

# Laramie County Community College

HLC ID 1723

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AQIP: AQIP Pathway Systems Appraisal

Visit Date: Not Set

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# 1 - Reflective Overview

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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

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Overall: Established in 1968, Laramie County Community College (LCCC) is a public, two-year comprehensive community college serving Laramie and Albany counties in Southeast Wyoming. Governed by an elected seven-member board of trustees, the College operates through a main campus in Cheyenne, a branch campus in Laramie, and two outreach centers (Pine Bluffs and F. E. Warren Air Force Base).

As a comprehensive community college, the Institution offers degrees (Associate of Arts, Associate of Science or Associate of Applied Science) in 78 different programs and certificates in 27 programs. With an annualized student FTE of nearly 3,200, 38% of students attend full-time and 62% attend part-time. Approximately 55% of students attending LCCC are undeclared with another 22% enrolled in transfer degree programs and 23% in career and technical education programs of study.

LCCC stresses high quality instruction which will prepare students for life beyond college. Their expressed values include *passion* (e.g., debating courses of action, transforming lives), *authenticity* (e.g., transparent, true to "Western values"), and *making a true difference* (e.g., better lives, better communities).

Beginning the AQIP Accreditation pathway in 2008, the College submitted its first systems portfolio in 2010. At this same time, the College was moving through an intense organizational restructuring, including the removal of the president. It appears the College relied on the AQIP process to support its return to stability under new leadership. AQIP is referenced as a framework providing the organizational structure for examining, repairing, rebuilding, and advancing institutional structures

and processes.

Since roughly 2012, LCCC has initiated the following improvements, some of which are fully implemented and others that are still in process:

- The MCOR (Master Course Outline of Record), which guides all curricula and courses
- Five cycles of program review (8 per year, or 45 completed out of 78 programs)
- Deployment of data dashboards built in Tableau
- Articulation agreements and advancing apprenticeship education
- Building a one-stop student services building and designing the provision of services according to a new service model
- Creation of an institutional Strategic Plan in 2014
- Creation of a campus Master Plan in 2016
- Creation of an institutional Continuous Quality Improvement model
- Implementation of assessment processes for all service units and support functions
- Improved access to peer and benchmarking data
- Implementation of technology tools, e.g., Zoom, a portal, a new LMS, Office 365, Sharepoint, online course registration, and online budget monitoring utility

As the Team worked through the Portfolio, it learned more about the following topics:

- How the full range of student needs are identified and addressed, particularly considering the very wide array of stakeholders
- The maturity levels of the many structures and processes referenced as being part of the period the College refers to as “organizational reinvention and rebirth”
- Specific actions or initiatives designed to advance the college’s goal of becoming a distinguished community college on the state and national level
- How the Continuous Quality Improvement model works in practice
- How the bold and clear values and vision statements are manifest in institutional processes and actions

## CATEGORY 1

After the 2015 Appraisal Feedback Report, the College moved to create a comprehensive assessment framework by integrating three processes: the Master Course Outline of Record (MCOR), annual academic assessment, and a multi-year program review cycle.

The MCOR establishes a connection between a given course, the institutional competency or competencies the course addresses, and how the competency or competencies is assessed. It appears that this initiative is still in process since approximately 64% of all programs reporting data in 2018. The College is still working out how to balance uniformity, e.g., in rubric use, and design of assessments that yield useful and actionable data.

The College is using its participation in the Guided Pathways 2.0 quality initiative to further efforts in improving teaching and learning. It is notable that of the 1,100 institutions belonging to the American Association of Community Colleges (AACC), the College is among the 13 institutions selected via a competitive process to be part of the AACC’s Guided Pathway 2.0 project.

The Team notes that the College regards itself having robust policies and procedures related to Academic Integrity for both students and faculty.

## CATEGORY 2

LCCC partners with the University of Wyoming and the Department of Workforce Services in securing funding to support initiatives directed at adult students.

The College acknowledges the moderate but continual decline in enrollments since 2012 as the impetus for work on better understanding the needs of its students and key community stakeholders while also refocusing on student completion and efficiency of college-wide programs and services.

Creation of a new facility and adoption of a progressive service model for Student Services are advancing the goal of offering “a true one-stop for student and visitor assistance.” The College reports conducting an annual examination of high-impact practices pertaining to student services implemented over the past five years.

The work in this area is expanding through the college’s participation in the Guided Pathways 2.0 initiative. Policies and procedures pertaining to faculty responsiveness and availability to students are in place. Similarly, processes are in place for students to develop academic plans with an advisor; however, the College acknowledges continued challenges in the areas of student advisement and engagement.

The College reports making a concerted effort to establish new stakeholder relationships and cultivate long-standing relationships with the community. A focus on leadership stability is helping them to slowly change the culture on campus positively and foster greater collaboration among units and areas.

As the Team delved into the Portfolio, it learned more about how the College is assessing stakeholder satisfaction and how student input is secured and used to understand and respond to the full array of student needs and emerging needs.

## CATEGORY 3

Based on “a commitment to shared governance and a climate of trust,” college leadership is changing the work environment to one of continuous improvement.

The College evaluates employees using a policy/plan from 1989 but is currently developing a new process that includes four phases: Initial planning, content process development, systematic development/configuration, and training and implementation.

Hiring processes appear to be well structured and designed to support diversity. The College reports having established a strong human resources team with strong credentials. Underway is work on an improved classification and compensation framework based on market analyses to ensure the recruitment and retention of well qualified employees.

The Team learned more in reading Category 3 about the budget-building process and actions the College takes to ensure that programmatic changes are supported in terms of monetary and instructional support.

## CATEGORY 4

An important outcome of the Strategy Forum participation in 2012 was the LCCC Model of Continuous Quality Improvement (CQI). The College used this CQI model in evaluating a myriad of areas within Strategic Planning, Academic Program Assessment and Review, and Service/Support Function Assessment and Review.

The model, in short, was designed to achieve an organization-wide approach to continuous improvement and the integration of essential processes. The College reports assessing the extent to which goals are met via Key Performance Indicators and specific measures for effectiveness and efficiency. In studying Category 4, the Team learned more about how this CQI model “originates and terminates with the institution’s mission statement and values” and what tangible improvements have been achieved via this model.

The program and function assessment process is presented as ensuring that programs (including service/support programs) do not deviate over time from being “mission centric” after they are approved. Policy exists to ensure all degrees and certificates are appropriate to its mission, practical, relevant, and “offered in a way that supports student completion and success.”

LCCC has used AQIP feedback to inform major changes in its planning and leading and the assembling of a strong executive leadership team. The belief that all internal college constituencies should have active involvement in the governance of the institution through an ongoing participative process of shared governance is instantiated in policy. The College appears to be strongly focused on improving the campus climate, addressing misconduct or harassment, and making the campus a safer, more respectful environment.

#### CATEGORY 5

LCCC reports that it systematically uses stakeholder feedback in the form of satisfaction surveys and advisory committees to inform operational planning and process design. The Team relied on the Portfolio to more fully understand the extent of progress made since 2014 regarding assessment plans for all programs and units and the degree to which improvement opportunities identified in the 2014 Systems Appraisal have been acted upon.

Processes for sharing data and information and encouraging all units and programs to utilize peer and benchmarking data are advancing but not yet fully matured. New technologies are a great step in the right direction for making information readily available.

Budget development and approval processes are clearly depicted, as are resources for national benchmarking and the comparison of programs and functions to those of other Wyoming community colleges. Declining enrollments make close budgetary monitoring and the use of data to inform hard budget decisions appropriate. It is notable that, despite fiscal constraints and slowly declining enrollment, the College created a campus Master Plan in 2016 and built two new buildings.

LCCC reports significant gains in the areas of protecting student and employee information and deployment of technology tools to improve access to data and service responsiveness. The College is taking steps to bolster cybersecurity but has much work remaining to meet all 30 of the standards set forth by the Federal Financial Institutions Examination Council.

#### CATEGORY 6

The College speaks clearly about focusing on quality in all aspects of the college. The turmoil and

stresses of the recent past are openly discussed and are evidently being used to keep the institutional focus locked on advancement and improvement. Multiple large, ongoing, and comprehensive improvement initiatives are cited, including the following:

- Establishment of new executive leadership team and an improved organizational structure
- Creation of very clearly worded mission, vision, and values statements that commit the College to unstinting efforts to establish itself as a distinctively high-quality community college
- Participation in the American Association of Community Colleges (AACC) Guided Pathways 2.0 initiative and the creation of a campus-wide assessment model
- Comprehensive and coordinated strategic enrollment management (SEM) planning
- Accomplishment of 25 of the 26 improvement strategies identified by the Strategy Forum team in 2012
- Environmental scanning and program analyses to determine which programs are and should be highest priority for students in the future
- Efforts toward improving employee compensation, evaluation, and retention processes

LCCC is eight years into its current phase of rebuilding and reinvention and regards itself as pretty far along in its transformation. The Portfolio speaks very directly about how the “College has moved from being a laggard in the state to a leader” and how quality improvement is central to the institution’s identity.

Many of the “macro-level” strategic plan initiatives appear to be complete, or well underway. Nonetheless, noting that changes in culture and relationships often take decades—not years—to repair, the Team anticipates assimilating all information in the Portfolio to gauge the solidity of the transformation.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## 2 - Strategic Challenges Analysis

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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

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**Transitioning into Pathways while retaining the CQI framework:** The Portfolio clearly demonstrates that AQIP is central to LCCC as a CQI framework. The college articulates where it stands in the aftermath of broad turnover in executive personnel, as it reinvents and refines most institutional processes to make them measurable, measured, and reciprocally supportive. Since the last Systems Review, the College has used the AQIP framework intentionally and with focus to build itself anew. Institutional leadership has been stable for the last several years, and college leaders have modeled and led continuous improvement. Results of that leadership and the ways the community has embraced it are evident in state and national recognition. The discontinuation of the AQIP Pathway comes at a critical time for LCCC. While CQI principles are instantiated in the reforms and improvements made to date, many processes are young or in need of repetition to be fully institutionalized. All programs need to be reviewed; all non-academic units need to implement functional unit assessment plans; the current strategic planning cycle needs to be completed—and repeated; a comprehensive and strategic enrollment management plan is to be developed; updated and uniform performance evaluation and professional development processes need to be implemented; and, overall, the College needs to continue improving employee engagement and trust. The challenge the College faces is the transition to a new Pathway while retaining a clear and widely understood CQI model.

**Performance evaluation system and Faculty Development clarification and consolidation:** The college's performance evaluation system is dated and appears to be conducted using paper tools. The College is developing a new performance management process, but implementation of that process remains a challenge. Similarly, LCCC has work yet to do in the area of professional development. LCCC has hired a development expert in HR, which is an important first step. The team noted that multiple sources of professional development funding--along with CET programming—exist on campus. Clarifying or perhaps consolidating funding sources and the criteria used in dispensing development funds may advance the college's goals of augmenting transparency and trust among all employees.

**Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

### **3 - Accreditation Evidence Screening Summary**

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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**

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1.C.1: Evidence regarding the degree to which the College inquires into the full diversity of its stakeholders could be strengthened by detailing how the methods cited in the Portfolio generate data and information that can be broadly aggregated and analyzed. Little discussion is included of how emerging and/or currently under-represented stakeholders (students included) are identified.

2.C.4: Evidence could be strengthened by detailing what structures, policies, and processes exist to ensure faculty oversight of academic matters and the role of the Faculty Senate in governance.

3.A.3: The Portfolio does not address quality assurance processes specific to online education or the review and monitoring of instructional design quality for online instruction. Evidence for these processes will be needed during the Comprehensive Quality Review.

3.C.4: Evidence to strengthen the achievement of Core Component 3.C.4 may be developed as the College creates and implements a comprehensive professional development plan.

3.C.5: College policy and procedure require faculty to maintain regular convenient office hours: however, published in all syllabi to ensure availability for student inquiry and interaction outside of the classroom. evidence to strengthen the achievement of Core Component 3.C.5. may include details about the extent to which students' needs regarding instructor access are met.

3.C.6: Evidence to strengthen the achievement of Core Component 3.C.6. promises to emerge from work underway currently to review and improve professional development at the College.

3.E.1: Co-curricular activities have assessment plans, and the College is aware of the need to develop ways to make the alignment of curricular and co-curricular more formal and measurable in order to strengthen evidence that Core Component 3.E.1 is met.

4.A.5: Evidence for this Core Component could be strengthened by stating which programs, if any, have specialized accreditation available but do not hold it.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## 4 - Quality of Systems Portfolio

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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**

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From a technical communications perspective, the Portfolio was very well written. Conveying a composite understanding of a dynamic institution in linear, narrative prose is a challenge that the writers of this Portfolio met. The team appreciated the clarity of the text.

The team also appreciated the candid presentation of facts, dynamics, campus culture, and campus history.

Processes were not always well linked to data; however, in many cases this was caused by a lack of data or the newness of a process. Similarly, external benchmarking was not always available.

The 'interpretations and insights gained' sections could have been more revelatory and sometimes consisted of observations rather than inferences or tentative conclusions.

Certain complex and inter-related processes took effort to understand, but the team recognized the word-count constraints. In general, the evidence linked to the text was well selected and pertinent.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## 5 - AQIP Category Feedback

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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

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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**

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#### 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)

**SYSTEMATIC:** LCCC connects the learning outcomes for general education and institutional competencies to its mission, educational offerings, and degree levels using two related procedures: the General Education Procedure and the Master Course Outline of Record (MCOR). Adopted in May 2014 and revised in April 2017, the General Education Procedure, related to Policy 2.2-General Education, outlines the process to ensure expectations are clearly articulated. The MCOR establishes a connection between the course, competencies, and the assessment of the competencies. These course records are all well established and the process is repeatable. Maturing these processes over time will involve creating a mechanism or method for the periodic review of core courses; including establishing conditions (e.g., change of instructor) that trigger a review of core courses.

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

**SYSTEMATIC:** Through an established campus-wide and faculty-driven process, LCCC determines common outcomes related to the skills required graduate success. The Academic Standards Committee (ASC) utilizes the MCOR to make determinations about all courses and alignment from purpose to outcome. The College has a clear process through which proposed courses are vetted and the process ensures compliance with institutional mission as well as individual programmatic objectives; however, it is not clear that there is an ongoing review process to ensure that routine, repeated offerings of a course continue to meet overall objectives.

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

**SYSTEMATIC:** Articulation of the college's purposes, content, and level of outcome achievement occurs through communication, operation, and evaluation. Depending on the intended audience, this articulation takes on a myriad of presentations. The General Education Procedure communicates the purposes and content of these outcomes to all employees of the College. The MCOR, as part of this overall procedure, provides these same employees and other stakeholders the methods for instructing to and assessing the outcomes. Additionally, outcomes are communicated to students, other college stakeholders, and the broader LCCC community through the Catalog.

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

**SYSTEMATIC:** LCCC, through the general education core, ensures all students are provided a foundation for achieving core outcomes. In addition, degree-seeking students build on this foundation through program-specific courses, which reinforce the knowledge and skills gained through the general education core. The College ensures all students have access to these courses by scheduling through an array of lengths, times, and modalities. This diversity of approaches supports the needs of a diverse learning community. LCCC describes in Category 2 additional forms of support for achieving outcomes such as tutoring, contextualized learning, assisted learning programs, or programs for specific populations. LCCC could improve the level of maturity by developing and articulating processes and assessments in co-curricular settings for students to achieve the core learning outcomes.

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

**SYSTEMATIC / ALIGNED:** LCCC focuses on academic success through the incorporation of four general education outcomes and associated competencies in its curriculum. These four general education outcomes include *Reasoning, Effective Communication, Collaboration, and Human Culture*. The College uses four primary methods to ensure these general education outcomes remain relevant and aligned with student, workplace, and societal needs: (1) annual alumni survey, (2) academic program advisory committees, (3) transfer articulation agreements with partner institutions, and (4) program review. These complimentary processes are supplemented by qualitative and less formal methods, including student focus groups and interactions with local business advisory boards. In reviewing the System Portfolio, it was not clear how these informal processes were continually evaluated to ensure they are functioning as expected. Over time, trended data accrued via the formal processes listed above will help move this process into being solidly aligned.

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

**REACTING:** The college's Student Organization Procedure outlines the process for organizing, approving, and implementing co-curricular learning activities. The Office of Student Life oversees and administers the function and creation of student groups and co-curricular activities; however, designing the outcomes of co-curricular activities to support specific curricular elements is still an informal process. Co-curricular activities have assessment plans, and the College is aware of the need to develop ways to make the alignment of curricular and co-curricular more formal and measurable.

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

**REACTING / SYSTEMATIC:** The College defines its process for selecting the tools, methods, and instruments used to assess attainment of common learning as "collaborative and ongoing." Institutional rubrics and MCORs were developed and implemented through college-wide conversations. As part of these conversations, faculty "identified and began using common course assessments (CCA) to evaluate learning of institutional competencies." The CCA is used to assess student performance each semester. Over time, the College perceived inconsistencies in assessment and the challenges inherent in applying a single process to a wide array of programs and courses. Steps were taken to strengthen this process, including the adoption of CurriQunet to map the curricula. Results were published on a Tableau dashboard. The Systems Portfolio does not fully discuss the CCA tool and its approach e.g., objective evaluation based on content or evaluative information based on student perception. The processes in this area, once standardized and institutionalized, will ensure systematic level of maturity.

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

**SYSTEMATIC:** The College uses a variety of methods to assess common learning outcomes; however, assessment is built primarily on the data collected from the institutional competency rubrics and CCAs, and challenges are being encountered in implementation—largely because of human factors. Data are collected and analyzed each semester and evidence of student performance is provided at the course level. These results are also aggregated at the institutional level and reported annually by the College. After faculty upload assessment results into LMS, IR staff analyze the data and provide course-level evidence to faculty and administrators using Tableau and data aggregated at the institutional level in the college's annual KPI Report Card. The College also gathers indirect

measures of student learning outcomes data through an annual alumni survey and the Graduate Exit survey. As the College works to balance the standardization needed to generate data that can be aggregated and analyzed with the differences among courses when it comes to addressing the competencies, this process will mature.

**IR1** What are the results for determining if students possess the knowledge, skills and abilities that are expected at each degree level? The results presented should be for the processes identified in 1P1. 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:** Results were provided from three different collection sources: Student Learning Assessment, Alumni Surveys, and Graduation Exit Surveys. The result of “70% of all students demonstrating proficiency in 8 of 10 competencies” suggests that the College is applying the rubrics judiciously and taking a realistic measure of student achievement. A few years of trend data begin to distinguish competencies requiring more institutional focus from those being achieved. The Student Learning Assessment chart provided the most recent year targets for each of the ten institutional competencies while the two surveys only stratified the responses into particular categories; however, later in the Portfolio, a 50% response rate of “very prepared” on the Alumni Survey was identified as a target. For direct measures, LCCC provided the percentage of students rated proficient or exceptional on Institutional Competency Rubrics. Data indicate students are meeting targets for five of their 10 learning outcomes. For indirect measures, data from the 2015-16 and 2016-17 alumni survey indicate “most respondents enrolled at other higher education institutions felt at least somewhat prepared to continue their education in all nine competencies” with a majority responding they believe themselves to be “very prepared” in four of the nine competencies. Graduate Exit Survey data from 2017-18 indicate “student confidence levels (somewhat to very confident) ranged from 85 to 93 percent for all institutional competencies except collaboration (teamwork), which they rated at 81 percent.” Overall, the College is meeting most of its goals for student learning. The College does not provide any results for co-curricular assessments. LCCC is encouraged to provide data for co-curricular assessment effort.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** The College compared the results of student learning and outcomes internally to defined targets. No external benchmarks were used because only internally developed rubrics were used to assess student learning. While LCCC notes that they do not compare to external benchmarks because their targets are internal, even internal targets can be based on the review of practice at similar institutions. Internal comparisons indicate five of the 10 learning outcomes met and, according to data from the Alumni survey, student indicated “very prepared” for four of the nine identified competencies.

- Interpretation of results and insights gained

**REACTING:** Although positive trends were apparent in the data, variance in the data set hampered interpretation. For example, data for five of the ten institutional competencies showed positive trends in student achievement relative to learning outcomes, yet the College admitted “inconsistencies in how common course assessments are administered, assessed, and reported.” The institutional leadership has engaged with the college community to discuss and interpret results from the internal

assessments. That discussion led to the conclusion that some procedures were unclear, and some faculty (especially new hires) were unfamiliar with the process and utility of the assessment. Recent changes in courses also hinder year-to-year comparisons. As a result, most data collected since the new process was designed in 2014 are not instructive. The College appears to be asking the right questions and working to mature this process in an intelligent manner.

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

Acceptance into the AACC Guided Pathways 2.0 project, ironically, introduced more flux and variability into the core competency assessment process. This project has the College engaged in reviewing and revising the general education core and course and program competencies. This technically “sets back” the maturity in this area; however, in the long run, the project should yield net gains in maturity. The College did not identify any process improvements that have already been implemented, other than the dashboard, to provide greater accessibility to the assessment data; however, this improvement is so new that the understanding of its impact is not known. The three planned improvements are strategic in nature and include:

- Review and revision of the general education core and course and program competencies
- Increased faculty training on the use of institutional rubrics, design of common course assessments, and use of grade norming
- Strengthen the design, assessment, and implementation of co-curricular activities

## 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)

**ALIGNED:** Alignment of the college’s program learning outcomes to its mission, educational offerings, and degrees is clearly embedded in three important quality assurance processes: annual assessment planning, program review, and course management. Annual program assessment planning ensures program alignment to learning competencies and the mission of the institution. The College provides best practices in this area and program review for sharing between departments. As mentioned earlier, the MCOR procedure ensures programs align course learning competencies to program-level competencies.

- Determining program outcomes (4.B.4)

**SYSTEMATIC:** Through an established program review process, the faculty demonstrate how program competencies meet stakeholder needs. These stakeholder needs are identified and collected through a variety of means, including advisory committees, transfer articulation meetings, and external accreditation and professional association guidelines. In an effort to strengthen program

learning competencies, faculty peer reviews are completed on the annual program-level assessment plans. The procedure for creating a new program ensures all relevant sources of input is utilized in establishing program competencies. The only apparent explicit assessment of the degree to which programmatic activities meet stakeholder needs is an annual peer review of program-level assessment plans. It is not apparent that there is any process for ongoing review of course pedagogical design once the original MCOR has been reviewed and approved.

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

**SYSTEMATIC:** The College employs a multi-prong approach to articulate the purposes, content, and level of achievement related to program learning outcomes. This articulation occurs through several well-established quality assurance processes i.e., annual assessment planning, program review, and course management. The redundancy arising from these multiple processes ensures the information is readily available and easily accessible. LCCC's programmatic assessment process is rigorous, thorough and ensures faculty members develop assessment plans for their courses and programs. The plans identify the competencies that are to be advanced, consistent with the overall institutional objectives, and are internally reviewed and documented in the MCOR. Achievement levels for all competencies are peer reviewed and documented. The College would benefit from and advance maturity in this area by ensuring that outcomes are listed on all syllabi and on each program's page in the college catalog.

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

**SYSTEMATIC:** The College uses academic program review standards to ensure program learning outcomes remain relevant and aligned with student, workplace, and societal needs. These standards within program review policy and procedure prompt the regular examination and documentation of competency alignment with workplace needs and disciplinary expectations. Because societal needs evolve, LCCC faculty use a variety of tools to ensure that expressed needs are consistent with current trends. Those tools include advisory councils, employer surveys, alumni surveys and stakeholder meetings. Once societal needs are understood, faculty use a range of tools to link learning activities to competencies.

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

**REACTING:** The College employs several methods for designing, aligning, and delivering co-curricular activities to support learning. Through participation in the AACC Pathways 2.0 project, an *Essential Student Experiences* program is being developed and implemented that includes purposeful co-curricular activities and assessment of the learning embedded in the activities. The faculty, through the program review process, must design and align co-curricular activities to support learning. In addition, the internal faculty peer review of these program reviews ensure such opportunities developed and implemented satisfy student learning within co-curricular activities. As noted earlier, the Office of Student Life is working toward more formalized, standardized, and measurable processes for aligning the co-curriculum with the curricula of academic programs. Within the portfolio, there are areas noticeably absent from the discussion such as how online students are engaged or designed into co-curricular activities.

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

**REACTING / SYSTEMATIC:** LCCC uses purchased, externally developed tools to manage the assessment of its programs. A campus committee of faculty and staff developed nine rubrics to internally assess programs. The combination of Campus Labs management software and the internal rubrics is beginning to provide information on each course and each program on an annual basis. As the College reviews all programs using the rubrics in Campus Labs and standardizes this process, maturity in this area may move rapidly into being solidly systematic.

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

**SYSTEMATIC:** The College uses a 5-year program review cycle with certain activities and responsibilities embedded in each cycle. In all programs, annual online assessments are completed on two or more program-level student learning competencies and two or more program operational outcomes. At the end of each 5-year cycle, a program review self-study is completed and peer-reviewed. While these activities are in place and repeatable, they are still relatively new, and benchmarking and internal targets could be more clearly defined to align the work.

**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)

**SYSTEMATIC:** The coordinated and complementary processes designed by LCCC for ongoing program oversight and assessment are impressive. Faculty and program leaders at the institution are supportive of efforts to implement assessment plans and to offer explicit program designs and interventions that align programs with mission. The College reports a 96% rate of assessment plan completion; however, there is not a similar level of involvement in implementation i.e., only 64% of plans reported data findings, which is interpreted by the Team as use of the plan, and continuous improvement i.e., only 44% of the plans responded to internal faculty peer-review comments. Given the number of programs the College offers, turnover in faculty, and the need to achieve some level of standardization across programs, this is a massive undertaking that may take years to raise to an aligned level of maturity.

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

**SYSTEMATIC:** Summary of assessment results includes 55 completed assessment plans from 49 programs with four provided as examples: English AA, Business and Finance/Accounting AS, Diagnostic Medical Sonography AAS, and Natural Sciences AS. Each document included the most current state of the plan and addressed the following areas:

- Student Learning Competency
- Program Processes: Strategies to Develop Students' Learning
- Methods of Evaluating Student Performance
- Expected Level of Learning Performance
- Uploaded Documents for Plan Design
- Data Display with Analysis & Summary of What Program Learned
- Process Changes, Program Improvements, or Adjustments to the Plan

- Uploaded Documents for Plan Results and Improvements
- Reviewer Feedback
- Program Response

To effectively evaluate the College in this area, the Team would need a summary—or examples from— all programs.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** Each of the 55 assessment plans includes internal targets for each learning competency and operational outcome; faculty assigned to the Student Learning Assessment subcommittee of the Academic Standards Council review these targets annually. Program review sections are rated on a 1-4 point scale through peer review. LCCC reports that 64% of programs included data in assessment reports, which suggests that work remains to be done in 36% of programs. Further, average peer-review scores exceeded 3.0 for all but one of the chosen metrics, which suggests an opportunity to make the peer-scoring process more rigorous or more nuanced. In addition, only 44% of programs responded to peer-review comments, which suggests the efficacy of the peer-review process could be reconsidered.

- Interpretation of assessment results and insights gained

**SYSTEMATIC:** LCCC acknowledges that the deployment of its interlocked assessment and program review processes is a work in progress. While the college's assessment planning process has been broadly deployed i.e., 96% of plans were completed, there has not been the same level of engagement with the implementation, use, and refinement of these plans. LCCC acknowledges that interpretation is lacking due to inconsistencies in the collection of data and believes that through the integration of the MCOR and other tools, improvements will occur. A need for development in “improvement of student learning,” which on average is reported below target levels among the 64% of the programs that submitted assessment reports, is acknowledged. As the Campus Labs utilities, the MCOR process, and use of data deployed on dashboards increase and grow consistent across programs, the College will mature in this area.

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

Through four years of the current program review process, faculty are now beginning to design program-specific rubrics to complement the institutional competency rubrics. These program-specific rubrics will help more accurately measure student achievement within these programs. Having an Institutional Effectiveness unit helps ensure that institutional knowledge is used to guide improvements. LCCC made a huge investment by becoming part of the AACC Guided Pathways 2.0 project that requires many systemic changes over the course of their involvement. Aligning their work into academic pathways, implementing a new advising model, and providing enhanced co-curricular support systems are all a part of this work.

### 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)

**SYSTEMATIC:** LCCC identifies student stakeholder groups and determines their educational needs through its onboarding process. Students are placed into one of six primary student stakeholder subgroups i.e., Credential-Seeking: Transfer, Credential-Seeking: Career, Lifelong Learning: Professional, Lifelong Learning: Enrichment, Future: Early College (Dual & Concurrent Enrollment), Future: Prospective Students). At admission and during orientation, data are collected on variables such as target population, e.g., veteran, first generation, and on objective identifiers such as ACT and GPA. These data are used to design programs and activities e.g., targeted advising, scholarships. The process of identifying student stakeholder groups is active, but maturing. The fact the College is reviewing student success technology solutions to improve this process is encouraging and will help the College move toward an aligned level of maturity. LCCC is selecting a technological system e.g., Civitas, EAB Navigate, to increase the effectiveness with which it designs and implements targeted interventions.

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

**SYSTEMATIC:** The College has identified three primary other key stakeholder groups: other educational institutions, the external community, and governmental entities. Figure 1P3-2 clearly details how input on the needs for the three main stakeholder groups is gathered. The College continues to determine these stakeholders' needs via advisory boards, accrediting bodies, and professional and community organizations. Alumni surveys provide information about how students fare after leaving the College. The College uses articulation agreements to facilitate student transfer to four-year institutions. These agreements help clarify the views external stakeholders have of LCCC. It's clear that the College works to meet other stakeholder needs; however, it is not clear that these methods are designed to generate data that can lead to better understanding. Maturing this process will entail a description of how emerging or new stakeholder groups and determining their needs, little information is provided on how they identify new "other" stakeholders.

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

**SYSTEMATIC:** The college's *Program Development and Approval Procedure* adheres to the Wyoming Community College Commission (WCCC) program criteria and establishes the process for developing programming responsive to stakeholder needs. LCCC has clear processes for documenting alignment with stakeholder needs in the creation of a new program and the review of stakeholder / program alignment during periodic program review. Both processes are well established and include identification of the stakeholder need(s), design of an intervention, e.g., program learning goal or student learning activity, to address that need, reference or external benchmarking that intervention both locally and nationally, identification of required resources, approval and implementation of the intervention. Program improvement follows the college's program assessment and review processes. Maturity in this area could be advanced by detailing how emerging or changing stakeholder needs are monitored to inform program creation or modification. The "environmental scanning" aspect of reaching maturity in this area is not described.

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

**SYSTEMATIC:** LCCC's Program Analysis and Ranking System is ambitious as it utilizes 25 Key Performance Indicators (KPIs) from four key performance areas and generates data that are segmented by academic program. All KPIs are tied to the mission of the institution and are tied to best practices for student learning. KPIs are associated with specific target values that are assessed annually and are reported in the program assessment plans. Currently, data are not available for key measures, such as achievement of institutional and program competencies, placement, and benchmarking. The data provided in the Portfolio date from 2015, so it is possible that use of this system has matured since then. Further, the Portfolio does not clearly outline the process for data collection and analysis, e.g., what is the time-line and periodicity and who is charged with this. Also, given that only 65% of programs reported data in their assessment plans, and that only 44% of programs responded to peer reviews, it is not clear to the Team that this CQI system effectively supports informed decision making, e.g., for resource allocation, by the administration.

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

**SYSTEMATIC:** The Academic Standards Committee (ASC) engages in a peer-review process designed to identify the need to modify or discontinue programs and courses and has oversight of academic programs and standards. The ASC uses Program Review and Program Assessment data along with annual program analysis data to determine the health and viability of academic programs. The college's review of course and program viability is heavily quantitative and includes Academic Program Review and Academic Program Prioritization processes. The Portfolio provides the Homeland Security and Process Technology programs as examples of discontinued programs based on weak performance in program demand, effectiveness, and efficiency. In this case the discontinuation process also considered a review of industry needs, consultation with industry partners and an analysis of enrollment numbers. This process appears to be explicit, predictable and repeatable. How the ASC members act to suggest program termination or modification is not explained. If or how the ASC reviews individual courses is not described. As all 25 measures in the Program Analysis and Ranking System yield data, this process promises to grow in maturity.

**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)

**SYSTEMATIC:** The examples of program ranking provided in the Portfolio are evidence that the College has processes for clearly presenting program effectiveness according to four key indicators. Within program analysis, each program received a percentile rank based on the scoring within 4 performance areas that included 24 measures (associated with one or more KPIs). The peer-review ratings for the program reviews recently completed related to curricular relevancy and stakeholder needs. The Academic Program Review Rubric includes peer-review generated data on program attributes that are sufficiently granular to guide improvements. For attributes assigned a score below 3.0 on a 4-point scale, follow-up is required. The College did not provide any data related to identifying stakeholder groups, determining their needs, or what new programs they have developed, or revisions to current programs to serve better their stakeholder needs. The College could improve their maturity by compiling and presenting some data in these areas. As the College cycles through

review of all programs and the feedback is used to drive improvements, this process promises to mature to a fully aligned level.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** LCCC uses state and internal benchmarks to judge performance and progress. Data from the Wyoming community college system are used to judge LCCC in the context of its peers. Based on 2017-18 data, the College ranked first among Wyoming colleges. But this appears to be data collected by the IR unit and displayed in Tableau. The data are limited to credentials granted per year and did not include the number of students registered at the other colleges. Therefore, the comparison was not as informative as it could be. Internally, programs are rated on three variables, on a 1-5 scale. Programs with scores below 3.0 are expected to propose and implement corrective changes. As such, the institutional goal is an average  $> 3.0$  on each of the variables. The College met its internal target for two of the three variables but fell short in Section II.C.3.a. Other than the community college comparisons above, LCCC does not provide any external benchmarks. It is not clear to the Team what corrective interventions have been implemented in that latter area. For example, the narrative suggests programs with section averages below the target score of 3.0 “typically are expected to analyze those areas for improvement.” Programs with below target sections must develop and report follow-up action plans. The College might consider including data generated from CCSSE as part of their future evidence and strengthening requirements for addressing under-performing areas.

- Interpretation of results and insights gained

**REACTING / SYSTEMATIC:** The College produces an annual, institution-wide assessment report for its Board of Trustees; the third such report was released in December 2017. In that report, analysis of 11 programs offers evidence of program analysis at a high level of detail. LCCC reports that there has been clear growth in compliance and improved understanding among the faculty as this reporting process is used. The current template, standards, and rubrics used therein were created in 2016; therefore, application is still at a systematic level of maturity. Although the College has an emerging practice of self-evaluation and reporting, it is not clear to the Team that the culture of the institution yet embraces that practice. Compliance rates for data delivery and for peer review responses do not yet suggest widespread support. General observations are made in this section, but little in-depth interpretation of the results is offered. If, as reported in the Portfolio, the faculty continue to gain expertise in meaningful self- and peer evaluation, maturity in this area could rise fairly rapidly.

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

LCCC began a review and implementation process in 2014; that process is ongoing and results in continuous improvement. The College noted several process improvements already implemented in Academic Program Design. These improvements included a new program review process (2014-15), revised program review self-study template (2016), Program Development and Approval Procedure (2015), and scatter plot data analysis tool (2017). All of these improvements provide actionable data for the College to use in decision-making. Program Analysis and Ranking System, and the Academic Standards Committee’s application of the Program Review Rubric in its peer-review process are all relatively new mechanisms for the College. As LCCC works to run all programs through these processes, leadership is looking at external consultants / products that will enhance student access to advising and provide the College with data for monitoring student success. An opportunity exists for

LCCC to improve by identifying and using external benchmarks. This may occur as part of their participation in the AACC Guided Pathways 2.0 Project.

#### 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:** Placement information is communicated to students through mandatory orientation and advisory sessions. The faculty use the MCOR process to specify and evaluate prerequisites for classes, so students, advisors and other faculty are aware of expectations for each class. Programs with program-specific admission standards convey this information via program brochures, the website, and the catalog. Students participate in mandatory orientation and holistic advising, so all students are reached and informed about requirements. The College recently, i.e., in 2018, completed an analysis of student success and found that the two variables, i.e., GPA, ACT and subject-based tests (ALEX for mathematics, McCann for English) are predictive of success and serve students well as guidance for placement. The College may be able to improve its maturity level by developing evaluation processes for other areas of student experiences.

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

**SYSTEMATIC:** Processes for documenting the competencies and level of achievement of courses and programs are strong. Program rigor at LCCC is communicated through the MCOR, a process in which each course and its relationship to core competencies is described. The transparent nature of the MCOR ensures that course rigor is well communicated. Course rigor is evaluated (and usually ensured) through program reviews. In the event that a program is externally certified, that external process ensures rigor. Most programs are not externally certified; therefore, quality control occurs through the program-review and peer-review process. To the degree that faculty and programs comply with expectations for reporting and responding to peer reviews, quality assurance is achieved. In instances of the program review lacking data or when peer-review comments go unaddressed, quality assurance is unclear. The College is accredited by the National Center for Concurrent Enrollment Partnerships which requires all members to meet standards related to their Partnerships, Faculty, Assessment, Curriculum, Students, and Evaluation. The Portfolio does not address quality assurance processes specific to online education or review and monitoring of instructional design quality for online instruction. These are important processes and will be examined in depth during the college's upcoming Comprehensive Quality Review.

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

**SYSTEMATIC:** The college's Transfer of Credit Procedure directs the award of both prior learning and credits and furnishes guidelines for the evaluation of transfer credit from regionally accredited post-secondary institutions, international post-secondary institutions, military experience, and prior learning assessment (PLA). Technical programs award credit for the completion of certain federal

apprenticeship programs. Examinations, portfolios, demonstrations, and other program-specific methods are used to award PLA credit. When explicit transfer agreements exist, evaluation of prior learning is a straightforward process. If the prior learning was achieved in a less clearly documented fashion, LCCC uses tools such as competency exams, portfolios and demonstrations to ensure that quality standards are maintained. The process is detailed and explicit. It is unclear from the narrative if there is a procedure in place to periodically evaluate these collective processes. It may benefit the College to periodically evaluate the attainment of course outcomes across the various modalities to ensure that the process is consistent.

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

**SYSTEMATIC:** LCCC appears to have well-established processes for maintaining specialized accreditation. Specialized accreditations by external organizations e.g., in health care, provide a profession with assurance that its members are competent to meet public needs. The College currently maintains nine specialized accreditations with six related to health fields. Since the “College and Program Specialized Accreditations” table lists only those programs which hold specialized accreditation, the Team lacks context. Future reports will be strengthened by including data on which programs, if any, have specialized accreditation available but do not hold it. Further, a process for determining which programs should seek such accreditation could be described so reviewers can better evaluate performance in this area.

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

**SYSTEMATIC:** Since the last review, the College has established key continuous improvement processes, including common course assessment, annual assessment planning, academic program review, to assess outcomes attainment by graduates at all levels. As a comprehensive community college, LCCC offers transfer and CTE associate degrees and certificates. The College uses Campus Labs utilities and templates that prompt assessment using quality standards developed by the Institutional Effectiveness (IE) department. The IE staff maintains a virtual office on the myLCCC portal to offer guides and information on best practices. Tools such as common course assessment, program review and annual assessment are used to provide at least some evaluative data for each program and each course on an annual basis. Academic program review and the annual assessment cycle fit together logically to create short-term assessment cycles embedded within a longer five-year cycle. Results are reported in assessment plans, program websites, and KPIs. As these processes are fully implemented and all programs go through at least one cycle of program review, maturity in this area can move from systematic to aligned.

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

**SYSTEMATIC:** Processes for documenting the competencies and level of achievement of courses and programs are strong. The primary tool used to assess programmatic rigor is the MCOR. That tool was developed through faculty input and is implemented through the Academic Standards Committee, which is a body with strong faculty representation. As such, individual MCORs, learning assessments, and program reviews all are strongly influenced and run by faculty members. Beyond faculty, external certification bodies, advisory councils, and alumni surveys all influence tool refinement to ensure that results are informative to all relevant stakeholders. Within the Program Review Self-study is a prompt requiring faculty to evaluate rigor across all modalities. In preparation for its upcoming Comprehensive Quality Review, the College should be prepared to explain how tools specific to the online environment e.g., the LMS, collaboration tools, identity monitoring or proctoring tools, are used to monitor and ensure rigor.

**IR4** 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:** The LCCC Key Performance Indicators Report Card aggregates a thorough accounting of institutional attributes, including core outcome attainment. Assessment results include external certification, which is clear affirmation that performance objectives are being met for particular programs. Alumni surveys, advisory councils, graduation surveys and program reviews also provide data. Results suggest that graduating students are satisfied with their experience and confident about the future. External accreditation of 16 programs through 9 accrediting bodies or professional organizations serves as additional affirmation that program objectives are met. Data reported are from the Graduate Exit Survey, the academic program review rubric from the 11 programs completing the process during the 2016-17 academic year, Licensure/Certification pass rates, and the 2017-18 Institutional Report Card. Results of alumni surveys suggest that the LCCC education serves them well as they embark on careers. Health sciences program have trended data on licensure/certification pass rates. From the Graduation Exit Survey, results on one item for one semester are offered. As trended data are accrued for the attributes on the Report Card, this process will mature.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** The most useful results available are from the internally-developed, Key Performance indicator Report Card. The college's program review self-study uses a 4-point scale to measure performance in all areas evaluated. The college's internal benchmark is > 3.0 for program review assessments, and that standard has been achieved. Although not expressed as a benchmark, LCCC is able to compare its performance to national peers through the National Community College Benchmark Project; that comparison demonstrates that LCCC is in the 62<sup>nd</sup> percentile nationally. Job placement also is assessed as a measure of program success. Results show a relatively stable placement rate through time, with the most recent year 3% below target, a number unlikely to demonstrate actionable trend. The College has an opportunity to improve by including in their analyses more external comparisons including from other Wyoming community colleges, CCSSE, and the NCCBP. Processes for program peer review and accrual of trended data in the Report Card promise to furnish the College with the data and information needed to continue maturing in this area.

- Interpretation of results and insights gained

**SYSTEMATIC:** The College is clearly committed to continuous improvement and effectively uses results and data to inform important decisions around academic program quality. Improvements made to the testing and placement process have proved satisfactory. Student performance in math and English suggest that placement guidance is being used successfully. The College is to be commended for making changes to its placement methods that resulted in higher course success rates for English. The Portfolio does not make observations on its progress in academic program outcome assessment, and this area appears to be a work in progress. The College candidly describes the difficulty of studying, in a meaningful manner, its performance on job placement among graduates.

Recognizing there is much left to be done, LCCC is participating in the AACC Guided Pathways 2.0 Project. This is a worthwhile initiative to improve the quality of academic programs. The data collection methods are in the early stages of development but should provide solid information in the future.

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

The goals and objectives LCCC adopted have begun to show clear results in improvement. As placement data have become available, changes have been made to math and English placement. Developmental students in English are now able to use a co-requisite model and take a developmental course along with a college-level composition course. Program self-studies are relatively new to LCCC (beginning about 2015 and being completed for eight programs per year). In 2016-17, faculty re-designed the self-study structure. The program review self-study template revision streamlined and improved the process and peer-review feedback. Future changes are contemplated to improve effectiveness. These include technological improvements that would make the student experience more transparent and easier to navigate. LCCC's participation in the Pathways 2.0 Project will result in significant changes in processes for student registration and reporting, as well as judging student performance. The goals of this project, if achieved by LCCC should result in highly significant improvements in overall institutional effectiveness.

### 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:** The Portfolio provides the policies and statements that govern academic and research integrity and freedom of expression. The College has a definition of academic freedom that is communicated through the college Catalog, student handbook, institutional procedures. Students are subject to adjudication and disciplinary procedures if there is a suspicion of academic standards being violated. Faculty use tools such as TurnItIn to assess honesty in academic work. Several established procedures, i.e., Student Discipline Adjudication, Student Code of Conduct, and Student Rights and Responsibilities, set integrity standards. The College employs the Respondus LockDown Browser to prevent students from accessing restricted information from electronic sources during online assessments.

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

**SYSTEMATIC:** The College reports that all syllabi contain statements about academic responsibility and describe both the practices expected of students and the practices that are followed if student performance is called into question. Policies can be found in the Student Code of Conduct and Student Rights and Responsibilities procedures. Faculty rely on an IRB to guide research, and the College has an agreement with University of Wyoming's Institutional Animal Care and Use committee. The LCCC library system offers guidance on plagiarism and proper use of sources.

Human subjects and animal use practices are monitored and both IRB and IACUC procedures are in place if a student research effort includes humans or animals.

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

**SYSTEMATIC:** The college's IRB reviews research protocols. Online resources guide faculty in acceptable use of resources in online instruction. Annual Title IX training is mandatory for all faculty. Teaching practices, including syllabi are part of the MCOR, annual review, and programmatic review processes. New faculty participate in a range of orientation workshops that offer guidance on teaching practices as well as scholarship. Training, e.g., mandatory Title IX training and participation in the First Year Faculty Experience for new faculty, ensure that all employees are acquainted with essential topics. The annual faculty evaluation process includes a review of syllabi, a process that can identify non-compliance or failure to communicate standards and rights to students. Maturing in this area may entail clearer processes for including senior instructors in ongoing professional development.

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

**SYSTEMATIC:** Maxient is used as an online tool for the reporting and documenting of academic integrity violations and other Code of Conduct violations. Academic integrity is assessed through program review and peer reviews, as well as through the common syllabus process administered by the Academic Standards Committee. Turnitin and the Respondus Lockdown browser are used to support the enforcement of academic integrity standards, and both tools are embedded in their LMS. The IRB process, originally developed in 2009, is being updated and will be managed by a new IRB administrator who recently completed important professional development training related to this work.

**IR5** 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)

**REACTING:** The Portfolio offers descriptive statistics related to integrity. Data on Code of Conduct violations documented in Maxient for two years. When this tool was implemented is unclear.

Similarly, data from two years of IRB reviews are reported. LCCC reported 43 violations of the student conduct code in 2017-18. Of those, 39 were first time incidences. The remaining four were required to participate in Academic Integrity Seminar. The Portfolio does not report any instances in which a student was expelled as a result of academic misconduct. LCCC's IRB received and acted on seven applications during the 2017-18 academic year. The Portfolio does not address who is involved in collecting such data, or how the results are shared. The College could improve their maturity level by providing longitudinal data and / or placing results in the context of expectations or acceptable performance.

- Comparison of results with internal targets and external benchmarks

**REACTING:** As is the case with most institutions, LCCC does not have external benchmarks for

integrity violations. The portfolio suggests that no academic integrity data exist before 2017-18. There are no internal or external benchmarks for academic integrity. The College intends to use the 43 violations as a base against which to compare future years. Over time, trended data garnered from Maxient will enable the College to set and strive for realistic internal targets. Doing so will help the College move forward in its quality journey.

- Interpretation of results and insights gained

**SYSTEMATIC:** The College candidly assesses its maturity level in this area by indicating that processes appear to be working reasonably well. Gathering data in this area is a challenge. The College is responding to Common Rule implementation for human subjects work by preparing training for researchers. The Office of Sponsored Awards and Compliance is taking on more work since submissions to the IRB are increasing training is conducted. As yet, no data are gathered on processes for ensuring freedom of expression. The College can see wisdom in adding qualitative data collection to its Exit survey and adding curriculum and integrity data collection to the annual survey of faculty. Implementing this work will advance it from reacting to systematic in the future.

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

Improvements in this area seem to focus on improved training for ethical conduct in research. The College intends to implement the changes identified above, i.e., deepen training available for IRB, add material to the annual faculty survey and the exit survey of graduating students. The Office of Sponsored Awards and Compliance will clarify College conflict of interest policies, and the library system will develop a uniform proctoring to ensure all students have the same experience. Working with the WDE, UW, and the other state community colleges should yield additional strategies and/or resources. An important development will be improved processes for online proctoring and the enforcement of integrity standards in the online classroom. This training is scheduled to begin in Fall 2019.

## **CATEGORY SUMMARY**

The College has a very tight system for setting core competencies, determining where in the curriculum and at what level of rigor they are addressed, and documenting these processes. Participating in AACC's Guided Pathways 2.0 Project is an indication LCCC wants to move beyond meeting minimum requirements to take a leadership role among community colleges in the state. The College is to be commended for that. The assessment of core competencies is still a work in process, partly because of refinements made during implementation and partially due to human factors, e.g., dissimilar application of rubrics among faculty. Processes related to core competencies are maturing, and the College appears to have the right processes established to bring this area to an aligned level of maturity over time. The assessment of program learning outcomes benefits from having a clear structure, but more work is needed to deploy processes in all programs. Processes for measuring, monitoring, and evaluating the effectiveness and performance of academic programs are very well developed and designed to be reciprocally supportive. The College has several processes, such as the program review template, the Program Review Rubric, the KPI Report Card, and the Academic Program Prioritization measures that support active monitoring of program productivity and viability. It is clear from the narrative that administrators, faculty, and staff have bought into principles of continuous quality improvement and are encouraged to continue down a CQI path. Overall, processes in this Category are mostly systematic. The processes not described in this Category pertain to distance education and the monitoring and assessment of instructional design and

student access to institutional resources and services.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## II - Meeting Student and Other Key Stakeholder Needs

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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

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### 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:** LCCC's identification of underprepared students and processes for identifying student needs are based on data collected through placement, orientation and advising. Each student is assessed and guided to the proper support functions. Students may also self-identify. Advisors review each student's information and provide information and guidance to students regarding available support programs. This personalized advising model provides the College the ability and

opportunity to connect specific student populations to services such as TRiO, military/veteran student support, tutoring, and disability support services. To move this work towards alignment and detail on what attributes are included in definitions of “at risk,” articulation of necessary qualifications for staff in these areas could be included in future Portfolios.

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

**SYSTEMATIC:** The College primarily uses advising, mandatory orientation, and a student success course to help students select and complete courses and programs. Numerous academic support services, e.g., free tutoring, services for veterans, and TRiO services, are provided. LCCC requires all degree-seeking students to complete the *Introduction to College Success* course in which information provided in mandatory orientation is expanded and students are connected to program faculty. The College incorporates explicit reflection into the college preparatory class and the student services programs to ensure that each is meeting student needs.

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

**SYSTEMATIC:** College policy and procedure require faculty to maintain regular convenient office hours published in all course syllabi to ensure availability for student inquiry and interaction outside of the classroom. Course syllabi are easily accessed through the college’s learning management system (LMS), and the system also provides an embedded management tool for communication. Policy requires faculty to respond to student e-mail inquiry within two business days. A template syllabus was shared to illustrate these lines of communication between faculty and students. In order to move this work toward alignment, LCCC needs to offer evidence that the requirements for faculty are monitored and complied with and information on how these processes are evaluated to confirm they meet student needs.

- 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)

**ALIGNED:** LCCC has articulated and provided evidence for campus-wide efforts that determine and address various learning support needs. The processes LCCC uses to identify and support students and faculty are rigorous and thorough. Each student meets with his/her advisor prior to registration, and a survey is used to assess student satisfaction with the interaction. Faculty feedback is provided through mid-term grade reporting and reporting on individual student concerns, including housing, food insecurity, family issues, etc., since these factors affect learning. Grades are shared with students, and advisors are notified of grades and other issues. The Learning Commons provides a range of resources to students, including meeting the needs of on-line only students. LCCC has a technology support program and a Center for Excellence in Teaching, each of which provide faculty with structured, First Year support and ongoing support as-needed. Faculty self-identify learning support needs through the Center of Excellence in Teaching and via annual evaluation processes.

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

**REACTING:** Although LCCC lists three methods to identify new student groups, i.e., feedback from external agencies, needs assessments with internal and external stakeholders, and academic advisory committees, the Portfolio does not describe the process employed to evaluate and apply the information gained or how prospective student groups are determined to fit within the scope of the

mission and vision of the College. In addition, external stakeholder influence over student organizations appears to be very far-reaching, so this process should be evaluated in terms of its effectiveness.

- Meeting changing student needs

**REACTING:** To address changing student needs, LCCC invites Student Government Association officers to meet with the President's Cabinet and the College Council. The College also established a Student Veterans Task Force in spring 2018 that meets twice annually. The College makes agendas and minutes of the meetings available online. It is unclear how often minutes are posted making it difficult to determine how well the process is working. The President's written response to the March 3, 2017 Student Forum gave reviewers insight into how one part of the process functions. To further clarify the process and provide evidence of its effectiveness, LCCC could include minutes from multiple meetings that indicate student needs identified, communicated, and resolved. More details about an established and repeatable process are needed to move this to Systematic.

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

**SYSTEMATIC:** The College uses intake and advising processes to identify and support student subgroups with distinctive needs. Disability Support Services (DSS) provides reasonable accommodations related to each student's disability. Returning adult students, through the Adult Promise Scholarship, access enhanced case management focused on unique challenges, and this is a notable strength for the school. The College connects with military and veteran students through the local U.S. Air Force base, the Student Veterans Task Force, and the SVA. Specific programs also target online learners, including online orientation, tutoring, and library resources. In addition, the recently adopted LMS includes 24/7 help support and, as the standard LMS used at all educational levels in the state, it facilitates students transitioning from K-12 to higher education. LCCC could move this work to aligned by evaluating the processes for each population.

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

**SYSTEMATIC:** The College provides numerous non-academic support services to help students succeed including, but not limited to, counseling, a food pantry, housing, on-campus child care, a health clinic, wellness programs, and a new Student Hub that serves as a single point of contact for all student support services. The multi-disciplinary Campus Assessment Response and Evaluation (CARE) Team is an example of communication and support across units. This team is responsible for assessing, evaluating, and responding to reports of individuals "who present disruptive or concerning behavior." LCCC deploys non-academic support services via enrollment procedures, advising case management, best practices, and literature. To mature this work, it should be made clear the extent to which students are encouraged to make use of these services.

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

**SYSTEMATIC:** Hiring managers work with HR staff to develop position descriptions that include minimum and preferred qualifications. LCCC provides financial support in the form of professional development funds, reduced tuition for employees taking courses at LCCC, tuition waivers for courses taken at UW, and tuition reimbursements. Staff support is offered through on-going development funds that support several kinds of professional development. It is unclear as to

whether LCCC evaluates whether there are sufficient numbers of staff to address student services. In addition, while these processes work for new hires, it is unclear what process the College has to ensure current employees receive ongoing professional development training.

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

**SYSTEMATIC:** LCCC uses multiple methods to communicate the availability of non-academic services including New Student Orientation, the Student Hub, campus offices, advisors, and faculty. Methods include texting, notifications in the SIS, electronic and physical bulletin boards, email, the LMS, the my LCCC portal, social media, and face-to-face programming. The College might consider developing a process to measure the effectiveness of these communication methods in order to move it to aligned.

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

**SYSTEMATIC:** LCCC staff review literature, national guidance, best practices and the college's KPI system to select tools used to support students, and to ensure that selected tools are appropriate. The College ensures that the tools chosen are consistent with student expectations by surveying students with the CCSSE and SENSE instruments. To move this work to Aligned, LCCC needs to be clear about the process used to develop its KPI's and who is involved in deciding how best to monitor student non-academic support needs. The College Success class appears to offer an ideal venue for gather input on the effectiveness of meeting the needs of students.

- Assessing the degree to which student needs are met

**ALIGNED:** LCCC uses CCSSE and SENSE surveys, a graduate survey, and annual student town hall meetings along with measures contained and presented in the Institutional KPI system. The College recently created an Annual Functional Assessment Process template for use in evaluating the effectiveness of functional units outside of academic programs. This process identifies key stakeholders, measures, analysis of results, sharing of results, and improvement planning. LCCC rates very high with student satisfaction and engagement, which indicates there are a sufficient number of staff available to help students succeed.

**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:** Results from recent CCSSE and alumni surveys are generally positive. Students and alumni at LCCC express general satisfaction when polled about their experiences at the College. The survey results reported in the Portfolio ranged above 85% satisfaction, although percent responses was not reported for many variables. The College could evidence a higher level of maturity by providing overall results rather than only two examples. In addition, addressing in the Portfolio CCSSE results that seemed lower than expected and discussing corrective action or explanation is needed would be helpful to reviewers.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** For student satisfaction and engagement, LCCC is meeting five of eight internal benchmarks. Data indicates two of the three measures not met have improved from the year prior.

The College met six of seven external benchmarks. Improvement was shown in the Advising Center student survey, but results did not meet the target. The College met all TRiO grant objectives for the 2015-16 and 2016-17 academic years. Excepting the grant objectives, all the data is based on student satisfaction which may not correlate directly with meeting student needs. To move this work towards aligned, additional measures should be identified. The use of external benchmarks in this area seems limited. The Advising Center student survey has only been conducted once so trends are unavailable.

- Interpretation of results and insights gained

**REACTING:** LCCC is beginning to analyze results and gain insights from its analyses. No KPI results are reported. A six-year series of assessments of student satisfaction and engagement is available and does not show definitive trends. Results of the advising assessment using the CCSSE metrics suggest that changes are necessary since 52% are satisfied with student / faculty interaction, 54% are satisfied with support of student learners, and 11% make use of skills labs. The Portfolio does not indicate who provides interpretations of results. The College is encouraged to continue honing its measures for evaluating the extent to which student needs are met.

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

LCCC implemented mandatory advising each semester for all degree-seeking students, added faculty to the advising model, and is considering the purchase of a student management system. TRiO staff changed their advising protocols, adopted a more proactive approach to advising, and are now using the National Student Clearinghouse Student Tracker as a data source. These changes are appropriate and should help LCCC improve how they meet the support needs of their students. No changes are proposed to KPI variables, and none of the changes speak to the sufficiency of staffing levels and the qualifications of support staff.

## 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:** LCCC set specific persistence, retention, and completion measures in their KPI system and uses the Program Annual Analysis to determine the health of its academic programs. The KPI system includes “setting of performance indicators and associated measures that focus on institutional-level effectiveness outcomes, including specific persistence/retention and completion measures.” The PAA method was developed to specifically determine the current health of the college’s academic programs by measuring key performance metrics. The Office of Institutional Research extracts and analyzes the data and communicates results to the College. While criteria for the KPI align with the college’s mission and vision, LCCC could support a higher maturity level for this process by detailing how and by whom the KPIs were developed and monitored for relevance.

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

**SYSTEMATIC:** The narrative indicates the College uses statistical modeling to determine targets for retention, persistence, and completion although no example of the model is provided. The Board of Trustees also set a goal of a five percent increase in the number of credentials awarded each year through 2022. The Integrated Post-Secondary Educational Data System (IPEDS), National Community College Benchmark Project (NCCBP), CCSSEE, and the Wyoming Community College system are used as sources for external comparisons and benchmarks. It is unclear if the Board considered results of the statistical modeling to determine the five percent increase-per-year target given the 11.25% increase from 2016-17 to 2017-18 and a ten-year increase of 37.23% (as indicated in the President's 2018 State of the College Address). More information about the process can move this work to Aligned.

- Analyzing information on student retention, persistence and completion

**SYSTEMATIC:** LCCC analyzes student retention, persistence and completion data at the program level within the annual Program Analysis process and at the institutional level when updating the KPI system data. After analysis, faculty develop strategies to improve low-scoring results. During the annual State of the College address, the President shares results and analyses with the college community. In addition, a Learning Leadership Team comprised of academic and student services leaders, analyzes retention and other KPI data. It is unclear how often the CARE team conducts these analyses. The Portfolio reports that performance on each KPI is expressed in quintiles; however, such analysis would only be an intra-institutional comparison, rather than an evaluation of a goal being met. Articulating this process may improve the college's maturity level.

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

**REACTING / SYSTEMATIC:** LCCC uses its academic program and service/support function review processes along with the goals and strategies in its strategic plan to meet retention, persistence and completion targets. In the case statement provided to AACC as part of the Guided Pathways 2.0 project application process, the College lists three pieces of evidence they are not meeting the promises made to students. The College is to be commended for recognizing the need to improve and for undertaking the Guided Pathways Project. Continued development of processes to address these issues will move the work to Systematic.

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

**SYSTEMATIC:** IR staff lead the selection and development of tools used for assessment. The KPI variables and tools for institution-wide assessment were selected based on best practices, national norms and input from internal college stakeholders. Variables used in the PAA, which assesses individual programs, were selected by the IR staff and collaborators from within the programs. In order to mature this work, it needs to be clear the KPIs used are reviewed periodically and evaluated for effectiveness and relevance.

**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:** The College provides longitudinal data for multiple cohorts over a five-year period. Persistence rates for full-time students are rising, as are the graduation rates for full- and part-time students. The average time to completion for both degree- and certificate-seeking students has come down over the last three years. Program-level data shows a wide range of student persistence between programs. The College has made great strides in this area and could mature this work by including more information, such as the sample size.

- Comparison of results with internal targets and external benchmarks

**REACTING:** LCCC met their internal target for three of eight measures and six of eight external targets identified in their KPI report. The College acknowledges it has yet to establish internal targets or benchmarks for program-level persistence measures. Establishing these will mature the work in this area to systematic.

- Interpretation of results and insights gained

**SYSTEMATIC:** The College reports that benchmarks were ambitious, which may explain why many were not met. LCCC self-evaluates as having made significant progress but in need of additional large changes. Some changes are programmatic, e.g., advancing persistence and graduation rates, and some are analytical, e.g., disaggregating data to identify demographic populations that would benefit from a targeted intervention. The College also follows a practice of comparing programs against each other to identify and learn from the highest performing 20% of its units. LCCC acknowledged “more sweeping changes are necessary to make larger gains in retention, persistence, and graduation, including disaggregating student data to identify achievement gaps by student demographics.” Making it clear how faculty use this information to inform changes in their programs will mature the work in this area.

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

One of the primary ways LCCC plans to improve is by participating in AACC’s Guided Pathways 2.0 Project. The College has already implemented many of the initiatives of that project including placing a cap on the total number of hours programs require, mandating advising and orientation, ending late registration, and evaluating support services. The IR staff developed a Tableau dashboard to provide all stakeholders data to inform decisions. Other changes including curriculum overhaul and mandatory holistic advising have helped to contribute to the on-going improvement of student retention and success. The College is analyzing its data and asking appropriate questions.

### 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:** At the institutional level, LCCC uses the environmental scanning phase of their

strategic planning process to determine external stakeholder groups via advisory boards, accrediting bodies, professional and community organizations, and alumni. At the academic program level, faculty use the program review process and consultation with advisory boards, and at the non-academic level, staff use the function assessment process. The College might improve this process by describing how often the list of identified stakeholder groups is re-evaluated and reformulated, if merited.

Determining new stakeholders to target for services or partnership

**REACTING:** The College indicates the processes for identifying new stakeholder groups varies widely but have some commonalities, e.g., engaged communications, information gathering, data analysis, and outreach. The College provided a table listing their Key Stakeholders, expectations, and how they are engaged. In order to mature this work, LCCC needs to identify a formal process for new stakeholder identification. This work appears to be done by many different areas but not coordinated or analyzed as a whole.

Meeting the changing needs of key stakeholders

**ALIGNED:** The narrative provides two examples of key stakeholders, Cheyenne Leads (the Cheyenne-Laramie County Corporation for Economic Development) and ENDOW (Economically Needed Diversity Options for Wyoming) and describes how they communicate their changing needs to the College via LCCC's President. The Advisory Committee Handbook outlines the process by which faculty coordinate with external stakeholders at the program level. As an example of how the College addressed a key stakeholder need, the narrative links to the minutes of a Feb 2017 focus group during which participants discussed the need for a Certified Administrative Professional credential.

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

**REACTING:** The College uses a range of tools to identify stakeholder needs including survey tools, the CCSSE Focus Group Tool Kit, and face-to-face meetings with focused agendas. It is unclear who determines which method is most appropriate. Each tool is selected based on the immediate needs of the question being posed. That tool may be a survey, RFP, focus group or another approach. To mature the work in this area, the College could be more systematic in formulating questions before issues occur. More specifics on how tools or methods are selected would enhance future Portfolios.

Assessing the degree to which key stakeholder needs are met

**SYSTEMATIC:** Peer-reviewed academic program review and non-academic function assessment processes are used to assess the degree to which key stakeholder needs are met. Assessment methods within these processes include both formative (advisory committees and focus groups) and summative (KPI reports, stakeholder surveys and evaluations, annual alumni surveys). Since some of these processes are new, on-going evaluation of the effectiveness of tools employed will advance maturity in this area.

**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)

**SYSTEMATIC:** Several KPI measures relevant to meeting stakeholder needs are reported and analyzed annually. These include enrollment in concurrent/dual enrollment programs, percent of students matriculating to a four-year institution within one year, workforce or CTE degrees awarded, in-field job placement rate, number of businesses served, and total participation in non-credit life enrichment courses. The College could strengthen their data by administering a survey to businesses employing LCCC graduates to determine their satisfaction with the graduates.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** The most recent data supplied indicates LCCC is meeting four of seven targeted benchmarks and one of three external benchmarks. The College has an opportunity to improve in this area by conducting further analysis as trended data is accrued.

- Interpretation of results and insights gained

**REACTING:** LCCC provides some broad observations pertaining to results related to the effectiveness of their processes for meeting stakeholder needs. More robust and germane data could be acquired via a standardized survey of advisory board members surveys and employer surveys and/or focus groups. The data collection process is early in its development and relatively little information is available to date. As data collection persists and analysis processes are refined, the college will mature in this area.

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

LCCC has undertaken a number of initiatives to strengthen relationships with key stakeholder groups and is to be commended for its efforts. The College implemented peer review and functional assessment processes in response to information gained. Those methods are starting to provide data about stakeholder needs. The College also lists four planned improvements: 1) including regular environmental scans to assess community needs, 2) strengthening how program advisory committees are used, 3) diversifying membership of advisory entities and focus groups, and 4) streamlining processes for creating advisory groups and reporting on the work. These processes are relatively new, and measures for monitoring function and effectiveness need to be developed.

## 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

**ALIGNED:** The collection of student complaint information is established in college policy and procedure. This direction provides various avenues for students to communicate complaints and outlines the resolution process. Complaints may be made in person, by phone or e-mail, or electronically online. The College documents, categorizes, and manages these complaints in a

centralized management system. The College maintains a separate system specifically for grade-related complaints.

- Collecting complaint information from other key stakeholders

**ALIGNED:** LCCC's system for receiving, documenting, and responding to complaints from external stakeholders is identical to that available to students. All complaints are managed through Maxient, which provides transparency and permanent documentation.

- Learning from complaint information and determining actions

**SYSTEMATIC:** College policy and procedure establishes the process for learning from complaint information and determining actions. With this information collected, categorized, routed, and managed centrally, the College is able to objectively analyze complaint information and address larger college-wide issues in a systematic fashion. The Portfolio suggests that Maxient and the full documentation of the complaint process has been in place for 3 to 4 years. As more data are collected and interpreted, the College will be poised to learn from the results.

- Communicating actions to students and other key stakeholders

**Aligned:** College policy and procedure clearly detail how actions are communicated to students and other key stakeholders. These details include how the complaints will be logged, timelines for addressing issues, the individual responsible for addressing complaints, and how results are communicated to the complainant.

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

**Systematic**– The institution began using Maxient, a web-based system they were already using to track student conduct and campus safety incident reporting. The College has an opportunity to improve this process by developing and implementing a process to evaluate to what extent the system is meeting its needs for dealing with student and other stakeholder complaints.

**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:** Using Maxient, LCCC tracks the type of complaints, actions taken, dates when the complaints were filed and closed, and notes if the complaint violated policy. Data indicates relatively few complaints each year, i.e., an average of 7.5 per year, and shows a decline over the last two years reported.

- Comparison of results with internal targets and external benchmarks

**REACTING:** The College documents numbers and kinds of complaints but has not established any benchmarks. Data collection in this area is emerging and benchmarks may be developed after a pattern has emerged. As the College moves forward with a centralized complaint management system, making comparisons and setting internal benchmarks will be possible.

- Interpretation of results and insights gained

**SYSTEMATIC:** Because of the limited number of complaints in a single area and the inconsistent numbers year to year, LCCC has not identified systemic problems to address. The College observed that despite increasing opportunities and venues for submitting complaints, the overall number of complaints is on the decline. The College may find it useful to begin tracking informal complaints or employing different input methods, such as focus groups or discussions with student senate to better understand whether the low number of complaints is indicative of students' overall satisfaction or their unawareness of the complaint process.

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

Plans LCCC outlined in this section are appropriate steps to improve the complaint process. Recent improvements include the use of a centralized system for managing complaints and internal training to ensure greater use of the tool. Within the next three years, the College plans to strengthen and systematize the analysis of complaint information and establish internal benchmarks to monitor the effectiveness of the complaint processes. The College may also want to consider adding a question to one or more of their surveys to determine if students know how to file a complaint. That data may help the College analyze the effectiveness of complaint processes.

## 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:** When selecting partners for collaboration, LCCC is guided by its mission; community college characteristics, such as academic preparation, transfer preparation, workforce development, and community development; and Goal 2 of the strategic plan. These four domains in its mission represent K-12, four-year institutions, businesses, community-based organizations, and other partners. The criteria are well-thought out and appropriate. In addition, LCCC's president sits on the board of the local Chamber of Commerce and the Cheyenne Leads program. While the process is not explicit, it is clear the institution actively seeks out appropriate partners with whom to collaborate.

- Building and maintaining relationships with partners

**SYSTEMATIC:** The College uses formal and informal means at both the institutional and employee levels to build and maintain relationships with partners. At the college level, these include regularly scheduled meetings, phone and e-mail conversations, community organization participation, and formal events. At the employee level, the College encourages employees to connect with peers at the state, region, and national levels. The LCCC Foundation is a primary tool for building and maintaining partnership relations. Maturing this area may entail creating processes for evaluating the effectiveness of the Foundation as an operational and supporting unit.

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

**SYSTEMATIC:** LCCC varies how it measures the effectiveness of its partnerships based on the partnership outcomes. The instruments include surveys, monitoring reports, achievement of partnership milestones, and other measures as needed. However, the College does not describe the process by which it selects the measures or sets performance targets. LCCC might improve in this area by establishing a repeatable process to select assessment tools that include identifying metrics and setting performance targets for what is to be achieved through partnerships.

- Evaluating the degree to which collaborations and partnerships are effective

**Aligned** – LCCC uses both formative and summative assessments to evaluate the effectiveness of its partner relationships. Many of the metrics are part of the College’s KPIs (Section E on Community Development) and gathered based on the academic calendar while others are based on the duration of the relationship, e.g., number of years the partnership has existed.

**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)

**SYSTEMATIC:** Data provided in the 2017-18 KPI Report card indicate mostly positive results. As a state community college in Wyoming, LCCC provides data included in the Wyoming Community College Commission’s Annual Partnership Report. The College also provided reports on new transfers to UW. The information provided indicates the College has established metrics and targets and is continuously collecting data. To mature the work in this area, LCCC should develop more quantitative measures beyond informal and observational data.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** The College has adopted 15 internal and 5 external benchmarks. Results show that 9 of 15 internal and 4 of 5 external benchmarks were met. The College has not adopted benchmarks for a few of the KPIs it uses to assess academic programs.

- Interpretation of results and insights gained

**REACTING:** LCCC observes that declining enrollments impacted many measures with negative trends and acknowledges the need to review these measures to determine their relevance. The College has an opportunity to improve in this area by articulating who is involved in interpreting results and, potentially, including their partners in that process. In addition, the College expects to adopt additional, more instructive benchmarks as it moves through the Pathways project.

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

LCCC is participating in AACC’s Guided Pathways 2.0, has developed formal articulation agreements with UW, and gained National Alliance of Concurrent Enrollment Programs accreditation to enhance partnerships with local school districts. To strengthen the program advisory

process, the College plans to update the program advisory handbook to include more direct measures of process effectiveness. The College also plans to strengthen academic program advisory processes and establish internal targets and appropriate external benchmarks to improve effectiveness in this area. The College is to be commended for recognizing these opportunities and is encouraged to find measures that will provide actionable data. The College recognizes the need to establish internal targets and identify external benchmarks to better assess partnership effectiveness.

### **CATEGORY SUMMARY**

The College is solidly systematic in its established processes for meeting student and other key stakeholder needs. These processes are embedded in key assessment activities at the College such as academic program review and functional unit assessment. LCCC has established and refined its measures to evaluate the effectiveness of partner relationships by focusing heavily on a suite of KPIs. LCCC provides academic support services to its all of its students and provides numerous non-academic support services, including counseling, a food pantry, housing, on-campus child care, a health clinic, wellness programs, and a new Student Hub. Robustness of complaint processes is a strength. Portfolio text and accompanying data show LCCC is concerned with partner relationships and seeks to improve them on multiple levels. In general, the institution is gathering and analyzing data that could inform their improvement initiatives. The College is encouraged to continue along these lines and, as they participate in the Guided Pathways 2.0 Project, continually focus their metrics to gather more actionable data. The College should also continue to develop “ambitious but attainable” targets (as HLC Criteria 4C1 reads) for retention, progression, and graduation and identify appropriate external benchmarks to further evaluate the effectiveness of their processes.

### **CATEGORY STRATEGIC ISSUES**

Identifying external targets

Accruing actionable data and analyzing it (not just summative numbers) and processes are repeated year over year, such as the functional unit assessment.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## III - Valuing Employees

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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

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### 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:** The College described strongly systematic and well-documented processes for recruiting, hiring, and orienting employees. These processes concur with the college's strategic vision and mission. Employees who serve on search committees undergo required training and utilize position-specific evaluation rubrics. LCCC's strategy of creating new employee cohorts to foster relationships via training modules is innovative. Sharing the rubrics used as part of these processes would demonstrate direct ties to the mission of the institution and provide evidence of a higher maturity level. If this process is conducted via an online tool or executed according to questions or values used in all academic programs, this process may already be aligned in maturity.

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

**SYSTEMATIC:** The College employs policies and procedures to ensure that instructors meet appropriate academic standards. The College has described distinct processes for credential review within respective disciplines with clear minimal credential standards for all instructors. The College evaluates high school faculty teaching concurrent enrollment (CE) courses as adjunct faculty according to the same credentialing standards; high school teachers receive specific training and professional development to ensure the student experience in CE courses mirrors that of college-level courses. Maturing this process may entail clarifying whether regular faculty have equal orientation and explaining how the College assesses the degree to which these orientation and professional development programs meet faculty needs.

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

**SYSTEMATIC:** The College identified recurring and repeatable processes for ensuring sufficient numbers of faculty to carry out both classroom and non-classroom programs and activities. Academic deans monitor student / faculty ratios and class sizes to determine need for adjunct or permanent new faculty. The College compares itself with peer institutions to help determine the number of faculty needed, and the Deans use the annual budget cycle to request resources for increases in personnel. To assist faculty to meet their non-teaching responsibilities, the VPAA has a discretionary number of release hours he/she may allocate to support various initiatives. It is neither clear what process deans use to determine if additional faculty members are needed nor how such requests are reviewed and evaluated. Articulating this process may help the College improve its effectiveness determining sufficient numbers of faculty. The College might also consider tracking faculty turnover trend data.

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

**SYSTEMATIC:** Supervisors of support areas and units assess staff needs and submit requests for additional staffing through the annual budgeting process. HR prioritizes new staffing requests following input from the College Council based on how the specific staff position supports college priorities and institutional goals. The Portfolio does not discuss criteria the Cabinet uses in evaluating competing requests or to compare requests to priorities. The process as described is solidly systematic, although dependent upon sufficient resources to be effective. More detail on how prioritization is achieved when resources are limited may help depict this process as aligned.

- Tracking outcomes/measures utilizing appropriate tools

**SYSTEMATIC:** The College uses nationally-recognized benchmarks from NCCBP and IPEDS to monitor effectiveness of hiring processes although the measures have recently been revised. Effectiveness of new employee orientation is measured through pre- and post-tests, participant questionnaires, and 3-month follow-up surveys. Raising this to an aligned level of maturity could entail using performance measures in the three-month after-hire evaluation and standardizing how the measures are applied across similar units or areas.

**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:** The College provided summary results of several measures. More than nine of every ten applicants over the past three years met minimum qualifications. Nearly nine of every ten new employees participating in the new employee orientation rated the experience as “Excellent,” which is the highest rating. Three of every four new employees found the information “highly” useful as a new employee. To move this work to aligned, LCCC needs to give specifics of who collects this information and how the results are shared.

- Comparison of results with internal targets and external benchmarks

**REACTING:** Student-to-faculty ratios are included in the KPI report, and benchmarks are offered. The source of the data is not clearly specified. KPIs were mentioned as internal targets for adequacy of instructional and non-instructional staffing; however, only one was specifically identified: faculty-to-student ratios.

- Interpretation of results and insights gained

**REACTING:** Based on the data, LCCC has determined its new employee orientation is meeting the desired results. The College recognizes how it compares with other Wyoming colleges related to staffing but provides very little interpretation of the results and few insights gained.

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

The College made several recent improvements including a complete redesign of recruitment and hiring processes. The new processes appear more robust, transparent and replicable. Screening committee training was developed and is now required. A new employee orientation program for full-time employees was developed and implemented. Even so, the College identified six areas for improvement to be implemented. The College may consider establishing methods to inquire into the values of job candidates to the benefit of both the College and prospective employees.

### 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

**REACTING:** The College currently uses a performance evaluation system established in 1989. LCCC’s strategic plan directs the institution to develop a new performance management process. To design this new process, the College will employ a 4-phase approach: initial planning, content/process development, system development/configuration, and training/implementation. Once the new evaluation system is in place, the College should see maturity in this area. Work on this overhaul initiative is moving along, and the steps in the process described in the Portfolio promise to

yield very good results.

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

**SYSTEMATIC:** LCCC has a thorough and structured (albeit, paper-based) process for employee evaluation and communication. Each employee builds an annual work plan and discusses that with his/her supervisor. Mid-year that plan is discussed again, and then used as a reference at year end for a final evaluation. Evaluation plans and results are communicated mid-year and year-end to each person. Each annual evaluation is submitted for HR for a permanent record for the category of employee.

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

**REACTING/SYSTEMATIC:** Position descriptions connect core responsibilities and essential functions to the college's mission, vision, and core and aspirational values. While basic processes are in place, there is not a systematic evaluation system aligned to institutional objectives. Much is dependent on the working relationship between the supervisor and employee and the thoroughness of the annual review process. Use of online documentation and tools within the evaluation platform could standardize both the process and the data generated by evaluations.

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

**SYSTEMATIC:** LCCC has an established policy and procedure for regular evaluation of faculty, staff, and administrators. Deans evaluate instruction through classroom observations conducted each semester with faculty. The dean reviews course evaluations but this practice may vary widely by dean. Maturity in this area could be greatly advanced as the evaluation-revision process moves ahead and flexible yet standard processes are established by which instruction is evaluated and course surveys are reviewed. Having guidelines, rubrics, or standard reporting elements could have the added benefit of providing transparency and fostering faculty trust in the process.

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

**SYSTEMATIC:** With the aid of external consultants, LCCC queried all employees on the attributes of an effective and attractive benefits system. The input confirmed the logical; employees want a system that is fair, competitive, and replete with clearly defined advancement opportunities. As a result of this work, positions now align with one of six broad classifications and job-specific market ranges. The College is currently implementing this new system over several years. LCCC hosts an annual employee recognition reception to honor employees who reach a variety of milestones.

- Promoting employee satisfaction and engagement

**SYSTEMATIC:** LCCC relies on its shared governance structure, employee development opportunities, and its performance management processes to promote employee satisfaction and engagement. Tables 3R2-1 and 2 indicate overall employee satisfaction. The College is to be commended for these positive results. As the descriptions are fairly general, specifics are lacking to assign this a more advanced maturity level than systematic.

- Tracking outcomes/measures utilizing appropriate tools

**SYSTEMATIC:** The College recently switched from using the RNL College Employee Satisfaction Survey to an internally developed instrument that appears to model the RNL instrument but allows for closer focus on engagement and satisfaction. As the process is new, maturity is systematic; however, if the response rate is high, and the data is sufficiently relevant to the attributes of engagement and satisfaction, this process could rapidly mature. Future Portfolios would benefit from including a description of how the data is shared and used

**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:** Results from the RNL College Employee Satisfaction Survey for 2014 to 2017 offer a dramatic illustration of the many actions LCCC has taken since its last Systems Evaluation to reestablish campus structures and relationships that suffered during the transition and turnover time described in the Portfolio.

- Comparison of results with internal targets and external benchmarks

**REACTING:** The College used benchmark data from a comparison group of institutions to evaluate certain measures related to employee engagement and satisfaction. The College has switched to a similar, but internally developed, survey. After several years of trended data is accrued, internal benchmarks can be set.

- Interpretation of results and insights gained

**REACTING/SYSTEMATIC:** While making sustained progress in employee satisfaction, engagement, guidance, and development, the College acknowledges falling short of national benchmarks in many areas. Use of the new Employee Experience survey over time plus the impact of other improvement initiatives cited under this Category should yield additional gains.

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

LCCC clearly understands the work ahead in developing, implementing and assessing its performance management processes. The fact that the HR directors at all Wyoming community colleges meet monthly to coordinate and collaborate is a strong positive for LCCC as it overhauls performance evaluation processes. The College has implemented a new on-line system for performance evaluations, and the Human Resource Information System is being revamped. Work is well underway to design and implement new strategies in this area.

### 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:** Tuition waivers are an especially attractive form of professional development, especially since this benefit extends to University of Wyoming courses. The College also hosts professional development programs for its employees and provides funding for employees to attend specialized development programs off-campus. While the Office of the President has some unspecified amount of funding available for which anyone can apply, the College does not provide solid evidence such as how much funding is available and what the breakdown of these funds are for faculty and staff. The College does not report if courses taken by employees are evaluated for their professional development or personal enrichment value. The College does not report what percentage of faculty take advantage of the CET professional development workshops.

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

**REACTING/SYSTEMATIC:** The data offered for the spring 2018 Employee Experience survey do not enable reviewers to evaluate the level or extent of faculty participation in CET offerings. Earlier sections of the Portfolio describe how new faculty members are oriented and trained, but the Portfolio is silent on what methods are used to ensure senior faculty engage in ongoing development. More information could move this work to Systematic.

- 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)

**REACTING/ SYSTEMATIC:** The College has the standard resources and opportunities for staff development offered by most colleges. Understanding the rate of participation among employees is difficult for reviewers as the only data provided (e.g., in Figure 3R3a-1 and a-2) report on all employees, including faculty. The “n” of respondents for the data in Figure 3R3a-1 is approximately 260, and the results are on the positive side. As this employee experience survey is repeated and trended results are accrued, staff in the CET and HR will have the information needed to make improvements.

- Aligning employee professional development activities with institutional objectives

**SYSTEMATIC:** The annual budgeting process at LCCC provides the opportunity to request funds for professional development. The president’s cabinet reviews and funds professional development opportunities that arise between annual budget planning processes. Both routes require that the request demonstrate that the funds requested advance institutional objectives. The College does not yet explain how funding requests are evaluated, by whom, and according to what standards for ‘alignment’ with institutional objectives.

- Tracking outcomes/measures utilizing appropriate tools

**SYSTEMATIC:** The college has historically used a RNL instrument to track employee satisfaction. However, that tool was deemed insufficient for providing necessary feedback to inform meaningful decisions. In 2018, the College developed its own assessment. Future data from this more localized assessment will provide information allowing the College to make targeted investments in employee

development.

**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:** The 2018 Employee Experience results appear to be positive, while indicating considerable room for improvement. RNL data from prior years shows some gains in one area: “I have adequate opportunities for training to improve my skills.” Time, i.e., repetition of the survey and analysis of trended data, promise to mature this process.

- Comparison of results with internal targets and external benchmarks

**REACTING/SYSTEMATIC:** The College uses internal measures for assessment, so external benchmarks are not available. LCCC’s targets are relevant and the assessment process is repeatable. The historical ‘benchmark’ data is difficult to interpret as Figure 3R3b-1 does not include institutional data.

- Interpretation of results and insights gained

**REACTING/SYSTEMATIC:** The College acknowledges that employee satisfaction with training and development are far short of national standards. A step to implement institutional change was made by hiring a development position in HR. Maturing in the area of training and development may entail taking inventory of the multiple sources of professional development funding--along with CET programming--in order to optimize how limited development resources are distributed.

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

LCCC continues to integrate the new Employee Experience Survey into its continuous improvement efforts related to employee professional development. The College has hired a HR Development Specialist to address concerns in the area of training, development, and professionalism. Clarifying how or if this specialist can study and, potentially, shape how the multiple sources of professional development funds are used could support growing maturity in this area.

## **CATEGORY SUMMARY**

The College uses clear processes for recruiting, hiring, and orienting faculty, staff, and administrators, and for ensuring new hires possess the required qualifications and skills to be effective in the assigned work. LCCC also follows a well-defined process for monitoring the credentialing faculty. Currently, annual evaluation processes appear to be somewhat outdated, but the College is actively working on a complete overhaul of the evaluation cycle, including deploying the forms and sharing the results. These actions promise to be very effective and to build both transparency and trust. Processes related to professional development and training are new or in development. As these processes mature, the College will see the maturity level in areas of this category improve.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## IV - Planning and Leading

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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

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### 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:** The College uses a structured and repeatable process to develop, deploy, and review its mission, vision, and values. The process is embedded in LCCC's comprehensive strategic planning process that is conducted every five to seven years. Strategic planning is guided through shared governance and ensures all internal stakeholders provide input. The College may improve this process by including students and external stakeholders in more direct ways. With repetition of the 2014 process described, this process could readily mature to alignment.

- Ensuring that institutional actions reflect a commitment to its values

**SYSTEMATIC:** To ensure its actions reflect a commitment to its values, LCCC developed a series of Key Performance Indicators (KPIs) integrated with their mission, vision, values, and strategic plan outcomes. The College provided examples of how they purposefully incorporate and evaluate key processes using their KPIs. Continual assessment through KPIs and a culture of continual improvement will ensure the College remains true to its mission and values.

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

**ALIGNED:** LCCC communicates its mission in an array of formats including in board policy, on their web-page, and in Cabinet communications, including their signature lines. In addition, within the 360° feedback process to evaluate President's Cabinet members, individuals are asked to assess how well the executive team demonstrates an understanding and commitment to the college's mission, vision and values. The mission is aligned with everyday work through four pillars that help develop themes to guide the activities.

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

**SYSTEMATIC:** Several institutional processes ensure academic programs and services are consistent with the college's mission. The process of developing and approving new academic programs requires these programs to meet the mission of the College through alignment with the four foundational elements of a comprehensive community college; academic preparation, workforce development, transfer preparation, and community development. The college's established review processes – particularly, academic program review and service/support functional unit review – ensure continued alignment with the mission. As the College sustains these reviews such that all academic programs and all function units have undergone review, maturity in this area could rise rapidly to aligned.

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

**ALIGNED:** LCCC has a well-developed process through which it plans, assesses institutional effectiveness, and allocates resources. This process comprises a variety of stakeholders including students. Two distinct committees, Budget Resource Allocation and Budget Process Advisory, guide the process. Each uses the strategic plan and KPIs (which indicate performance) to evaluate ongoing and new budget requests and ensure allocations are consistent with the mission. Additionally, two sub-processes of the budget development and allocation process (general fund allocation for operating budgets and new resource allocation) further ensure resources are aligned with the mission and vision.

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

**REACTING:** LCCC primarily uses the Employee Experience Survey (previously, the Ruffalo Noel-Levitz (RNL CESS) to assess the efficacy of communication of and engagement with the college's mission, vision and values. An important improvement the College currently is undertaking entails building focused discussions of values into orientation processes. Moving this process to a systematic level of maturity may necessitate reaching even further in the hiring process and incorporating some

means of querying prospective employees on their values.

**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)

**SYSTEMATIC:** The strategic planning process, launched in Spring 2013, led to an updated mission statement, a new vision statement, and new core and aspirational values. The questions in the RNL CESS survey address mission and values, but the newly implemented Employee Experience Survey does so in a more explicit manner appropriate to LCCC's strong commitment to the pillars of a community college's value proposition. As the College continues to use the new survey, and trended data is accrued and analyzed, maturity promises to rise rapidly to aligned.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** LCCC maintains, as a primary indicator for internal targets, continuous improvement until a benchmark is met. Some data are available for comparison with national norms and those suggest that recently the College has reached national means for most items. Using the internally developed Employee Experience Survey will provide the College more focused data and, after amassing further data and analyzing it for trends, the College could improve their maturity level by setting internal benchmarks and targets.

- Interpretation of results and insights gained

**SYSTEMATIC:** The College noted that the integration of its mission, vision and values within and across major processes have led to an institution with common purpose. Indeed, the Portfolio notes throughout this section that RNL CESS survey results reflect the distance traveled by the College since its last appraisal. The data from employees show, in general, the impact of prior disruptions and the rebuilding of institutional structures. Since the Employee Experience survey was just implemented, maturing this process is a matter of repetition and analysis of results.

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

The college suggests that communication by its leaders has produced positive results and will lead to further growth. To continue facilitating this growth, LCCC has identified two specific process improvements: Integrating mission and values into the recruitment and hiring processes and designing a robust performance evaluation tool with the mission, vision and values in mind. These two improvements are substantial undertakings and will greatly advance the work in this area.

## 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:** The College uses a structured and repeatable process to develop, deploy, and review its mission, vision, and values. The process is embedded in LCCC's comprehensive strategic planning process that is conducted every five to seven years. A strength of the process is the college's use of an environmental scan to bring in views of a wide range of external stakeholders. The College could improve its maturity level by repeating this process in 2020 and, perhaps, increasing the frequency of the comprehensive environmental scanning process.

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

**SYSTEMATIC:** The process requires each functional or service unit to cross-reference its purpose with the college's mission, vision and values and evaluate specific measures and outcomes to measure its effectiveness. This process, while new, should strengthen LCCC's ability to ensure support services remain linked to the mission. In addition, although not cited in this section of the Portfolio, reliance on the College Council as a central point for shared governance and communication also helps keep the link of operations to the mission present in Council thinking and deliberations.

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

**SYSTEMATIC:** The college's shared governance process is critical to aligning efforts across departments and divisions for optimum effectiveness and efficiency. Central to this process is the College Council, which is very broadly representative as it is comprised of 23 voting members and 3 ex-officio members who, as a Council, represent every employee role and level. Members are selected from the Faculty Senate, Staff Senates (both Professional and Classified), and the Student Government Association. Beyond the Council, the college uses consultative feedback and strategic planning processes to gain input and re-align functions. The College could improve their narrative by providing evidence in the form of College Council minutes of meetings illustrating how it interacts with the Faculty and Staff Senates especially when strong disagreements arise, or the interests of these groups are in conflict.

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

**SYSTEMATIC:** In its strategic planning process, the College uses both environmental scans (to gather input from stakeholders) and SWOT analyses (to evaluate input and guide action). From the details provided in the portfolio, it appears this process has occurred in its full cycle only once, during the initial 2013-14 strategic planning cycle. Employing the environmental scanning and SWOT analyses more frequently may prove beneficial to the College. In addition, providing examples of this work or describing the process in more detail could help LCCC improve their maturity level.

- Creating and implementing strategies and action plans that maximize current resources and meet future needs (5.C.1, 5.C.4)

**SYSTEMATIC:** LCCC's assessment practices (both program review and the functional unit

assessment processes) and resource allocation processes help it maximize current resources and meet future needs. Specifically, the college's strategic planning process generates several broad systematic goals that are based on fulfillment of the mission. Narrower, action-oriented goals are developed under each broad area and resources are allocated to support them. The College uses KPIs and other institutional data to support allocation decisions. As the College repeats the strategic planning process and related environmental scan and SWOT analyses during the next cycle, maturity in this area will advance.

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

**SYSTEMATIC:** The College uses three processes for assessing strategic planning. First, by assessing employee experience, LCCC determines the level of engagement in, understanding of, and commitment to the strategic planning process. Secondly, through a formative evaluation process, the 2016 Strategic Plan Progress Report, the College tracks interim progress towards plan goals and strategies. Finally, LCCC uses summative strategy-specific assessments to evaluate progress towards strategic plan goals and inform the next planning cycle. As the College continues to assess its progress in meeting strategic plan goals, its maturity level will rise.

**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)

**SYSTEMATIC:** The College provided results for the three primary processes it uses to assess efficacy of its strategic planning activities: past employee surveys, formative progress assessments (2016 Strategic Plan Update Report), and goal completion tracking (in this case, credentials awarded over time). The College appears to be on track to execute an effective summative assessment of current Plan accomplishments and the creation of a new Plan.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** LCCC continues to make progress on improving employee engagement and satisfaction with the strategic planning process, although the College still lags national benchmark comparison data in the only area for which they have an external benchmark. However, in the absence of national comparisons, the KPIs and targets set for Strategic Plan strategies appear to serve the College well. Internally set targets are being met ahead of schedule in most strategic goals and activities.

- Interpretation of results and insights gained

**SYSTEMATIC:** LCCC reports that it has made significant progress toward a range of internal and external benchmarks over the last six years. College employees see increased alignment between institutional goals and objectives and the mission and feel better connected to the planning process. The rate of change exceeds that of national peers, although the level of achievement is well below national peers. The College reports that more credentials were awarded per year in the last five years than any other time in the college's history.

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

The 2016 formative assessment of Strategic Plan progress yielded clarity on three areas that merit redoubled effort (the *LCCC Focus 2018–2020* pamphlet describes these areas and work in detail): student success, campus climate, and “transformation” of the campus. These are big and ambitious areas, but the College appears to have the focus and leadership needed to conclude the current strategic planning cycle on a very strong note. In addition, the college’s work in the AACC Guided Pathways project will help move this work forward.

#### 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)

**ALIGNED:** The Board of Trustees governs the institution and provides direction through established policies as indicated by Policy 1.1.1, which begins with an unambiguous and detailed statement of ‘governance philosophy.’ This statement clearly commits the College to serving the purposes that make up the four pillars of a community college’s value proposition. The Board expectation is the President will lead the creation and implementation of administrative procedures aligning with these board policies. Through presidential leadership, the College uses an established shared governance model – the College Council – for the development of policies and procedures. To evaluate the effectiveness and efficiency of this work, the College uses two annual evaluation tools – the Board Self-Evaluation and the Evaluation of the President/CEO. These policies and procedures indicate an aligned level of maturity.

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

**ALIGNED:** The Board of Trustees adopts and adheres to defined governance policies with the expectation that “the President will establish and maintain effective and efficient administrative procedures to ensure the college’s actions are in alignment with Board policy.” Board Policy 1.2.5 provides overall oversight responsibilities of the Board that include fiscal management, organizational decision-making and legislative requirements. All policy making decisions are processed through the College Council, and an online library of institutional policies ensures transparency. The Board also provides oversight in the areas of ethics and conflicts of interest.

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

**SYSTEMATIC:** The Board of Trustees clearly delegates (through Policy 1.1.7 ) to the President “executive responsibility for administering the policies adopted by the Board and executing all decisions of the Board requiring administrative action.” This process also allows the President to further delegate responsibilities entrusted in the position; however, the President remains specifically

responsible for the execution. What is less clear is how the Faculty Senate functions regarding exerting faculty ownership of curricula. Ample processes may exist, but the Portfolio does not detail them.

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

**SYSTEMATIC:** The principal avenue for effective communication within the college leadership and between the leadership and its constituents is the College Council. The College Council provides communication and receives feedback on issues of institutional importance. LCCC's Learning Leadership Team (LLT) serves as a linkage and communication avenue among Deans and leaders of functional units such as student services, IT and the Center for Teaching. Providing evidence including meeting minutes and other documentation could bring this work to an aligned level of maturity.

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

**SYSTEMATIC:** The Academic Standards Policy 2.12 states that the President shall create processes to ensure and maintain high academic standards. The related Procedure (2.12p) creates the Academic Standards Committee (ASC), which includes administrative and student services representatives. The ASC promotes and maintains "high academic standards, consistent with the college's overall mission, leading to student success." The ASC has various subcommittees that focus on program review, general education, student learning assessment, and other important academic areas. Processes could be confirmed as being aligned rather than systematic by providing documentation explaining how the Faculty Senate interacts with the ASC and how faculty control of the curriculum is supported.

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

**SYSTEMATIC:** The College represents a wide range of internal and external stakeholders. The Board is the primary custodian of the college mission and, as such, it is the Board's responsibility to ensure all stakeholders are supported by fulfilling the mission. At LCCC, the Board is seen as an autonomous actor, shepherding the mission.

- Developing leaders at all levels within the institution

**SYSTEMATIC:** The College has a substantial program that allows current employees to take courses at LCCC, UW, or upon approval, at other institutions of higher learning. Support also is provided for faculty and staff to participate in conferences and continuing education programs that might lead to professional growth. In 2014, the College acted to pool resources and improve curricula for leadership development among students by creating a Student Leadership Institute. Providing more detailed information about the Student Leadership Institute and explaining how or if professional development accessed by employees contributes to leadership development would improve the college's portfolio.

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

**SYSTEMATIC:** The portfolio indicates that by embedding into its policies and procedures the mission, vision and values, along with the four pillars of a community college's purpose, LCCC ensures its ability to act in accordance with these guiding principles. However, the College suggests that objective processes are integrated and cause every person to act in support of the mission, but it

provides no evidence to support that argument. Evidence lacks to indicate the extent to which employees are responsive to the idea that “good policies beget good behavior.”

- Tracking outcomes/measures utilizing appropriate tools

**SYSTEMATIC:** The College tracks outcomes and measures related to leadership and governance through established processes; specifically, employee satisfaction and engagement surveys. These surveys touch on many aspects related to leadership, governance and communication.

**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:** The College provided applicable results from three years (2014 to 2017) of RNF employee satisfaction surveys. Although the mean employee satisfaction in these areas was approximately 3 (on a 5-point scale), all measures showed double-digit percentage increases over the three-year period. A higher level of maturity could be established in this area by including a description of how the new Employee Experience survey will pick up on and continue to monitor perceptions of leadership effectiveness.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** Double-digit percentage increases in employee satisfaction indicate substantial improvement against internal targets. While still lagging national benchmarks, the gap continues to narrow each year. The Portfolio does not comment on state-level norms (e.g., the Wyoming community college system), nor internal norms (e.g., change through time, reference to a chosen goal). Identifying state-level benchmarks and developing internal targets may help LCCC improve in this area.

- Interpretation of results and insights gained

**SYSTEMATIC:** The College interprets results of stakeholder satisfaction surveys as indicating its leadership is performing satisfactorily because, although it performs below national norms, trends in LCCC data are upward and trends in national data are downward. The fact that comparisons are made against national norms and are repeated represents a systematic level of maturity.

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

The College is candid about not having formulated specific improvement plans for this area. The impression given by this Category is that institutionalizing all the structures and processes established in 2012-2013 has required intense effort such that the focus, appropriately, has been on locking in the gains made and ensuring the college’s forward momentum.

#### 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:** LCCC develops ethical standards through Board policy and college procedure. The board's Code of Ethics and Standards of Practice Policy serves as a basis for the President to establish operational procedures to ensure these standards are met. All college policies and procedures are published and available through the online College Policy Library. The College could provide evidence of a higher maturity level by detailing how—beyond policy and syllabi statements—ethical standards are communicated to students.

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

**SYSTEMATIC:** The College publicizes its definition of and supports compliance with ethical behavior through various means. Employees are supported as they develop an understanding of such behavior through professional development. Some training is mandatory (e.g., Title IX, orientation) and some is associated with personal growth. The Board of Trustees and college administrative leaders model ethical leadership. The annual Board self-evaluation and Presidential review, as well as the 360° review, help to communicate ethical standards to all.

- 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 College has established policies and procedures for operating financial, academic, personnel and auxiliary functions with integrity. In some areas such as finance and human resources, best practice is well described by industry standards. In other cases, guidance is more localized, but the bounds of ethical practice are described in the procedure manual. LCCC may improve in this area by articulating how and the frequency with which they review these policies and procedures for effectiveness.

- 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:** LCCC indicates that this information is provided through the normal avenues such as a consumer information web page, print, interpersonal communication, and portals for both employees and students. Developing processes to understand how effective these communication strategies are may help the College improve its stakeholder communication.

**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)

**SYSTEMATIC:** The College offers substantial evidence of results for assessment of integrity. For example, financial audits have been supportive. The 360° evaluations of the President's Cabinet members have been positive. The Presidential review conducted by the Board has provided support for Presidential leadership. The Human Resources Team has participated in and led a range of professional development activities.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** The College is unable to offer benchmarks because targets are either zero i.e., no breaches of integrity reported, or are internal. However, the Portfolio suggests that campus climate is seen as positive and problems are rare, which suggests positive results.

- Interpretation of results and insights gained

**SYSTEMATIC:** LCCC witnessed significant increases in positive responses on employee satisfaction and engagement surveys. Substantial work on employee development undertaken since the last Portfolio have produced positive results in the form of fewer employee complaints and violations of legal and ethical expectations. The College interprets those trends to suggest that practices are having the desired impact.

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

The College reports that it plans improvements in three areas: LCCC is investing in the development of a robust process for mitigating and responding to alleged harassment and sexual misconduct. The College is also beginning work to improve policies, procedures, and processes to educate and report on integrity, standards of practice, and conflicts of interest. LCCC is developing a more robust performance evaluation model to address areas of integrity, and legal and ethical behavior.

## **CATEGORY SUMMARY**

The College is nearing the completion of a strategic planning cycle that coincides with a period of intense institutional renewal and reinvention. The structure of the 2013-2014 planning cycle was thorough, inclusive, and impressive. The Plan generated has been tracked with appropriate KPIs. A 2016 formative assessment of accomplishments to date clarified the key areas needing more focus over the two remaining years of the Plan. If the College can repeat this cycle with comparable success, the College in 2030 could reflect on a truly astonishingly commendable 20 years. The environmental scanning strategies described in the Portfolio are notably well thought out; however, conducting this scanning frequently, e.g., every three or four years, may be beneficial given the pace of change in demographics and workplace demands. LCCC has clearly established its mission, vision, and values and communicates these tenets in a variety of ways. Through statutorily prescribed structures, appropriate relationships between the institution and its governing board to support leadership are established. Governing board oversight responsibilities and policies are also clear. While the College has a clear leadership structure at the institutional level that provides defined communication channels and collaboration opportunities, the evaluation of the structure and efficiency and effectiveness of the leadership is still in development. In addition, the role and authority of the Faculty Senate is not well-defined in the portfolio. While faculty are clearly represented on the College Council and the Learning Leadership Team, it is unclear how or if faculty

use the Senate to communicate concerns, needs, and vision to the administration.

**Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## V - Knowledge Management and Resource Stewardship

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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

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### 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 / ALIGNED:** The College uses a 5-step research process to support planning, process improvement, and decision making. A flow diagram illustrates this Institutional Research (IR) meta-process. IR staff collaborate with other offices/departments to determine what data is needed. Steps two and three involve ensuring effective research and reporting to organize and analyze the data and information selected. Step four entails using established channels, e.g., the virtual IR office, emailing of reports, data visualizations in Tableau, etc. to share the data and information with appropriate stakeholders. The final step, which occurs as a part of IR office annual planning and assessment, reviews this five-step process to evaluate its effectiveness and identify areas

of improvement. This process could be confirmed as aligned if the Team had more context for when the process was implemented and was offered examples of this process in action.

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

**SYSTEMATIC:** The IR office monitors components of the strategic plan and other mission-centered priorities and makes the results of the eight categories of KPI data widely available. A KPI handbook provides data definitions. By continuously monitoring the sub-measures under the KPIs, IR can forecast data and information needs. Department and unit leaders may submit more specific and tailored data and information requests. In these instances, IR staff work with requestors to ensure the questions or measures are well framed, the data obtained is useful, and the requestors needs are met. To obtain broad institution-wide input on the effectiveness of their efforts, the IR office implemented an annual survey with guidance from the IR Advisory Council. The Portfolio does not say when the stakeholder survey was implemented, and the IR Advisory Council is, at most, two years old. This process is moving toward an aligned maturity level.

- 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

**SYSTEMATIC/ALIGNED:** The College provides data, information, and performance results via automatic email delivery of monitoring reports and data sets relevant to a specific user, e.g., a dean, department chair, unit leader, etc. An IR virtual office has recently been implemented to ensure that any interested user can reach data, such as those supplied on the course outcomes and program analysis dashboard. The data on these dashboards can be filtered in numerous ways. A webpage open to the public reports out enrollment data, IPEDS data, and the summary scores for the eight categories of KPI data. IR recently implemented Tableau for data visualizations and participates in the Wyoming Central Station for benchmarking to other Wyoming community Colleges. To facilitate data-informed decision-making at the academic program level, the Program Review process includes KPI data. Currently the maturity level is set at systematic because the integration of KPI data in decision making began four years ago, and other aspects of this process are relatively new.

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

**SYSTEMATIC:** To ensure timeliness, accuracy, and reliability, and security of its data governance systems, LCCC implemented a Data Quality Committee (DQC) in 2014. The IR Director sits on a statewide Data Governance Council. The DQC is responsible for aligning LCCC data with statewide standards, creating data standards, communicating established procedures and data-definitions college-wide, and resolving data integrity challenges. The IR office is the communication hub for employees who enter, revise, use, and/or report LCCC data and serves campus as the source of information regarding LCCC data standards and guidelines. Recently, the College used the Federal Financial Institutions Examination Council's Cybersecurity Assessment Tool to evaluate its Inherent Risk Profile and Cybersecurity Maturity. Fourteen months ago, the College adopted a cybersecurity policy. Overall, processes in this area promise to develop into an aligned level of maturity over time.

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

**SYSTEMATIC:** The portfolio provides a Function Assessment and Planning document that includes the criteria that offices/services must meet and supplements the criteria with definitions of terms, quality standards, and examples of how to meet them. The Portfolio provides examples of how the IR and Information Technology Services (ITS) use stakeholder surveys to gauge satisfaction. ITS monitors system down-time and uses the Federal Financial Institutions Examination Council (FFIEC) Cybersecurity Assessment to evaluate system security. Server activity is monitored, and anomalies are investigated. The functional unit assessment is new and still being refined; however, as all units employ measures and surveys to assess function, maturity in this area could rise to an aligned level of maturity.

**SR1** 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)

**SYSTEMATIC:** LCCC has a young data set from which to judge performance. The IR department piloted a data quality survey in 2018 and found most respondents are generally satisfied with IR processes, although results were lower than the target in all areas. The on-time completion of ad-hoc IR projects is also tracked. ITS has a three-year data set showing 83% satisfaction. ITS data indicated improvement in the number of completed tickets closed within 5 days, and the FFIEC Cybersecurity Assessment placed LCCC in the “Minimal Inherent Risk” category. According to a recent audit, the College is in compliance with the GLBA data security requirements. It is unclear to what extent other offices/services collect performance data, set targets, or benchmark results. As trend data for all functional units, and particularly for IR and ITS, accrues, maturity could rise to aligned.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** The College is commended for the 119 non-academic function assessment plans developed and maintained since the 2014 portfolio submission and review. Not all plans are fully implemented. The IR office did not meet its internal target for any of the items in its user survey. Since the survey was developed in-house, no external benchmark is available. Likewise, results on the FFIEC assessment (3 of 30, or 10%) fell short of expectations. Notwithstanding, LCCC continues to meet its internal target of having no data errors to report month-by-month in its participation in the Wyoming Central Station quality assurance processes. A recent external audit to determine the college’s compliance with the Gramm-Leach-Bliley Act governing consumer financial privacy was positive. The Act was implemented 20 years ago in 1999; however, auditing for compliance now is better than not having conducted the audit. With few exceptions, data are judged against internal benchmarks, and most benchmarks are either being developed or just recently deployed.

- Interpretation of results and insights gained

**REACTING:** The College reports that the data collection process is young and response rates are low, which, in the case of IR led to unreliable data for interpretation. Three years of data on the completion of ITS support desk requests are the beginning of trended results, but improvements are attributed, in part, “to personnel training, professional development and an increased focus on

closing tickets in a timely manner.” In general, generalizations and interpretations cannot be offered. Increasing response rates and considering the development of other measures that can inform the decision-making process as a means of improving could mature the process.

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

LCCC is addressing challenges raised through data analyses in knowledge management in various ways. IR staff are conducting focus groups and interviews to gain better insights into areas where their provisions of data are not meeting expectations, changing when they administer their annual survey, and providing more campus-wide stakeholder education. To improve the collection and analysis of IR ad-hoc project data, additional variables will be added. To better respond to the volume of these project requests, an additional staff member will be hired to increase capacity.

The function assessment planning in ITS revealed the support desk ticket process was too cumbersome and a more agile system, new Support Desk ticket system (Samanage) was installed in 2018. ITS has identified a staff member to focus on improving those areas in the FFIEC assessment the College did not meet. Other Knowledge Management improvements include creating a campus data portal, operationalizing document sharing through SharePoint, implementing Tableau, and expanding bandwidth to improve online research. Clearly articulating how these improvements and initiatives support the mission and vision and meet the goals of their strategic plan will be critical for ensuring stakeholders support the use of institutional resources in these areas.

## 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:** The college uses a double-loop structure for budgeting that involves all major campus stakeholders. Budget creation is overseen by two committees: The Budget Process Advisory (BPAC) Committee and the Budget Resource Allocation Committee (BRAC). Funding requests are made to the BPAC, which proposes allocations, and these proposed allocations are vetted by the BRAC which ensures that proposed allocations are consistent with mission and institutional priorities. The BRAC makes recommendations to the college’s shared governance body, the College Council, which serves as a second layer of oversight to ensure allocations are aligned to the strategic plan and sufficient resources are provided to support operations. The process is explicit, as evidenced by the Budget Process Map, repeatable, and evaluated for improvement in last step in the budget process timeline.

Plant Operations maintains the physical infrastructure following major, minor, and preventative maintenance processes. Major maintenance is funded through state-level processes while minor and preventative maintenance projects are funded internally through college-level budgeting processes. The College updated its Campus Master Plan in 2016 through a process that included gathering input from internal and external stakeholders through town-hall meetings, proposed expansion

displays, shared governance structures, and public Board of Trustee meetings. The Information Technology Governance Committee manages LCCC's technological infrastructure according to an Integrated Technology Services (ITS) Strategic Plan 2017-2020, which is presented in draft form in the Portfolio. These processes considered together indicate an Aligned level of maturity. Finalizing its ITS Strategic Plan may help the College move to a more Integrated level of performance.

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

**SYSTEMATIC:** The College uses strategic planning and campus master planning to set goals consistent with the institutional mission, resources, opportunities and emerging needs. In turn, these established goals are moved into the budgeting processes for resource allocation. The 5-year cycle of program review and functional unit assessments provide direction to the college in the allocation of available resources. Keeping this process at a systematic would require providing more detail in future reporting, e.g., scoring rubrics, weighting of priorities, etc., to depict how trade-offs and allocations to meet competing needs are resolved.

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

**SYSTEMATIC:** LCCC allocates and assigns resources to achieve organizational goals through its annual budget processes and new position prioritization process. Funding proposals are made to the BPAC, which proposes allocations. These proposed allocations are vetted by the BRAC to ensure consistency with the mission and institutional priorities. The last step for vetting and prioritizing funding proposals is the College Council. The Council deliberates then sends a reviewed list of priorities to the President, who, in turn, sends the semi-final budget to the Board of Trustees. The Board makes final allocations and approves the budget.

- Tracking outcomes/measures utilizing appropriate tools

**SYSTEMATIC:** The College uses an annual customer satisfaction survey, the Colleague Financial System, the Computer Maintenance Management System, the LCCC Student Account process, and project completions to track outcomes/measures and to determine the extent to which they are successful in various areas. Completion of proposed tasks is equated with achievement of goals, and this is an indirect assessment of effectiveness. The recently implemented functional unit assessment process will provide actionable information (and mature these processes) once the 114 plans created are implemented and results are accrued. Future reporting could be enhanced by explaining who uses the results of these tracking mechanisms.

**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:** Results from two years of Administration & Finance Division surveys indicate general satisfaction with resource management processes within the division. Data from the Resource Management Relational Table tracks changes or improvements in budgeting, preventative maintenance, Campus Master Planning, maintaining the physical infrastructure, investments in

technology infrastructure and tools, improvements unrelated to Campus Master Planning. The Table Includes 44 ‘measures or results’ entries, and most included internal targets and external benchmarks. The College is to be commended for these results. To further improve, LCCC might consider setting internal targets for the customer survey as they have for the Resource Management Table and then track the trends over time.

- Comparison of results with internal targets and external benchmarks

**REACTING:** Explicit benchmarks are not available but implicit benchmarks provide guidance about effectiveness. For example, work order completion exceeded the goal of 90%, although the time frame for that assessment was not offered. Completion time for projects met target values (i.e., 75% in seven days, 100% within 30 days). The College is still identifying internal targets in other areas through the functional unit assessment process. LCCC is encouraged to complete the process of target identification and seek out additional appropriate external benchmarks. No information is available against which to judge academic performance; however, the college reports that new systems are being brought on line to provide information for that purpose.

- Interpretation results and insights gained

**REACTING / SYSTEMATIC:** LCCC observes that “most resource management processes are working well and meeting College expectations.” It is unclear if adequate information has been accrued to support this observation. Data collection strategies are young and data available are limited. Interpreting the results of budget process results, the College identified the critical importance of stakeholder feedback processes and department-level budget management tools. With an increased focus on fully spending budgetary allocations, physical infrastructure projects are being completed at a faster rate than planned. Recognizing the importance of internal and external collaboration is essential and the example provided of the statewide adoption of Canvas is helpful and should spur the College to seek out further collaborative relationships.

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

LCCC acknowledges the need for increased measurement tools, internal and external benchmarks. Recent projects based on stakeholder feedback include the implementation of new technologies, planning of new buildings and collaboration with K-12 programs. The College implemented several budget process improvements based on stakeholder feedback. These include expanded timelines, strengthened budget procedures focused on infrastructure needs, and enhanced department-level budgeting tools. Planned improvements in Resource Management include creating an evaluation plan for the relationship between the strategic plan and budget decisions and an electronic travel requisition / reimbursement process. As budgeting and resource allocations become more transparent and more widely understood, confidence and trust among campus employees will rise and decisions will be more strongly supported. Future changes anticipated include relating the master plan to the resource allocation process and making improvements to the infrastructure.

### 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

**ALIGNED:** The college uses a double-loop structure for budgeting that involves all major campus stakeholders. Budget managers link funding requests to college strategic goals and KPIs. Budget creation is overseen by two committees: The Budget Process Advisory (BPAC) Committee and the Budget Resource Allocation Committee (BRAC). Funding requests are made to the BPAC, which proposes allocations, and these proposed allocations are vetted by the BRAC which ensures that proposed allocations are consistent with mission and institutional priorities. The BRAC makes recommendations regarding priorities to the college's shared governance body, the College Council. The process is clearly articulated and includes the College Council and President's Cabinet reviewing the budget before it is presented to the Board of Trustees for approval.

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

**SYSTEMATIC:** LCCC monitors its budget using monthly budget reports provided to all budget managers by the Budget Director, the Colleague Financial System self-service module, and the Board's Facilities and Finance Committee analysis of monthly reports. The Trustees present information on the college's financial standing at public Board meetings. As a standard practice, the College does not adjust institutional budgets after Board of Trustee approval; however, if an adjustment is warranted a request consistent with Wyoming Statutes is forwarded to the BOT for approval. While a budget manager has real-time information for the budget(s) he or she is responsible for and receives monthly summary reports from the budget director, expectations for how budget managers monitor accounts are not explicit. Overall processes are clear and repeatable; nonetheless, the College might mature processes in this area by developing methods for gathering feedback on effectiveness from those who manage budgets.

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

**SYSTEMATIC:** ITS routinely monitors the technology infrastructure and has recently implemented a more user-friendly portal for gathering user comments about hardware and software. A review process for all technology purchases exists, but the steps in this process are not articulated. The College has policies regarding password requirements and the necessity of technology security training for all employees. All student computers are upgraded on a five-year basis. It is not clear that the college has any policy about upgrading faculty and staff computers. ITS has engaged in technological strengthening through a Cybersecurity Self-assessment, a Cyber Resilience Review, an External Dependencies Management Assessment, and third-party penetration testing. Recently, the College implemented a software-based disaster recovery solution (Zerto) for critical data systems.

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

**SYSTEMATIC:** The college staff use customer-surveys and complaint logs to understand the strength and reliability of the infrastructure. While funding of these processes varies, there are shared elements. ITS staff solicit campus feedback regarding user experiences, compare responses with previously identified issues, and develop a prioritized project list. The College also uses the Computer Maintenance Management System to help track preventative maintenance needs. Several small changes could raise maturity levels. These include creating some means of evaluating the effectiveness of these processes, articulating the criteria used to prioritize projects, and explaining

how or if the College has a way of forecasting or anticipating problems.

- Managing risks to ensure operational stability, including emergency preparedness

**SYSTEMATIC:** Financial risks are managed through the Board. Processes are in place to manage institutional debt, including timely debt service payments, tracking developing revenues, forecasting future revenues, and reporting outcomes. The College contracts with an external Risk Manager but does not provide details related to what services he/she delivers to assist in monitoring risks related to operational stability. How the process of using an external Risk Manager is evaluated for effectiveness is unclear. Physical and technological risks are monitored by specialized staff and user satisfaction surveys. The color-coded Emergency Preparedness Plan is thorough, professional, and easy to follow. A higher level of maturity could be supported by explaining in greater detail how and via what measures the external Risk Manager assists the College and providing detail employee and student emergency preparedness training.

- Tracking outcomes/measures utilizing appropriate tools

**SYSTEMATIC:** The college uses two general streams of data to track outcomes: responses to a newly developed Administration & Finance Division customer satisfaction survey and a series of effectiveness analyses for services such as vendors and projects. Other outcomes, such as institutional budget allocations, expenditure trends, budget reports, cost savings, audit results, project milestones, project completions, and KPI results, are tracked. The functional unit assessment process is new but well designed, and other important outcomes and measures will be identified as the process matures. Future reporting could be improved by depicting, clearly, how or if these processes are documented and repeatable.

**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:** Administration & Finance Division survey responses indicate a general satisfaction with its processes and services and show that strategies for achieving Strategic Plan goals are funded. Objective measures such as audit results support the assertion that budget allocations have remained on track and resources are being successfully managed. Through the refinancing of its debt obligations, the College realized a \$1.6M savings over the debt term. The Operational Effectiveness Relational Table shows the College is using data and results to inform change as appropriate.

- Comparison of results with internal targets and external benchmarks

**SYSTEMATIC:** Although the College has yet to develop internal targets for all areas, the targets set to date have been met. For example, audits are meeting statutory requirements, debt refinancing is obtaining the best rates available, ITS is performing at the “timely” level, and improvements and maintenance projects exceeded its satisfaction ratings. No targets have been established for Administration & Finance Division customer satisfaction survey results, but the data show a gradual positive trend through time. The College is encouraged to continue identifying internal targets in

those areas with them, to continue meeting them in those areas with internal targets, and, where available and appropriate, consider identifying external benchmarks. Given that many of the processes in this category are new, maturity in this area is systematic.

- Interpretation of results and insights gained

**SYSTEMATIC:** The College recognizes the need to incorporate A&F customer service results into its continuous improvement processes related to budget development and monitoring. Audit results confirm the College's processes related to financial and budget operations are functioning appropriately. Aligning technology adoption to stakeholder needs produced more effective management of ITS operations. ITS is developing process mapping to improve its efficiency. Nonetheless, data collection systems are relatively young, and trends need more confirmation over time. For many processes, LCCC is creating baseline data that will, in the future, be analyzed and interpreted to yield more definitive insights.

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

Process improvements implemented as presented in the portfolio are appropriate in response to the data supplied. For example, financial controls have been strengthened and transparency of those controls has been increased. A new LMS, Canvas, has been adopted, and a new ClassLink portal has improved IT service for students. The College is to be commended for recognizing and addressing safety concerns by establishing a Safety Committee structure. Anticipated changes include more formalized risk management, hiring a permanent Risk Manager, improving cyber security, implementing an evaluation plan for aligning budget allocations with strategic goals, and updating the Campus Master Plan to strengthen ties between financial management and the Master Plan. The College is encouraged to continue analyzing results specific to processes in this Category.

## **CATEGORY SUMMARY**

College processes related to fiscal, facilities, and IT management are well-defined and ensure priorities in these areas are addressed as needed. LCCC notes several planned improvements related to Knowledge Management. To improve collection of stakeholder feedback and support more reliable analyses of results, changes will be made to the survey process to increase response rates, focus groups and/or interviews will be used, and efforts to educate stakeholders will be upped. Other Knowledge Management improvements included a new campus data portal, operationalize document sharing through SharePoint, implementation of Tableau, and expansion of bandwidth to improve online research. The College implemented several budget process improvements based on stakeholder feedback. These included expanded timelines, strengthened budget procedures focused on infrastructure needs, and enhanced department-level budgeting tools. LCCC also plans for several other improvements in Resource Management, including an evaluation plan for the relationship between the strategic plan and budget decisions, an electronic travel requisition/reimbursement process, and several facility projects. Several recent process improvements influencing Operational Effectiveness were made. Internal control processes were strengthened. The College also plans to implement an evaluation plan for aligning budget allocations with strategic goals and update the Campus Master Plan. The College is encouraged to establish internal targets where needed to measure effectiveness of the processes and provide indicators of how well the College's processes are helping them meet the identified KPIs. With continued work and the improvements planned, processes under this Category will quickly mature, and more forward-looking decisions will become possible.

**Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## VI - Quality Overview

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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

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### 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/ALIGNED:** LCCC's institutional model of CQI incorporates three primary processes to conduct quality improvement initiatives: (1) strategic planning, (2) academic program assessment and review, and (3) service and support functional unit assessment and review. Each of the three uses the same functional model: individual participants are selected to ensure both broad representation for all pertinent roles and levels, each initiative has a specific purpose with associated measurable outcomes, and each has one or more specific time frames. All include a representative group of individuals responsible for guiding and facilitating the process, a primary purpose tied to the

mission, curricular outcomes, or service and support functions, identified stakeholders, and short- and long-cycle planning elements. Institutional strategic planning is six years old, while program review processes are four years old, and support-unit review processes are one year old. All areas of the College are touched by these processes. Over the next decade, and as a new strategic planning cycle is undertaken, processes in this area could mature to an aligned level.

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

**SYSTEMATIC:** The role and importance of the AQIP framework to LCCC is apparent throughout the Portfolio. As indicated in the graphic representation of the model, all CQI activities and efforts begin with a recognition of the institution's mission and vision for which the College has identified or developed specific and measurable KPIs. Two long-cycle improvement initiatives, the Guided Pathways project and creation of a review process for all support functions, are cited as examples of how the college's Continuous Improvement model plays out. Direct links between goals of the Strategic Plan and actions described in the Portfolio are very clear. The AQIP pathway used for institutional accreditation strongly influences the college's CQI processes. The Action Project Directory on the HLC website is no longer active, so it would have helped the reviewers to see a list of all Action Projects and the charges (or equivalent) given to Strategy Forum teams.

**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/ALIGNED:** LCCC offers a range of significant results that demonstrate its path toward continuous improvement. The primary work completed since the last systems portfolio work centered on the design, implementation, and institutionalization of the college's CQI model. Of the descriptive statistics offered, the most significant ones (aside from the number of strategies achieved) pertain to the number of academic program review and functional unit assessment plans that have been completed. The College is justifiably proud of its work and may regard itself as approaching an integrated level of maturity; however, only six years have passed since its major reorganization effort, and the current strategic planning cycle needs to be completed—and repeated—for the College to achieve a fully aligned level of maturity. The College could improve their maturity level by providing not only how many were involved in each initiative but to what extent they meet the expected outcome.

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

The College has undertaken numerous quality initiatives over the past few years coupled with initiatives currently underway. Under development is LCCC's comprehensive and coordinated strategic enrollment management (SEM) planning process, which will identify enrollment goals in alignment with recruitment, retention, and student success strategies. LCCC joining the Guided Pathways initiative is a key quality improvement initiative. This project brings with it nationally recognized best practices. Guided assessment of Pathways work will take enrollment management processes to a higher level of maturity.

## 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/ALIGNED:** Since 2012, the College acted intentionally to set itself up for adhering to principles of continuous quality improvement. Four processes provide the necessary infrastructure and needed resources to support a quality culture: (1) continuous improvement is woven into each major process, (2) employee performance assessment and professional development follow a CQI model, (3) staff and administration rely on clear demonstration of evidence for each decision or action, and (4) resource allocation is tied to CQI philosophy and action. LCCC established a division of Institutional Effectiveness that focuses on developing a culture of continuous improvement as well as other initiatives to support a quality culture. The decision to use the College Council as the shared governance unit has the effect of making actions and outcomes more visible. While many initiatives are new, if continued and assessed, support for a quality culture promises to mature to an aligned level.

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

**SYSTEMATIC:** A culture of disciplined, evidenced-informed decision-making; strategic allocation of resources; and clearly articulated quality improvement processes were developed since the college's 2010 systems portfolio. The College manages institutional projects through the recently created Institutional Effectiveness Division, annually assessing its KPIs and disseminating results through the Report Card. These structures also feed data into the budgeting process and the Budget Resource Allocation Committee uses "rubrics that intentionally assess CQI initiatives in the rubric criteria . . . when determining where to allocate funds and hire new positions." Overall, these very strong processes promise movement towards alignment in this area.

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

**ALIGNED:** LCCC has processes in place that include feedback and evaluation, thus allowing the College to learn from its experiences with its CQI initiatives. This learning occurs through processes where the CQI model is embedded. As these processes (e.g., program review and assessment, functional unit assessment, strategic planning) are repeated and strengthened, the institution is well poised to "learn" from experience. As an example, the narrative indicates the College learned, through feedback and their evaluation process, that its self-study template for the program review process was cumbersome and required significant revision, which a faculty-based committee then addressed. In experiencing frustration and failure with Starfish, the College "learned" that better understanding of the underlying causes of attrition and better processes for project management were needed. This culture relies on transparency and communication, posing repeated questions about actions and what was learned.

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

**ALIGNED:** The discontinuation of the AQIP Pathway comes at a time when the College has

successfully institutionalized the CQI approach in operations. While many of the processes described in the Portfolio are of recent creation or in need of repetition to be fully instantiated in campus operations, the concept and value of a CQI approach or framework promises to endure under whatever Pathway the College follows. The College is to be commended for integrating CQI principles into its organizational culture and for its commitment to continue doing so as it moves forward.

**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.

**SYSTEMATIC:**The College notes its move from “laggard to leader among Wyoming community colleges” with respect to continuous quality improvement. This positive movement is now evident in program articulation, graduation rates, and organizational leadership. The College can cite multiple substantive “results” of its study of and focus on CQI principles over the past six years. Institutional leadership has been stable for the last several years, and those leaders have modeled and led continuous improvement. Results of that leadership and the ways the community has embraced it are evident in state and national recognition. It is clear from previous responses to results sections that the College is improving in many areas.

**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?

LCCC articulates well where it stands in the overall process of reinventing and refining all institutional processes to make them measurable, measured, and reciprocally supportive. Faculty and other stakeholders revised the program review template to provide more informed feedback and meaning to the work completed. The parallel process for non-academic programs – the functional unit assessment and review process was developed through the completion of an Action Project. Additional future improvements include greater transparency of reporting CQI results and greater opportunities for professional development for employees.

## **CATEGORY SUMMARY**

LCCC has embraced continuous quality and demonstrated that CQI efforts are integral to its mission. Throughout this Portfolio, the College depicted the creation, deployment, and refinement of many processes that speak to the essence of continuous quality improvement. The institution has acted intentionally and with focus to build itself anew with reference to the AQIP framework. While work remains to be done, the results thus far provide evidence of growing transparency and accountability. These developments engender and foster trust and employee engagement. Despite many of the maturity levels being assigned by the team at a systematic or even reacting level, the efforts and intent of the efforts being made are logical and indicative of a clear institutional commitment to CQI. The College is encouraged to continue making the same type of substantive changes that brought them to this point as doing so will keep them on a successful CQI path.

## **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## 1 - Mission

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

### 1.A - Core Component 1.A

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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

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Clear

### Evidence

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1.A.1. The College uses a structured and repeatable process to develop, deploy, and review its mission, vision, and values. The process is embedded in LCCC's comprehensive strategic planning process, which is conducted every five to seven years. Strategic planning is guided through shared governance and ensures all internal stakeholders provide input.

1.A.2. Processes for developing and approving new academic programs or deploying new support services require alignment with the mission and the four foundational elements of a comprehensive community college – academic preparation, workforce development, transfer preparation, and community development. The college's established review processes – particularly, academic program review and service/support function review – ensure continued alignment with the mission.

1.A.3. LCCC has well-developed processes through which it plans, assesses institutional effectiveness, and allocates resources. Budget building and resource allocation decision making include all stakeholders, including students. Two distinct committees, Budget Resource Allocation and Budget Process Advisory committee, guide the process. Each committee uses the strategic plan and KPIs (which indicate performance) to evaluate ongoing and new budget requests. The College Council also weighs in on the draft budget prior to its review by the president and Board of Trustees. Two additional sub-processes of budget development and allocation process i.e., the general fund allocation for operating budgets and new resource allocation, further ensure resource expenditures are aligned with the mission and vision.

1.A.1. The College uses a structured and repeatable process to develop, deploy, and review its mission, vision, and values. The process is embedded in LCCC's comprehensive strategic planning

process, which is conducted every five to seven years. Strategic planning is guided through shared governance and ensures all internal stakeholders provide input.

1.A.2. Processes for developing and approving new academic programs or deploying new support services require alignment with the mission and the four foundational elements of a comprehensive community college – academic preparation, workforce development, transfer preparation, and community development. The college’s established review processes – particularly, academic program review and service/support function review – ensure continued alignment with the mission.

1.A.3. LCCC has well-developed processes through which it plans, assesses institutional effectiveness, and allocates resources. Budget building and resource allocation decision making include all stakeholders, including students. Two distinct committees, Budget Resource Allocation and Budget Process Advisory committee, guide the process. Each committee uses the strategic plan and KPIs (which indicate performance) to evaluate ongoing and new budget requests. The College Council also weighs in on the draft budget prior to its review by the president and Board of Trustees. Two additional sub-processes of budget development and allocation process i.e., the general fund allocation for operating budgets and new resource allocation, further ensure resource expenditures are aligned with the mission and vision.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## 1.B - Core Component 1.B

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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

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Clear

### Evidence

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1.B.1. LCCC communicates its mission in an array of formats including in board policy, on the web-page, and via Cabinet communications, all of which state the mission in the signature lines of executive administrators. Within the 360° feedback process used to evaluate the president's cabinet members, each member is asked to assess how well his or her colleagues demonstrate an understanding of and commitment to the college's mission, vision and values. The mission is aligned with everyday work through four pillars articulating the value and purpose of a community college.

1.B.2. The college's mission statement, "To transform our students' lives through the power of inspired learning" combined with their vision and values statements clearly articulate the nature, scope, and constituents LCCC seeks to serve. The Mission is further articulated on the institution's "about us" page and accompanied by very clear articulations of the institution's values and vision.

1.B.3. Documents that supplement the Mission, e.g., the strategic plan, the campus master plan, assessment plans of all functional units and academic programs, the college's report card on the KPIs used to monitor progress on strategic plan strategies and goals, clearly identify institutional priorities and the levels of emphasis placed in institutional roles as a community college.

### Interim Monitoring (if applicable)

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*No Interim Monitoring Recommended.*

## 1.C - Core Component 1.C

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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

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Adequate

### Evidence

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1.C.1. LCCC identifies student stakeholder groups and determines their educational needs through its onboarding process. Students are categorized according to their purpose for engaging with the College, i.e., Credential-Seeking, Transfer, Career, Lifelong Learning or continuing education for Professionals, Lifelong Learning for personal enrichment, and Early College via Dual or Concurrent Enrollment. Prospective Students are also a stakeholder group, along with other educational institutions, the community, and governmental entities. The Portfolio details how input on the needs for the three non-student stakeholder groups is gathered. The College monitors external stakeholders' needs via advisory boards, accrediting bodies, and professional and community organizations. Alumni surveys provide information about how students fare after leaving the College.

Evidence regarding the degree to which the College inquires into the full diversity of its stakeholders could be improved by detailing how the methods cited above generate data and information that can be broadly aggregated and analyzed. Little discussion is included of how emerging and/or currently under-represented stakeholders (students included) are identified.

1.C.2. At admission and during orientation, data are collected on variables such as target population, e.g., veteran, first generation, and on objective identifiers such as ACT and GPA. These data are used to design programs and activities e.g., targeted advising, scholarships. The College uses articulation agreements to facilitate student transfer to four-year institutions and to monitor effectiveness in preparing students for four-year programs. The college's *Program Development and Approval Procedure* adheres to the Wyoming Community College Commission (WCCC) program criteria and establishes the process for developing programming responsive to stakeholder needs. LCCC has clear processes for documenting alignment with stakeholder needs in the creation of a new program and the review of stakeholder/program alignment during periodic program review.

### Interim Monitoring (if applicable)

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*No Interim Monitoring Recommended.*

## 1.D - Core Component 1.D

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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

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Clear

### Evidence

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1.D.1. and 1.D.3. The College's Strategic Planning Process, during which the mission, vision, and values statements are reviewed and revised, includes an environmental scanning step to obtain broad input from external stakeholders. Input from the scan results inform the strategic plan which guide the college's decision-making process regarding programs and services it offers.

1.D.2. As a publicly funded community college, LCCC is accountable to the people of its service district. Under the mission statement on the main web page, the College lists and commits itself to the foundational public-serving elements of [a] comprehensive community college.

### Interim Monitoring (if applicable)

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*No Interim Monitoring Recommended.*

## **2 - Integrity: Ethical and Responsible Conduct**

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

### **2.A - Core Component 2.A**

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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**

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Clear

#### **Evidence**

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2.A. The College has established policies and procedures for operating financial, academic, personnel and auxiliary functions with integrity. In some areas, such as finance and human resources, best practice is well described by industry standards. In other cases, guidance is more localized, but the bounds of ethical practice are described in the procedure manual. The College offers substantial evidence of results for assessment of integrity. For example, financial audits have been supportive. The 360° evaluation of the President's Cabinet members has proved positive. The Presidential review conducted by the Board has provided support for Presidential leadership. The Human Resources Team has participated in and led a range of professional development activities.

#### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## **2.B - Core Component 2.B**

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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**

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Clear

### **Evidence**

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2.B. LCCC presents itself to the community through avenues such as web, print, and interpersonal communication, including portals used by employees and students to access information specific to their roles at the college. A “Consumer & Compliance Information” web page ensures all public information required under Title IV is easily located by the public.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## **2.C - Core Component 2.C**

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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**

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Adequate

### **Evidence**

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2.C.1. and 2.C.2. The Board is the primary custodian of the college mission and, as such, it is the board's responsibility to ensure all stakeholders are supported through advancing the mission. At LCCC, the Board is seen as an autonomous actor, shepherding the mission.

2.C.3. The Board of Trustees adopts and adheres to defined governance policies with the expectation that "the President will establish and maintain effective and efficient administrative procedures to ensure the College's actions are in alignment with Board policy." Board Policy 1.2.5 provides overall oversight responsibilities of the Board that include fiscal management, organizational decision-making and legislative requirements. The Board provides oversight for and has its own policies regarding ethics and conflicts of interest.

2.C.4. The Board of Trustees governs the institution and provides direction through established policies as indicated by Policy 1.1.1 which begins with an unambiguous and detailed statement of 'governance philosophy.' This statement clearly commits the College to serving the purposes that make up the four pillars of a community college's value proposition. The Board expectation is the President will lead the creation and implementation of administrative procedures aligning with these board policies. Through presidential leadership, the College uses an established shared governance model – the College Council – for the development of policies and procedures. Policy 1.1.7 clearly delegates to the President "executive responsibility for administering the policies adopted by the Board and executing all decisions of the Board requiring administrative action." This process also allows the President to further delegate responsibilities entrusted in the position; however, the President remains specifically responsible for the execution.

Evidence for 2.C.4. could be strengthened by detailing what structures, policies, and processes exist to ensure faculty oversight of academic matters and the role of the Faculty Senate in governance.

## **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## **2.D - Core Component 2.D**

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

### **Rating**

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Clear

### **Evidence**

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2.D. The College has a definition of academic freedom that is communicated through the college Catalog, student handbook, and institutional procedures. Integrity standards are set by the Student Code of Conduct and statement of Student Rights and Responsibilities.

Students are subject to adjudication and disciplinary procedures if a breach of academic integrity is alleged. Faculty use tools such as TurnItIn to screen for plagiarism. The college employs the Respondus LockDown Browser to prevent students from accessing restricted information from electronic sources during online assessments.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## 2.E - Core Component 2.E

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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

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Clear

### Evidence

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2.E.1. The College employs policies that govern academic and research integrity and freedom of expression. Several established procedures, i.e., Student Discipline Adjudication, Student Code of Conduct, and Student Rights and Responsibilities, set integrity standards. Faculty rely on an IRB to guide research, and the College has an agreement with University of Wyoming's Institutional Animal Care and Use committee.

2.E.2. Guidance regarding the ethical use of information is clearly conveyed to students through the Student Code of Conduct and a Student Rights and Responsibilities statement included in all syllabi. Course syllabi also contain statements about academic responsibility and describe both the practices expected of students and the practices that are followed if student performance is called into question. The LCCC library system offers guidance on plagiarism and proper use of sources.

2.E.3. Students are subject to adjudication and disciplinary procedures if there is a suspicion of academic standards being violated. The College employs software, i.e., the Respondus Lockdown Browser and TurnItIn, to restrict student ability to access websites and access external resources while online assessments are taking place and to detect plagiarism.

### Interim Monitoring (if applicable)

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*No Interim Monitoring Recommended.*

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

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

### **3.A - Core Component 3.A**

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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**

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Adequate

#### **Evidence**

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3.A.1. Processes for documenting the competencies and level of achievement of courses and programs are strong. Program rigor at LCCC is communicated through the MCOR, a process in which each course and its relationship to core competencies is described. In the event that a program is externally certified, that external process ensures rigor. Most programs are not externally certified; therefore, quality control occurs through the program review and peer-review processes. The College is accredited by the National Center for Concurrent Enrollment Partnerships which requires all members to meet standards related to their Partnerships, Faculty, Assessment, Curriculum, Students, and Evaluation.

3.A.2. The College has key continuous improvement processes, including common course assessment, annual assessment planning, academic program review, to assess outcomes attainment by graduates at all levels. Tools such as common course assessment, program review and annual assessment are used to provide at least some evaluative data for each program and each course on an annual basis. Academic program review and the annual assessment cycle fit together logically to create short-term assessment cycles embedded within a longer five-year cycle. Evidence for this Core Component will be strengthened as these processes are fully implemented and all programs go through at least one cycle of program review.

3.A.3. The Portfolio does not address quality assurance processes specific to online education or the review and monitoring of instructional design quality for online instruction. Evidence for these processes will be needed during the Comprehensive Quality Review.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## **3.B - Core Component 3.B**

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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**

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Clear

### **Evidence**

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3.B.1. LCCC connects the learning outcomes for general education and institutional competencies to its mission, educational offerings, and degree levels using two related procedures: the General Education Procedure and the Master Course Outline of Record (MCOR). General Education Procedure outlines the process to ensure that expectations are clearly articulated. The MCOR establishes connections between courses, course competencies, and the assessment of competencies.

3.B.2. LCCC ensures that its core outcomes are relatable to the skills required for graduate success. The college has a clear process through which proposed courses are vetted to ensure alignment with the institutional mission and programmatic objectives. The Academic Standards Committee (ASC) reviews the Master Course Outline of Record to monitor the content and relevance of all courses, including those in the core curriculum.

3.B.3. LCCC, through the general education core, ensures that all students are provided a foundation for achieving core outcomes. In addition, degree-seeking students build on this foundation through program-specific courses which reinforce the knowledge and skills gained through the general education core.

3.B.4. LCCC focuses on academic success through the incorporation of four general education outcomes and associated competencies in its curriculum. These four general education outcomes include Reasoning, Effective Communication, Collaboration, and Human Culture. The latter outcome includes a focus on diversity. The college uses four primary methods to ensure that these general education outcomes remain relevant and aligned with student, workplace, and societal needs: (1) annual alumni survey, (2) academic program advisory committees, (3) transfer articulation agreements with partner institutions, and (4) program review. These complimentary processes are supplemented by qualitative and less formal methods, including student focus groups and interactions with local business advisory boards.

3.B.5. The college ensures that all students have access to general education courses by scheduling in an array of lengths, times, and modalities. This diversity of approaches supports the needs of a diverse learning community.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## 3.C - Core Component 3.C

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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

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Adequate

### Evidence

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3.C.1. The College identified recurring and repeatable processes for ensuring sufficient numbers of faculty to carry out both classroom and non-classroom programs and activities. Academic deans monitor student / faculty ratios and class sizes to determine need for adjunct or permanent new faculty. The College compares itself with peer institutions to help determine the number of faculty needed, and the Deans use the annual budget cycle to request resources for increases in personnel. A comparative analysis is conducted on faculty numbers and peer institutions benchmarks of faculty numbers regularly. To assist faculty to meet their non-teaching responsibilities, the VPAA has a discretionary number of release hours to allocate for support various initiatives.

3.C.2. To ensure that all instructors are properly qualified, interview procedures, education and reference checks, and onboarding/orientation is required. The College uses distinct processes for credential review within respective disciplines with clear minimal credential standards for all instructors. Credentialing standards are monitored by the Academic Leadership Team. The College also evaluates high school faculty teaching concurrent enrollment (CE) courses as adjunct faculty according to the same credentialing standards.

3.C.3. LCCC has an established policy and procedure outlined in the Employee Evaluation Procedure for regular evaluation of faculty, staff, and administrators. Deans evaluate

instruction through classroom observations conducted each semester with faculty. Evidence to strengthen the achievement of Core Component 3.C.3. may include information on the institution's progress in digitizing and standardizing processes for course evaluation review by the deans.

3.C.4. LCCC assures that instructors are current in their discipline and adept at teaching through its interview procedures and through professional development opportunities. Tuition waivers are provided to support professional development. The College also hosts professional development programs for its employees and provides funding for employees to attend specialized development programs off-campus. Evidence to strengthen the achievement of Core Component 3.C.4. may be developed as the College works to create a comprehensive professional development plan.

3.C.5. College policy and procedure require faculty to maintain regular convenient office hours published in all syllabi to ensure availability for student inquiry and interaction outside of the classroom. Policy requires faculty to respond to student e-mail inquiry within two business days. Evidence to strengthen the achievement of Core Component 3.C.5. may include details about the extent to which students' needs regarding instructor access are met.

3.C.6. LCCC ensures that staff members providing essential student support services are qualified, trained and supported through a deliberate hiring process. Hiring managers work with HR staff to develop position descriptions that include minimum and preferred qualifications. LCCC provides financial support in the form of professional development funds, reduced tuition for employees taking courses at LCCC, tuition waivers for courses taken at UW, and tuition reimbursements. Staff support is offered through on-going development funds that support several kinds of professional development. Evidence to strengthen the achievement of Core Component 3.C.6. promises to emerge from work underway currently to review and improve professional development at the College.

## **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## 3.D - Core Component 3.D

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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

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Clear

### Evidence

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3.D.1. The Portfolio provides ample evidence of campus-wide efforts to identify and address student support needs. The Learning Commons system provides a range of resources to students, including meeting the needs of on-line only students. LCCC has a technology support program and a Center for Excellence in Teaching, both of which provide faculty with structured (e.g., First Year support) and as-needed support.

3.D.2. The College provides numerous non-academic support services to help students succeed including, but not limited to, counseling, a food pantry, housing, on-campus child care, a health clinic, wellness programs, and a new Student Hub – “a single point of contact for current and prospective students to access information on support services available.” The multi-disciplinary Campus Assessment Response and Evaluation (CARE) Team is an example of cross-communicative support. This team is responsible for assessing, evaluating, and responding to reports of individuals “who present disruptive or concerning behavior.” LCCC uses a variety of processes and methods to deploy non-academic support services. These include enrollment procedures, advising case management, best practices, and literature.

3.D.2. and 3.D.3. Students participate in mandatory orientation and holistic advising, so all students are reached and informed about requirements. The College recently, i.e., in 2018, completed an analysis of student success and found that the two variables, i.e., GPA, ACT and subject-based tests (ALEX for mathematics, McCann for English) are predictive of success and serve students well as guidance for placement. Developmental students in English may take a developmental course along with a college-level composition course thanks to a recently implemented co-requisite model.

3.D.3. Each student meets with his/her advisor prior to registration and a survey is used to assess student satisfaction with that process. Faculty feedback is provided through mid-term grade reporting and reporting on individual student concerns (housing, food insecurity, family issues, etc.) that affect learning. Grades are shared with students and advisors are notified of grades and other issues.

3.D.5. Guidance regarding the ethical use of information is clearly conveyed to students through the Student Code of Conduct and a Student Rights and Responsibilities statement included in all syllabi. Course syllabi also contain statements about academic responsibility and describe both the practices expected of students and the practices that are followed if student performance is called into question. The LCCC library system offers guidance on plagiarism and proper use of sources.

## **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## 3.E - Core Component 3.E

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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

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Adequate

### Evidence

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3.E.1. LCCC provides co-curricular activities to support learning as administered through the Office of Student Life and guided by Student Organizations Policy number 3.12 and related Procedure number 3.12P. All organizations must be approved and officially recognized by the College and must renew their status annually. To ensure student organizations support learning, the Student Activity Fee Allocation Committee Procedure, requires groups receiving funding to "Develop co-curricular activities with faculty/classes on campus to enhance classroom learning, including how those activities are assessed and how they link to Institutional Competencies." The College is working to formalize a process to align co-curricular activities to academic programs.

3.E.1. Through participation in the AACC Pathways 2.0 project, an Essential Student Experiences program is being developed and implemented that includes purposeful co-curricular activities and assessment of the learning embedded in the activities. Co-curricular activities have assessment plans, and the College is aware of the need to develop ways to make the alignment of curricular and co-curricular more formal and measurable in order to strengthen evidence that Core Component 3.E.1 is met.

3.E.2. The college's institutional competencies and general education core are "based on the belief that students' education should prepare them academically, professionally, and personally for the lives they will lead beyond college." LCCC connects the learning outcomes for general education and institutional competencies to its mission, educational offerings, and degree levels using two related procedures: the General Education Procedure and the Master Course Outline of Record (MCOR), which was adopted in May 2014 and revised in April 2017. The MCOR establishes a connection between courses, competencies, and the assessment of the competencies for all courses.

### Interim Monitoring (if applicable)

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*No Interim Monitoring Recommended.*

## **4 - Teaching and Learning: Evaluation and Improvement**

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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**

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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**

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Adequate

### **Evidence**

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4.A.1. The Academic Standards Committee (ASC) engages in a peer-review process designed to identify the need to modify or discontinue programs and courses and has oversight of academic programs and standards. The ASC uses Program Review and Program Assessment data along with annual program analysis data to determine the health and viability of academic programs.

4.A.2. and 4.A.3. The college's Transfer of Credit Procedure directs the award of both prior learning and credits and furnishes guidelines for the evaluation of transfer credit from regionally accredited post-secondary institutions, international post-secondary institutions, military experience, and prior learning assessment (PLA). Technical programs award credit for the completion of certain federal

apprenticeship programs. Examinations, portfolios, demonstrations, and other program-specific methods are used to award PLA credit.

4.A.4. Placement information is communicated to students through mandatory orientation and advisory sessions. The faculty use the MCOR process to specify and evaluate prerequisites for classes, so students, advisors and other faculty are aware of expectations for all courses. Programs with program-specific admission standards convey this information via program brochures, the website, and the catalog. Evidence is provided to show the College documents the competencies and level of achievement of courses and programs. The College is accredited by the National Center for Concurrent Enrollment Partnerships which requires all members to meet standards related to their Partnerships, Faculty, Assessment, Curriculum, Students, and Evaluation.

4.A.5. LCCC appears to have well-established processes for maintaining specialized accreditation. The College currently maintains nine specialized accreditations with six related to health fields. Evidence for this Core Component could be strengthened by stating which programs, if any, have specialized accreditation available but do not hold it.

4.A.6. The College employs a graduation exit survey, an alumni survey, and advisory committees for all programs to monitor the degree to which the curriculum meets the needs of students and employers. For health sciences programs that prepare students for licensure or certification, pass rates are tracked.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## **4.B - Core Component 4.B**

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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**

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Clear

### **Evidence**

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4.B.1. Through an established campus-wide and faculty-driven process, LCCC determines common outcomes relatable to the skills required for graduate success. The college has a clear process through which proposed courses are vetted and that process ensures compliance with institutional mission as well as individual programmatic objectives.

4.B.2. The college uses a variety of methods to assess common learning outcomes. Data are collected and analyzed each semester and evidence of student performance is provided at the course level. These results are also aggregated at the institutional level and reported annually by the college. After faculty upload assessment results into the college's learning management system (LMS), IR staff analyze the data and provide course-level evidence to faculty and administrators using Tableau and data aggregated at the institutional level in the college's annual KPI Report Card. The college also gathers indirect measures of student learning outcomes through an annual alumni survey and the Graduate Exit survey

4.B.2. Assessment plans exist for co-curricular programs, but evidence that the College assesses the achievement of the learning outcomes of its co-curricular offerings needs to be provided to confirm the meeting of Core Component 4.B.2.

4.B.3. The program review process has functioned for four years, and faculty are making progress on designing program-specific rubrics to complement institutional competency rubrics.

The College has created an Institutional Effectiveness unit helps ensure that institutional knowledge since its last review. Strong evidence of emulating best practices and garnering wide participation in assessment and curricular review can be seen in the institution's participation in the AACCC Guided Pathways 2.0 project.

4.B.4. The Academic Standards Committee (ASC) utilizes the MCOR to make determinations about all courses and alignment from purpose to outcome. The college has a clear process through which proposed courses are vetted and that process ensures compliance with institutional mission as well as individual programmatic objectives.

### **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## 4.C - Core Component 4.C

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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

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Clear

### Evidence

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4.C.1. and 4.C.2. The College uses statistical modeling to determine targets for retention, persistence and completion. The Board of Trustees set a goal of a five percent increase each year through 2022 in the number of credentials the College awards. The Integrated Post-Secondary Educational Data System (IPEDS), National Community College Benchmark Project (NCCBP), CCSSEE, and the Wyoming Community College system are used as sources for external comparisons and benchmarks.

4.C.3. Evidence of LCCC's use of data to inform improvements in persistence and retention is seen in the college's commitment to the AACC's Guided Pathways 2.0 Project. The College has already implemented many of the initiatives of that project including placing a cap on the total number of hours programs require, mandating advising and orientation, ending late registration, and evaluating support services. The IR staff developed a Tableau dashboard providing all stakeholders with a wealth of data on which to inform decisions. Other changes including curriculum overhaul and mandatory holistic advising have helped to contribute to the on-going improvement of student retention and success. The College is analyzing its data and asking appropriate questions.

4.C.4. LCCC set specific persistence, retention, and completion measures in their KPI system and uses the Program Annual Analysis (PPA) to determine the health of its academic programs. The KPI system includes "setting of performance indicators and associated measures that focus on institutional-level effectiveness outcomes, including specific persistence/retention and completion measures." The PAA method determines the health of the college's academic programs. The Office of Institutional Research extracts and analyzes the data and communicates results to the College.

**Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## **5 - Resources, Planning, and Institutional Effectiveness**

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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**

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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**

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Clear

### **Evidence**

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5.A.1. The college uses a double-loop structure for budgeting that involves all major campus stakeholders. Budget creation is overseen by two committees: The Budget Process Advisory (BPAC) Committee and the Budget Resource Allocation Committee (BRAC). Funding requests are made to the BPAC, which proposes allocations, and these proposed allocations are vetted by the BRAC which ensures that proposed allocations are consistent with mission and institutional priorities. The BRAC makes recommendations to the college's shared governance body, the College Council, which serves as a second layer of oversight to ensure allocations are aligned to the strategic plan and sufficient resources are provided to support operations.

5.A.1. Plant Operations maintains the physical infrastructure following major, minor, and preventative maintenance processes. Major maintenance is funded through state-level processes while minor and preventative maintenance projects are funded internally through college-level budgeting processes. The Information Technology Governance Committee manages LCCC's technological infrastructure according to an Integrated Technology Services (ITS) Strategic Plan 2017-2020.

5.A.2. LCCC allocates and assigns resources to achieve organizational goals through its annual budgets processes and new position prioritization process. Funding proposals are made to the BPAC, which proposes allocations. These proposed allocations are vetted by the BRAC to ensure consistency with the mission and institutional priorities. The last step for vetting and prioritizing funding proposals is the College Council. The Council deliberates then sends a reviewed list of priorities to the President, who, in turn, sends the semi-final budget to the Board of Trustees. The Board makes final allocations and approves the budget.

5.A.3. The College uses strategic planning and campus master planning to set goals aligned with the institutional mission, resources, opportunities and emerging needs. In turn, these established goals are moved into the budgeting processes for resource allocation. The 5-year cycle of program review and functional unit assessments provide direction to the college in the allocation of available resources.

5.A.4. Initial credentialing requirements establish competencies of all staff members upon hiring. Tuition waivers, professional development offerings for all employees, and funding for employees to attend specialized development programs off-campus are the primary means of ensuring all staff are appropriately trained.

5.A.5. LCCC monitors its budget using monthly budget reports provided to all budget managers by the Budget Director, the Colleague Financial System self-service module, and the Board's Facilities and Finance Committee analysis of monthly reports. The Trustees present information on the college's financial standing at public Board meetings. As a standard practice, the College does not adjust institutional budgets after Board of Trustee approval; however, if an adjustment is warranted a request consistent with Wyoming Statutes is made to the BOT for approval.

## **Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## 5.B - Core Component 5.B

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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

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Clear

### Evidence

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5.B.1. LCCC has clear and transparent policies and procedures to guide its governance beginning with Policy 1.1.1 which articulates the college's governance philosophy. Policy 1.3.1 delegates to the President responsibility for proper administration of the college. Policy 1.1.5 is an affirmation of LCCC's commitment to and belief in Shared Governance. All policy making decisions are processed through the College Council, and an online library of institutional policies ensures transparency.

5.B.2. The Board sets strategic direction for the college and is held accountable both to stakeholders and the State of Wyoming. Board Policy 1.2.5 provides overall oversight responsibilities of the Board that include fiscal management, organizational decision-making and legislative requirements. Internal functions of the Board are guided and overseen by a Conflict of Interest Policy, and Annual Self-Evaluation, and a Code of Ethics.

5.B.3. The Academic Standards Policy 2.12 states that the president shall create processes to ensure and maintain high academic standards. An Academic Standards Committee (ASC) was created to fulfill this policy by promoting and maintaining "high academic standards, consistent with the College's overall mission, leading to student success." This committee has broad inclusive membership, including faculty, staff and administrators, and manages work through a variety of subcommittees. The strategic planning process engages all constituents and has been enhanced over time to include more stakeholder feedback and assessment.

### Interim Monitoring (if applicable)

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*No Interim Monitoring Recommended.*

## 5.C - Core Component 5.C

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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

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Clear

### Evidence

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5.C.1. LCCC uses the Strategic Planning Process and budget-building processes to ensure that resources are being aligned with the mission and goals of the institution. LCCC has recently put into place a more rigorous strategic planning process that will result in more frequent reviews of the mission and vision statements. Evidence in the form of maturing assessment processes that support data-driven decision making support the meeting of this Core Component.

5.C.2. Assessment is linked to operations, planning, and budgeting through processes through academic program assessment and functional unit assessment. Academic programs and all service or support units must articulate its purpose in alignment with the LCCC Mission, Vision, and Values.

5.C.3. The planning process encompasses the institution as a whole and considers the perspectives of internal and external constituent groups. This is evidenced through the carefully outlined Strategic Planning Process and Shared Governance work. Evidence regarding the role of the Faculty Senate and its contributions to and role in decision making would enhance the evaluation that this Core Component is met.

5.C.4. LCCC employs SWOT analyses and Environmental Scanning to plan, which supports sound decision making based on understanding current capacity enables the College to respond to fluctuations in enrollment of and changes beyond the control of the institution.

5.C.5. LCCC is concluding a strategic planning cycle and, in 2020, will embark on another. A formative analysis of progress made to date enabled the College to take stock of current and near-future conditions and to concentrate on achieving yet uncompleted goals of the current strategic plan. The Portfolio indicates that the College plans to repeat the SWOT analyses and environmental scanning strategies employed previously used.

**Interim Monitoring (if applicable)**

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*No Interim Monitoring Recommended.*

## 5.D - Core Component 5.D

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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

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Clear

### Evidence

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5.D.1. A culture of disciplined, evidenced-informed decision-making; strategic allocation of resources; and clearly articulated quality improvement processes have been developed since the college's 2010 review. The College manages institutional projects through the recently created Institutional Effectiveness Division, and annually assesses its KPIs through the college Report Card. The President in the yearly state-of-the-college address, presents LCCC's Report Card and the results of the KPIs. The Budget Resource Allocation Committee uses rubrics to assess CQI initiatives when making decisions regarding resource allocations and hiring.

5.D.2. LCCC has feedback and evaluation processes that enable institutional learning. As these processes (e.g., program review and assessment, functional unit assessment, strategic planning) are repeated and strengthened, evidence that Core Component 5.D.2 is met will be fortified. A Campus Labs utility, Aquila, facilitates the documentation, review, and archiving CQI initiatives.

### Interim Monitoring (if applicable)

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*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	Clear
2.B	Core Component 2.B	Clear
2.C	Core Component 2.C	Adequate
2.D	Core Component 2.D	Clear
2.E	Core Component 2.E	Clear
3	Teaching and Learning: Quality, Resources, and Support	
3.A	Core Component 3.A	Adequate
3.B	Core Component 3.B	Clear
3.C	Core Component 3.C	Adequate
3.D	Core Component 3.D	Clear
3.E	Core Component 3.E	Adequate
4	Teaching and Learning: Evaluation and Improvement	
4.A	Core Component 4.A	Adequate
4.B	Core Component 4.B	Clear
4.C	Core Component 4.C	Clear
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	Clear
5.D	Core Component 5.D	Clear

## Review Summary

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### Conclusion

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No interim monitoring is called for. The College has adequate time to address and strengthen those items of evidence noted as being 'adequate but could be improved.'

While the CQR team makes a recommendation to the Commission regarding a Pathway for the College, the team regards the College as being ready to select either Pathway.

### Overall Recommendations

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#### Criteria For Accreditation

Adequate

#### Sanctions Recommendation

Not Set

#### Pathways Recommendation

Not Set

*No Interim Monitoring Recommended.*