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| AGENDA/MINUTES | |
| Team Name | Accreditation Committee |
| Date | 17-Mar-2021 |
| Time | 2:00 pm |
| Location | Join Zoom Meeting  <https://zoom.us/j/98478569244>   Phone: +1 669 900 6833 US   Meeting ID: 984 7856 9244 |

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| Facilitator | | Myrna Perkins | | | | | Recorder | Sarah Riegel | | |
| Team members | | | | | | | | | Present X  Absent O | |
| x | Elaine Simmons | | x | Angie Maddy | x | Mark Dean | | | x | Cathie Oshiro |
| x | Randy Thode | | x | Jo Harrington | x | Sarah Riegel | | | x | Myrna Perkins |
| x | Stephanie Joiner | | x | Lindsay Holmes | x | Janet Balk | | | x | Abby Kujath |
| x | Matt Connell | | x | Lee Miller | x | Karly Little | | | x | Kurt Teal |
| x | Brian Howe | | x | Claudia Mather | x | Kathy Kottas | | | x | Todd Mobray |
| Guests | | | | | | | | | | |
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| “Doing Accreditation” | | | | | | | | | |  |
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| Topics/Notes | | | | | | | | | | Reporter |
| **Accreditation Committee Kick-Off**   * Roles & Responsibilities Defined (Separate document will be provided.) * Assurance Argument Coordinators (A4) have all been involved in accreditation for many years and have a deeper understanding of how to write documentation; they bring history and knowledge   **Purpose:** The Accreditation Committee works towards a comprehensive institutional understanding of and compliance with accreditation requirements and expectations under the HLC Open Pathways accreditation track inclusive of the following:   * Accreditation Requirements & Expectations * Criteria of Accreditation * HLC Assumed Practices * HLC Guiding Values * Obligations of Membership * Accreditation Monitoring Activities   + Annual Submission Institutional Data to HLC   + Substantive Change Requests/Approvals   + Additional Location Visits   + Year 4 Assurance Review   + Quality Initiative Project   + Assurance Argument   + Federal Compliance Report   + Comprehensive Visit | | | | | | | | | | Myrna Perkins  Document Provided |
| **Accreditation Timeline: Year 8**     * Annual Institutional Data Update  Timeline and Reporting Period **January 29:**Deadline for the Accreditation Liaison Officer to confirm or submit updates to the institutional contacts on file with HLC.  **March 1:** Institutional Update opens. HLC will send a notification to the Chief Executive Officer, Accreditation Liaison Officer, Chief Financial Officer and Data Update Coordinator (username and password information will be included).  **April 2:** Deadline for submitting the completed Institutional Update. How HLC Uses the Information Submitted in the Institutional Update Information provided in the Institutional Update serves multiple purposes in HLC processes. HLC’s dues, as well as financial and non-financial indicator processes, are based on the information your institution provides in the Institutional Update. | | | | | | | | | | Myrna Perkins  Document Provided |
| **Additional Location Visit | Summer, 2021**  Report due to HLC: May 24, 2021  Virtual Visit with Ms. Tyler: TBD  Mock Visit: TBD  Date of Visit: June 24, 2021  HLC Peer Review: Ms. Karlene Tyler  Locations:   1. Fort Riley Campus, 215 Custer Avenue, Ft. Riley, KS 2. Grandview Plaza, 100 Continental Avenue, Grandview Plaza, KS   Participants:   * Location Operational Administrator * Home Campus Oversight Administrator * Location Individual(s) Responsible for Academic Quality * Location Individual(s) Responsible for Student Services * Individual(s) Responsible for Library or Other Academic Support Services * Faculty * Students   “Institutions with three or more off-campus additional locations are required to undergo a Multi-Location Visit every five years. The visit is conducted by an HLC peer reviewer and involves a representative sample of the institution’s additional locations. The purpose of the Multi-Location Visit is to confirm the continuing effective oversight by the institution of its additional locations.” -- From HLC website.  **Peer Reviewer Report Topical Areas:**   * This is what the reviewer will be required to write on * We will go over these more in depth as we get closer to writing the report and doing the location visit   Ratings: Adequate or Attention Needed  **Overview**  Provide information about current additional locations and the institution’s general approach to off-campus instruction. Describe the growth pattern at the institution since the last review of off-campus instruction. Provide information about the involvement of external organizations or other higher education institutions.  **Institutional Planning**  What evidence demonstrates that the institution effectively plans for growth and maintenance of additional locations? Identify whether the institution has adequate controls to ensure that information presented to students is adequate. Describe whether the financial planning and budgeting process has proven effective at additional locations.  **Facilities**  What evidence demonstrates that the facilities at the additional locations meet the needs of the students and the curriculum? Consider, in particular, classrooms and laboratories (size, visibility, privacy for meetings, etc.); parking or access to public transit; bookstore or text purchasing services; security; handicapped access; and other (food or snack services, study and meeting areas, etc.)  **Instructional Oversight**  What evidence demonstrates that the institution effectively oversees instruction at the additional locations? Consider, in particular, consistency of curricular expectations and policies, availability of courses needed for program and graduation requirements, faculty qualifications, performance of instructional duties, availability of faculty to students, orientation of faculty/professional development, attention to student concerns.  **Institutional Staffing and Faculty Support**  What evidence demonstrates that the institution has appropriately qualified and sufficient staff and faculty in place for the location, and that the institution supports and evaluates personnel at off-campus locations? Consider the processes in place for selecting, training, and orienting faculty at the location.  **Student Support**  What evidence demonstrates that the institution delivers, supports, and manages necessary student services at the additional locations? Consider, in particular, the level of student access (in person, by computer, by phone, etc.) to academic advising/placement, remedial/tutorial services, and library materials/services. Also, consider the level of access to admissions, registration/student records, financial aid, and job placement services, as well as attention to student concerns.  **Evaluation and Assessment**  What evidence demonstrates that the institution measures, documents, and analyzes student academic performance sufficiently to maintain academic quality at the additional locations? How are measures and techniques employed at a location equivalent to those for assessment and evaluation on the main campus? Consider, in particular, the setting of measurable learning objectives, the actual measurement of performance, and the analysis and use of assessment data to maintain/improve quality.  **Continuous Improvement**  What evidence demonstrates that the institution encourages and ensures continuous quality improvement at its additional locations? Consider in particular the institution’s planning and evaluation processes that ensure regular review and improvement of additional locations and ensure alignment of additional locations with the mission and goals of the institution as a whole.  **Marketing and Recruiting Information**  What evidence confirms that the information presented to students in advertising, brochures, and other communications is accurate? | | | | | | | | | | Myrna Perkins |
| **HLC Annual Conference | April 5 – 9th, 2021 | Virtual Conference**   |  |  |  | | --- | --- | --- | | **Attendee** | **Date** | **Program** | | Dr. Heilman | Monday, April 5, 2021 | Presidents Program | | Elaine Simmons  Angie Maddy  Stephanie Joiner  Cathie Oshiro  Jo Harrington  Randy Thode | Monday, April 5, 2021 | Accreditation Program | | Myrna Perkins | Monday, April 5, 2021 | Peer Corps | | Elaine Simmons  Angie Maddy  Stephanie Joiner  Cathie Oshiro  Jo Harrington  Randy Thode  Myrna Perkins | Tuesday, April 6 – Friday, April 9, 2021 | General |   Link to Conference: <https://www.eventscribe.net/2021/HLC/>  All sessions will be recorded and available for 60 days. | | | | | | | | | | Myrna Perkins |
| **Criterion Spotlight:**  Criterion 1.A.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.   * Working towards Dr. Gene George to assist with our mission review. The scope is being negotiated. * The framework begun will be utilized as a foundation. * Review our mission to determine if it’s still relevant and reflective of our operations | | | | | | | | | | Myrna Perkins  Document Provided |
| **HLC’s Assumed Practices Spotlight**  “Foundational to the Criteria and Core Components is a set of practices shared by institutions of higher education in the United States. Unlike the Criteria for Accreditation, these Assumed Practices are (1) generally matters to be determined as facts, rather than matters requiring professional judgment and (2) not expected to vary by institutional mission or context. Every institution must be in compliance with all Assumed Practices at all times.”  Because institutions are assumed to be adhering to the Assumed Practices on an ongoing basis, peer review teams will not review their compliance with these requirements except as follows:   1. When an accredited institution's compliance with one or more Criteria for Accreditation raises questions concerning its compliance with related Assumed Practices, the institution must be prepared to provide evidence that it is in compliance with such related Assumed Practices.”   <https://www.hlcommission.org/Policies/assumed-practices.html> D. Resources, Planning, and Institutional Effectiveness  1. The institution is able to meet its current financial obligations. 2. The institution has a prepared budget for the current year and the capacity to compare it with budgets and actual results of previous years. 3. The institution has future financial projections addressing its long-term financial sustainability. 4. The institution maintains effective systems for collecting, analyzing, and using institutional information. 5. The institution undergoes an external audit by a certified public accountant or a public audit agency that reports financial statements on the institution separately from any other related entity or parent corporation. For private institutions the audit is annual; for public institutions it is at least every two years.2 6. The institution’s administrative structure includes a chief executive officer, chief financial officer, and chief academic officer (titles may vary) with appropriate credentials and experience and sufficient focus on the institution to ensure appropriate leadership and oversight. (An institution may outsource its financial functions but must have the capacity to assure the effectiveness of that arrangement.) 7. The institution's planning activities demonstrate careful and detailed consideration of student needs (including but not limited to the preservation of student records) and protocols to be followed in the event an orderly institutional closure becomes necessary. | | | | | | | | | | Myrna Perkins |
| **ALO Report – Myrna Perkins**  Item One: Six certificates approved by HLC. Added to the locations. Seeking approval by the U.S. Department of Education.   * Hazardous Materials certificates: 2 – 18 hour and 1 – 39 hour certificate * Emergency Management certificates: 2 – 18 hour and 1 – 39 hour certificate   Item Two: HLC has announced possibility of expansion:  “I am writing to announce that HLC has taken the first step toward considering applications from colleges and universities across the United States. HLC’s consideration of this change came after the July 1, 2020, enactment of federal regulations stating that the U.S. Department of Education would no longer limit regional accreditors’ scope to a region. At the February meeting, the HLC Board of Trustees initially approved changes to its Bylaws and policies to expand its geographic area for accreditation to include the entire United States.”  Barbara Gellman-Danley President, HLC | | | | | | | | | | Myrna Perkins |
| **HLC Peer Reviewer Report & Insights**   * Federal Compliance Panel Review – January, 2021 * Syllabi Request – Concourse will benefit us in this area * Federal Compliance Report Brevity – we need to completely answer the questions and provide narrative * Additional Location Confirmation Visit – February, 2021 * Note Peer Reviewer Reports are received by HLC Liaison Officer | | | | | | | | | | Myrna Perkins |
| **Student Success Academy Report**   * Set up “war room” to review our data * We’re doing this in preparation for the student success plan in conjunction with our assigned mentor * This information will be available on the T drive for future reference * At some point it will published on our website | | | | | | | | | | Angie Maddy |
| **Report Writer Report**   * Looking at evidence identification, collection and management * Need to meet tight deadlines and provide updates to the team * Need to review the way we index information and how we link it to documentation * This group will also look at quality control for consistency in formatting * All documentation is located on the T drive * Cathie will send out meeting invites to the leadership group | | | | | | | | | | Cathie Oshiro |
| **Evidence Collection Report**   * We need to think about the importance of continuous improvement * We need to collect data on any projects we do | | | | | | | | | | Randy Thode |
| Action Items | | | | | | | | | | Responsibility |
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**ALWAYS KEEPING IN MIND:**

**Barton Core Priorities/Strategic Plan Goals  
Drive Student Success**

1. Increase student retention and completion
2. Enhance the Quality of Teaching and Learning

**Cultivate Community Engagement**

1. Enhance Internal Communication
2. Enhance External Communication

**Emphasize Institutional Effectiveness**

1. Initiate periodic review of the Mission Statement and Vision Statement.
2. Through professional development, identify and create a training for understanding and use of process improvement methodologies.

**Optimize Employee Experience**

1. Develop more consistent & robust employee orientation.
2. Enhance professional development system.