's institutional strategic enrollment plan. The College also utilizes a variety of institutional dashboards to make student success data broadly available, but it appears that these dashboards were only recently developed and implemented and it is unclear how such student success data had been shared previously. Most importantly, it is unclear how student success data is utilized by the institution to inform decision-making. The Portfolio highlights participation in the Achieving the Dream initiative and the development of the Just 1 More plan as examples of this connection between results and improvements, but the reviewers were not able to identify any information that described institutional processes that helped to ensure that retention, persistence, and completion data were regularly and consistently utilized by the institution to inform and guide continuous quality improvement efforts.

Evidence for core component **5.C**, engagement in systematic and integrated planning includes a well-established budgeting process and the use of Presidential, Cabinet, and departmental work plans to guide institutional planning. While the Portfolio notes that these various planning processes are aligned with each other, the reviewers were not able to evidence of this alignment. There was no indication of who is responsible for assuring that there is integration across each of these various work plans at the strategic institutional level nor of what policies or practices guide the consistent implementation of this alignment.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

4 - Quality of Systems Portfolio

In this System Appraisal, peer review teams should acknowledge any work that the institution has begun toward addressing the Criteria for Accreditation and the Core Components. The more focused analysis remains on the AQIP Categories and the institution's evidence related to the Process (P), Results (R), and Improvement (I) questions. In cases where there was HLC follow-up stemming from the institution's previous reaffirmation review, the institution may request closer scrutiny of those items during this Systems Appraisal.

Instructions for Systems Appraisal Team

Because it stands as a reflection of the institution, the Systems Portfolio should be complete and coherent, and it should provide an open and honest self-analysis on the strengths and challenges facing the institution. In this section, the peer review team provides the institution with constructive feedback on the overall quality of the Systems Portfolio, along with suggestions for improving future Systems Portfolio submissions.

Evidence

In reviewing the quality of the Systems Portfolio, the appraisal team noted there were incidences where the answers and data provided did not directly respond to the Category questions. Often the process descriptions did not flow into the results, interpretation, and improvement sections. As with the 2016 Systems Appraisal, the overall maturity level spans between Reacting and Systematic throughout the Portfolio due to the lack of process description, alignment of processes with data, and College plans or processes that are too new for results or not yet implemented. Many of the processes, results, and improvements generated prior to 2017 were not mentioned or documented. As an AQIP institution for many years, SCC missed the opportunity to demonstrate the CQI actions from its previous AQIP projects and process improvements. Results presented were not comprehensive and in many areas did not appear to be present or aligned, thus SCC missed the opportunity for data-based decision making which to higher maturity levels through continuous quality improvement.

SCC did not often present specific evidence to support processes and results. The Portfolio frequently included only descriptions of activities, and while the appraisal team assumes the College may be doing more, the team could only respond to the information that was provided in the Portfolio. Since the team can only review what is presented, SCC may strengthen future interactions by presenting stronger, specific evidence, reporting, and results.

The presentation of the Portfolio lacked a unified voice, seemingly written by multiple authors as evidenced by the structure of responses as well as the content and thoroughness of responses.

As the College transitions to composing an Assurance Argument for the Open or Standard Pathway, SCC would benefit from including specific descriptions of the processes such as who is involved; how the process is initiated, repeated, and evaluated; and how the process is aligned with College goals. Data presented should be aligned with the processes and utilized as evidence for each Criterion for Accreditation. Improvements would benefit from a description of clear linkage to the data results. SCC would also benefit from continuing its pursuit of a culture of continuous quality improvement

through all initiatives.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

5 - AQIP Category Feedback

The Systems Appraisal Feedback Report addresses each AQIP Category by identifying strengths and opportunities for improvement. Through detailed comments, which are tied to the institution's Systems Portfolio, the team offers in-depth analysis of the institution's processes, results and improvement efforts. These comments should be straightforward and consultative, and should align to the maturity tables. This allows the team to identify areas for improvement and recommend improvement strategies for the institution to consider.

I - Helping Students Learn

Focuses on the design, deployment, and effectiveness of teaching-learning processes (and on the processes required to support them) that underlie the institution's credit and non-credit programs and courses.

Instructions for Systems Appraisal Team

In this section, the team should provide a consensus narrative that focuses on the processes, results and improvements for Common Learning Outcomes, Program Learning Outcomes, Academic Program Design, Academic Program Quality and Academic Integrity.

Independent Category Feedback for each AQIP Category from each team member should be synthesized into an in-depth narrative that includes an analysis of the institution's processes, results and quality improvement efforts for each category. Wording from the Stages in Systems Maturity tables for both processes and results should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results. It is from this work that the team will develop a consensus on the Strategic Challenges analysis, noting three to five strategic issues that are crucial for the future of the institution. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

CATEGORY 1: HELPING STUDENTS LEARN

Category 1 focuses on the design, deployment and effectiveness of teaching-learning processes (and the processes required to support them) that underlie the institution's credit and non-credit programs and courses.

1.1: COMMON LEARNING OUTCOMES

Common Learning Outcomes focuses on the knowledge, skills and abilities expected of graduates from all programs. The institution should provide evidence for Core Components 3.B., 3.E. and 4.B. in this section.

1P1 Describe the processes for determining, communicating and ensuring the stated common learning outcomes, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- **Aligning common outcomes (institutional or general education goals) to the mission, educational offerings and degree levels of the institution (3.B.1, 3.E.2)**

Reacting The Academic Affairs and Standards Council (AASC) oversees each program, identifying the way ICCs are incorporated into the curriculum. While the AASC maintains oversight over the program review and assessment processes, it is unclear how this oversight extends to ensuring alignment of ICCs to institutional mission across all programs. Greater clarity in how the institutional mission ties into this process will help this process move to a higher maturity.

- **Determining common outcomes (3.B.2, 4.B.4)**

Systematic SCC utilized a process for determining ICCs that began with recommendations from the American Association of Colleges & Universities VALUE rubric. Faculty and staff input through multiple focus group sessions honed these recommendations into the four current ICCs.

A more fully described process will include how external stakeholder needs are addressed to support institutional mission and outline a consistent schedule.

- **Articulating the purposes, content and level of achievement of the outcomes (3.B.2, 4.B.1)**

Reacting The SCC faculty has defined the four ICCs and presented some suggestions/tools faculty could use to illustrate how students demonstrate competency. The “faculty generated handout” introduces the four ICCs and explains their purpose and content. A matrix for tracking is also included in the handout. The handout does not indicate an expected level of achievement of outcomes. Maturing to a systematic process will include more clarity in defining expected levels of achievement.

- **Incorporating into the curriculum opportunities for all students to achieve the outcomes (3.B.3, 3.B.5)**

Systematic SCC describes processes that incorporate learning opportunities. These descriptions are found both here in *1P1 Aligning Common Outcomes*. The opportunities are incorporated within program curriculum and monitored through SCC’s AASC. These opportunities are tied to capstone courses, internships, and assessment opportunities.

- **Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)**

Systematic SCC aligns its common learning goals to MinnState learning goals, advisory committee recommendations, and program review surveys.

- **Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)**

Reacting The Student Life assessment plan and student input guides much of the

development of co-curricular activities. The assessment efforts of the current plan help to ensure the effectiveness of co-curricular activities and their compatibility with student interest. It is still unclear what institutional process are available, if any, to align co-curricular activities with ICCs and classroom learning.

- **Selecting the tools, methods and instruments used to assess attainment of common learning outcomes (4.B.2)**

Systematic SCC program faculty select the tools to assess ICCs within each program. These assessment tools are defined by the program assessment plan and include artifact collection and rubrics, and other assessment tools such as NOCTI and industry board exams. There is an opportunity to improve upon the maturity level of this process with more consistent methods of assessing common learning outcomes across all programs.

- **Assessing common learning outcomes (4.B.1, 4.B.2, 4.B.4)**

Systematic SCC states that each ICC competency area is reviewed every 2 years by assessment of student work. SCC has a system by which programs are expected to design and implement their own ICC assessment. Results are submitted annually for the outcomes that are being assessed that year. Institutional-wide performance levels have been reviewed using the different standards applied by different programs. The goal was to have 70% or more students achieve an average of 3/5 (60%) or better across all subcomponents of the ICC rubric.

- **Summary results of measures (include tables and figures when possible)**

Reacting It is difficult to assess trends unless evidence is presented. Summary results presented the number of programs that had conducted ICC assessments over the last two years. It is unclear, though, why 50 of the 116 planned assessments (43%) over this time yielded unclear results or did not provide any results at all.

There was limited data presented for the Communication ICC. Initially 26 programs were expected to file results. Of those, 6 programs did not file assessment results and data for only four of the remaining 20 programs were presented. Return rates for Critical and Creative Thinking were worse and no data was presented in the portfolio for this ICC.

It appears that assessment is neither comprehensively nor consistently implemented. This makes institution-wide comparisons and analysis difficult. With this level of implementation, SCC cannot ascertain if core competencies are being met across disciplines with any certainty.

- **Comparison of results with internal targets and external benchmarks**

Reacting While a goal benchmark of 70% of student achieving a 3/5 on common rubrics was established, the reasoning for choosing that benchmark value was not explained. The Portfolio narrative did not appear to address student performance relative to this goal.

The data table for the Communication ICC presented favorable data relative to this benchmark; no data was presented for the Critical and Creative Thinking ICC.

No external benchmarks were identified.

- **Interpretation of results and insights gained**

Reacting SCC focuses on successfully implementing the assessment process and facilitating discussions in a way that can lead to improved student learning. The inventory of listed improvements appears generally appropriate. These issues, however, were likely identified prior to implementation of the assessment cycle that was presented in this portion of the portfolio. SCC may want to consider new strategies, including consistent implementation across all programs, analyzing past assessment processes, and integrating co-curricular assessment, that address specific challenges to success that could guide the College in making the next cycle more successful.

1I1 Based on 1R1, what process improvements have been implemented or will be implemented in the next one to three years? (4.B.3)

After reviewing the eight general education competencies through meetings and focus groups, faculty determined that there was a need for revision. As a result of this review, the four Instructional Core Competencies were created. The development of common assessment activities and establishment of targets will guide the College as they begin the process of determining the effectiveness of teaching these competencies.

Over the next few years, SCC intends to revise current ICC rubrics so that they can be effectively utilized by all programs without modification, to establish methods and opportunities for college-wide discussion of ICC assessment results, and to continue building on recent efforts to establish common learning outcome assessments for co-curricular activities.

SCC recognizes that improvement is needed in its approach to assessing its common learning outcomes. Evidence was not presented as to what the previous challenges and successes were, so it appears that effort in this area began in the last two years. Aside from noting low assessment participation rates, the lessons-learned from the last two years of activity were not clearly articulated in the portfolio and this begs the question if any valuable specific insight was gained from this experience. Without identifying key problems, solutions will be difficult to design, and useful suggestions will be limited. The use of common rubrics is a strong element in this process, but a lack of common standards across all programs may be a stumbling block for institutional-level discussions and meaningful data aggregation.

1.2: PROGRAM LEARNING OUTCOMES

Program Learning Outcomes focuses on the knowledge, skills and abilities graduates from particular programs are expected to possess. The institution should provide evidence for Core Components 3.B., 3.E. and 4.B. in this section.

1P2 Describe the processes for determining, communicating and ensuring the stated program learning outcomes and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- **Aligning learning outcomes for programs (e.g., nursing, business administration, elementary teaching, etc.) to the mission, educational offerings and degree levels of the institution (3.E.2)**

Reacting SCC writes: *Faculty are responsible for aligning PLOs with graduate skills and expected outcomes...Surveys of advisory committee members, employers, graduates and students are employed in Program Review to assess program outcomes alignment with SCC's mission and ICCs.*

Policy Series #: 4000.19.1 ACA identifies the procedure for creating new programs but does not explicitly identify which campus committees or officials are responsible for assuring PLO alignment. This may be checked within the Curriculum Committee, the Vice President of Student and Academic Affairs, and/or the Academic Affairs and Standards Council. This policy was adopted in 2018-2019 and it is unclear what, if any, was used prior to that time frame.

- **Determining program outcomes (4.B.4)**

Systematic Program learning outcomes are faculty-driven and are guided by program accreditation standards, advisory board recommendations benchmarks, market analysis, employer surveys, and/or the MinnState pathway transfers template to determine appropriate PLOs. Stronger evidence for this process would be produced through the use of flowcharts, process maps, or templates.

- **Articulating the purposes, content and level of achievement of the outcomes (4.B.1)**

Aligned Common course outlines provide consistency in identifying and articulating PLOs for each course, indicating an aligned level of maturity to this process. These common course outlines are reviewed in the curriculum process by the Academic and Standards Council, with final approval by the President.

- **Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)**

Systematic SCC uses a combination of methods to provide feedback and ensure that PLOs remain relevant and aligned with student, workplace, and societal needs. These include advisory board feedback, surveys of graduates, accreditation agencies, and supporting professional development of faculty through member to professional organizations and internships. Faculty and stakeholders meet biannually to discuss curriculum development, surveys to assess graduate needs, and program reviews.

- **Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)**

Reacting The College is in the beginning stages of establishing a co-curricular program that systematically targets student learning of PLOs and ICCs. As the components are taking shape the College will be moving into the next maturity levels especially when they incorporate a process for assessing learning outcomes rather than the use of surveys. SCC predicts that a comprehensive plan will be in place by 2020.

- **Selecting the tools, methods and instruments used to assess attainment of program learning outcomes (4.B.2)**

Systematic Faculty select assessment tools based on the PLO. The Assessment Committee

and faculty set goals for success. SCC would benefit from describing the process for selection of assessment tools for each of their programs.

- **Assessing program learning outcomes (4.B.1, 4.B.2, 4.B.4)**

Aligned The process for assessment at a program level contains an annual assessment plan with assessment details, criteria for success, and assessment results and their use. They are discussed bi-annually between mentors and mentees. The Program Review uses a standardized template, checklist, and Assessment Example Grid.

The Liberal Arts & Sciences (LAS) division maintains the general education curriculum with PLOs are the MnTC Goal Areas. The LAS Assessment plan addresses and measures student learning on a five-semester cycle. All goals are reviewed on a rotating schedule. All students in all courses covering that goal are assessed.

An institutional template for reporting results and a checklist of steps in the process help ensure consistency in assessing learning outcomes across all programs.

1R2 What are the results for determining if students possess the knowledge, skills and abilities that are expected in programs? The results presented should be for the processes identified in 1P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Overall levels of deployment of the program assessment processes within the institution (i.e., how many programs are/not assessing program goals)**

Reacting SCC presented the 2017-2018 assessment results; 70% of technical programs have completed assessment plans. Sixteen programs are implementing changes. It is unclear what the level of deployment for transfer programs' assessment prior to this new process.

Although the assessment process is defined and supported by the College, the evidence appears to state that not all of the technical programs have completed the process. Based on the goals identified in the Minnesota Transfer Curriculum, only three of the 10 have been assessed. As these activities become more widespread, this item will be moving into the next level of maturity.

- **Summary results of assessments (include tables and figures when possible)**

Reacting The assessment inventory summarizes how many technical programs have completed recent program-level assessments, but there is no information presented for transfer programs.

The co-curricular assessment of student learning after experiencing a specific training is based on student survey responses. The College's next step will be to provide a more in-depth learning outcome process to move this to the next level.

- **Comparison of results with internal targets and external benchmarks**

Reacting No comparison results were presented. There were no numerical targets except for very broad-based targets identified within the technical program assessment process.

- **Interpretation of assessment results and insights gained**

Reacting SCC indicated an advisory standard template as an area of improvement. The institution also discussed the implementation of a 2014 AQIP Action Project that set a four-year Strategic Plan in motion for each program. There was no documentation or evidence to indicate the status of the four-year reviews. It is unclear how this project is progressing and no discussion of its challenges and successes.

The College did not address how to ensure that all programs are completing their annual reviews in a timely manner. Annual reviews appear to be the building blocks for the four-year program reviews and thus should be completed in a timely, comprehensive, and consistent manner.

Liberal Arts General Education and co-curricular assessment results are in early development and will require additional processes to move these two areas to the next level of maturity.

1I2 Based on 1R2, what process improvements have been implemented or will be implemented in the next one to three years? (4.B.3)

SCC describes the foundations for a strong program assessment process and provides very little evidence that this process has become part of the College culture or that the process yields meaningful data. SCC continues to struggle with implementation of assessment at the program level and this mirrors its struggles with general education assessment. SCC describes overall deployment levels of assessment, but did not provide examples of the direct measures of student learning.

No specific numerical targets such as benchmarks or goals were identified. These goals can include the compliance rate of programs successfully completing an assessment cycle or percentages of students meeting learning outcome targets.

The improvements listed include using a standardized template for advisory committee, restructuring program reviews, and continued discussion of MnTC assessment results. SCC does not explain the issues that these improvements are intended to address or the standards that will be used to identify if these improvements have achieved their desired outcomes.

1.3: ACADEMIC PROGRAM DESIGN

Academic Program Design focuses on developing and revising programs to meet stakeholders' needs. The institution should provide evidence for Core Components 1.C. and 4.A. in this section.

1P3 Describe the processes for ensuring new and current programs meet the needs of the institution and its diverse stakeholders. This includes, but is not limited to, descriptions of key processes for the following:

- **Identifying student stakeholder groups and determining their educational needs (1.C.1, 1.C.2)**

Reacting SCC defines student stakeholder groups as future students, current students, and past students. SCC collects data on enrollment trends. Student need is assessed through the

program review process. SCC has developed a Strategic Enrollment Management Plan (SEMP) to improve its ability to respond to regional, state, and national needs. The Plan describes demographic trends in the regional population and high school graduates. It also describes elements of culture viewed as critical to address enrollment issues.

The College has an opportunity to utilize the SEMP to show how subgroups were identified or how the needs of these subgroups were met.

- **Identifying other key stakeholder groups and determining their needs (1.C.1, 1.C.2)**

Reacting Stakeholder needs, outside of students, are identified through advisory committee feedback and workforce demands. Other community engagement efforts are mentioned, but not detailed. The College does not indicate how they identify key stakeholders or determine their needs. Without a process to determine who key stakeholders are, it is not possible to determine their needs and how they interact and coincide with the College's needs.

- **Developing and improving responsive programming to meet all stakeholders' needs (1.C.1, 1.C.2)**

Systematic The new program development process requires an assessment of current labor market needs, evidence industry and workforce support, and cost estimates. This information is reviewed by the Curriculum Committee and approved by the President. Current program improvements are guided by Curriculum Committee guidelines and reviewed by this Committee for approval. Current processes ensure consistency across the institution in the review of curricular changes to meet stakeholder needs, indicating a systematic level of maturity. However, there is an opportunity to improve upon this maturity level with a similar focus on ensuring consistency in the manner with which new programs or curricular changes are identified in the first place.

- **Selecting the tools, methods and instruments used to assess the currency and effectiveness of academic programs**

Reacting The College uses EMSI, the Program Review information, advisory committee feedback, employers, and graduates to assess academic programs. The current Program Review process was revised and implemented in FY2019. As this process becomes more engrained in the College's academic program assessments, the College will improve its maturity level. Since there was no evidence that indicated which programs have completed the current (or previous) program review process, it is difficult to determine if the institution is learning from its program reviews. SCC would benefit from describing the process for selecting tools, measures, and instruments.

- **Reviewing the viability of courses and programs and changing or discontinuing when necessary (4.A.1)**

Systematic SCC uses a variety of metrics to determine if a program is successful. These include transfer success rates, employment data, market capacity, and Program Review. The College is required to monitor program viability through the MinnState Instructional Cost Study which provides a set of benchmarks. However, it is still unclear how the institution uses the processes described to identify which programs are in need of change/discontinuation and, more importantly, how the information from these processes is

used to identify best avenues to improvement for such programs.

Much of the information presented begins in 2017 and thus is unclear as to what has been done in the area of Program review before this time. An overall review of course and program changes and/or cancellations was not presented. SCC appears to gauge discontinuation of a program on the MinnState Instructional Cost Study; the College would benefit from reviewing programs holistically in addition to cost.

1R3 What are the results for determining if programs are current and meet the needs of the institution's diverse stakeholders? The results presented should be for the processes identified in 1P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of assessments (include tables and figures when possible)**

Reacting Retention and graduation information are used to evaluate academic program design, as well as feedback from graduate and employee surveys. Institutional data are available through institutional dashboards. However, it is unclear what data is actually included in such dashboards, how the data is linked to the evaluation of academic program design, and what institutional processes guide who uses this information and how. SCC did not present any survey data trends in the Portfolio, which would be helpful in identifying patterns in student graduate reactions.

- **Comparison of results with internal targets and external benchmarks**

Systematic SCC identifies data spanning several years. These data were mostly presented in aggregate with few trends identified for years since 2017. Comparative data identifies that SCC has performed better than "like" institutions in the MinnState system.

Reacting An opportunity exists for SCC to take advantage of the comparative benchmarks offered through the MinnState system. It is noted, however, that the Portfolio's narrative does not identify internal targets nor external benchmarks, discuss how these were selected, or why.

- **Interpretation of results and insights gained**

Reacting The College would like to strengthen survey instructions to create common surveys. The College is to launch a Program Review Dashboard of help measure program and faculty engagement. It is difficult to gauge how the College has arrived at these strategies. It is unclear how data is used to identify opportunities for improvement related to academic design or how this information is included in institutional decision-making outside of staffing.

1I3 Based on 1R3, what process improvements have been implemented or will be implemented in the next one to three years?

SCC is reviewing how to strengthen surveys, and the College plans to create common surveys. SCC also plans to present a Program Review Dashboard in 2020.

The lack of evidence makes it difficult to understand how the College develops and revises

programs to meet stakeholders needs. The College does not provide evidence that Program Review (3-4 year) is being done on a consistent and comprehensive basis. The College does not indicate what changes have been made and evaluated for improvement. Most of the narrative focuses on changes that will occur in the future, with little or no indication of how/why the College has decided to make and implement these changes.

1.4: ACADEMIC PROGRAM QUALITY

Academic Program Quality focuses on ensuring quality across all programs, modalities and locations. The institution should provide evidence for Core Components 3.A. and 4.A. in this section.

1P4 Describe the processes for ensuring quality academic programming. This includes, but is not limited to, descriptions of key processes for the following:

- **Determining and communicating the preparation required of students for the specific curricula, programs, courses and learning they will pursue (4.A.4)**

Systematic Faculty develop academic requirements through curricula, program requirements, skills sets, literature review, and best practices. CCOs on each syllabus communicate requirements to students. Marketing publishes program information in various places. Advisors communicate requirements with students. The Course Catalog lists pre-requisites and other course requirements.

- **Evaluating and ensuring program rigor for all modalities, locations, consortia and dual-credit programs (3.A.1, 3.A.3, 4.A.4)**

Systematic The College has a continuous quality review of programs via Program Review. Each course has a CCO identifying student learning outcomes. The SCC Concurrent Enrollment Program Handbook outlines expectations and standards. SCC maintains Online/Hybrid Course Development and Peer review to maintain rigor in online and hybrid courses. Faculty are encouraged and trained to design their course using the Quality Matter Standards. Processes appear to be in place for comprehensive program rigor for all modalities, but other than process documents, no other supporting evidence is present.

- **Awarding prior learning and transfer credits (4.A.2, 4.A.3)**

Aligned SCC has a Credit for Prior Learning (CPL) policy and procedure; students provide evidence that faculty evaluate. SCC utilized an Action Project to map the processes and educate the campus about CPL. The College has defined processes in place to identify prior learning and award students' credit for prior learning. This includes the (VETS) Veterans Education Transfer System to assist service members in finding programs that identify and award academic credit for military service.

The College in conjunction with MinnState Board of Trustees has a plan to ensure all 60 credits required (AA, AS or AFA) from a transfer college transfers to a system university baccalaureate degree as well as specific Transfer Pathways. The Minnesota Transfer Curriculum (MnTC) is offered by SCC to ensure ease of transfer.

- **Selecting, implementing and maintaining specialized accreditation(s) (4.A.5)**

Systematic SCC pursues specialized accreditation where indicated by industry or employment standards. The College has 7-8 specialized program accreditations listed.

It is not clear what the dates of accreditation are for the Minnesota Board of Nursing or when the CAAHEP accreditations for medical assistant or intensive Care Paramedic Technician end. This lack of information does not indicate how and if the College is planning on extensions of accreditation or if accreditation actually exists.

- **Assessing the level of outcomes attainment by graduates at all levels (3.A.2, 4.A.6)**

Reacting SCC follows the MinnState Academic Programs Policy to confer certificates, diplomas and Associate degrees. SCC measures student success by persistence, transfer, or completion rates. SCC also assesses outcome attainment via the Technical Skills Attainment exams such as NOCTI and ICC assessment. Supporting evidence in this area would strengthen the College's narrative. Stronger practices of directly measuring student learning will help the institution mature this process.

- **Selecting the tools, methods and instruments used to assess program rigor across all modalities**

Systematic TSA exam results are used during the program review process to assess attainment by graduates. The CCSSE survey, conducted every 2 years, provides student feedback regarding student perceptions of academic challenge. Online and hybrid course development processes outline a peer review process that aligns with Quality Matters standards and serves to help ensure the academic rigor of courses across all modalities. However, there is an opportunity to improve the maturity level of this process with an institutional process that outlines how the particular methods and measures, such as the CCSSE survey items or the peer review rubric, are identified and regularly re-evaluated as the best means of assessing rigor across modalities.

1R4 What are the results for determining the quality of academic programs? The results presented should be for the processes identified in 1P4. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of assessments (include tables and figures when possible)**

Systematic SCC measures several different types of results including specialized accreditation, QM standards in courses, GPA by course delivery method, graduate employment, prior learning assessment and credits received, licensure exam rates, transfer rates and NOCTI, SkillsUSA and ICC Assessments. It is not clear how these various results are aggregated into a process and system that clearly summarizes program rigor across all programs.

- **Comparison of results with internal targets and external benchmarks**

Reacting Graduate employment rates, transfer credit acceptance rates, and licensure exam pass rates are all provided through the MinnState reporting system and can provide external benchmarks for comparing performance. There is an opportunity to improve upon this

maturity level with the specification of internal benchmarks for metrics related to academic rigor.

- **Interpretation of results and insights gained**

Reacting SCC discussed progress toward meeting MinnState's goal for employment of graduates and the lack of GPA difference between instructional modalities. The College would benefit by addressing their interpretation of the data and insights gained. The SCC interpretation does not indicate how the institution is focusing on improving academic program quality across all programs, modalities and locations.

1I4 Based on 1R4, what process improvements have been implemented or will be implemented in the next one to three years?

In this section SCC did indicate various processes that were in place to determine and communicate student preparedness requirements, the awarding of credit for prior learning, transfer credits, dual credit standards and rigor, faculty support via QM training. The College also reviews a variety of results to indicate academic program quality. It may benefit the institution to combine these individual activities into an overall process that would possible be easier to understand and implement for clear decision-making. General improvements in the availability of data related to assessing program rigor have been made over recent years, with no other planned activities over the next three years.

SCC recognizes that the institution needs a uniform program review process and the need for progress toward improved student outcome achievement.

1.5: ACADEMIC INTEGRITY

Academic Integrity focuses on ethical practices while pursuing knowledge. The institution should provide evidence for Core Components 2.D. and 2.E. in this section.

1P5 Describe the processes for supporting ethical scholarly practices by students and faculty. This includes, but is not limited to, descriptions of key processes for the following:

- **Ensuring freedom of expression and the integrity of research and scholarly practice (2.D., 2.E.1, 2.E.3)**

Systematic Academic freedom for faculty is outlined in the faculty contract. Student rights to free expression, as well as guidelines related to academic honesty, are stipulated in the student handbook. An institutional IRB committee and associated IRB policy help ensure the integrity of research conducted at SCC and the protection of participants. The institution may benefit from developing activities that assure a campus-wide understanding of academic freedom as defined by the MSCF contract and IRB associated policy as well as how this supports the institutional mission.

- **Ensuring ethical learning and research practices of students (2.E.2, 2.E.3)**

Systematic (3) The College has policies for Student Code, Academic Dishonesty, and IT related conduct. The Code of Conduct provides students with specific timelines, communication and appeal procedures. The IT Policy/Procedures do not have a process for handling violations. Supporting evidence that indicates how the institution implements the

policies and the results of implementation as well as improvements to the system to avoid future violations would improve the narrative.

- **Ensuring ethical teaching and research practices of faculty (2.E.2, 2.E.3)**

Systematic SCC follows the MinnState Procedure 1C.0.1 Employee Code of Conduct. This process is shared on the website and supported by training. The IRB Board, policy, and procedures ensures ethical research practices. Disciplinary actions for policy violations are in the MSCF contract. The College does not provide any evidence of violation or improvements made to decrease violations in this area.

- **Selecting the tools, methods and instruments used to evaluate the effectiveness and comprehensiveness of supporting academic integrity**

Systematic Tools for evaluating the effectiveness of support for academic integrity are identified collaboratively by Cabinet, RIE, and HR. However, it is unclear how this collaboration works or what processes are used to identify these tools amongst this collaboration.

1R5 What are the results for determining the quality of academic integrity? The results presented should be for the processes identified in 1P5. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures where appropriate)**

Systematic Summary data are provided for the number of student complaints, incidents of academic dishonesty, grade appeals, and PACE survey results related to satisfaction with ethical practices. These results were not comprehensive, and it was difficult to see how they could be used to build a complete picture of academic integrity or ethical practices.

- **Comparison of results with internal targets and external benchmarks**

Systematic SCC's internal target of no Academic Freedom grievances, violations of research practices, or student complaints for Freedom of Expression was met. The Portfolio does not discuss external benchmarks.

The Portfolio narrative would benefit by further explanation of why this internal target was chosen as a goal or deemed achievable.

- **Interpretation of results and insights gained**

Reacting SCC recognizes issues with communication at the College and conducted a communication survey. Broad statements are made about improving current practices related to academic integrity, but no direct interpretation of results is provided. SCC needs to connect the interpretation with the results and processes concerning academic integrity.

1I5 Based on 1R6, what process improvements have been implemented or will be implemented in the next one to three years?

SCC has shifted the complaints process to online workflow. SCC recognizes that the institution needs to address the number of student complaints more quickly. The College plans to include Academic Freedom on the complaint form in FY20. An IRB is also in place to ensure academic research is addressed to ensure participant safety. SCC does not describe pro-active activities that address issues of Academic Freedom or Academic Honesty.

CATEGORY SUMMARY

Although the Institutional Core Competencies and Program Review processes are in their early stages, the College has made strides to implement them. Because these are relatively new, the institution is working to implement them in a consistent manner across the campus and across time. Co-curricular creation and assessment is also in early development.

In general, SCC describes relevant processes, but the process descriptions lack precision in addressing the portfolio prompts. Many of the described processes have been implemented in the last few years and little of the previously used processes was described. The lack of evidence in each area was very concerning to the reviewers and resulted in both lower ratings for process maturity and lower ratings in the institutions ability to meet the core components and sub-components for accreditation. The overall picture that emerges is one where SCC does not appear to have been using defined processes until recently in their accreditation cycle. The lack of historical perspective, difficulties in implementing processes consistently, the lack of evidence, and not clearly addressing the portfolio prompts offer little in Category 1 to argue against this perspective.

It is also evident that many processes, especially those related to academic integrity and academic program quality, are heavily influenced by MinnState policies or standards. While this helps to impart a literal systematic level of maturity to such processes, there will be opportunities to improve maturity levels related to helping students learn by using MinnState policies as a starting point for further developing practices or policies that foster SCC assessment efforts, rather than relying solely on the system's policies.

CATEGORY STRATEGIC ISSUES

There are several strategic concerns noted in Category 1 because they may place SCC's bid for continued accreditation in jeopardy.

Portfolio Process Description

- In general, the portfolio describes reasonable processes. The vast majority of these processes have only been implemented in the last few years and no information has been provided regarding previous practice. SCC has been accredited by HLC for considerably longer than the documentation presented in this portion of the portfolio. The omission of earlier practices is conspicuous.

Documentation of Process

- In many areas processes described do not address the portfolio prompt. This reflects a lack of understanding of the portfolio structure or a deliberate side-stepping of the issue. Neither interpretation reflects well on the College. **Quality of Systems Portfolio section**
- Some processes are not associated with the expected documentation such as key committee

charges and key position descriptions.

- There is a consistent lack of internal targets and goals for the processes described.
- Improvements associated with a given sub-category do not reflect clear understanding of challenges and barriers. The described improvements are frequently overly general and are not associated with the analysis that is typically associated with a CQI culture.

Assessment of Student Learning

- Implementation of assessment practice is not consistent across the College.
- Very few results are presented regarding assessment of direct student learning. SCC by-and-large is expecting the review committee to take a leap of faith that assessment is practiced and meaningful at SCC.
- There is a heavy reliance on surveys rather than direct measures of student work. Surveys are but one tool in the assessment arsenal and they offer a retrospective view of quality. Academic assessment is intended to catch problems before the student has graduated which is when the College still has the opportunity to take corrective action before poorly trained students enter the community.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

II - Meeting Student and Other Key Stakeholder Needs

Focuses on determining, understanding and meeting needs of current and prospective students and other key stakeholders, such as alumni and community partners.

Instructions for Systems Appraisal Team

In this section, the team should provide a consensus narrative that focuses on the processes, results and improvements for Current and Prospective Student Needs, Retention, Persistence and Completion, Key Stakeholder Needs, Complaint Processes, and Building Collaborations and Partnerships.

Independent Category Feedback for each AQIP Category from each team member should be synthesized into an in-depth narrative that includes an analysis of the institution's processes, results and quality improvement efforts for each category. Wording from the Stages in Systems Maturity tables for both processes and results should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results. It is from this work that the team will develop a consensus on the Strategic Challenges analysis, noting three to five strategic issues that are crucial for the future of the institution. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

CATEGORY 2: MEETING STUDENT AND OTHER KEY STAKEHOLDER NEEDS

Category 2 focuses on determining, understanding and meeting needs of current and prospective students and other key stakeholders, such as alumni and community partners.

2.1: CURRENT AND PROSPECTIVE STUDENT NEED

Current and Prospective Student Need focuses on determining, understanding and meeting the non-academic needs of current and prospective students. The institution should provide evidence for Core Components 3.C. and 3.D in this section.

2P1 Describe the processes for serving the academic and non-academic needs of current and prospective students. This includes, but is not limited to, descriptions of key processes for the following:

- **Identifying underprepared and at-risk students, and determining their academic support needs (3.D.1)**

Systematic As an open access institution, SCC has a systematic process for identifying students' initial academic need and readiness through placement testing and advising. An Early Alert system, support for suspended students and other resources available through the Just 1 More (J1M) initiative provide assistance for targeted "at risk" students. Tracking processes provide additional insight to potential student support needs. Drawing a clearer connection between these actions and other

campus initiatives, such as enrollment management strategies, may suggest a higher level of maturity.

- **Deploying academic support services to help students select and successfully complete courses and programs (3.D.2)**

Systematic The institution has taken a comprehensive approach to guiding students through their educational experience. J1M, Holistic Student Services, Individual Academic Plans, GPS, Focus2 and other programming initiatives are offered at the systematic level of maturity. Academic, career, and personal counseling provide individualized support. There is an opportunity to improve upon the maturity level of these processes as all programs are fully implemented and integrated.

- **Ensuring faculty are available for student inquiry (3.C.5)**

Systematic SCC faculty hold office hours as required by the MSCF contract and as posted on course syllabi. The College reviews the SSI and CCSSE surveys to understand student opinions and ideas concerning faculty availability. This systematic level of maturity could be improved by more clearly indicating what other methods are present to ensure faculty adhere to office hours and address student inquiries in a timely manner.

- **Determining and addressing the learning support needs (tutoring, advising, library, laboratories, research, etc.) of students and faculty (3.D.1, 3.D.3, 3.D.4, 3.D.5)**

Systematic Students receive assistance through onboarding processes, advising, varied tutoring strategies, technology support, the library, and dedicated learning spaces. Although generally systematic, by more clearly demonstrating how the institution determines specific needs and aligns student, program, and faculty needs, the maturity level of this set of processes could be improved. A former AQIP action project (Increasing Student Participation in Tutoring) is an example of using data-informed decision-making to assess student needs and then bringing identified services directly to students. This example reflects an opportunity to improve the maturity level of this process if applied to additional student support services.

- **Determining new student groups to target for educational offerings and services**

Systematic The Strategic Enrollment Planning Council (SEPC) was established to identify new student groups. Examination of historical enrollment data and local high school enrollment/graduation information is used to assess needs and develop plans, indicating a systematic level of maturity. SCC could consider the review of disaggregated data and community stakeholder feedback to determine any additional groups not being served or to more fully address the nuanced shifts in enrollment of varied groups. Use of new data dashboards may provide greater levels of clarity once fully implemented and integrated into this and other processes.

- **Meeting changing student needs**

Systematic SCC provides examples of programming to meet changing demographics and identified student needs or interest suggesting a systematic level of maturity. However, it is unclear exactly how such needs are assessed and incorporated into institutional decision-making.

- **Identifying and supporting student subgroups with distinctive needs (e.g., seniors, commuters, distance learners, military veterans) (3.D.1)**

Systematic RIE provides data via multiple dashboards to identify student subgroups and retention/completion risk factors. TRIO and other services are offered to support student subgroups. These mechanisms indicate a systematic level of maturity. However, the institution may benefit from greater clarity regarding how and to whom all related data is analyzed and distributed as well as how programming effectiveness is assessed.

- **Deploying non-academic support services to help students be successful (3.D.2)**

Aligned SCC has implemented several services in response to the Non-Academic Student Support Survey. A campus needs assessment was also completed as part of VISTA. Comprehensive programs informed by such strategies indicate an aligned level of maturity.

- **Ensuring staff members who provide non-academic student support services are qualified, trained and supported (3.C.6)**

Systematic Staff position descriptions are reviewed prior to posting. Both internal and external professional development opportunities are offered. However, the institution could move beyond a systematic level of maturity by providing measures taken to identify minimum qualifications and assessment efforts to determine effectiveness of hiring and staff development.

- **Communicating the availability of non-academic support services (3.D.2)**

Systematic A systematic process of communication exists including varied standard methods. The reorganization of Student Affairs more clearly aligns advising functions with academic programs. However, it is unclear whether such changes also impact the communication process.

- **Selecting the tools, methods and instruments to assess student needs**

Systematic RIE uses a systematic process for the selection of both internal and external tools providing benchmarking opportunities and valid assessment. Dashboards provide ease in distribution of data. Establishing a process of setting internal targets and identifying specific external benchmarking targets may enable improvement in maturity.

- **Assessing the degree to which student needs are met**

Systematic To assess the degree to which student needs are met, SCC provides a robust set of systematic assessment strategies including national surveys, national and state benchmarking, environmental scans, program review, graduate follow-up and student needs surveys, and student senate feedback. Although comprehensive, it is unclear how these efforts are aligned with student service initiatives and institutional priorities. Clarity regarding integration of such processes into decision making and planning practices would support a higher level of maturity.

2R1 What are the results for determining if current and prospective students' needs are being met? The results presented should be for the processes identified in 2P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Systematic Data are shared for Lifesaver grant recipients, early alert, SSI, CCSSE, orientation, and

internal student surveys. These suggest a systematic process for gathering and reviewing data. However, it is unclear how such information is used or by whom to impact decision making regarding student needs. Other assessment measures mentioned in earlier sections were not included.

- **Comparison of results with internal targets and external benchmarks**

Systematic Although national and state-wide benchmarks are reported at the systematic level, the deliberate process of setting targets to best meet institutional priorities and reporting such information is at the reacting level of maturity. A more intentional process for selecting targets and use of a clear and integrated report(s) of such data could improve the level of maturity.

- **Interpretation of results and insights gained**

Reacting Given the volume of data provided through multiple sources, it appears that the institution has yet to fully analyze and integrate such data for use in broad and meaningful insights. New RIE strategies to improve target selection, data analysis, and distribution have been identified, and when fully implemented and incorporated into institutional goal setting and planning processes, these methods may greatly improve effectiveness strategy planning and results reporting.

2I1 Based on 2R1, what process improvements have been implemented or will be implemented in the next one to three years?

The institution appears to have a strong set of student service plans and a clear structure and timeline for implementation. JIM, Holistic Student Support Services, EAP, and other related programs have been developed. Reorganization to maximize advising effectiveness, academic and career planning tools/services, and the development of varied REI reporting efforts are commendable. However, a clearer, more comprehensive plan to integrate institutional goals, enrollment management and student success strategies, RIE dashboards/reports, and all services offered will be necessary to advance maturity levels. Many of the current services/plans appear to be disconnected or not fully implemented as the narrative does not clearly explain the connections. More clearly identified and meaningful targets and measures of effectiveness in all areas would also be beneficial. Although national surveys and state-wide benchmarking tools were used, the limited data displayed appeared to reflect standard reporting options rather than focusing on the specific indicators of SCC institutional targets or goals and clear alignment with specific processes or services. Plans for use of a scorecard may provide the opportunity to pull these varied pieces together in an efficient and effective manner for strategic improvement in the area of meeting student needs.

2.2: RETENTION, PERSISTENCE AND COMPLETION

Retention, Persistence and Completion focuses on the approach to collecting, analyzing and distributing data on retention, persistence and completion to stakeholders for decision making. The institution should provide evidence for Core Component 4.C. in this section.

2P2 Describe the processes for collecting, analyzing and distributing data on retention, persistence and completion. This includes, but is not limited to, descriptions of key processes for the following:

- **Collecting student retention, persistence and completion data (4.C.2, 4.C.4)**

Systematic Use of the MinnState Student Success Accountability Metrics dashboard and internal REI metrics/dashboards indicate a systematic set of processes for collecting retention, persistence, and completion data. Clarity regarding the policies and practices guiding use of this information so that it can be incorporated into institutional decision-making may contribute to a higher level of maturity.

- **Determining targets for student retention, persistence and completion (4.C.1, 4.C.4)**

Systematic SCC targets are identified through the MinnState Student Accountability Metrics, and internally as set by the Strategic Enrollment Management Plan. Although, as a plan, this is at a higher level of maturity, full implementation and reporting has not been completed indicating a systematic level of maturity.

- **Analyzing information on student retention, persistence and completion**

Systematic Cabinet and Dean's Council review data analyzed through MinnState and well as internal data analyzed and shared through RIE indicating a systematic process. There is an opportunity to improve upon the maturity level with processes that guide the regular review of this information and provide intentional opportunity to incorporate this data into institutional decision-making.

- **Meeting targets for retention, persistence and completion (4.C.1)**

Systematic SEMP has set targets and the JIM Action Plan includes a clear set of goals indicating a systematic level of maturity. Once fully implemented, the plan may yield results at a higher level of maturity. More clearly presenting current data in this section would also have been helpful.

- **Selecting the tools, methods and instruments to assess retention, persistence and completion (4.C.4)**

Systematic SCC systematically uses nationally recognized and MinnState sources for their retention, persistence, and completion data collection. However, in this section SCC has not described the process used to determine what specific data or reports they are actually using or why (given the wealth of data and information available through large data sources such as IPEDS). A clearer connection between the tools/methods noted and the results presented in the next section of the Portfolio would be helpful.

2R2 What are the results for student retention, persistence and completion? The results presented should be for the processes identified in 2P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Systematic SCC provided summary results including student success/completion rate graphs using both internal and MinnState comparative and trending data for five years (2012-17) suggesting a systematic level of maturity. However, this data was not clearly aligned with the tools and methods section above.

- **Comparison of results with internal targets and external benchmarks**

Reacting Although some comparison data was shared, no internal targets or external benchmarks were identified.

- **Interpretation of results and insights gained**

Reacting SCC suggests that the summary information presented guided the College's involvement with ATD and the development of JIM, but it is unclear what interpretations were gleaned from this information that led to these decisions indicating a reacting level of maturity.

2I2 Based on 2R2, what process improvements have been implemented or will be implemented in the next one to three years? (4.C.3)

With full implementation, ATD Action Plan and related initiatives or recommendations may strengthen SCC's ability to align processes, results and improvements related to retention, persistence, and completion more effectively. SCC is encouraged to continue engagement of students in the planning processes through surveys and other feedback opportunities. Moving forward, SCC must continue to integrate the gathering/analysis of the most relevant data into their decision-making and improvement planning processes. With a variety of retention and completion efforts in the implementation stage, careful attention to upcoming outcomes, review of disaggregated data for more sophisticated analysis (particularly related to student sub-groups), updates in student communication (including advising processes), and staff professional development to maximize results of reorganization and the considerable effort invested in all the new initiatives in which SCC has recently engaged.

2.3: KEY STAKEHOLDER NEEDS

Key Stakeholder Needs focuses on determining, understanding and meeting needs of key stakeholder groups, including alumni and community partners.

2P3 Describe the processes for serving the needs of key external stakeholder groups. This includes, but is not limited to, descriptions of key processes for the following:

- **Determining key external stakeholder groups (e.g., alumni, employers, community)**

Systematic SCC's President's Advisory Council, Foundation Board, and Program Advisory Committees, as well as activities within the K-12 system and grant development strategies provide a systematic set of processes and practices used in determining external stakeholder groups. Providing more details regarding how these groups operate, their specific roles, or descriptions of any replicable practices used to engage stakeholders could assist in the improvement of maturity in this area.

- **Determining new stakeholders to target for services or partnership**

Systematic SCC's Executive leadership, faculty, and administration sit on several community groups and boards. This offers the opportunity to review how SCC's services align with community needs. The Center for Business and Industry and interaction with local K-12 also provide insights regarding new stakeholders. While the College appears to have a well-established connection with the community it serves through these opportunities, it is unclear what internal policies guide the identification of new stakeholders, indicating a systematic level of maturity.

- **Meeting the changing needs of key stakeholders**

Systematic Academic programs each meet with their respective advisory committees twice per year and surveys are administered to advisory committees as well as alumni and local employers as part of the program review process. The CBI regularly consults with business partners to assess needs. While SCC has established, repeatable practices in place to collect feedback from external stakeholders and community partners, it is unclear how the institution analyzes such data to assess changing needs, indicating a systematic level of maturity.

- **Selecting the tools, methods and instruments to assess key stakeholder needs**

Systematic Although SCC has a systematic process of gathering data from students, employers, graduates, advisory committees, and the community, the processes used to select or develop these tools were not described.

- **Assessing the degree to which key stakeholder needs are met**

Systematic Stakeholder surveys and, more recently, a strategic planning focus group have been used to assess stakeholder need, suggesting a systematic level of maturity. Greater detail regarding the process for analysis of results and corresponding changes could improve the maturity level. The community garden initiative resulting in the partnership with Feeding Our Community is a good example.

2R3 What are the results for determining if key stakeholder needs are being met? The results presented should be for the processes identified in 2P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Reacting Although SCC does provide some good examples of how the needs of stakeholders have been met, a summary of results for this section was not presented in the Portfolio.

- **Comparison of results with internal targets and external benchmarks**

Reacting The Portfolio did not discuss a comparison of results with internal targets nor external benchmarks. Survey and focus group results data as compared to peer institutions or in meeting internal targets would be key to improve the level of maturity.

- **Interpretation of results and insights gained**

Reacting Two positions were created to address stakeholder relationship development. However, it is unclear how results data as identified in this section informed such measures.

2I3 Based on 2R3, what process improvements have been implemented or will be implemented in the next one to three years?

Plans for the launch of a stakeholder survey is planned for 2021. Although this survey may address SCC's weakness regarding the collection and analysis of data regarding stakeholder needs, there is no information regarding the objectives or targets for this survey. Nor is there an explanation for the

launch timeline (two years from now). It appears that SCC has some well-established stakeholder relationships and partnerships, but would benefit from the development of clearer information collection strategies that in turn inform decision-making.

2.4: COMPLAINT PROCESSES

Complaint Processes focuses on collecting, analyzing and responding to complaints from students or key stakeholder groups.

2P4 Describe the processes for collecting, analyzing and responding to complaints from students and stakeholder groups. This includes, but is not limited to, descriptions of key processes for the following:

- **Collecting complaint information from students**

Systematic SCC has an established and standardized student complaint process implemented in 2016 per MinnState and institutional policy. SCC has plans to create an electronic collection and tracking of complaints process.

- **Collecting complaint information from other key stakeholders**

Systematic SCC offers clear policy and processes for employee complaint reporting. Although this is at the systematic level, developing a more structured process for other external (non-student) complaints could improve maturity in this area.

- **Learning from complaint information and determining actions**

Reacting The new centralized system may allow for complaints for reacting complaint tracking and aggregation of data. Follow up emails also provide additional feedback. The maturity level could be improved by providing greater structure and data collection processes for informal complaints, which appear to be one of the larger categories.

- **Communicating actions to students and other key stakeholders**

Reacting A systematic set of templated letters for complaint responses provides consistent information. In addition to an annual report that will be distributed to Dean's Council and Cabinet, complaint actions will be reported through Student Senate or electronically. The level of maturity will increase once the processes are in place and are able to be assessed.

- **Selecting the tools, methods and instruments to evaluate complaint resolution**

Systematic SCC will use a new campus-wide complaint system with additional feedback collection via email suggesting a systematic process for assessment. However, there may be improvement in maturity by considering process effectiveness measures including attention to informal complaint reporting and general response satisfaction.

2R4 What are the results for student and key stakeholder complaints? The results presented should be for the processes identified in 2P4. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Systematic An annual report illustrating complaints by type, outcomes, and improvements indicates a systematic level of reporting maturity. Ensuring that collection, analysis, and reporting are repeatable and inform decision-making could improve maturity.

- **Comparison of results with internal targets and external benchmarks**

Reacting No comparison results, internal targets, or external benchmarks were presented in this section. There was a suggestion that satisfaction with the process was determined. However, it is unclear what results data were aligned with that assertion. SSI results are shared later in this section, but not connected to comparison of targets or benchmarks.

- **Interpretation of results and insights gained**

Systematic SCC has provided interpretation of student satisfaction results related to the complaint process and the development of a new system. Transparency and ease in use of new system reportedly resulted in increased filings. Although this interpretation is generally systematic in maturity level, it is unclear why the institution waited to address satisfaction gaps that dated back to 2005. Repeated use and results data analysis for the new system may strengthen insights and better inform improvements.

2I4 Based on 2R4, what process improvements have been implemented or will be implemented in the next one to three years?

An employee and new student complaint process is in place. The process clearly identifies complaint submission steps and resolution communication. Addressing external (non-student) complaint processes is scheduled for inclusion in the 2021 biennial survey. The online system now allows for more efficient analysis of complaints by category and resolution. New promotion plans may encourage more “formal” reporting. Full implementation of the new system and its analysis/reporting procedures, and the system promotion plans should strengthen institutional awareness and improvements.

2.5: BUILDING COLLABORATIONS AND PARTNERSHIPS

Building Collaborations and Partnerships focuses on aligning, building and determining the effectiveness of collaborations and partnerships to further the mission of the institution.

2P5 Describe the processes for managing collaborations and partnerships to further the mission of the institution. This includes, but is not limited to, descriptions of key processes for the following:

- **Selecting partners for collaboration (e.g., other educational institutions, civic organizations, businesses)**

Systematic SCC sets clear expectations for administrator community involvement as part of position descriptions. Program Advisory Boards guide program partnership development. In some cases there is obvious alignment with partnerships or community organizations and student stakeholder subgroups. These processes suggest a systematic level of maturity. Clearer policy and procedures regarding collaborative outreach and collaboration effectiveness evaluation may improve maturity

levels.

- **Building and maintaining relationships with partners**

Systematic SCC uses both structured and informal relationship building strategies at the systematic level of maturity. The College participates in the Cities, Colleges, and Universities group to identify and address regional needs. The President serves on the Board of Directors for the Minnesota Campus Compact as the Vice Chair. Although some relationship building/maintenance is formally included in position responsibilities with greater opportunity for effectiveness tracking and evaluation, many appear to be informal in nature. SCC would benefit from describing how the College strategically identifies, builds, and maintains partnerships.

- **Selecting the tools, methods and instruments to assess partnership effectiveness**

Systematic Partnerships are primarily assessed through feedback surveys and focus groups on an annual basis indicating a systematic level of maturity. Improvements could be made by evaluating survey effectiveness and response quantity as well as direct impact of partnership relationships on meeting institutional goals.

- **Evaluating the degree to which collaborations and partnerships are effective**

Reacting Although there are plans to aggregate data collected through the program review process, this process has not yet been fully implemented. MOUs for funded partnerships include an annual face to face meeting, but it is unclear how many partnerships include an MOU or what efforts are made to evaluate non-funded partnerships, suggesting a reacting level of maturity.

2R5 What are the results for determining the effectiveness of aligning and building collaborations and partnerships? The results presented should be for the processes identified in 2P5. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Reacting Partnership effectiveness appears to be at the reacting level of maturity with no illustrated results. Only examples of partnership development are noted.

- **Comparison of results with internal targets and external benchmarks**

Reacting Internal targets and external benchmarks of partnership evaluation and results improvement was not provided. The institution may consider the inclusion of advisory committee expectations and agendas to enhance member participation, structural organization, and a strategic purpose.

- **Interpretation of results and insights gained**

Reacting Although SCC appears to have commitment to community engagement, the lack of effectiveness results and improvements prevent the presentation of insights or interpretation.

2I5 Based on 2R5, what process improvements have been implemented or will be implemented in the next one to three years?

SCC has reported strong and productive community relationships. However, there has been a consistent lack of effectiveness results presented. Future plans to deploy a biennial survey and to form a new advisory committee aligned with the JIM initiative may provide the opportunity to establish relationship effectiveness goals to be included in such efforts.

CATEGORY SUMMARY

SCC has invested considerable efforts in developing a variety of student support initiatives including JIM, Holistic Student Services, Curricular Pathways, and related processes and services. The institution has a new structure in place to improve their complaint processes and reporting. New enrollment management strategies have informed student subgroup support and the offering of a wider range of preparedness assessments and learning assistance to improve retention, persistence, and completion. The institution is also committed to community engagement and external stakeholder development opportunities.

Although efforts to improve processes are generally systematic in maturity, effectiveness assessment is reacting in most cases. There is a consistent lack of identification and comprehensive reporting of internal targets and external benchmarks to illustrate effectiveness and improvement in this category.

The institution would benefit from a comprehensive alignment of all new initiatives (as related to specific institutional goals) and integrating results data with improvement planning.

CATEGORY STRATEGIC ISSUES

Identification of effective measures, collecting and analyzing results data and using results to inform decision-making and improvement planning was lacking across the category. This was in part due to very new processes, some yet to be fully implemented.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

III - Valuing Employees

Explores the institution's commitment to the hiring, development, and evaluation of faculty, staff and administrators.

Instructions for Systems Appraisal Team

In this section, the team should provide a consensus narrative that focuses on the processes, results and improvements for Hiring, Evaluation and Recognition and Development.

Independent Category Feedback for each AQIP Category from each team member should be synthesized into an in-depth narrative that includes an analysis of the institution's processes, results and quality improvement efforts for each category. Wording from the Stages in Systems Maturity tables for both processes and results should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results. It is from this work that the team will develop a consensus on the Strategic Challenges analysis, noting three to five strategic issues that are crucial for the future of the institution. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

CATEGORY 3: VALUING EMPLOYEES

Category 3 explores the institution's commitment to the hiring, development and evaluation of faculty, staff and administrators.

3.1: HIRING

Hiring focuses on the acquisition of appropriately qualified/credentialed faculty, staff and administrators to ensure that effective, high-quality programs and student support services are provided. The institution should provide evidence for Core Component 3.C. in this section.

3P1 Describe the process for hiring faculty, staff and administrators. This includes, but is not limited to, descriptions of key processes for the following:

- **Recruiting, hiring and orienting processes that result in staff and administrators who possess the required qualification, skills and values (3.C.6)**

Systematic SCC follows state, system, and college-level guidelines for credentialing and defining skills and values for employees. SCC has provided orientation and appropriate for new hires.

The College may find added benefit by setting recruitment goals based on institutional priorities. Improvement in maturity level may occur through repeated assessment system effectiveness evaluation.

- **Developing and meeting academic credentialing standards for faculty, including those in dual credit, contractual and consortia programs (3.C.1, 3.C.2)**

Aligned Faculty qualifications must meet HLC criteria and the Minnesota State Board Policy on College Faculty Qualifications. These same qualifications are also applied to adjunct and dual enrollment faculty. A clearly structured, faculty informed, credentialing structure is paired with essential skill assessment and training opportunities indicating an aligned level of maturity.

- **Ensuring the institution has sufficient numbers of faculty to carry out both classroom and non-classroom programs and activities (3.C.1)**

Aligned The Minnesota State College Faculty Master Agreement includes detailed requirements on the percent of faculty which must be Full-time Equivalent faculty (no less than 70%). SCC has clear oversight and coordination, with staffing budget allocation recommendation are linked to enrollment demands and planning priorities. Proposals for new positions are reviewed by supervisors, must meet the needs of the program, and gain final approval from the President.

- **Ensuring the acquisition of sufficient numbers of staff to provide student support services**

Systematic As a result of a recent workforce planning effort, SCC has audited positions and benchmarked staffing to determine national averages. Position descriptions are continuously monitored to ensure employees meet College needs. The ATD college averages range from 1:250 to 1:350, while SCC averages appear to be 1:615. To improve its maturity level, SCC should apply the advising process across all non-teaching areas.

- **Tracking outcomes/measures utilizing appropriate tools**

Systematic SCC and MinnState tracks hiring through the Integrated Student Record System (ISRS). MinnState monitors SCC's percentages and HR sets goals for staffing. SCC uses an Affirmative Action Plan to establish program goals for women, ethnic minorities, veterans, and persons with disabilities.

3R1 What are the results for determining if recruitment, hiring and orienting practices ensure effective provision for programs and services? The results presented should be for the processes identified in 3P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Systematic SCC reports results for sustaining faculty, a credentials audit, onboarding, and turnover rates. SCC has a high Unlimited Faculty full-time percentage. The process could be improved by including similar measures for staff to include trend data over several years.

- **Comparison of results with internal targets and external benchmarks**

Systematic MinnState Benchmarking for Affirmative Actions, turn-over rates, and

Unlimited Faculty percentages were used for results comparison. SCC appears to have lower turnover rates, adequate Affirmation Action percentages, and the highest Unlimited Full-Time Faculty percentage among MinnState Colleges. Including staff data for these benchmarks would improve the maturity level.

- **Interpretation of results and insights gained**

Reacting SCC evaluated faculty credentials in 2016, but no additional information such as action plans for missing documentation or inadequate credentialing was indicated. Affirmative Action data tables were not clear and did not include any comparative data. In cases where data suggest areas of concern, SCC would benefit from clarifying improvement measures. For example, women represented 73% of employees who resigned, 100% of layoffs, and 67% of terminations with no accompanying explanations. Not all programs and services were included in the results or interpretation sections.

3I1 Based on 3R1, what process improvements have been implemented or will be implemented in the next one to three years?

The hiring process for both faculty and staff include requirements set forth in SCC and State Policies. Position descriptions are monitored to ensure they meet College needs. State policies appear to provide oversight to align with institutional priorities. The College evaluated faculty credentials in 2016, but did not indicate how missing documentation and inadequate faculty credentials were addressed.

External MinnState standards offer benchmarking goals for SCC use. SCC has an Affirmative Action plan to set staffing goals.

SCC utilizes the policies and procedures of the MinnState System for much of its process and policy orientation. For the College to develop through continuous quality improvement to better serve its individual constituents, the College needs to establish polices that follow MinnState guides, but are tailored to SCC needs.

3.2: EVALUATION AND RECOGNITION

Evaluation and Recognition focuses on the assessment and recognition of faculty, staff and administrators' contributions to the institution. The institution should provide evidence for Core Component 3.C. within this section.

3P2 Describe the processes that assess and recognize faculty, staff and administrators' contributions to the institution. This includes, but is not limited to, descriptions of key processes for the following:

- **Designing performance evaluation systems for all employees**

Systematic SCC policies require annual staff evaluations. New staff are evaluated upon completion of their probationary period. Staff evaluations are based on work-related characteristics which are tracked by HR.

Procedures were put in place in 2014 to evaluate faculty every other semester for temporary faculty, once a year for probationary faculty and every three years for non-probationary faculty. There was no evidence as to a tracking system (as with staff evaluations) that

ensures faculty performance evaluations were completed in a consistent and timely manner.

No administrative evaluations were discussed in the Portfolio. To advance maturity, SCC needs to develop system that provides consistent and comprehensive evaluations for all areas.

- **Soliciting input from and communicating expectations to faculty, staff and administrators**

Systematic Staff evaluations include an annual self-reflection and an evaluations meeting with the supervisor. Expectations are communicated at the point of hire, at the end of the probationary period, and continuously on an annual basis.

Expectations of faculty occur via the MSCF Contract, class observation, student surveys, and direct communication with the Dean. Faculty select the courses they would like to have observed and students evaluate. A random sample would prove to be a less biased process.

- **Aligning the evaluation system with institutional objectives for both instructional and non-instructional programs and services**

Reacting SCC's President has a work plan to which department plans must align, consisting of student success, institutional sustainability, and diversity goals. SCC does not explain how the employee evaluation process is aligned with the institutional objectives.

- **Utilizing established institutional policies and procedures to regularly evaluate all faculty, staff and administrators (3.C.3)**

Systematic SCC evaluations are conducted annually by supervisors according to the MinnState Board Policy. The faculty evaluation procedure is guided by the Faculty Union Contract. The College could elevate this maturity level by indicating the administrative evaluation procedure.

- **Establishing employee recognition, compensation and benefit systems to promote retention and high performance**

Systematic SCC employees are part of the MinnState System for benefits and compensation. Employee achievement awards recognize professional and managerial employees via a rubric evaluation. The College may improve maturity by clearly defining the alignment between recognition, performance evaluation, and SCC goals.

- **Promoting employee satisfaction and engagement**

Systematic SCC has several events that promote employee recognition. It was not clear how these are evaluated to determine employee satisfaction.

SCC did administer the ICAT and PACE employee surveys in 2017 and from those results determined a lack of satisfaction with communication and input into decision-making. The College has created a new policy that includes stakeholder input.

There is an opportunity to improve the maturity level through more intentional efforts to evaluate employees' engagement and satisfaction and to continue with the ICAT and PACE survey in the future, to indicate if implemented measures are working.

- **Tracking outcomes/measures utilizing appropriate tools**

Reacting SCC uses nationally recognized surveys such as ICAT and PACE to gauge employee satisfaction. The College also uses employee exit surveys to gather information. It is not clear when the College plans to administer future surveys or how it uses exit survey information.

3R2 What are the results for determining if evaluation processes assess employees' contributions to the institution? The results presented should be for the processes identified in 3P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Systematic In 2017, SCC reviewed results of a staff development survey indicating that not all employees had received a performance evaluation in the last 12 months (65% in 2014). A follow-up by HR indicated a larger percentage has been completed in 2019 (75%). The comparison of the 2012 and 2017 PACE surveys indicates a decrease in overall results and relevance to the College Mission. It appears that supervisory relationships and instructional structure satisfaction have both decreased from 2012.

- **Comparison of results with internal targets and external benchmarks**

Reacting SCC compared PACE results from 2012 and 2017, with the overall mean score for SCC PACE results about the same as the norm base. There was no mention of SCC targets or benchmarks.

- **Interpretation of results and insights gained**

Reacting With employee evaluations at 75% and satisfaction rates in PACE surveys falling, SCC has results that should aid in decision-making. It is unclear what interpretations are being made and who would be making and implementing improvement measures.

3I2 Based on 3R2, what process improvements have been implemented or will be implemented in the next one to three years?

SCC will provide manager training for performance evaluations in September 2019 and then begin to assess managers based on the timely completion of performance evaluations. HR will be investing additional resources in training, improved workspace, and increased rewards aided by the Employee Recognition Committee.

Creating a more robust data collection, analysis, and implementation process appears to be planned for the future. Consistent implementation of SCC's performance evaluation process across all employee types (administration in addition to all faculty and staff) may improve overall employee satisfaction.

3.3: DEVELOPMENT

Development focuses on processes for continually training, educating and supporting employees to remain current in their methods and to contribute fully and effectively throughout their

careers at the institution. The institution should provide evidence for Core Components 3.C. and 5.A. in this section.

3P3 Describe the processes for training, educating and supporting the professional development of employees. This includes, but is not limited to, descriptions of key processes for the following:

- **Providing and supporting regular professional development for all employees (3.C.4, 5.A.4)**

Systematic Professional development plans are required for all permanent employees. SCC offer many professional development opportunities, including leadership training, throughout the year. Faculty and staff are offered additional development opportunities based on their position. This process will reach a higher state of maturity by indicating a tracking mechanism that indicates employees have/do complete training and how the training has helped develop enhanced skills that are valuable in their positions.

- **Ensuring that instructors are current in instructional content in their disciplines and pedagogical processes (3.C.4)**

Systematic The MinnState Faculty Contracts required the development of a Professional Development plan each three years for Unlimited faculty. New faculty complete orientation and four teaching and learning courses within their first three years. The SCC's Learning Center supports a mix of pedagogical efforts, technology and other faculty support services. There was no indication as to who will be monitoring Professional Development plans, not only for completion but also for effective learning/training that will increase faculty skills.

- **Supporting student support staff members to increase their skills and knowledge in their areas of expertise (e.g. advising, financial aid, etc.) (3.C.6)**

Systematic SCC student support staff have similar development opportunities as other staff, including professional development plans, supportive funding, and training for their job area. Since this process appears to be part of the annual performance evaluation, it is imperative for SCC to complete 100% of all employee evaluations in order for support staff to receive consistent and comprehensive training opportunities.

- **Aligning employee professional development activities with institutional objectives**

Reacting SCC provides professional development opportunities connected to the SCC Goals. Though the College lists several activities in which system objectives trickle down to institutional objectives, there is no indication of an intentional and comprehensive process that aligns employee professional development with institutional objectives.

- **Tracking outcomes/measures utilizing appropriate tools**

Systematic SCC has several tracking measures such as HR tracking of professional development attendance, employee satisfaction via PACE and ICAT surveys, and management tracking of professional development plans and progress reports. These various activities do not seem to be connected to guiding the individual's professional development toward institutional and professional development goals.

3R3 What are the results for determining if employees are assisted and supported in their professional development? The results presented should be for the processes identified in 3P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Systematic Summary results include employee satisfaction ratings on the ICAT and PACE surveys which are used to better understand the professional needs of employees. It is unclear who regularly examines the summary results discussed and how these results are incorporated into decision-making. Maturity could be enhanced by showing this ownership along with expanded results for all the initiatives noted.

- **Comparison of results with internal targets and external benchmarks**

Reacting MinnState conducts a staff development survey to address training and leadership needs among Minnesota State Colleges and Universities. There were no internal targets and external benchmarks listed for any area other than participation and there was no supporting evidence provided. It is unclear how SCC uses this MinnState comparison information if used in institutional decision-making.

- **Interpretation of results and insights gained**

Reacting The interpretation of summary data indicates that professional development opportunities are not aligned with strategic priorities. SCC tracks only activity completion, not employees completing their staff development plans. The responsibility of funding professional development opportunities is divided between Human Resources and individual departments, making costs effectiveness reviews difficult. Although the institution has taken steps to offer professional development offerings, they do not seem to have a process to align professional development with institutional goals.

3I3 Based on 3R3, what process improvements have been implemented or will be implemented in the next one to three years?

A robust set of professional development opportunities are offered by the College in an effort to align development with institutional goals. The results interpretation appears to contradict that effort. The Professional Development process could be improved if the College put a tracking mechanism in place that would track and evaluate activities to determine their impact on employee professional growth.

CATEGORY SUMMARY

SCC systematically approaches performance evaluations, but not all employees are evaluated. MinnState Board Policy stipulates that all employees be evaluated annually, but recent HR data indicates that only 75% of employees have received annual evaluations. Administrative evaluations are not mentioned.

SCC has many professional development activities supported by College resources, but it is unclear how effective and comprehensive the activities are. The College would benefit from a

clearer process for professional development that describes how these activities benefit the employee, are evaluated for satisfaction and tie development to the attainment of institutional goals.

The College does not appear to utilize the MinnState Comparison data as robustly as it could. In fact there are numerous other data collection efforts, including internal and national survey data that is collected but not effectively used for institutional decision-making. This is an opportunity to further the College's CQI efforts and support the various SCC hiring, training, and professional development processes.

CATEGORY STRATEGIC ISSUES

Data was not consistently presented. Often comparison data was missing and due to this omission, it was difficult for SCC to interpret results for future improvements.

Because of the data inconsistency, SCC did not appear to effectively use data to support processes and decision-making. For this reason, institutional decision-making related to this category "Valuing Employees" did not appear to be connected to the data provided.

SCC recognizes and stated that some faculty were not properly credentialed. There did not appear to be any follow-up actions to rectify these situations.

SCC did indicate processes for performance evaluations in every area except Administrative performance evaluations. It was not clear how and if these evaluations were conducted.

Often SCC did not indicate ownership of data and processes, and this seemed to contribute to the data and process inconsistency.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

IV - Planning and Leading

Focuses on how the institution achieves its mission and lives its vision through direction setting, goal development, strategic actions, threat mitigation, and capitalizing on opportunities.

Instructions for Systems Appraisal Team

In this section, the team should provide a consensus narrative that focuses on the processes, results and improvements for Mission and Vision, Strategic Planning, Leadership and Integrity.

Independent Category Feedback for each AQIP Category from each team member should be synthesized into an in-depth narrative that includes an analysis of the institution's processes, results and quality improvement efforts for each category. Wording from the Stages in Systems Maturity tables for both processes and results should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results. It is from this work that the team will develop a consensus on the Strategic Challenges analysis, noting three to five strategic issues that are crucial for the future of the institution. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

CATEGORY 4: PLANNING AND LEADING

Category 4 focuses on how the institution achieves its mission and vision through direction setting, goal development, strategic actions, threat mitigation and capitalizing on opportunities.

4.1: MISSION AND VISION

Mission and Vision focuses on how the institution develops, communicates and reviews its mission and vision. The institution should provide evidence for Core Components 1.A., 1.B. and 1.D. within this section.

4P1 Describe the processes for developing, communicating and reviewing the institution's mission, vision and values, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- **Developing, deploying, and reviewing the institution's mission, vision and values (1.A.1, 1.D.2, 1.D.3)**

Systematic SCC's mission follows the Minnesota Statutes that prescribes the mission and directs actions to support the mission. Each college is to develop their own distinct mission, which is provided by statute. The most recent review of the mission was in FY2019 with feedback from faculty, staff, students, and external stakeholders. Although the mission statement is fairly broad, the deployment is clarified through values and vision statements that align with strategic planning efforts, program review, and community feedback opportunities. These efforts are linked to resource allocation through varied measures

including the Instructional Cost Study. However, while Program Review alignment is clear, other operational processes at the institution are not mentioned. The institution may wish to consider a clearer, streamlined map of alignment of mission, planning, and allocation structures to improve the level of maturity in this section.

- **Ensuring that institutional actions reflect a commitment to its values**

Systematic Works plans are developed annually using the College's six values at multiple institutional levels (the President, individual cabinet members, and departments). The President meets with the MinnState System Chancellor to review the previous year plan and set up the upcoming year's Presidential Work Plan. However, it is still unclear what processes or policies may be in place to actually ensure this alignment. Many examples of institutional activities or actions are provided, but the processes that guided the institution through the decision-making process in each instance was not discussed in the Portfolio.

- **Communicating the mission, vision and values (1.B.1, 1.B.2, 1.B.3)**

Systematic SCC has multiple avenues of communication for the mission, vision and values to employees and community partners. This includes a comprehensive presence on the web, printing of these statements on meeting minutes, and their reaffirmation at the beginning of each Dean's council meeting. Students appear to be a group of stakeholders who have not received any active communication regarding the College's mission.

- **Ensuring that academic programs and services are consistent with the institution's mission (1.A.2)**

Systematic Systematic Program-level outcomes are aligned with SCC's mission through program review, accreditation processes, assessment, and the curriculum committee. The AVPSA and student affairs staff develop assessment plans for services offered, but it is still unclear what processes guide the alignment of the services to the mission within these assessment efforts.

- **Allocating resources to advance the institution's mission and vision, while upholding the institution's values (1.D.1, 1.A.3)**

Systematic SCC's annual budget process has college-wide input and aligns resources with strategic priorities via work plans. The Program Review process depicts need for academic, student affairs, and institutional needs. Programs analyze student success data, emerging trends, and enrollment trends determine adequate resource allocation. There is a need for description of specific institutional processes dedicated to resource allocation that ensure alignment with the College's mission.

- **Tracking outcomes/measures utilizing appropriate tools (e.g. brand studies, focus groups, community forums/studies and employee satisfaction surveys)**

Systematic Systematic: SCC leverages survey data and focus/listening sessions to understand student, employee, and external perspectives. Progress is also reviewed through work plans and Presidential forums. Data is provided through reports, dashboards, and reporting strategies that should inform work plans and planning. However, it is unclear how and when this information is reviewed and incorporated or what oversights are in place to

ensure that all programs(academic and non-academic) fully embrace this process.

4R1 What are the results for developing, communicating and reviewing the institution's mission, vision and values? The results presented should be for the processes identified in 4P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Reacting Summary data include feedback from focus groups and institutional cost comparison. Eighty-four requests were directed toward the Strategic Priorities of Quality education and Instruction. It is unclear why these measurements were used and how the information helps SCC determine if the College is effective in developing, communicating, and reviewing the Mission, vision, and values.

- **Comparison of results with internal targets and external benchmarks**

Reacting MinnState cost data allows for statewide comparisons, while the PACE survey includes national benchmarks related to employee perceptions of institutional mission. SCC did not discuss internal targets.

SCC's cost per FYE is regularly higher than the MinnState average trends with 50% of all employees devoted to instruction. Though the College believes a quality education is more critical than reducing this percentage, administration may want to closely monitor this percentage to ensure a stable budget in the future.

- **Interpretation of results and insights gained**

Reacting SCC's average Instructional Cost is regularly higher than the MinnState College Average, but it is unclear what interpretations are gleaned from this information. The PACE survey results indicate that employees' ratings of sharing a common definition of its mission, the consensus of employees about the institution's goals, and the actions of the institution reflect its mission are lower than the norm base. As the College begins to finalize the Strategic Plan with the mission, vision, values, and goals, it may want to consider how to market the final product to employees and show how the College is embracing these changes. It is difficult to tell how the College is determining if the use of resources is effectively helping the College support its Mission, Vision, and Values without any explicit internal targets.

4I1 Based on 4R1, what process improvements have been implemented or will be implemented in the next one to three years?

The College may consider monitoring instructional costs to maintain its quality education and ensure the budget is included in this decision-making process.

Data was presented from some of the surveys, but the results do not show consistent evidence of full campus engagement or improvement in results over time.

The College's Mission, Vision, and Values are in the process of review as the new Strategic Plan is in development. The effort of including the Cabinet members work plans on the

SharePoint will assist in creating a more transparent goal driven institution, however, there was no mention of setting internal targets and external benchmarks that would allow the College to determine if progress is being achieved.

4.2: STRATEGIC PLANNING

Strategic Planning focuses on how the institution achieves its mission and vision. The institution should provide evidence for Core Components 5.B. and 5.C. in this section.

4P2 Describe the processes for communicating, planning, implementing and reviewing the institution's plans and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- **Engaging internal and external stakeholders in strategic planning (5.C.3)**

Systematic Systematic Prior to the initiation of the strategic planning process, the President initiated a stakeholder review of the Strategic Priority Goal areas with the final five used to inform the strategic planning process. This process involved feedback from internal and external stakeholders led by external consultants. Although a robust set of inclusive planning and engagement strategies have been proposed or are now in place, these efforts are not fully implemented, nor are the effectiveness evaluation measures.

- **Aligning operations with the institution's mission, vision and values (5.C.2)**

Reacting SCC has a set of evolving processes to ensure mission informed stakeholder engagement. Although a robust set of inclusive planning and engagement strategies have been proposed or are now in place, these efforts are not fully implemented, nor are the effectiveness evaluation measures in place. SCC may benefit from recognizing how, possibly through process mapping, all institutional activities – even indirectly – contribute to institutional and MinnState goals, which would support institutional goals and help identify measurable outcomes to enable the institution's ability to monitor effectiveness.

- **Aligning efforts across departments, divisions and colleges for optimum effectiveness and efficiency (5.B.3)**

Reacting Reacting A robust aligned set of plans, initiatives, and strategies appear to be in the initial phases of implementation. As the College completes the implementation, the next step will be to evaluate the process for effectiveness.

- **Capitalizing on opportunities and institutional strengths and countering the impact of institutional weaknesses and potential threats (5.C.4, 5.C.5)**

Systematic Declining enrollment and high administrator turnover are two areas of concern that the College is addressing through recruitment activities and marketing including geofencing. Partnerships with business, industry, and area public schools have also aided the College in addressing the ability to offer new programs and potentially increase enrollment. Although there is clearly strength in their planning efforts in this regard, they are all very new processes with little opportunity for measuring effectiveness or process results.

- **Creating and implementing strategies and action plans that maximize current resources**

and meet future needs (5.C.1, 5.C.4)

Reacting The College has established guiding principles and financial management principles to assist employees in establishing their budgets using the zero-based budgeting process. The Portfolio did not identify a specific budget development process. Although there is clearly strength in the planning efforts, these processes are very new with little opportunity for effectiveness evaluation or identifying process results.

- **Tracking outcomes/measures utilizing appropriate tools (e.g. achievement of goals and/or satisfaction with process)**

Reacting The College has used focus groups, an internal environmental scan, a summit, in-service, and time for employee comments for stakeholders to have input into the strategic planning process; however, there was a lack of evidence describing the process for tracking outcomes/measures.

4R2 What are the results for communicating, planning, implementing and reviewing the institution's operational plans? The results presented should be for the processes identified in 4P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Reacting Using feedback from students, staff, faculty, and community partners, the College identified nine goals. As part of this process suggestions were also made for a new mission, vision, and value statements. A summary table of key findings is presented, but it is unclear how this information is used to inform institutional decision-making related to mission and vision or who is involved in using this information.

- **Comparison of results with internal targets and external benchmarks**

Reacting The strategic planning process produced nine goals for the priorities. The Portfolio did not discuss targets nor benchmarks. Comparison of results are not anticipated until FY2021.

- **Interpretation of results and insights gained**

Reacting Interpretation of results are not anticipated until FY2021.

4I2 Based on 4R2, what process improvements have been implemented or will be implemented in the next one to three years?

Through focus groups of various stakeholders, the College has developed a draft of the Strategic Plan and will be finalizing this document sometime in the following year. However, it is difficult to determine how SCC has determined that the process used has successfully included the concerns of its various stakeholders.

As individual plans are developed they should build upon each other with a clear process in place to interpret results to gain insight for improvement in the future. Creating a strategic

plan without review of the successes and failures of the previous plan is an incomplete exercise.

Results from AtD work plans will be analyzed and shared in 2019-2020, but there is no indication why such analysis has not been occurring on an ongoing basis, as would be expected in a continuous quality improvement model.

4.3: LEADERSHIP

Leadership focuses on governance and leadership of the institution. The institution should provide evidence for Core Components 2.C. and 5.B. in this section.

4P3 Describe the processes for ensuring sound and effective leadership of the institution, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- **Establishing appropriate relationship between the institution and its governing board to support leadership and governance (2.C.4)**

Systematic MinnState Delegation of Authority Procedure dictates the relationship between the governing board and member institutions. The President answers to the Chancellor and the Board, while serving as the chief executive of the institution. In fulfilling these duties, the President remains informed and provides direction for the College through the Advisory Council and the Cabinet.

- **Establishing oversight responsibilities and policies of the governing board (2.C.3, 5.B.1, 5.B.2)**

Systematic Minnesota statutes set clear definitions and policies regarding oversight and governance while providing autonomy for campus operations administration. Although State approval is required, the College did not indicate their policies and how they seek approval for their unique needs.

- **Maintaining board oversight, while delegating management responsibilities to administrators and academic matters to faculty (2.C.4)**

Systematic The MinnState Chancellor delegates management authority to SCC's President, per MinnState delegation of authority policy. The President further delegates budget and work assignment oversight to campus administrators and managers. The faculty contract stipulates that SCC faculty maintains oversight over curricular matters. SCC did not describe college-specific policies nor processes for maintaining oversight.

- **Ensuring open communication between and among all colleges, divisions and departments**

Systematic The College has a newsletter, President Forums, structured committees, and meetings across the campus to share and exchange information. However, it is unclear what institutional processes guide the methods and manners of communication to ensure that all employees remain informed by leadership. Once all structures and strategies are fully implemented and sustainable, reported results for engagement, satisfaction, and effectiveness may indicate higher levels of maturity.

- **Collaborating across all units to ensure the maintenance of high academic standards (5.B.3)**

Systematic Faculty collaboration is used within curriculum development, policy creation and approval, and Academic Program review. Non-academic staff use Shared Governance. While these committees allow for higher-order collaboration, this serves as a “top-down” approach. It is unclear what other policies or practices help to ensure that collaboration occurs across all areas of the College.

- **Providing effective leadership to all institutional stakeholders (2.C.1, 2.C.2)**

Systematic Faculty collaboration is used within curriculum development, policy creation and approval, and Academic Program review. Non-academic staff use Shared Governance. While these committees allow for higher-order collaboration, this serves as a “top-down” approach. It is unclear what other policies or practices help to ensure that collaboration occurs across all areas of the College.

- **Developing leaders at all levels within the institution**

Systematic All new administrative employees complete New Administrator Training and are required to take the new supervisors training offered by MinnState. Future leaders have the opportunity to enroll in the Luoma Leadership Academy. Other opportunities are available both internally and externally across the State. SCC would benefit from clearly describing internal processes for intentionally developing leaders within the institution. It would appear that there is an opportunity to link the professional development plans, guided by strategic priorities, noted in Category Three to such processes.

- **Ensuring the institution’s ability to act in accordance with its mission and vision (2.C.3)**

Systematic State and College policies and procedures provide information on ethical activities and are easily accessible by employees. Budget allocation processes provide added local control. SCC did not describe the process for aligning policies and procedures with the mission.

- **Tracking outcomes/measures utilizing appropriate tools**

Systematic Tracking of these activities are primarily informed through the AtD Institutional Change Assessment Tool(ICAT), an internal survey, and leadership training participation. However, there were no reasons provided as to why these measures were appropriate and the lack of full implementation makes it difficult to determine their effectiveness.

4R3 What are the results for ensuring long-term effective leadership of the institution? The results presented should be for the processes identified in 4P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Systematic ICAT results reflected a positive response regarding leadership. Results of an internal survey showed that employees were satisfied with the College's communication efforts. SCC identified that its most effective method of communication is through Presidential Forums and the newsletter, Connections. However, it is unclear how this information is utilized by the institution to assess leadership and communication efforts.

- **Comparison of results with internal targets and external benchmarks**

Reacting SCC does not present internal targets nor external benchmarks in the Portfolio.

- **Interpretation of results and insights gained**

Systematic The College initiated an AtD Innovation Team structure with nine teams addressing each of the nine AtD initiatives. The College is also working on improving the Connections and the President Forums to improve communications based on the results. SCC continues to improve their communication pathways by exploring different avenues in conjunction with processes that have already proven successful.

4I3 Based on 4R3, what process improvements have been implemented or will be implemented in the next one to three years?

There are numerous opportunities for leadership development that are either required or optional. Teams are in place to carry out initiatives but these initiatives are generated by the President and his Cabinet without input from faculty or staff. As the College continues to mature in this process, buy-in may become much easier as more employees are involved in the development of the College's initiatives.

In the areas of communication, collaboration and developing leaders, SCC presents a listing of activities without a comprehensive plan. The College does not appear to have a robust evaluation and analysis system for continuous improvement.

SCC may benefit from considering how their most recent strategic planning process could be improved by setting target goals for involvement of different stakeholder groups and understanding how the concerns of these groups overlap and differ. This may help identify common goals for the institution and also assist in identifying how to market these goals to different stakeholders.

4.4: INTEGRITY

Integrity focuses on how the institution ensures legal and ethical behavior and fulfills its societal responsibilities. The institution should provide evidence for Core Components 2.A. and 2.B. in this section.

4P4 Describe the processes for developing and communicating legal and ethical standards and monitoring behavior to ensure standards are met. In addition, identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- **Developing and communicating standards**

Systematic MinnState has a Code of Conduct and Ethics Procedure in place which all campus employees must follow. Other appropriate policies and procedures are developed through Academic Affairs and Human Resources. These policies and procedures are

reviewed by the Cabinet and shared with employees for feedback. New policies are communicated via email, meetings, and the website.

- **Training employees and modeling for ethical and legal behavior across all levels of the institution**

Systemic Training is used across campus to ensure employees are familiar with legal and ethical behavior. MinnState also has very specific training requirements for new employees, specific training based on the job duties, and safety and compliance training. There is no evidence presented to indicate this is a consistent situation across the College.

- **Operating financial, academic, personnel and auxiliary functions with integrity, including following fair and ethical policies and adhering to processes for the governing board, administration, faculty and staff (2.A.)**

Systematic The Financial Administration, Auxiliary Operations, and Revenue Fund Management policies and procedures ensure the College follows fair and ethical practices. Although a clear and robust plan for financial management is presented, the College may want to consider more detailed information regarding academic, student records, and other process audits or training.

- **Making information about programs, requirements, faculty and staff, costs to students, control, and accreditation relationships readily and clearly available to all constituents (2.B.)**

Systematic The College uses their website, email, and social media to inform its stakeholders regarding campus information. SCC consults the Student Senate, per MinnState guidelines, concerning tuition and fee changes. Future success could be based on indicating responsible oversight parties and how information/policies are determined and assessed for quality and effectiveness.

4R4 What are the results for ensuring institutional integrity? The results presented should be for the processes identified in 4P4. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Reacting Approximately 60% of SCC employees are completing the digital module training, but the Portfolio indicated that all employees are required to do so. It appears that very few processes have results data. There was no evidence to suggest the College is reviewing the results of all training modules.

- **Comparison of results with internal targets and external benchmarks**

Reacting Although the institution reported internal targets, SCC identifies that they have met their internal goals of 100% for programs meeting the Gainful Employment standard. SCC has not yet met the goal of 100% employees completing the ELM training. The College did not discuss external benchmarks in the Portfolio.

- **Interpretation of results and insights gained**

Reacting Since the goal of the College is to achieve a 100% ELM compliance rate, then some type of plan should be established to track non-completers and encourage them to complete this training.

4I4 Based on 4R4, what process improvements have been implemented or will be implemented in the next one to three years?

Ethical practices in the workplace training is available through MinnState and internally. Unfortunately, only 60% of employees meet the required training. Therefore, there is a need to develop a plan to address this lack of participation.

The College admits that improved communication will enhance employee and student understanding of policies, procedures, and community standards. They have identified two successful approaches to this – the Presidential Forums and the newsletter, Connections. A College usability policy will be initiated in June 2021.

SCC may benefit from clearer alignment between process, measurement, and results reporting in this category.

CATEGORY SUMMARY

The College has involved internal and external stakeholder in the development of a draft Strategic Plan along with the College’s mission, vision, and values. The portfolio communicates the “paths” that SCC travels in strategic planning rather than communicates repeatable processes that might be considered “paved roads” that were deliberately designed and monitored for effectiveness. The College has many plans in place for future goals, but like other categories, the processes, results, and insight/interpretation for current items are not discussed in the Portfolio.

Strength is demonstrated in financial integrity measures through ongoing training of new employees regarding effective ethical training. In addition, the College has a separation of duties process for all money handling and external auditing practices.

College employees have numerous opportunities to participate in leadership training and events with MinnState providing many required training activities. With only 60% of employees completing the required ELM training models, the College may want to consider some type of plan to improve this response rate.

As with prior Categories, there was a consistent lack of connection between described processes and the results provided as examples of informing such processes. Exceptions to this pattern included the use of ICAT survey results that were interpreted to indicate a need for innovation and used to inform the development of AtD Innovation Teams and communication effectiveness survey results that were used to propose changes to the Presidential Forums and electronic newsletter.

CATEGORY STRATEGIC ISSUES

- The Portfolio did not describe the current processes for strategic planning.
- As the College begins to collect information on the results of their activities, they should

include these within the Portfolio.

- Although MinnState provides procedures for the State, the Portfolio did not include evidence of internal policies.
- Although there were only 60% of staff who completed the ELM training, there was no evidence in the Portfolio of the ELM results.
- Consumer information did not appear to be evident in the Portfolio.
- Institutional improvements cited do not appear to be consistently linked to results provided.
- Other than on-going issues with process, evaluation/assessment and results alignment, and relative newness of most processes, there does not appear to be any strategic issues. Full campus-wide implementation of all plans noted will be critical.
- It is not clear that SCC has a culture of defined processes, organized data collection, meaningful analysis or a practice of revising process in the context of past practice.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

V - Knowledge Management and Resource Stewardship

Addresses management of the fiscal, physical, technological, and information infrastructures designed to provide an environment in which learning can thrive.

Instructions for Systems Appraisal Team

In this section, the team should provide a consensus narrative that focuses on the processes, results and improvements for Knowledge Management, Resource Management and Operational Effectiveness.

Independent Category Feedback for each AQIP Category from each team member should be synthesized into an in-depth narrative that includes an analysis of the institution's processes, results and quality improvement efforts for each category. Wording from the Stages in Systems Maturity tables for both processes and results should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results. It is from this work that the team will develop a consensus on the Strategic Challenges analysis, noting three to five strategic issues that are crucial for the future of the institution. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

CATEGORY 5: KNOWLEDGE MANAGEMENT AND RESOURCE STEWARDSHIP

Category 5 addresses management of the fiscal, physical, technological and information infrastructures designed to provide an environment in which learning can thrive.

5.1: KNOWLEDGE MANAGEMENT

Knowledge Management focuses on how data, information and performance results are used in decision-making processes at all levels and in all parts of the institution.

5P1 Describe the processes for knowledge management, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- **Selecting, organizing, analyzing and sharing data and performance information to support planning, process improvement and decision making**

Systematic

SCC has selected various survey and benchmarking tools to support and inform institutional planning. Data tools include the Data Feedback Report(DFR), VFA performance data and NSC feedback reports, which are all made available on the College's SharePoint site. The Office of Research and Institutional Effectiveness(RIE), Student and Academic Affairs, and President's Cabinet are each involved in this knowledge management process. Per MinnState guidelines, SCC is also able to compare performance on 21 key measures with other system schools. While the data

elements discussed above are made available broadly, it is unclear what processes are in place to guide the use, analysis, and interpretation of this information for institutional decision-making. SCC could benefit with specific processes that guide how data and performance information is analyzed and shared across the College.

- **Determining data, information and performance results that units and departments need to plan and manage effectively.**

Systematic

The RIE office has developed a number of interactive data dashboards that are shared with programs to be used during program review and program self-study. The Strategic Enrollment Management Plan provides detailed information for planning purposes. The College switched from EMSI to Chmura-JobsEQ in order to obtain better workforce projection data. The portfolio describes the process for identifying and disseminating this as collaborative and comprehensive, but it is unclear what processes are actually followed to ensure that this variety of information is consistently used throughout the College to support decision-making.

- **Making data, information and performance results readily and reliably available to the units and departments that depend upon this information for operational effectiveness, planning and improvements**

Aligned

RIE has established reporting tools, data request mechanisms, and a management system that provides accuracy and efficiency in reporting and sharing data. A data request form allows for a consistent process for units of the institution to request data and to indicate the urgency of their need. The SCC Fact Book is updated annually and is aligned to planning, assessment, reporting, and accreditation.

- **Ensuring the timeliness, accuracy, reliability and security of the institution's knowledge management system(s) and related processes**

Aligned

SCC ensures the timeliness of data requests via the RIE online information request process. The institution also has a comprehensive data governance policy which guides the security and usage of the institution's data. The MinnState ISRS student record system helps to ensure the accuracy and reliability of data.

- **Tracking outcomes/measures utilizing appropriate tools (including software platforms and/or contracted services)**

Systematic

A number of software tools are utilized to collect data and feedback from students and to disseminate institutional data internally. However, it is unclear how results are analyzed, integrated, or prioritized to provide the most powerful impact on institutional planning, strategy, and deployment of key initiatives related to knowledge management. There is an opportunity to improve this maturity level through intentional processes that identify how data tools are determined or how they fit into a process that tracks outcomes, and why these particular tools used are appropriate for the various data purposes.

5R1 What are the results for determining how data, information and performance results are used in decision-making processes at all levels and in all parts of the institution? The results

presented should be for the processes identified in 5P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Reacting

Summary results indicate completion and retention metrics for students overall, as well as performance gaps in these metrics between white students and students of color. However, it is unclear how such metrics are used, given the variable nature of trend results provided. These efforts also appear to be relatively recent, as data only examines from 2017 to present and only appear to focus on student success measures and programming. The College may benefit from a review of data prior to 2017 in order to examine trends. Intentional implementation of the Scorecard concept with KPI tracking that was discussed may enable a more wide-spread integration of data use for planning across campus.

- **Comparison of results with internal targets and external benchmarks**

Reacting

Internal targets are identified in summary data presented, but it is unclear how or why these targets were chosen. As a member of the MinnState system, there is an opportunity to improve maturity level in this area through a more concerted effort to utilize any system metrics that could be used as external benchmarks for evaluative purposes.

- **Interpretation of results and insights gained**

Reacting

Although robust plans for data collection and sharing for institutional planning have been established, they are not fully implemented at this time or have not yet produced results data to be used for this purpose. Thus, it is not clear how SCC systematically interprets data and incorporates such information into its decision-making. The College could benefit by incorporating historical data (i.e., prior to 2017) into analyses pertaining to knowledge management so as to conduct longer-term trend analysis. Intentionally linking any such interpretations to decision-making will be important in continuing SCC's continuous quality improvement journey.

5I1 Based on 5R1, what process improvements have been implemented or will be implemented in the next one to three years?

SCC has clearly demonstrated a commitment to data collection, analysis, management, and security to ensure reliability and validity of the institution's data. However, the College does not appear to utilize the data sets that are available to full advantage. For example, SCC is part of the MinnState system that offers 21 comparative measures, yet this data is not presented or contextualized. The College has also moved toward involvement with both ATD and a higher level of engagement with VFA, but it is unclear what information or processes led to such decisions. The further integration of systems and data reports discussed as planned future improvement should help to further close the loop between data and decision-making so as to improve the overall effectiveness of planning efforts.

5.2: RESOURCE MANAGEMENT

Resource Management focuses on how the resource base of an institution supports and improves

its educational programs and operations. The institution should provide evidence for Core Component 5.A. in this section.

5P2 Describe the processes for managing resources, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- **Maintaining fiscal, physical and technological infrastructures sufficient to support operations (5.A.1)**

Aligned

SCC aligns resources with strategic goals, priorities, and objectives through the Strategic Plan and Academic Master Plan. The College will shift to a zero-based budgeting process in FY 2020. The institution developed a capital budget request process through an AQIP action project. A comprehensive facility plan is conducted every 4 to 5 years to ensure infrastructure needs are being met. A MinnState-required emergency management procedure has been developed to maintain operations during an emergency. There appears to be clear oversight and a variety of processes in place to report and manage facility improvements, as well as IT infrastructure operations and support.

- **Setting goals aligned with the institutional mission, resources, opportunities and emerging needs (5.A.3)**

Systematic

The 2019 strategic planning process set clear institutional and departmental goals and priorities, resource allocation alignment, and operational plans. This process included feedback from both internal and external stakeholders and included the development of institutional KPIs. Full implementation of these plans along with effectiveness evaluation should improve the maturity level and bring all planning efforts to fruition in a more integrated and aligned fashion.

Reacting

The listing of activities does not include a comprehensive system that ties all together to support mission, conserve resources, and take advantage of opportunities or address emerging needs.

- **Allocating and assigning resources to achieve organizational goals, while ensuring that educational purposes are not adversely affected (5.A.2)**

Systematic

Although many campus-wide strategic planning efforts are either very new or recently updated, it appears that an established budget development and allocation process has been in place. Further, new systems have enabled a comprehensive budget mapping process to track and support all critical and strategic initiatives at the College, aligning all planning and allocation with the mission. Requests for additional resources are analyzed and approved by the President's Cabinet. There is an opportunity to improve the maturity level of this process with further delineation of how the current budget process can continue to operate efficiently while also ensuring that educational purposes are not adversely affected.

- **Tracking outcomes/measures utilizing appropriate tools**

Systematic

Budget information is available through SharePoint and is shared at College meetings. A number of

tools are utilized to monitor budget health and information technology needs, including a detailed report from the state that each college must collect to analyze their finances. However, it is unclear what process guides the identification of tools used by SCC to monitor resource management outside of metrics mandated by state system reporting.

5R2 What are the results for resource management? The results presented should be for the processes identified in 5P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Systematic

Summary results indicated were institutional support expenses, space utilization, debt services, instructional costs, and dollars invested. These results did not include other processes listed such as the various SCC health indicators, IT monitoring, or workforce planning. Maturity could be improved with the incorporation of data to account for these additional resource management areas and through the intentional use of any such data collected to directly inform the institutional decision-making processes.

- **Comparison of results with internal targets and external benchmarks**

Systematic

The MinnState reporting system allows SCC to compare most budget and expenditure metrics to state benchmarks. There did not appear to be any comparison of results with internal targets, which would have indicated that the comparisons were part of an overall resource management plan or process. There is an opportunity to improve maturity through the identification of internal targets that will help inform institutional goals related to resource management.

- **Interpretation results and insights gained**

Reacting

Due to higher than average instructional costs presented in summary data, SCC looked to secure its good financial position by reducing its instructional cost per FYE and maintaining its CFI. SCC interprets the data as managing financial resources effectively. SCC has the opportunity to interpret additional MinnState Financial Health Indicators against the college's own health indicators and form insights for continuous improvements, but it is unclear if such comparisons and interpretations regularly occur.

5I2 Based on 5R2, what process improvements have been implemented or will be implemented in the next one to three years?

SCC has shown strength and improvement in planning and resource management, particularly financial. New data sharing systems should provide opportunity for data informed decision-making and evaluation of effectiveness. However, these improvements are not fully implemented across campus.

The College lists three areas of focus for future improvements: investment of college resources to supplement state bond funds; migration toward a zero-based budget process; and improved spaced utilization, although the specifics of each improvement are unclear. It may benefit the College to develop a comprehensive resource management plan that would indicate areas of success, as well as

areas that require improvement, rather than a listing of activities.

5.3: OPERATIONAL EFFECTIVENESS

Operational Effectiveness focuses on how an institution ensures effective management of its operations in the present and plans for continuity of operations into the future. The institution should provide evidence for Core Component 5.A. in this section.

5P3 Describe the processes for operational effectiveness, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- **Building budgets to accomplish institutional goals**

Systematic

The budgeting process has recently been revised so as to tie spending directly to strategic priorities and goals. Training in this new process is currently underway to create a common understanding of the financial landscape and the new process. It is unclear, however, what information led to the decision to revise the institutional budgeting process to begin with. The maturity level of this process should improve with full implementation of the new process and all staff are trained in its use. There is further opportunity to improve this maturity level with evidence, such as a flow chart, that could help to clarify the details of the revised process.

- **Monitoring financial position and adjusting budgets (5.A.5)**

Systematic

The annual budgeting process accounts for salary and other fixed costs at the beginning of each fiscal year. The cabinet then monitors expenses through a monthly financial report. Financial reports are also shared with the rest of the College through monthly management meetings, the faculty union, and presidential forums. Although departments have the opportunity to give input regarding budget requests, budget monitoring appears to operate under a “top-down” approach, with decisions made exclusively at the cabinet level. There is an opportunity to improve the maturity level of this process through the incorporation of broader stakeholder involvement in ongoing budget monitoring. The College may also benefit from continuing evaluation of the budget process itself to determine if and how well the process fits the College’s needs.

- **Maintaining a technological infrastructure that is reliable, secure and user-friendly**

Systematic

The Department of Information Technology Services maintains every aspect of technology service on campus. This includes security procedures, hardware replacement, and training. Data security training also occurs through the MinnState system. The College also uses a Technology Master Plan to anticipate future needs. However, there an opportunity to improve the maturity level of this process by incorporating analysis and evaluation of these processes in order to determine effectiveness and/or for improvement.

- **Maintaining a physical infrastructure that is reliable, secure and user-friendly**

Systematic

SCC’s physical plant supervisors maintain inspection and monitoring processes for buildings and equipment, using the MinnState Facilities Repair and Reinvestment Management (FRRM) system for oversight. Inspection and monitoring process provide an inventory of required building upgrades.

Priorities are established yearly to determine deferred maintenance issues, replacement, and repair concerns. SCC's CBI offers OSHA compliance and emergency planning, but it is not clear to whom the OSHA training is targeted. There is an opportunity to improve the maturity level with specification of processes that help the College account for unforeseen circumstances and/or incorporate a feedback loop to inform how well facilities are meeting the needs of constituents.

- **Managing risks to ensure operational stability, including emergency preparedness**

Aligned

The College identifies risks via risk assessments which are in the Cabinet member's work plans. The College complies with the required Cleary Act reporting, which is shared publicly. SCC has developed an All Hazards Guidance Plan and a Continuity of Operations Plan(COOP), which includes IT backup, cyber security, and data system vulnerability. Utilizing a standing safety committee, which meets quarterly, to discuss current procedures, helps to align risk management practices with the College's overall operational effectiveness. SCC uses Star Alert to notify students and employees about campus-related emergency. The College's Safety Committee meets quarterly as an advocate and advisory panel to the President and VPFO to address emergency preparedness issues.

- **Tracking outcomes/measures utilizing appropriate tools**

Systematic

Measures for tracking financial and physical maintenance efficiency are guided by MinnState reporting standards, where the CFI is monitored annually and included as a metric in the President's annual evaluation, and the FRRM software platform is used for reporting various building maintenance measures. The College also maintains a number of internally-developed tracking measures. These include a security incident log, IT request system reports, and financial monitoring spreadsheets maintained by the VPFO. There is an opportunity to improve the maturity level of this process through the regular evaluation of these varied outcomes to indicate whether these are the most appropriate metrics for informing operational effectiveness.

5R3 What are the results for ensuring effective management of operations on an ongoing basis and for the future? The results presented should be for the processes identified in 5P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- **Summary results of measures (include tables and figures when possible)**

Systematic

A number of summary metrics available through the MinnState reporting system are available for measuring operational effectiveness. This includes CFI, FCI, aggregate budget requests, and year-over-year fund balance comparisons. However, it is unclear what summary data for other areas of operational effectiveness(e.g., facilities, security, IT, etc.) are regularly used. Improvement in maturity could occur with a more comprehensive set of indicators.

- **Comparison of results with internal targets and external benchmarks**

Systematic

MinnState system reporting allows for external benchmarks of FCI and CFI metrics. Additionally, the College has established an internal target for the CFI of 3.0. However, it is unclear how SCC uses

these benchmark comparisons in evaluating operational effectiveness or how the internal CFI target of 3.0 was determined. There is an opportunity for improvement of the maturity level with the inclusion of benchmarks and targets concerning other areas of operations(e.g., facilities, security, IT, etc.) related to operational effectiveness.

- **Interpretation of results and insights gained**

Reacting

Interpretations presented discuss campus utility usage on Fridays during the summer, but there is no mention of the data used to arrive at these interpretations previously in the Portfolio. There is an opportunity to improve the maturity level through intentional efforts to link data collected through processes already established to monitor operational effectiveness with the subsequent decisions made at the institution to maintain or improve that effectiveness.

5I3 Based on 5R3, what process improvements have been implemented or will be implemented in the next one to three years?

SCC intends to establish additional internal targets for operational effectiveness indicators in the future, although it is unclear what processes will guide the development of these targets. There is an opportunity to improve the overall maturity level with a comprehensive process for establishing what metrics should have established internal benchmarks to support decision-making, as well as establishing and revising what those annual targets should be. SCC has committed to many different processes and outcome measures utilized in monitoring the operational effectiveness of financial structures, but processes in place for other areas of operations(e.g., facilities, security, IT, etc.) are not as comprehensive. There is an opportunity for improvement with the replication of processes used to monitor financial operations to other areas of operation.

CATEGORY SUMMARY

SCC currently utilizes a number of practices related to knowledge management and operational efficiency that can serve as a solid foundation for improving maturity level across all aspects of resource stewardship. This includes the utilization of technology(Sharepoint, Power BI, etc.) to broaden access to institutional data reports for internal stakeholders, the implementation of a cross-functional Data Stewardship committee to help ensure that data is accurate and consistent, and alignment of some processes to the College's mission through annual work plans. Additional processes and procedures that were recently, or soon-to-be, implemented show further promise in managing resources. This includes the move to a zero-based budgeting process and the planned development of additional financial monitoring target metrics. However, many of these processes are too new for results data or effectiveness evaluation yet.

While many processes discussed in relation to knowledge management and resource stewardship were promising, there was also a clear focus on development of processes related to financial stewardship in the portfolio. There is an opportunity to improve maturity levels by applying the same principles used in developing financial management processes to other areas such as facilities, safety/security and IT infrastructure. In this regard, it should be noted that the Portfolio references numerous named policies or processes that are described as supporting knowledge management and resource stewardship without any description of the process itself outside of the name. This lack of description can make it difficult for reviewers to understand how processes ultimately inform institutional decision-making.

There is an additional opportunity to improve the overall maturity level through the specification of a clear linkage between data collected/analyzed, and the institutional decisions made as a result of this data. Data presented as results for evidence of knowledge management and resource stewardship consistently ignores data prior to 2017 and rarely serves as an appropriate connection between processes described to collect such data and the decisions made as a result of it.

CATEGORY STRATEGIC ISSUES

- There appears to be a lack of connection between tracking tools and results throughout the Category(and Portfolio).
- The President's Cabinet Work Plan does not have specific targets. Without targets, the goals are too broad to accurately measure if they have been accomplished.
- There is a consistent lack of results trend data presented prior to 2017. Neither is there an indication that the College uses any data prior to 2017 for decision-making.
- There are many processes and results tracking tools described, but there appears to be very little use of analysis and evaluation for improvement.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

VI - Quality Overview

Focuses on the Continuous Quality Improvement culture and infrastructure of the institution. This category gives the institution a chance to reflect on all its quality improvement initiatives, how they are integrated, and how they contribute to improvement of the institution.

Instructions for Systems Appraisal Team

In this section, the team should provide a consensus narrative that focuses on the processes, results and improvements for Quality Improvement Initiatives and Culture of Quality.

Independent Category Feedback for each AQIP Category from each team member should be synthesized into an in-depth narrative that includes an analysis of the institution's processes, results and quality improvement efforts for each category. Wording from the Stages in Systems Maturity tables for both processes and results should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results. It is from this work that the team will develop a consensus on the Strategic Challenges analysis, noting three to five strategic issues that are crucial for the future of the institution. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

CATEGORY 6: QUALITY OVERVIEW

Category 6 focuses on the Continuous Quality Improvement culture and infrastructure of the institution. This category gives the institution a chance to reflect on all its quality improvement initiatives, how they are integrated and how they contribute to improvement of the institution.

6.1: QUALITY IMPROVEMENT INITIATIVES

Quality Improvement Initiatives focuses on the Continuous Quality Improvement (CQI) initiatives the institution is engaged in and how they work together within the institution.

6P1 Describe the processes for determining and integrating CQI initiatives, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- **Selecting, deploying and evaluating quality improvement initiatives**

Systematic SCC defines its quality improvement initiatives within the scope and format of an AQIP Action Project. SCC has a comprehensive Action Project selection process includes a Steering Committee, process mapping, a user guide, a selection rubric and communication plan. Both the guide and the selection rubric suggest the importance of alignment with institutional priorities and mission. The final project reports and recognition efforts indicate some level of evaluation and celebration of improvements.

However, what remains unclear is where AQIP Action Projects fit within the context of overarching institutional planning processes. Clarifying whether there are multiple parallel planning initiatives and processes (i.e., Just 1 More and AQIP Action Project), and/or how each initiative is integrated as part of a larger process (i.e., the strategic plan) may improve clarity and maturity level in this area.

- **Aligning the Systems Portfolio, Action Projects, Comprehensive Quality Review and Strategy Forums**

Reacting SCC has noted improvement needs regarding strategic planning. With implementation of a new strategic plan and processes that both guide and integrate all strategic initiatives (including AQIP processes), clearer alignment and maturity improvement should occur. Although the Action Projects listed may be linked to other AQIP activities, such as Strategy Forums or specific category feedback in previous Systems Appraisals, it is less clear how *all* institutional improvement initiatives are connected. There also does not appear to be an evaluation leading to improvement in these areas and a comprehensive commitment to CQI.

- Other Identified Processes

Reacting The College's Strategic Plan, Systems Portfolio categories, and the MinnState strategic goals are used to review the work of the College's AQIP pathway activities. This process assisted in identifying the weakness in several College areas. If this process was in place for years, the Systems Portfolio did not describe why during the development of the 2019 Portfolio these areas of improvement were identified and not sooner.

6R1 What are the results for continuous quality improvement initiatives? The results presented should be for the processes identified in 6P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared.

Systematic Summary results include a summary of recent AQIP Action Projects, as well as a summary table of important CQI processes that have been mapped. These results are promising and help to indicate SCC's progression along the AQIP pathway.

Reacting Although multiple results are noted, it is unclear which results are aligned to which initiatives or planning processes. Further, it appears that mapped processes resulted in improved processes, but results data suggesting effectiveness of such processes was not reported. Maturity may be improved once all new/improved processes are fully implemented and effectiveness evaluation is completed.

6I1 Based on 6R1, what quality improvement initiatives have been implemented or will be implemented in the next one to three years?

Due to process mapping, SCC now has a formal student complaint process. SCC plans to continue quality improvement work through JIM, increased co-curricular assessment, and the new Strategic Plan. These activities will improve the quality of the services described. A comprehensive plan for CQI under the pathways system would benefit the College in its future CQI journey.

SCC illustrated a robust and comprehensive AQIP Action Project selection process. Several other significant institutional improvements were also reported. However, there appeared to be a disconnect between improvement planning processes at the institutional level. There is also a

tendency to report improved processes, with little mention of actual effectiveness results (including internal targets and external benchmarks) for these new or improved processes.

6.2: CULTURE OF QUALITY

Culture of Quality focuses on how the institution integrates continuous quality improvement into its culture. The institution should provide evidence for Core Component 5.D. in this section.

6P2 Describe how a culture of quality is ensured within the institution. This includes, but is not limited to, descriptions of key processes for the following:

- **Developing an infrastructure and providing resources to support a culture of quality**

Systematic It appears that SCC has a plan and resources to support the AQIP process. However, integrating all quality improvement planning processes (i.e., Program Review, J1M) and the accreditation activities (Action Projects, Strategy Forums) may provide greater clarity regarding quality culture. Although the College presented evidence of process flow for process mapping, they did not present any evidence pertaining to the new CI Hub or the budget allocations to the Steering Committee. The Portfolio narrative suggests that the AQIP structure is separate from or parallel to other institutional improvement planning processes or strategies.

- **Ensuring continuous quality improvement is making an evident and widely understood impact on institutional culture and operations (5.D.1)**

Systematic SCC has begun using varied forms of communication to share AQIP CQI project results across the institution including a monthly newsletter, posters, and baseball cards. Such outreach efforts are important in keeping the rest of the College informed about CQI efforts. However, such practices only serve to inform the College about CQI effort. There is an opportunity to improve the maturity level of this process by examining methods of ensuring that the impact of CQI efforts are understood across the institution and providing clarity regarding structure, oversight, and specific alignment of all CQI efforts.

- **Ensuring the institution learns from its experiences with CQI initiatives (5.D.2)**

Systematic The AQIP Steering Committee structure appears to manage Action Projects well. Project results are shared for collective learning, but it is unclear how they are shared and with whom they are shared, analyzed, and evaluated. There is an opportunity to improve this maturity level with more outreach of AQIP and CQI efforts to the rest of the institution outside of the AQIP Steering Committee.

- **Reviewing, reaffirming and understanding the role and vitality of the AQIP Pathway within the institution**

Reacting The AQIP Steering Committee Chair receives a course release, the Committee reviews its charter and bylaws yearly, and the College sends at least eight employees to the HLC Annual Conference. The Portfolio did not explain how the lessons learned by the AQIP Steering Committee are institutionalized. The College did not discuss reviewing, reaffirming, nor understanding of the role and vitality of the AQIP Pathway within the institution.

6R2 What are the results for continuous quality improvement to evidence a culture of quality?

The results presented should be for the processes identified in 6P2. All data presented should include the population studied, the response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared.

Reacting SCC surveyed employees about their knowledge of what AQIP is. Results of continuous quality improvement was not discussed in the Portfolio. There is an opportunity to improve maturity level in evaluating the culture of quality through the intentional use of this data to explore what aspects of CQI efforts are least understood and then identifying opportunities to improve this level of understanding across the institution.

6I2 Based on 6R2, what process improvements to the quality culture have been implemented or will be implemented in the next one to three year?

The College plans to continue to integrate Action Projects as appropriate, and the plan will be implemented in 2019. Although providing a stronger structure for integration of all improvement planning processes, SCC may also want to consider the inclusion of setting internal targets and external benchmarks for all projects and effectiveness evaluation. The institution has reported multiple improved processes, but these have lacked results data that demonstrate the effectiveness of such plans or initiatives. Full implementation of all CQI initiatives, including the integration process, should improve maturity in the culture of quality at the institution.

CATEGORY SUMMARY

Considerable efforts have been made to recognize and celebrate Action Project progress, and the AQIP Steering Committee has championed CQI and a culture of quality. SCC appears to have a strong AQIP Action Project selection and reporting process. However, many results reported are newly established or reflect improved processes rather than actual results data related to effectiveness measures; it is unclear what informed the improvements made. There is also an apparent disconnect between many of the illustrated mapped processes and Action Projects or institutional priorities and planning efforts. A new strategic plan and the AQIP Action Project Integration Process may help to fill a critical gap in planning integration. Internal targets and external benchmarks were not noted in any of the results and continue to be an issue.

CATEGORY STRATEGIC ISSUES

- The Portfolio does not clearly describe SCC's understanding of what a culture of quality means.
- The Portfolio did not present a solid method for project implementation and/or sustainability developed.
- SCC seems to approach continuous quality improvement initiatives as a separate task without internalizing the broader purpose.
- Now that the College has started to train employees on the linkage between the categories and criteria and the future with HLC will rest with the criteria, the College administration should consider keeping these criteria in mind as they move forward in their decision making discussions.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

1 - Mission

The institution's mission is clear and articulated publicly; it guides the institution's operations.

1.A - Core Component 1.A

The institution's mission is broadly understood within the institution and guides its operations.

1. The mission statement is developed through a process suited to the nature and culture of the institution and is adopted by the governing board.
2. The institution's academic programs, student support services, and enrollment profile are consistent with its stated mission.
3. The institution's planning and budgeting priorities align with and support the mission. (This sub-component may be addressed by reference to the response to Criterion 5.C.1.)

Rating

Clear

Evidence

State and College policy mandate development and review of the mission. The mission statement was recently revised through internal and external stakeholders. This new version is currently under review.

The curriculum development policy, program objectives, learning outcomes, and the Student Affairs assessment plans support the mission. The budget process is aligned with the mission through work plans and the program review process.

The mission appears to address the nature of engagement by their primary constituents (students). Institutional programming and support services are offered within the context of the stated mission.

The finance office works with departments to develop budgets for each area to ensure each budget request aligns with institutional goals.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

1.B - Core Component 1.B

The mission is articulated publicly.

1. The institution clearly articulates its mission through one or more public documents, such as statements of purpose, vision, values, goals, plans, or institutional priorities.
2. The mission document or documents are current and explain the extent of the institution's emphasis on the various aspects of its mission, such as instruction, scholarship, research, application of research, creative works, clinical service, public service, economic development, and religious or cultural purpose.
3. The mission document or documents identify the nature, scope, and intended constituents of the higher education programs and services the institution provides.

Rating

Clear

Evidence

The mission is communicated via the website, on meeting agendas and minutes, at stakeholder meetings, legislative events, and in the SCC newsletter.

Minnesota statutes and board policy specify mission guidelines. Primary planning, work plans, and resource allocation reflect alignment to mission.

The institutional educational responsibility is clearly noted in strategic planning and resource allocation processes.

The reported engagement with external constituencies appears to be aligned with the institutional mission.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

1.C - Core Component 1.C

The institution understands the relationship between its mission and the diversity of society.

1. The institution addresses its role in a multicultural society.
2. The institution's processes and activities reflect attention to human diversity as appropriate within its mission and for the constituencies it serves.

Rating

Adequate

Evidence

Stakeholder group feedback through graduate, advisory committee, and employer survey data is utilized to determine the needs of the community served by SCC and to assess how well these needs are being met.

SCC uses a variety of means to gather data on industry and labor market trends. It also monitors demographic trends for its area. This data is used to determine the nature of educational programs offered by the College.

SCC has an Enrollment Management Plan for 2018-2022, with developed goals to increase persistence, retention, and completion. Goal Four addresses underrepresented groups, but the College did not present evidence in Category One for current processes to address its role in a multicultural society. Category Three discusses various diversity initiatives, such as Diversity Committee, the Strategic Inclusion Plan, Global Education Committee, the Global Connections Conference, and the ATD DREAM Conference.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

1.D - Core Component 1.D

The institution's mission demonstrates commitment to the public good.

1. Actions and decisions reflect an understanding that in its educational role the institution serves the public, not solely the institution, and thus entails a public obligation.
2. The institution's educational responsibilities take primacy over other purposes, such as generating financial returns for investors, contributing to a related or parent organization, or supporting external interests.
3. The institution engages with its identified external constituencies and communities of interest and responds to their needs as its mission and capacity allow.

Rating

Clear

Evidence

The College administration is clearly aware of the focus of its mission and develops initiatives to address the mission. As the climate changes, the College plans to adjust the initiatives to ensure the mission will continue to be met.

SCC's annual budget process has college-wide input, aligns resources with strategic priorities via work plans. The Program Review process depicts need for academic, student affairs, and institutional needs. Programs analyze student success data, emerging trends, and enrollment trends to determine adequate resource allocation.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

2 - Integrity: Ethical and Responsible Conduct

The institution acts with integrity; its conduct is ethical and responsible.

2.A - Core Component 2.A

The institution operates with integrity in its financial, academic, personnel, and auxiliary functions; it establishes and follows policies and processes for fair and ethical behavior on the part of its governing board, administration, faculty, and staff.

Rating

Adequate

Evidence

SCC has Board policies for financial administration, auxiliary operations procedures, and revenue fund management procedures. However, it was not clear how these policies were communicated. The institution appears to operate with integrity, specifically regarding financial, academic, and HR processes. Less clarity was offered when addressing other related functions.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

2.B - Core Component 2.B

The institution presents itself clearly and completely to its students and to the public with regard to its programs, requirements, faculty and staff, costs to students, control, and accreditation relationships.

Rating

Adequate

Evidence

SCC states that it communicates key information regarding requirements, faculty, staff, cost, etc. to students to inform stakeholders about the academic programs. The evidence made available indicates graduate job placement for FY16 and no other information. This appears to be dated.

Accreditation information was not clearly identified but may be present in program curriculum listings. The SCC has clearly marked areas to explore potential costs and financing strategies. There are also areas where academic programs are outlined, courses are listed, and course outlines are available. Outlines include learning goals and make-up policies. The catalog defines pre-requisites.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

2.C - Core Component 2.C

The governing board of the institution is sufficiently autonomous to make decisions in the best interest of the institution and to assure its integrity.

1. The governing board's deliberations reflect priorities to preserve and enhance the institution.
2. The governing board reviews and considers the reasonable and relevant interests of the institution's internal and external constituencies during its decision-making deliberations.
3. The governing board preserves its independence from undue influence on the part of donors, elected officials, ownership interests or other external parties when such influence would not be in the best interest of the institution.
4. The governing board delegates day-to-day management of the institution to the administration and expects the faculty to oversee academic matters.

Rating

Clear

Evidence

MinnState Delegation of Authority Procedure dictates the relationship between the governing board and member institutions. The President answers to the Chancellor and the Board, while serving as the chief executive of the institution.

SCC as a member of the MinnState system is governed by a 15- member Board of Trustees. SCC is autonomous and follows both MinnState Policy and internal SCC policies with the President as the CEO and the Cabinet in charge of the day-to-day operations. Community input from the President's Advisory Council assists in guiding College decisions.

The MSCF contract gives curriculum oversight to faculty. The President and Cabinet members create a yearly work plan that aligns with MinnState goals, continually assessing and aligning priorities.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

2.D - Core Component 2.D

The institution is committed to freedom of expression and the pursuit of truth in teaching and learning.

Rating

Adequate

Evidence

Academic Freedom is a tenant of the MsCF contract. The College has an IRB board to protect rights of human subjects in research projects. The College has a Rights and Responsibilities policy that specify the rights related to academic freedom for students. There is no indication the College goes beyond these policies and IRB board nor has examples of practices and activities that support Academic Freedom.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

2.E - Core Component 2.E

The institution's policies and procedures call for responsible acquisition, discovery and application of knowledge by its faculty, students and staff.

1. The institution provides effective oversight and support services to ensure the integrity of research and scholarly practice conducted by its faculty, staff, and students.
2. Students are offered guidance in the ethical use of information resources.
3. The institution has and enforces policies on academic honesty and integrity.

Rating

Adequate

Evidence

The institutional IRB oversees academic research. The Student Code of Conduct and Academic Dishonesty policies establish ethical learning and research practices. SCC has IRB policies and procedures.

Students have the Freedom of Expression policy.

The MinnState employee code of conduct outlines ethical teaching and research practice expectations for all faculty within the state system. Faculty are made aware of these expectations through mandated training. This information is also posted on the College's website.

The College has an IT Policy/Process that indicate proper use of technology but no process to handle violations of the policy.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

3 - Teaching and Learning: Quality, Resources, and Support

The institution provides high quality education, wherever and however its offerings are delivered.

3.A - Core Component 3.A

The institution's degree programs are appropriate to higher education.

1. Courses and programs are current and require levels of performance by students appropriate to the degree or certificate awarded.
2. The institution articulates and differentiates learning goals for undergraduate, graduate, post-baccalaureate, post-graduate, and certificate programs.
3. The institution's program quality and learning goals are consistent across all modes of delivery and all locations (on the main campus, at additional locations, by distance delivery, as dual credit, through contractual or consortial arrangements, or any other modality).

Rating

Clear

Evidence

The College has made a concerted effort to ensure courses and programs are current and up-to-date, learning goals are identified, and all learning activities are consistent across all delivery methods and locations. Quality Matters has been part of the College. Faculty are encouraged to use this tool when creating their courses. Program review, academic deans, AASC, and Curriculum Committee review curriculum on a regular cycle.

The College has a Program Review Process, Administrative support (Academic Deans) and committees (AASC, Curriculum Committee) to promote program and course currency. The Concurrent Enrollment Handbook and the Online/Hybrid Course Development and Peer Review processes along with Quality Matter training helps bring consistency to these modalities. Prior learning credits are assessed via the CPL Policy/Procedures. SCC follows the MnTC Transfer Curriculum with its own transfer policy/procedure and appeal process. The MinnState Academic Programs Policy allows SCC to confer degrees, diplomas and certificates that meet the appropriate standards.

Each course utilizes a common course outline that specifies common learning outcomes regardless of the course modality.

Dual-credit programs monitor quality by enforcing SCC's Concurrent Enrollment Program Handbook.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

3.B - Core Component 3.B

The institution demonstrates that the exercise of intellectual inquiry and the acquisition, application, and integration of broad learning and skills are integral to its educational programs.

1. The general education program is appropriate to the mission, educational offerings, and degree levels of the institution.
2. The institution articulates the purposes, content, and intended learning outcomes of its undergraduate general education requirements. The program of general education is grounded in a philosophy or framework developed by the institution or adopted from an established framework. It imparts broad knowledge and intellectual concepts to students and develops skills and attitudes that the institution believes every college-educated person should possess.
3. Every degree program offered by the institution engages students in collecting, analyzing, and communicating information; in mastering modes of inquiry or creative work; and in developing skills adaptable to changing environments.
4. The education offered by the institution recognizes the human and cultural diversity of the world in which students live and work.
5. The faculty and students contribute to scholarship, creative work, and the discovery of knowledge to the extent appropriate to their programs and the institution's mission.

Rating

Adequate

Evidence

The College has established Institutional Core Competencies (ICCs) that foster student's growth. It is unclear how ICCs are aligned with SCC's mission. The Portfolio indicates that common learning outcomes are aligned with MnTC's transfer curriculum. SCC follows MinnState's guidelines for degree levels within programs.

The purpose, content, and intended learning outcomes of SCC's ICCs are established through their curriculum process.

Students have the opportunity to apply the common learning outcomes through planned curriculum activities that are outcomes at the program and course level.

SCC curriculum is enhanced through apprenticeships, internships, and the Global Conference. SCC uses stakeholder surveys to gather feedback concerning PLOs.

SCC cites curricular and co-curricular activities (Global Conference and Pine Ridge Reservation) that recognize human and cultural diversity (ECE 1240, PHIL 100, Global Conference, Pine Ridge Reservation). It is not clear the portion of the student body that experience these activities and if this is sufficiently high or effect at attaining desired outcome.

SCC cites several instances where faculty are afforded professional development activities that

contribute to their role on campus.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

3.C - Core Component 3.C

The institution has the faculty and staff needed for effective, high-quality programs and student services.

1. The institution has sufficient numbers and continuity of faculty members to carry out both the classroom and the non-classroom roles of faculty, including oversight of the curriculum and expectations for student performance; establishment of academic credentials for instructional staff; involvement in assessment of student learning.
2. All instructors are appropriately qualified, including those in dual credit, contractual, and consortial programs.
3. Instructors are evaluated regularly in accordance with established institutional policies and procedures.
4. The institution has processes and resources for assuring that instructors are current in their disciplines and adept in their teaching roles; it supports their professional development.
5. Instructors are accessible for student inquiry.
6. Staff members providing student support services, such as tutoring, financial aid advising, academic advising, and co-curricular activities, are appropriately qualified, trained, and supported in their professional development.

Rating

Unclear

Evidence

Faculty office hours are required per faculty contract. Hours (1 office hour per week per 3 credits taught up to 15 credits) may be offered in-person or online and are required to be posted for each faculty member.

Learning Central is the College's faculty and staff support area for professional development, and it has established a Staff Development Program inclusive of New Hire Orientation, a mentoring program, and a needs analysis to develop appropriate and instructionally sound education and training program that directly support staff development.

MinnState policies guide the College in credentialing standards, but the Portfolio was unclear as to whether the College addressed the lack of a credential for several faculty members.

Although annual performance evaluations are required by MinnState Policy, 25% of the employee evaluations are not being completed.

Faculty-required professional development activities were offered, but there was no tracking system to make sure employees participated and if the training was effective.

There does not appear to be a consistent method to provide funding for professional development activities.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

3.D - Core Component 3.D

The institution provides support for student learning and effective teaching.

1. The institution provides student support services suited to the needs of its student populations.
2. The institution provides for learning support and preparatory instruction to address the academic needs of its students. It has a process for directing entering students to courses and programs for which the students are adequately prepared.
3. The institution provides academic advising suited to its programs and the needs of its students.
4. The institution provides to students and instructors the infrastructure and resources necessary to support effective teaching and learning (technological infrastructure, scientific laboratories, libraries, performance spaces, clinical practice sites, museum collections, as appropriate to the institution's offerings).
5. The institution provides to students guidance in the effective use of research and information resources.

Rating

Clear

Evidence

Holistic Student Services, J1M, and other support services and career development offerings address the needs of students. Advising and counseling provide an avenue for need assessment and guidance for all students. Academic, personal, and career counseling align with J1M, Holistic Student Services, and Curricular Pathways to promote persistence and completion.

SCC uses the Accuplacer exam to identify student skills and preparedness. This is applied to all new student enrolling in general education courses. They also identify at-risk students through use of the Student Alert system. An online instruction website provides additional assistance for those students taking online courses. Outreach begins at the point of admission.

A comprehensive set of advising supports and strategic interventions have been established.

Food services, recreational spaces, library, and research resources and placement services are also available. Learning Central is the College's faculty and staff support area for professional development, and it has established a Staff Development Program inclusive of New Hire Orientation, a mentoring program, and a needs analysis to develop appropriate and instructionally-sound education and training program that directly support staff development. Quality Matters training for online delivery and other course design and development support exist for all faculty. D2L Brightspace serves as the institution's learning management system - supporting varied technology needs including training and learning support.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

3.E - Core Component 3.E

The institution fulfills the claims it makes for an enriched educational environment.

1. Co-curricular programs are suited to the institution's mission and contribute to the educational experience of its students.
2. The institution demonstrates any claims it makes about contributions to its students' educational experience by virtue of aspects of its mission, such as research, community engagement, service learning, religious or spiritual purpose, and economic development.

Rating

Unclear

Evidence

Select co-curricular activities have recently been developed to supplement student learning. Other activities are developed through collaboration between students and the Director of Student Engagement. The primary method of measuring student learning, however, is through a student survey or self-assessment; the measurement should be linked and demonstrate what students learned.

Students work with the Director of Student Engagement to establish co-curricular goals. Some programs are developed to supplement academic programs. Co-curricular assessment began in the fall of 2018.

While the ICCs are determined at an institutional level, the expected level of learning is determined by programs and assessed by programs using common institutional rubrics. Institutional level academic assessment is achieved by looking at student's ability across all dimensions of the scoring rubric where success is defined where 70% of the assessed students achieve 60% or better average across the rubric dimensions.

Additionally, a survey via graduates and employees describing the importance of ICCs was generated in 2018.

Academic assessment is addressed at the College with data to show that changes have occurred. Faculty-identified and consistent use of numerical targets was not presented in the Portfolio narrative.

While plans are in place for co-curricular programs and course assessment, the Portfolio narrative did not provide evidence to clearly support this criterion.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

4 - Teaching and Learning: Evaluation and Improvement

The institution demonstrates responsibility for the quality of its educational programs, learning environments, and support services, and it evaluates their effectiveness for student learning through processes designed to promote continuous improvement.

4.A - Core Component 4.A

The institution demonstrates responsibility for the quality of its educational programs.

1. The institution maintains a practice of regular program reviews.
2. The institution evaluates all the credit that it transcripts, including what it awards for experiential learning or other forms of prior learning, or relies on the evaluation of responsible third parties.
3. The institution has policies that assure the quality of the credit it accepts in transfer.
4. The institution maintains and exercises authority over the prerequisites for courses, rigor of courses, expectations for student learning, access to learning resources, and faculty qualifications for all its programs, including dual credit programs. It assures that its dual credit courses or programs for high school students are equivalent in learning outcomes and levels of achievement to its higher education curriculum.
5. The institution maintains specialized accreditation for its programs as appropriate to its educational purposes.
6. The institution evaluates the success of its graduates. The institution assures that the degree or certificate programs it represents as preparation for advanced study or employment accomplish these purposes. For all programs, the institution looks to indicators it deems appropriate to its mission, such as employment rates, admission rates to advanced degree programs, and participation rates in fellowships, internships, and special programs (e.g., Peace Corps and Americorps).

Rating

Adequate

Evidence

The Program Review process has recently changed. The future of this process will depend upon its full implementation. SCC developed a program review process using an Action Project. SCC has a CPL policy and procedure. The College follows the MinnState Transfer Pathways, VETS, and MnTC guidelines.

The College evaluates all credit it transcripts and assures the quality of these credits. Faculty work on course rigor, course outcomes, and consistency across the board. In addition, faculty continue to hone their teaching skills through professional development and the use of Quality Matters for developing course curriculum. Accreditation is available within seven programs. Graduates are tracked through

surveys and software to obtain information on their transfer status and employment.

SCC follows the MnTC Transfer Curriculum with its own transfer policy/procedure and appeal process. All programs have approved Common Course Outlines with course level competencies, learning objectives, prerequisites, lecture/lab credits and support for institutional competencies. All CCOs are review and approved by Curriculum Committee via regular review cycle.

College also participates in Transferology for national transfer. CCOs, marketing materials, advising, and the Course Catalog communicate pre-requisites and requirements to students. The CE program handbook communicates expectations and standards to high school instructors. SCC uses QM Standards and peer review to ensure quality and consistency with online/hybrid courses. Faculty and advisory committees select appropriate accrediting bodies. SCC reviews levels of outcomes attainment using technical exams and reviews the data by degree.

A dual credit handbook specifies expectation regarding academic rigor for high school teachers. Similarly, online and hybrid course development guidelines specify expectations for academic rigor in these courses. The use of the Quality Matters framework and a faculty peer review process helps to reinforce these standards.

Specialized accreditations are pursued according to industry employment standards. This work is done in coordination with recommendations by program advisory committees.

SCC identifies that student achievement is measured for all levels by use of Technical Skills Attainment Exams and ICC assessment.

One point of note is that the review areas reported for ICC and program review, not all programs were assessed on a timely manner, and some programs/faculty did not participate or did not submit usable data. Also, there was not a comprehensive presentation of student achievement on Technical Skills Attainment exams.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

4.B - Core Component 4.B

The institution demonstrates a commitment to educational achievement and improvement through ongoing assessment of student learning.

1. The institution has clearly stated goals for student learning and effective processes for assessment of student learning and achievement of learning goals.
2. The institution assesses achievement of the learning outcomes that it claims for its curricular and co-curricular programs.
3. The institution uses the information gained from assessment to improve student learning.
4. The institution's processes and methodologies to assess student learning reflect good practice, including the substantial participation of faculty and other instructional staff members.

Rating

Adequate

Evidence

SCC has four learning competencies that they have identified as common learning outcomes across all programs. These are the ICCs. The goals were established with faculty involvement and their implementation is monitored through the AASC curriculum process.

SCC has implemented an assessment process for their ICC's. Necessary levels of achievement for the ICC's are defined and assessed at the level of programs using assessment tools appropriate to the skills developed in that program. Common rubrics are used to collect assessment data at an institutional level. Student scores on the rubric dimensions are aggregated to determine an overall level of achievement per student. The institutional goal is for 70% of the assessed students to achieve 60% or better on the common rubric.

Co-curricular activities are assessed for student interested and this is part of designing new student activities. Student Life presented a document outlining the types of assessments and goals that drive the design of their co-curricular activities. It is not clear how these assessments connect to the ICCs.

SCC is in the initial stages of assessing ICCs. It is not clear how they use this information to improve student learning.

SCC uses course embedded assignment and capstone courses for assessment. Both of these approaches are considered strong practices. SCC has relatively low rate of implementing assessment for common learning outcomes and not implemented assessment on a regular schedule. Faculty are involved in the assessment process.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

4.C - Core Component 4.C

The institution demonstrates a commitment to educational improvement through ongoing attention to retention, persistence, and completion rates in its degree and certificate programs.

1. The institution has defined goals for student retention, persistence, and completion that are ambitious but attainable and appropriate to its mission, student populations, and educational offerings.
2. The institution collects and analyzes information on student retention, persistence, and completion of its programs.
3. The institution uses information on student retention, persistence, and completion of programs to make improvements as warranted by the data.
4. The institution's processes and methodologies for collecting and analyzing information on student retention, persistence, and completion of programs reflect good practice. (Institutions are not required to use IPEDS definitions in their determination of persistence or completion rates. Institutions are encouraged to choose measures that are suitable to their student populations, but institutions are accountable for the validity of their measures.)

Rating

Unclear

Evidence

The institution has established retention, persistence, and completion goals in the context of MinnState standards and the institutional strategic enrollment plan. RIE has developed dashboards to clearly present data. Program completion and transfer rates are included in enrollment management data collection as well as program review.

Processes are in place (or have been proposed) to collect retention, persistence, and completion data. However, many of these processes and strategies are in the early stages of implementation with very limited results data and analysis reporting.

ADT Action Plan includes the Holistic Student Services and Curricular Pathways initiatives and serves as a mechanism to improve retention and completion. Advising strategies and Early Alert also support these efforts. As relatively new initiatives, effectiveness evaluation and reporting is limited. In turn, gaps exist in results data as aligned with decision-making and improvement planning.

SCC compares its retention persistence and completion data to MinnState peer schools leveraging the Intergrated Statewide Record System, and internal dashboards to review retention, transfer, and graduation rates. The Strategic Enrollment Plan guides institutional persistence, retention and completion targets and efforts. Implementation is new and ongoing and results reporting is incomplete in some areas. In several areas there is a lack of clarity regarding the rationale for selection and reporting of internal targets and external benchmarks or measures used, making results reporting appear disconnected from improvements reported and planning efforts.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

5 - Resources, Planning, and Institutional Effectiveness

The institution's resources, structures, and processes are sufficient to fulfill its mission, improve the quality of its educational offerings, and respond to future challenges and opportunities. The institution plans for the future.

5.A - Core Component 5.A

The institution's resource base supports its current educational programs and its plans for maintaining and strengthening their quality in the future.

1. The institution has the fiscal and human resources and physical and technological infrastructure sufficient to support its operations wherever and however programs are delivered.
2. The institution's resource allocation process ensures that its educational purposes are not adversely affected by elective resource allocations to other areas or disbursement of revenue to a superordinate entity.
3. The goals incorporated into mission statements or elaborations of mission statements are realistic in light of the institution's organization, resources, and opportunities.
4. The institution's staff in all areas are appropriately qualified and trained.
5. The institution has a well-developed process in place for budgeting and for monitoring expense.

Rating

Clear

Evidence

There does not appear to be a consistent method to provide funding for professional development activities for staff.

Since training is tied to annual evaluations, with 25% of the employee evaluations not being completed, it is difficult for the College to have a comprehensive professional development process.

Professional development plans appear to be required for all permanent employees but no tracking mechanism (if different from the annual evaluation process) was indicated.

Human Resources appears to track professional development activities, but not individual plans.

The College is very attentive to existing resources, how they are maintained, and has plans in place for change. SCC will shift to a zero-based budgeting process in FY 2020. A comprehensive facility plan is conducted every 4 to 5 years to ensure infrastructure needs are being met. A MinnState-required emergency management procedure has been developed to maintain operations during an

emergency. The College also has a Technology Master Plan and Online Education Committee Action Plan.

A common budget development tool helps ensure that budget requests are aligned to strategic priorities. The President's Cabinet reviews the budget during annual deliberations.

A recent strategic plan update included feedback from both internal and external stakeholders and included the development of KPIs. Cabinet and department work plans help to align institutional operations to the College's mission. SCC uses the College's Strategic Plan and Academic Master Plan to align resources with strategic priorities.

There are multiple internal professional development activities provided for faculty, and clearly established funding for faculty to take advantage of external professional development opportunities. However, it is unclear if such funding opportunities are as consistently available for professional development activities for staff. The College has a stated policy that all employees are to be evaluated annually, but only 75% have been for the 2018-2019 academic year.

Annual budgeting process accounts for salary and other fixed costs. The Cabinet monitors expenses through a monthly financial report. Financial reports are shared with the rest of the college through monthly management meetings, the faculty union, and presidential forums. The institution developed a capital budget request process through an AQIP action project.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

5.B - Core Component 5.B

The institution's governance and administrative structures promote effective leadership and support collaborative processes that enable the institution to fulfill its mission.

1. The governing board is knowledgeable about the institution; it provides oversight of the institution's financial and academic policies and practices and meets its legal and fiduciary responsibilities.
2. The institution has and employs policies and procedures to engage its internal constituencies—including its governing board, administration, faculty, staff, and students—in the institution's governance.
3. Administration, faculty, staff, and students are involved in setting academic requirements, policy, and processes through effective structures for contribution and collaborative effort.

Rating

Clear

Evidence

The State Board of Trustees is the overarching policy maker for the State. Each College has the autonomy to set their own goals and make decisions at their college but must report them to the Chancellor through the President. The College President and President's Cabinet uses the priorities to establish initiatives for the year.

SCC uses the Strategic Plan 2019 Goals and Objectives document and the ATD project to align goals across departments.

AASC and Shared Governance Committees ensure faculty involvement in collaboration. The Student Senate is consulted concerning tuition and fee changes.

Budget alignment, allocation, and the audit of financial processes appears to be in place.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

5.C - Core Component 5.C

The institution engages in systematic and integrated planning.

1. The institution allocates its resources in alignment with its mission and priorities.
2. The institution links its processes for assessment of student learning, evaluation of operations, planning, and budgeting.
3. The planning process encompasses the institution as a whole and considers the perspectives of internal and external constituent groups.
4. The institution plans on the basis of a sound understanding of its current capacity. Institutional plans anticipate the possible impact of fluctuations in the institution's sources of revenue, such as enrollment, the economy, and state support.
5. Institutional planning anticipates emerging factors, such as technology, demographic shifts, and globalization.

Rating

Unclear

Evidence

The strategic planning process involved internal and external stakeholders, with year over year establishment of priorities and initiative development resting solely with the President and Cabinet. The Portfolio indicated that SCC uses the initiatives in the budgeting process, but did not provide information on how this process works.

SCC identifies that Presidential Work Plans tie institutional goals to the MinnState goals. Cabinet Work Plans support the Presidential Work Plans. SCC did not identify who was responsible for assuring that Cabinet work plans aligned with Presidential Work Plans. SCC did not identify how any work plan is determined, completed, or whether the projects were successful.

The College reviews internal and external data to determine future needs, however, SCC did not clearly identify the overriding strengths and weakness. SCC did not discuss linkage of student learning, evaluation of operations, planning, and budgeting.

SCC uses geofencing, industry partnerships, and K-12 relationships to plan for emerging factors and react to current capacity.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

5.D - Core Component 5.D

The institution works systematically to improve its performance.

1. The institution develops and documents evidence of performance in its operations.
2. The institution learns from its operational experience and applies that learning to improve its institutional effectiveness, capabilities, and sustainability, overall and in its component parts.

Rating

Adequate

Evidence

SCC has kept records of varied planning processes and improvements, including AQIP Action Projects and mapped processes. As noted in the category response, the AQIP process of project selection and deployment is robust. Other operational structures, especially budgeting, facilities, program review, assessment, and some HR functions are also well organized and tracked with clear documentation within the context of MinnState guidelines. While strong structures, some of these have not been fully implemented across all areas of campus.

The institution has presented evidence of improvements. However, it is unclear how such improvements are aligned with specific institutional priorities or how all planning processes are integrated; it appears that they exist in a parallel state or are independent of a clear structure. It also appears that much of the evidence presented is related to changes and improvements with little mention of the results data that informed such change. Further, there is a lack of both internal targets and external benchmarks, as well as improvement effectiveness evaluation or measurement. The new strategic plan and the Action Project Integration Process should provide a cleaner mechanism for integrating all CQI efforts in alignment with key institutional priorities. At this time, such methods have not yet been fully implemented.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

Review Dashboard

Number	Title	Rating
1	Reflective Overview	
2	Strategic Challenges Analysis	
3	Accreditation Evidence Screening Summary	
4	Quality of Systems Portfolio	
5	AQIP Category Feedback	
I	Helping Students Learn	
II	Meeting Student and Other Key Stakeholder Needs	
III	Valuing Employees	
IV	Planning and Leading	
V	Knowledge Management and Resource Stewardship	
VI	Quality Overview	
1	Mission	
1.A	Core Component 1.A	Clear
1.B	Core Component 1.B	Clear
1.C	Core Component 1.C	Adequate
1.D	Core Component 1.D	Clear
2	Integrity: Ethical and Responsible Conduct	
2.A	Core Component 2.A	Adequate
2.B	Core Component 2.B	Adequate
2.C	Core Component 2.C	Clear
2.D	Core Component 2.D	Adequate
2.E	Core Component 2.E	Adequate
3	Teaching and Learning: Quality, Resources, and Support	
3.A	Core Component 3.A	Clear
3.B	Core Component 3.B	Adequate
3.C	Core Component 3.C	Unclear
3.D	Core Component 3.D	Clear
3.E	Core Component 3.E	Unclear
4	Teaching and Learning: Evaluation and Improvement	
4.A	Core Component 4.A	Adequate
4.B	Core Component 4.B	Adequate
4.C	Core Component 4.C	Unclear
5	Resources, Planning, and Institutional Effectiveness	
5.A	Core Component 5.A	Clear

5.B	Core Component 5.B	Clear
5.C	Core Component 5.C	Unclear
5.D	Core Component 5.D	Adequate

Review Summary

Conclusion

Evidence for core components related to South Central Community College's mission (Criterion 1) are mostly clear and well-presented, and they are described in each individual Criteria section. Evidence for Criterion 2, 3, 4 and 5 are generally adequate, but could be improved as described in the evidence screening section of this appraisal. Core components rated as adequate, but could be improved include: 1.C, 2.A, 2.B, 2.D, 2.E, 3.B, 4.A, 4.B, and 5.D.

- 1.C. - Although the Portfolio provided information regarding various diversity initiatives in Category Three, there is little reference to such initiatives in Category One as related to student learning. There appears to be a general lack of alignment between specific institutional initiatives, co-curricular efforts, and ICC assessments outcomes regarding diversity.
- 2.A. - Board policies are clear and well-presented, but it is unclear how this information is communicated to SCC's stakeholders. Processes noted suggest that the institution operates with integrity, specifically regarding financial, academic and HR functions. However, the results data was primarily limited to Gainful Employment and sexual harassment training. Implementation of the new comprehensive communication plan and conducting the planned usability study should provide added insight for improvement planning.
- 2.B. - Programmatic accreditation could have provided greater clarity regarding program strength. Expanding results measures may also provide more robust data to inform improvement planning.
- 2.D. - Academic Freedom is a tenant of the MsCF contract. The College has an IRB board to protect rights of human subjects in research projects. The College has a Rights and Responsibilities policy that specify the rights related to academic freedom for students. However, there is no indication that the College goes beyond these policies and IRB board nor has examples of practices and activities that support Academic Freedom.
- 2.E - The institutional IRB oversees academic research. The Student Code of Conduct and Academic Dishonesty policies establish ethical learning and research practices. SCC has IRB policies and procedures. Students have the Freedom of Expression policy. The MinnState employee code of conduct outlines ethical teaching and research practice expectations for all faculty within the state system. Faculty are made aware of these expectations through mandated training. This information is also posted on the College's website. The College has an IT Policy/Process that indicate proper use of technology, but it does not appear that there are any processes in place to handle violations of the policy.
- 3.B. - SCC has established Institutional Core Competencies. However, there is a lack of clarity regarding alignment with institutional mission/priorities, co-curricular experiences, and the extent to which the ICCs are embedded in programmatic curriculum.
- 4.A. - Although clear processes for Program Review exists, SCC did not provide evidence that indicates that all program areas have participated in this process or have been reviewed. Full implementation for all programs will be essential to providing strong evidence for this criteria.
- 4.B. - SCC has developed a structure for assessing student learning. However, it is unclear from the Portfolio whether assessment has been fully implemented across all areas or how assessment results are used to improve student learning. There is also a lack of clarity regarding the alignment of the Student Life assessment plan and the ICCs.
- 5.D. - The new strategic plan and the Action Project Integration Process should provide a cleaner mechanism for integrating all CQI efforts in alignment with key institutional priorities. However, these have not yet been fully implemented. Current initiatives appear disconnected with a lack of effectiveness measurement in many areas or clear alignment between results data and improvement planning.

Of particular concern is evidence for core components 3.C, 3.E, 4.C, and 5.C, which remain unclear to reviewers.

Evidence provided for core component **3.C**, appropriate staff and faculty to sustain high-quality programming, includes MinnState and HLC policies which guide the institution's credentialing standards. SCC also describes a number of internal professional development and training opportunities for new hires, especially faculty. However, reviewers were unclear about the processes in place for tracking ongoing professional development for current employees and the means for evaluating whether such activities were taken advantage of by faculty/staff or whether such training opportunities were effective. The Portfolio noted that there were a few faculty members who had not met the institution's credentialing standards after a recent review, but it is unclear what the College's plan is to address remediation for these faculty. The reviewers also noted that SCC has an internal policy which states that 100% of employees will receive annual performance evaluations, but the Portfolio noted that 25% of employees did not have evaluations completed in 2018-2019. This suggested to reviewers that there may be a lack of emphasis in following through with institutional policies and goals in relation to core component 3.C.

Evidence provided for core component **3.E**, providing an enriched educational environment, include the development of processes for assessing co-curricular activities and for aligning program-level outcomes to SCC's Institutional Core Competencies. However, both processes were only recently developed during the 2018-2019 academic year and, thus, were not able to yet provide sufficient evidence toward this core component. It is also unclear from the Portfolio what processes, if any, had been in place to address this core component prior to 2018, leaving little historical evidence for the reviewers to assess the effectiveness of the institution's progress toward providing students with an enriched learning environment. Full implementation, as planned, and a comprehensive review of all ICC assessment data should provide stronger evidence of student learning across all areas including co-curricular.

Evidence for core component **4.C**, commitment to educational improvement with examination of student success metrics, includes retention, persistence, and completion goals established in the context of MinnState reporting, as well as SCC's institutional strategic enrollment plan. The College also utilizes a variety of institutional dashboards to make student success data broadly available, but it appears that these dashboards were only recently developed and implemented and it is unclear how such student success data had been shared previously. Most importantly, it is unclear how student success data is utilized by the institution to inform decision-making. The Portfolio highlights participation in the Achieving the Dream initiative and the development of the Just 1 More plan as examples of this connection between results and improvements, but the reviewers were not able to identify any information that described institutional processes that helped to ensure that retention, persistence, and completion data were regularly and consistently utilized by the institution to inform and guide continuous quality improvement efforts.

Evidence for core component **5.C**, engagement in systematic and integrated planning includes a well-established budgeting process and the use of Presidential, Cabinet, and departmental work plans to guide institutional planning. While the Portfolio notes that these various planning processes are aligned with each other, the reviewers were not able to evidence of this alignment. There was no indication of who is responsible for assuring that there is integration across each of these various work plans at the strategic institutional level nor of what policies or practices guide the consistent implementation of this alignment.

Overall Recommendations

Criteria For Accreditation

Unclear

Sanctions Recommendation

Not Set

Pathways Recommendation

Not Set

No Interim Monitoring Recommended.