December 15, 2009

Marilynn Liddell
President
Aims Community College
P.O. Box 69; 5401 W. 20th St
Greeley, CO 80632

Dear President Liddell:

Enclosed is the report of the team that conducted the Aims Community College Quality Checkup site visit. In addition to communicating the team's evaluation of your compliance with the Commission's Criteria for Accreditation and with the Commission's Federal Compliance Program, the report captures the team's assessment of your use of the feedback from your last Systems Appraisal and your overall commitment to continuous improvement.

I hope you will read and study the report carefully, because the team invested heavily in preparing for and conducting this visit, and its perceptions and advice are valuable to your institution. Please consider distributing it widely throughout your institution, since its positive feedback can be helpful in strengthening and broadening involvement in your quality improvement efforts.

A copy of the report will be read and analyzed by the AQIP Panel that reviews institutions for Reaffirmation of Accreditation at the time your review is scheduled. Prior to that review, we will send you a listing of the materials the Panel will consider, and give you an opportunity to update or supplement them if you so desire.

To comply with federal requirements, we need the CEO of the institution formally to acknowledge receipt of this report within the next two weeks, and to provide us with any comments you wish to make about it. Your response will become part of the institution's permanent record.

Sincerely,

Stephen D. Spangehl
Vice President, Accreditation Relations

QUALITY CHECKUP REPORT

Aims Community College

Greeley, CO
November 11 – 13, 2009

Quality Checkup team members:

Dr. Gary VanKempen
Director of Instruction
Lansing Community College

Ms. Patty Fairchild
Learning Technology Manager
Mid-State Technical College

<u>Background on Quality Checkups conducted by the Academic Quality Improvement Program</u>

The Higher Learning Commission's Academic Quality Improvement Program (AQIP) conducts Quality Checkup site visits to each institution during the fifth or sixth year in every seven-year cycle of AQIP participation. These visits are conducted by trained, experienced AQIP Reviewers to determine whether the institution continues to meet The Higher Learning Commission's *Criteria for Accreditation*, and whether it is using quality management principles and building a culture of continuous improvement as participation in the Academic Quality Improvement Program (AQIP) requires. The goals of an AQIP Quality Checkup are to:

1. Affirm the accuracy of the organization's online Systems Portfolio and verify information included in the portfolio that the last Systems Appraisal has identified as needing clarification or verification (System Portfolio Clarification and Verification);

2. Review with organizational leaders actions taken to capitalize on the strategic issues and opportunities for improvement identified by the last Systems Appraisal (Systems Appraisal Follow Up);

3. Alert the organization to areas that need its attention prior to Reaffirmation of Accreditation, and reassure it concerning areas that have been covered adequately (Accreditation Issues Follow Up);

4. Verify federal compliance issues such as default rates, complaints, USDE interactions and program reviews, etc. (Federal Compliance Review); and

5. Assure continuing organizational quality improvement commitment through presentations, meetings, or sessions that clarify AQIP and Commission accreditation work (Organizational Quality Commitment).

The AQIP peer reviewer(s) trained for this role prepare for the visit by reviewing relevant organizational and AQIP file materials, particularly the organization's last *Systems Appraisal Feedback Report* and the Commission's internal *Organizational Profile,* which summarizes information reported by the institution in its *Annual Institutional Data Update.* The report provided to AQIP by the institution is also shared with the evaluator(s). Copies of the Quality Checkup report are provided to the institution's CEO and AQIP liaison. A copy is retained by the Commission for the institution's permanent file, and will be part of the materials reviewed by the AQIP Review Panel during Reaffirmation of Accreditation.

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Clarification and verification of contents of the institution's *Systems Portfolio*

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.

During the Checkup Visit, the team verified contents of the Systems Portfolio, reviewed documents and website pages, and discussed with over twenty individuals including senior leadership the following items:

- The online tutoring program (3P2)
- College for Kids (3P2)
- The evaluation of faculty, staff, and administrators (4P6)
- Succession planning (5P7&8)
- The Point of Service questionnaire including results (6P3)
- Copies of the Aims Daily and In the Loop (5P6)

Review of specific accreditation issues identified by the institution's last Systems Appraisal

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.

There were no specific accreditation issues identified in the Systems Appraisal.

Review of the institution's approach to capitalizing on recommendations identified by its last Systems Appraisal in the *Strategic Issues Analysis.*

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.

The Systems Portfolio Appraisal team identified three strategic issues: 1) failure to close the "Plan, Do" loop through analysis and improvement processes; 2) lack of comparisons with other institutions of higher education; and 3) the need to set targets for improvement. Each of these strategic issues was discussed during the visit.

The team observed evidence that senior leadership has recognized the need to collect and analyze data for process improvement. A specific example is in its assessment of general education competencies in which artifacts have been identified and results regarding outcomes

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attainment collected. Currently faculty are working together to identify curriculum changes that would improve these results.

The College recognizes the importance of making comparisons with other institutions. One example includes the use of the Community College Survey of Student Engagement (CCSSE) which provides national benchmarks and institutional benchmark scores for five key areas of student engagement. The College is also participating in the National Community College Benchmark Project which provides a set of carefully-defined measures of effectiveness and an opportunity to report on those measures and compare its results with those of other colleges.

With the development of the most recent data inventory AQIP Action Project the College will be better able to identify areas and targets for improvement. Institutional Research and Effectiveness (IR&E) is ideally suited to provide leadership in measuring the effectiveness of the College's measurement systems.

Review of organizational commitment to continuing systematic quality improvement

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.

The College appears to be making continuous quality improvement an integral part of its day-to-day operations rather than a separate entity. Employees throughout the organization demonstrate awareness of the role of AQIP within the organization. College leaders are discussing the alignment of the Board's strategic planning process with the Principles and Categories of AQIP.

Under Leadership and Communication, the College has developed effective methods of keeping its stakeholders informed. Students consistently mentioned that they receive timely and necessary information from the College through a variety of channels. The All College Action Committee (ACAC) is a representative group that will play an instrumental role in the development and implementation of AQIP Action Projects and is in an excellent position to serve as a steering committee for the institution's quality improvement efforts.

Other AQIP issues

None

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WORKSHEET ON
Federal Compliance Requirements

INSTITUTIONAL MATERIALS RELATED TO FEDERAL COMPLIANCE REVIEWED BY THE TEAM:
Dr. Gary VanKempen
Ms. Error! Reference source not found.

EVALUATION OF FEDERAL COMPLIANCE PROGRAM COMPONENTS

The team verifies that it has reviewed each component of the Federal Compliance Program by reviewing each item below. Generally, if the team finds substantive issues in these areas and relates such issues to the institution's fulfillment of the Criteria for Accreditation, such discussion should be handled in appropriate sections of the Assurance Section of the Team Report or highlighted as such in the appropriate AQIP Quality Checkup Report.

1. Credits, Program Length, and Tuition: *The institution has documented that it has credit hour assignments and degree program lengths within the range of good practice in higher education and that tuition is consistent across degree programs (or that there is a rational basis for any program-specific tuition).*

The team has reviewed this component of federal compliance.

Comments:
We found that the College consistently and systematically determines credit hours for courses. Degree programs have overall credit hour requirements as required by the State of Colorado. The College does apply differential tuition within high cost areas but does so with standard criteria based on cost.

2. Student Complaints: *The institution has documented a process for addressing student complaints and appears to be systematically processing such complaints as evidenced by the data on student complaints for the three years prior to the visit.*

The team has reviewed this component of federal compliance.

Comments:
The College has a systematic Mediation, Assistance and Advocacy Program (MAAP) to respond to both informal and formal student complaints. The process employs an ombudsperson to act as an advocate for students. The College maintains a database of formal complaints and conducts a review to determine if there is a pattern of complaints that needs to be addressed on a larger scale.

3. Transfer Policies: *The institution has demonstrated it is appropriately disclosing its transfer policies to students and to the public. Policies contain information about the criteria the institution uses to make transfer decisions.*

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The team has reviewed this component of federal compliance.

Comments:
It appears that the College bases its decision regarding accepting courses for transfer on the declared major of the student making the request. Thus, a particular course might be accepted in transfer for one student but not for another student. We recommend a review of this policy that includes an analysis of similar policies from other institutions.

4. Verification of Student Identity: *The institution has demonstrated that it verifies the identity of students who participate in courses or programs provided to the student through distance or correspondence education.*

The team has reviewed this component of federal compliance.

Comments:
The College has a systematic approach for establishing student identity that includes the use of a secure portal (Luminus) and a procedure for logging into the system that includes communication of a password sent in a separate email correspondence. The password must include alpha, numeric and punctuation characters. For some courses, proctored exams are required to ensure that identification expectations are met.

5. Title IV Program and Related Responsibilities: *The institution has presented evidence on the required components of the Title IV Program. The team has reviewed these materials and has found no cause for concern regarding the institution's administration or oversight of its Title IV responsibilities.*

- **General Program Requirements:** *The institution has provided the Commission with information about the fulfillment of its Title IV program responsibilities, particularly findings from any review activities by the Department of Education. It has, as necessary, addressed any issues the Department raised regarding the institution's fulfillment of its responsibilities in this area.*

- **Financial Responsibility Requirements:** *The institution has provided the Commission with information about the Department's review of composite ratios and financial audits. It has, as necessary, addressed any issues the Department raised regarding the institution's fulfillment of its responsibilities in this area.*

- **Default Rates, Campus Crime Information and Related Disclosure of Consumer Information, Satisfactory Academic Progress and Attendance Policies:** *The institution has demonstrated, and the team has reviewed, the institution's policies and practices for ensuring compliance with these regulations.*

  Based on conversations with students, the team has some concerns about delays in students receiving financial aid checks in a timely matter and recommends that the College conduct a review of its financial aid procedures with the intent of mitigating those delays.

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- ***Contractual Relationships:*** *The institution has presented evidence of its contracts with non-accredited third party providers of 25-50% of the academic content of any degree or certificate programs.*

The team has reviewed this component of federal compliance and recommends the ongoing approval of such contracts.

6. Institutional Disclosures and Advertising and Recruitment Materials: *The institution has documented that it provides accurate, timely and appropriately detailed information to current and prospective students and the public about its accreditation status with the Commission and other agencies as well as about its programs, locations and policies.*

The team has reviewed this component of federal compliance.

Comments:
The College discloses information regarding its accreditation status with the Higher Learning Commission in its catalog and on its website.

7. Relationship with Other Accrediting Agencies and with State Regulatory Boards: *The institution has documented that it discloses its relationship with any other specialized, professional or institutional accreditor and with all governing or coordinating bodies in states in which the institution may have a presence.* **Note that if the team is recommending initial or continued status, and the institution is currently under sanction or show-cause with, or has received an adverse action from, any other federally recognized specialized or institutional accreditor in the past five years, the team must address this in the body of the Assurance Section of the Team Report and provide its rationale for recommending Commission status in light of this information.**

The team has reviewed this component of federal compliance.

Comments:
The College has attained professional accreditation in Auto, Aviation, Emergency Medical Services, Fire Science Technology, Paramedic, Police Academy and Surgical Technology. The Nursing program is in the process of applying for accreditation by the National League for Nursing Accrediting Commission. There have been no instances in which a program has been denied accreditation. The College does not offer dual degrees internally or with other institutions.

8. Public Notification of an Evaluation Visit and Third Party Comment: *The institution has made an appropriate and timely effort to solicit third party comments. The team has evaluated any comments received and completed any necessary follow-up on issues raised in these comments.* **Note that if the team has determined that any issues raised by third-party comment relate to the team's review of the institution's compliance with the Criteria for Accreditation, it must discuss this information and its analysis in the body of the Assurance Section of the Team Report.**

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The team has reviewed this component of federal compliance.

Comments:
The team reviewed language that was published in local newspapers and in College communications. Two favorable responses were received and reviewed.

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Aims Community College
Schedule for AQIP Quality Checkup Visit
November 11-13, 2009

(AQIP Review Team comments/questions in red)

TIME	EVENT	LOCATION & RESOURCE INVITEES *(per AQIP Review Team)*
November 11, 2009 (Wednesday)		
8:30-9:00 AM	Meet with President Liddell Is there anything particular you would like to see come out of this visit – any change you would like us to encourage?	BH 101

9:00-10:00 AM	Federal Compliance Review Meeting
	
	1. default rate and plans to reduce default rate
	2. other Title IV (financial aid) compliance
	    a. program participation agreement
	    b. audits
	    c. eligibility and certification renewal
	3. credits, program length and tuition
	4. advertising and recruitment materials
	5. public notification of comprehensive evaluation
	6. dual institutional accreditation
	7. organizational records of student complaints
	8. transfer policies
	9. student identification
		BH 123
		
		J. Reynolds
		M. Liddell
		P. Matijevic
		T. Dorchuck
		S. Thomas
		D. Souther
		G. Bardsley
		B. Rask

10:00-10:30 AM	Opening Remarks from AQIP Team *(this session will be taped for those who cannot attend—watch Aims Daily for details)* • history of involvement with aqip • purpose of visit –what we will and won't do. • schedule of visit	BH Theater 102 *All employees and community members are invited*
10:30-11:30 AM	Meet with Assessment of Student Learning Team • Do you have any data yet on the attainment of the five general education competencies? • Any data on CTE licensure and certification exams? • Can we see the data on transfer student success? • Data from employer satisfaction surveys? • Any thoughts on how you might compare your results with those of other institutions? • Targets for improvement?	BH 123 *Assessment of Student Learning Team and* *B. Steele* *B. Rask* *D. Souther*

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11:30-12:00 NOON	Online Learning/Student Verification • How many online courses and credits? • Are there any data comparing success rates of online students to ftf students? • Procedures for verification of online students	BH 123 *J. Reynolds* *G. Bardsley* *J. Otte*
	November 11, 2009 (Wednesday) *Cont'd*	
12:00-1:00 AM	Lunch without college personnel	
1:00-2:30 AM	Systems Portfolio Verification Could we see documents related to: • the online tutoring program (3P2) • College for Kids (3P2) • The evaluation of faculty, staff and admin (4P6) • Succession planning (5P7&8) • The Point of Service questionnaire including results (6P3) • Copies of the "Aims Daily" and "In the Loop" (5P6)	BH 123 *J. Reynolds* *M. Liddell* *P. Matijevic* *G. Bardsley* *D. Souther* *S. Kahla* *J. Naimark*
2:30-3:30 PM	Meet with All College Action Committee (ACAC) (Strategic/Tactical Planning Team) Leading and Communicating • Review the Quality of Work Life Survey and results generated. • What is the process used to generate the data and use the results for improvement? • Is there any data related to leadership? • Comparisons to other institutions?	BH 123 *ACAC*
3:30-4:30 PM	Quality Improvement Focus Meeting Is there anything beyond what has been listed above that Aims is doing in response to the System's Appraisal?	BH 123 *J. Reynolds* *M. Liddell* *B. Steele* *S. McCasland* *P. Yanish* *P. Matijevic* *D. Souther* *W. Richter* *S. Parsons* *E. Swieter* *M. Dempsey*

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5:30 PM	Dinner w/AQIP Team, Senior Management, Faculty & Staff Association Presidents	Dr. Liddell's home
	November 12, 2009 (Thursday)	
8:00-9:00 AM	Meet with Business/Finance Office • *Focus: How does the institution's budgeting process support its goals?* • As mentioned in 5P1 – could we see examples of budget forms that require alignment with Board goals	GS 202.4 *M. Kelly &* *Financial Services Team*
	November 12, 2009 (Thursday) *Cont'd*	

9:00-10:00 AM	Meet with Institutional Research & Effectiveness
	• *Focus: How do you measure effectiveness in the context of continuous improvement?*
	
	  • How does the College select, manage and use information and data to support its goals and improvement efforts?
	  • How do you decide on the College's needs for comparative data?
	  • How do you know that your systems for measuring effectiveness are effective?
		GS 220.3
		
		G. Bardsley
		G. Appling
		B. Steele
		L. Lewis

10:00-11:30 AM	Meet with Students	BH 123 *R. Fay & Student Team*
11:45 am-1:30 PM	Luncheon with Board of Trustees & Community Leaders	BH Theater 102
2:00-3:00 PM	Update on AQIP Action Projects A review of current and recently-retired action projects.	BH 123 *AQIP Action Project Leaders (current & retired projects):* *J. Reynolds* *G. Bardsley* *S. Parsons* *E. Swieter* *P. Yanish* *D. Laurence* *J. Naimark*

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3:00-4:00 PM	Meet with Student Services
	• *Focus: How does Student Services support institutional operations (AQIP Category 6)*
	   • *How do you use data to identify student services needs?*
	   • *How do you use data to improve student services?*
	   • *What specific measures are most important in determining results?*
	   • How do your student satisfaction results compare to those of other institutions?
		GS 236.2
		
		Pat Matijevic & Student Services Team

	November 13, 2009 (Friday)	
9:00-10:00 AM	Meet with President Liddell	BH 101
10:00-11:00 AM	Closing Remarks *(this session will be taped for those who cannot attend— watch Aims Daily for details)*	BH Theater 102 *All employees and community members are invited*

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