

Report to the
Faculty, Administration, Trustees, and Students
of

Nassau Community College
Garden City, NY

by
A Team Representing the
Middle States Commission on Higher Education

Prepared After a Follow-Up Visit to the Institution on:
November 28-30, 2016

The Members of the Team:

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President
Union County College

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Vice President, Finance & Operations
Brookdale Community College

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Frederick Community College

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Associate Professor of Biology
Harford Community College

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Vice President for Academic Affairs, Institutional Effectiveness & Planning
Camden County College

Working with the Team:

Dr. Christy L. Faison, Vice President, Middle States Commission on Higher Education
Dr. Deborah Moeckel, Assistant Provost for Assessment and Community College Education,
State University of New York System Administration

At the Time of the Visit:
Dr. W. Hubert Keen, President

Chair of the Governing Board:
Dr. Jorge Gardyn

I. Institutional Overview

Nassau Community College (NCC) is the largest single-campus comprehensive community college in the State University of New York (SUNY) system. The College enrolls more than 20,000 undergraduate students and nearly 9,000 continuing education students. Approximately 60% of NCC's incoming students require some type of remediation. Most Nassau students transfer to SUNY or CUNY four-year institutions. Specialized services are offered through Military and Veterans Services, the Center for Students with Disabilities, the Psychological Counseling Center and the Center for Educational and Retention Counseling.

Following Self-Study, Nassau Community College hosted a visiting team from the Middle States Commission on Higher Education in March 2016. In June 2016, the Commission found the institution out of compliance with seven of the Commission's 14 Standards (Characteristics of Excellence), placed Nassau on Probation, requested a Monitoring Report, directed a liaison guidance visit, and subsequent small team follow-up visit to the campus.

In August 2016, as directed by the Commission, Dr. Christy Faison, MSCHE Vice President and Staff Liaison, made a guidance visit to the campus. She was accompanied by Col. Gerald Kobylski, Middle States Commissioner, and Dr. Deborah Moeckel, SUNY Assistant Provost for Assessment and Community Colleges. These three individuals met with the new, permanent, President, Dr. Hubert Keen and a majority of the members of the Board of Trustees.

President Keen became the permanent president of Nassau, after a six-year period in which three individuals served as President, Acting President, or Interim President. Additionally, in September 2016, a new Interim Vice President of Academic Affairs, Dr. Valerie Collins, was hired to fill a position that had been vacant for the last six years.

President Keen has had a distinguished career in higher education, most recently serving as President of SUNY's Farmingdale State College. He is familiar with the SUNY system and has experience with Middle States accreditation. Dr. Collins served as VPAA in a neighboring institution for sixteen years and has familiarity with the Middle States Commission on Higher Education, having served as Accreditation Liaison Officer for her previous institution and also as a Middle States Team Visitor and Team Chair.

The institution has been challenged by instability at the highest levels of administration, limited experience on the Board, and conflict regarding the College's legacy shared governance system. Furthermore, there has been a six year decline in enrollment, negatively affecting the availability of resources.

II. Nature and Conduct of the Visit

On June 23, 2016 the Commission took the following action:

To place the institution on probation due to insufficient evidence that the institution is currently in compliance with Standard 2 (Planning, Resources, and Institutional Renewal), Standard 3 (Institutional Resources), Standard 4 (Leadership and Governance), Standard 5 (Administration), Standard 6 (Integrity), Standard 7 (Institutional Assessment), and Standard 14 (Assessment of Student Learning). To note that the institution remains accredited while on probation. To request a Monitoring Report, due November 1, 2016, documenting evidence that the institution has achieved and can sustain ongoing compliance with Standards 2, 3, 4, 5, 6, 7 and 14, including but not limited to (1) long-range planning goals and objectives that link academic, facilities, technology, and enrollment management planning to institutional mission and goals (Standard 2); (2) systematic processes for financial planning and budgeting that assess the utilization and allocation of resources (Standard 3); (3) a well-defined system of collegial governance that includes a) procedures for periodic assessment of the governing body, b) a process for orienting new members and for providing updates for current members on the duties and responsibilities of the governing board, and c) defined governance responsibilities of faculty and administration (Standard 4); (4) assessment of the effectiveness of administrative structures, services, roles, and responsibilities (Standard 5); (5) clear evidence of institutional ethics including a) adherence to the Commission's policy on Political Intervention in Education, b) an institutional climate that fosters respect among students, faculty, staff and administration, c) fair and impartial practices in hiring employees, d) effective policies and procedures for tracking and resolving student complaints, and e) assurance of due process in student discipline policies and procedures (Standard 6); (6) a documented, organized and sustained assessment process to evaluate and improve the total range of programs and services (Standard 7); and (7) a documented, organized and sustained assessment process, that makes use of both direct and indirect measures, to evaluate and improve teaching and learning in all programs, including general education (Standard 14). A small team visit will follow submission of the Monitoring Report. The date of the next accreditation review will be established when accreditation is reaffirmed.

A small team from the Middle States Commission conducted a follow-up evaluation visit of Nassau Community College on November 28 through 30, 2016, after the College's submission of the Monitoring Report.

This evaluation report reflects the collective thinking of the team of trained peer reviewers. The team was charged with examining the evidence in the Monitoring Report that demonstrates the institution's compliance with the Middle States Commission's seven Standards that were identified as out of compliance in the June 2016 Commission Action.

Since the start of the fall 2016 semester, the new President and Cabinet in discussion with College constituencies have focused on preparation of this Monitoring Report through an Institutional Response Team that was implemented by the President in August 2016. A draft of

the Monitoring Report was made available to the NCC community in October. The final Report was made available to the College community on the NCC Portal.

The Team would like to thank President Keen, the Board of Trustees, and members of the administration for their cooperation during the visit. We would like to offer our thanks to Dr. Janice Grackin for her work on the team's behalf. The team would also like to thank the Institutional Response Teams and Committees and the entire College community—including the student government leaders—for their input and candor. Finally we want to offer special thanks to Public Safety Officers Wayne James and Chris Wood for their safe, patient, and professional escort during the visit.

Individuals with whom the team met during this visit:

NCC Board of Trustees

Chair - Jorge Gardyn
Trustee - Anthony Cornachio
Trustee - John DeGrace
Trustee - Edward Powers
Trustee - Donna Tuman

President and Cabinet

President - Hubert Keen
Interim Vice President, Academic Affairs - Valerie Collins
Vice President, Academic Student Services - Maria Conzatti
Vice President, Facilities Management - Joseph Muscarella
Vice President, Finance - Inna Reznik
General Counsel - Donna Haugen
Assistant to the President, Governmental and Media Relations - Kathleen Murray

Academic Senate Executive Committee:

Academic Senate Chair - Evelyn Wortsman Deluty
Academic Senate 1st Vice Chair - David Stern
Academic Senate 2nd Vice Chair - Paul Rosa
Academic Senate Secretary - Christopher Merlo
Academic Senate SGO Representative - Ariyanna Simmons

Dean of Institutional Effectiveness and Strategic Planning (OIESP):

Dean Kevlin

Assistant Vice President of Academic Assessment and Program Review (OAPR):

Janice Grackin

Middle States Institutional Response Coordinating Committee Co-Chairs:

Administration Co-Chair - Joseph Muscarella
Faculty Co-Chair - Pat Lupino

Middle States Institutional Response Subcommittee Co-Chairs:

Subcommittee A (MS 1,2,3,7) - Maria Conzatti (Administration) & Rona Casciola (Faculty)
Subcommittee B (MS 4,5,6) - Hubert Keen (Administration) & Paul Rosa (Faculty)
Subcommittee C (MS 12,14) - Judith Bennett-Murray (Administration) & Jill Burgreen (Faculty)
Subcommittee D (MS 8,9,13) - Inna Reznick (Administration) & Genette Alvarez-Ortiz (Faculty)
Subcommittee E (MS 10,11) Melanie Hammer (Administration) & Thomas Sands (Faculty)

Academic Senate Strategic Planning Committee Leadership:

Chair - Rona Casciola (Faculty - Marketing, Retailing, Fashion Design and Interior Design Department)
Vice Chair - Pat Lupino (Chair - Marketing, Retailing, Fashion Design and Interior Design)
Secretary - Kim Ballerini

Academic Senate Assessment Committee Leadership:

Chair - Rosemary Deriso
1st Vice Chair - Christine Marchese
2nd Vice Chair - Beth Gaudino-Goering
Secretary - Sal Masi

Academic Area Deans:

Judith Bennett-Murray (Allied Health Sciences & Nursing)
Thomas Fernandez (Mathematics & Sciences)
Melanie Hammer (Arts & Humanities)
Jerry Kornbluth (Business & Professional Education)

Department Chairs

Various

Student Government Association (SGA) Leadership:

SGA President -Jean Leroy
SGA Vice President -Patricia Lim
SGA Secretary -Bryant Gongora
Corresponding Secretary – Gabrielle Brooks
Recording Secretary – Diamonde Lewis
Academic Senate Representative – Ariyanna Simmons
Jonathan Kelly
Alexandra Fuentes
Landon Cooper

IV. Compliance with Accreditation Standards Under Review

Standard 2: Planning, Resource Allocation and Institutional Renewal

An institution conducts ongoing planning and resource allocation based on its mission and goals, develops objectives to achieve them, and utilizes the results of its assessment activities for institutional renewal. Implementation and subsequent evaluation of the success of the strategic plan and resource allocation support the development and change necessary to improve and to maintain institutional quality.

The team's judgment is that, at this time, the institution appears to not meet this standard.

Summary of Key Evidence and Developments:

Based on a review of the Self-Study and Monitoring Report documents, and interviews with representatives from the College Academic Planning Committee, the Dean of Institutional Effectiveness and Planning, facilities, and information technology, the team has come to the following conclusions:

The College provided the small team with the 2014-2017 Strategic Plan which included a consistent mission statement along with 11 strategic objectives which were included on the institutional website and six strategic objectives which were included in the document. This document also identified accompanying objectives for the six strategic planning goals, as well as the tasks, individuals responsible, and identified performance metrics. Furthermore, the Institutional Effectiveness Plan (formerly referred to as the Operational Plan) also attempts to provide linkage to a funding source, one of the 11 Nassau Community College mission elements available on the website, the Middle States Commission on Higher Education standards, the SUNY Excels metrics, and status updates. Despite this additional information including in some cases status updates, metrics and assessment of the effectiveness of the planning process are not consistent and in place for all objectives or initiatives.

Currently, budget requests for capital or information technology improvements are submitted via the Project Request Form or utilizing the Pegasus system and approved in coordination with the

Information Technology Strategic Plan or the Facilities Master Plan. These plans do not currently have evidence of direct links to the overall College Strategic Plan. Additionally, an Academic Master Plan would serve to provide guidance for College planning, decisions, and resource allocation.

With the current planning structure, resource allocation is not clearly linked to a cross functional, multi-year institutional planning process. Furthermore, the absence of academic master planning limits the usefulness of college-wide strategic, financial, facilities and information technology planning. Finally, no clear accountability for the management of institutional strategic planning further convolutes the process.

Requirements:

- The College must implement and operationalize the Institutional Effectiveness Plan to guide the planning process for the institution providing a gateway for long term plans that support the mission and goals of the College.
- The College must integrate and link the Multi-Year Academic, Facilities and Information Technology Plans to operationalize the goals and objectives of the College and incorporate enrollment management as part of the planning process.

Standard 3: Institutional Resources

The human, financial, technical, facilities, and other resources necessary to achieve an institution's mission and goals are available and accessible. In the context of the institution's mission, the effective and efficient uses of the institution's resources are analyzed as part of ongoing outcomes assessment.

The team's judgment is that, at this time, the institution appears to not meet this standard.

Summary of Key Evidence and Developments:

Based on a review of the Self-Study and Monitoring Report documents, and interviews with representatives from finance, facilities and technology, the team has come to the following conclusions:

Resource allocation is not clearly linked to cross functional, multi-year institutional planning. Academic master planning would serve to guide College decisions about growth, development and resource allocation. The lack of academic master planning limits the usefulness of the existing, but discreet financial, facilities and information technology planning. For example, linking resource allocation to student success initiatives that are components of academic planning or energy-saving utility upgrades that are components of facility planning supports the appropriateness of that financial spending. Without evidence of these linkages, the ability to assess the resource allocation is not possible.

Budgeting decisions are made based on historical data, formal and informal conversations about the needs of the institution, and/or on expectations of available resources but not based on long range strategic goals of the institution. Additionally, assessment of the utilization of those resources is not evident.

In FY15, College implemented an early retirement incentive as a cost saving measure in recognition of the likelihood that enrollment declines would continue; the number of staff who took advantage of the incentive was more than double projections. As such, reserves earmarked to cover the cost of the buyout were inadequate, requiring short-term financing of approximately \$7.5M. The County and the College entered into a Memorandum of Understanding (MOU) governing the repayment of that debt over a four year period.

Financial statements for the fiscal year ending August 31, 2015 were not available for examination during the March 13 - 16, 2016 Middle States Evaluation Team's visit; as such, inclusion of the results of that document were not part of the evaluation team's report. The August 31, 2015 audited statements, issued by the external auditor on May 31, 2016, included three financial statement findings governing internal control over financial reporting. The auditors' observed "the College was unable to produce reliable year-end close information in a timely manner." Missing financial reporting deadlines "could impact future funding for the College." The institution has agreed to modify the timeline of the year-end close to have items prepared earlier going forward.

Requirements:

- The College must develop systematic processes for financial planning and budgeting that assess the utilization and allocation of resources.
- The College must establish policies and procedures to determine the institution's allocation of resources.

Recommendation:

- Assessment of the appropriateness of budget estimates and reserve calculations to actual financial expenditures should be completed annually to minimize future financial risk.

Standard 4: Leadership and Governance

The institution's system of governance clearly defines the roles of institutional constituencies in policy development and decision making. The governance structure includes an active governing body with sufficient autonomy to assure institutional integrity and to fulfill its responsibilities of policy and resource development, consistent with the mission of the institution.

The team's judgment is that, at this time, the institution appears to not meet this standard.

Summary of Key Evidence and Developments:

Based on a review of the Self-Study and Monitoring Report documents, and interviews with members of the College community, the team has come to the following conclusions:

While much progress has been made in recent months, there is insufficient evidence supporting compliance with a well-defined, operational system of collegial governance.

The NCC Board of Trustees appointed a permanent president, Dr. Hubert Keen, who began his tenure August 01, 2016. Dr. Keen's hiring has been welcomed by, and motivational to, the campus community at large. Within a month of Dr. Keen taking office he recruited Dr. Valerie Collins to serve as the Interim Vice President of Academic Affairs. The addition of Drs. Keen and Collins has served to bring much needed stability to senior levels of institutional leadership. As such, team interviews with administration and faculty revealed that substantial progress towards much needed civility, trust, and collegiality at NCC has been made since the team visit in March, 2016.

The Board amended, and approved, its Policy 1200, "Board of Trustees Rules of Procedure," at the November 15, 2016 Board Meeting. The policy outlines a system of orienting new members ("Board of Trustees Rules of Procedure," Article XI) coordinated by the president within two months of their appointment. It is also mandated that within one year of appointment, each new trustee is to participate in a Board orientation offered by one of four outside advisory agencies. Current trustees attended one of two training sessions offered since the last team visit, on either September 7, 2016 or November 1, 2016, by a consultant from the Association of Community College Trustees in an effort to continue developing awareness of their responsibilities to the College.

In May of 2016 the Board of Trustees completed a self-assessment evaluation based on questions adapted from those composed by the Association of Community College Trustees. It is the intention of the Board to coordinate with the President to make this assessment process part of an annual evaluation process to be carried out in each May or June meeting of the Board.

Repeatedly, during two full days of interviews and discussions with administrators, faculty, and students, the team observed an acknowledgement of significant progress with regards to the reestablishment of trust and collegiality amongst the constituency groups. With the approval of Board Policy 1200 there are now clearly defined governance responsibilities and duties outlined for the Board of Trustees, the President, and Faculty. There appears to be a willingness among all constituencies to work together, helping to ensure the future of the College while maintaining the interest of the students it serves. Groundwork has been developed to move the institution forward although success can only be guaranteed if all parties of the College work in a collaborative and collegial manner.

Finally, in an effort to help the campus community clarify the conventions of governance, the Annual College Wide Colloquium will be devoted to shared governance this year.

Requirement:

- While Board Policy 1200 has been approved, at the time of this visit it has yet to be fully operationalized. The College must continue to move forward, with each constituency group embracing their roles and responsibilities as outlined.

Recommendation:

- The College should continue to investigate and utilize external resources to further develop the skills necessary for the operation of a collegial governance paradigm.

Standard 5: Administration

The institution's administrative structure and services facilitate learning and research/scholarship, foster quality improvement and support the institution's organization and governance.

The team's judgment is that, at this time, the institution appears to not meet this standard.

Summary of Key Evidence and Developments:

Based on a review of the Self-Study institutional documents, including Board Policies 1200 and 1300 and interviews with a representative group from the Board of Trustees, the President, the Vice Presidents of Academic Affairs, Finance, Government and Media Relations, Academic Student Services, faculty, deans, chairs, faculty senate leadership, staff, and students, the team has come to the following conclusions:

The Board of Trustees hired President W. Hubert Keen as chief executive of the institution, effective August 2016. President Keen has an earned doctorate and has extensive executive level experience as past President of Farmingdale State College as well as over 20 years of experience in progressively responsible positions in higher education. The team finds NCC has met the requirement of hiring a President with the appropriate academic credentials and experience to lead the institution.

The Board reviewed and approved amendments to Policy 1200, which outline the Board of Trustees Rules of Procedure. Policy 1200 clearly outlines the responsibilities and duties of the Board of Trustees, the President, and the Responsibilities and Obligations of the Individual Trustee. Policy 1200 also outlines processes for meetings, development of the calendar, Board committee composition and duties, amendment and suspension of the rules of procedure among other processes.

The Board also developed and approved Policy 1300, Formulation, Adoption and Amendment of Policies. Policy 1300 describes and establishes the process and standards for developing, reviewing, approving, amending and repealing policies. According to Policy 1300, the Board

delegates to the President the responsibility and authority to establish any and all administrative rules, regulations, and /or procedures necessary to implement and maintain its policies. The President or his/her designee is responsible for facilitating development and revision of Board policies to include a periodic review and evaluation of all Board policies, preparation of resolutions, consultation with appropriate College constituencies, and presentation of a proposed policy in draft form, as directed by the Board for consideration prior to action. Board Policy 1300 provides a clear role of the Board of Trustees and the President in the development of Board Policies, however there was no clear evidence of periodic assessment of the effectiveness of this administrative structure.

Through review and revision of Board Policy 1200 and the establishment of Board Policy 1300, the College has completed a formal review of the roles and responsibilities and authority of all constituencies and staff of the College, including but not limited to issues of policy creation/revision, policy final approvals and policy implementation. The results of the this review were communicated to the College community via two open forums and a discussion with the Academic Senate before going to the Board for final review and approval.

Requirements:

- The College must provide evidence of adequate information and decision-making systems to support the work of administrative leaders.
- The College must engage in the assessment of the effectiveness of administrative structures and services.

Standard 6: Integrity

In the conduct of its programs and activities involving the public and the constituencies it serves, the institution demonstrates adherence to ethical standards and its own stated policies, providing support for academic and intellectual freedom.

The team’s judgment is that, at this time, the institution appears to meet this standard.

Summary of Key Evidence and Developments:

Based on a review of the Self-Study and Monitoring Report documents, and interviews with members of the College community, the team has come to the following conclusions:

Nassau Community College has taken steps to comply with Standard 6. Specifically, at the November 2016 Board of Trustees meeting, the Board adopted amendments to Policy 1200 Board of Trustees Rules of Procedure. This amended policy addresses the appropriate roles and responsibilities for the Board, the President, the Administration and the Faculty. Within this amended Policy 1200 Article V, references a newly created Code of Ethics. The Board of Trustees Code of Ethics was enacted along with the amended Policy 1200 and enacted new Policy 1300 at the November Board meeting.

Additionally, the Nassau Community College Board enacted Policy 1300 Formulation, Adoption, and Amendment of Policies at the November 2016 meeting. This “policy on policies” clearly describes the process for development and ratification of Board policies.

In October 2016, the President approved a modified classroom management policy with a new provision for student appeals and due process. The institution is now in the process of determining an effective mechanism to make this revised policy available to students and the public. Furthermore, the HEOA student complaint form has been created and is now on the College’s website to facilitate resolution of student complaints. The College needs to now create effective policies and procedures for tracking these complaints.

The Monitoring Report noted, and the small team was told by several sources during the visit, that there have been noteworthy improvements in the institutional climate since the hiring of a permanent president and an interim chief academic officer. Members of the College community cited significant reductions in the numbers of disrespectful emails sent out via the “AIIINCC” email system. The team did not find an “uncivil and hostile climate” that characterized the March decennial visit. There appeared to be an environment that fosters respect among students, faculty, staff and administration.

The Monitoring Report and interviews with employees during the visit cited the adoption of amended Board Policy 1200 and the Code of Ethics by the Board as their response to the Commission request for evidence of integrity and ethical behavior, in addition to fair and impartial practices in hiring employees. The President, who has been charged with shepherding the Board orientation, Board annual retreat, and Board self-evaluation, stated that as a part of the new Board member orientation and annual self-evaluation, Trustees will review and sign the Code of Ethics policy. There was no current evidence of political intervention or interference in education.

Finally, interviews with employees revealed some concern about the adequacy of the College’s current policies on Title IX compliance.

Recommendations:

- The College should implement and develop system for tracking student complaints.
- The College should create a process and system for the promulgation and publicizing of approved policies.
- The College should review and revise all relevant Title IX policies to ensure compliance with Title IX requirements.

Standard 7: Institutional Assessment

The institution has developed and implemented an assessment process that evaluates its overall effectiveness in achieving its mission and goals and its compliance with accreditation standards.

The team's judgment is that, at this time, the institution appears to not meet this standard.

Summary of Key Evidence and Developments:

Based on a review of the Self-Study and Monitoring Report documents, and interviews with representatives from the College Academic Assessment Committee, the Dean of Institutional Effectiveness and Planning, the Assistant Vice President for Academic Assessment and Program Review, the academic support, facilities, and information technology, the team has come to the following conclusions:

The institution does a great deal of reporting and has data related to SUNY system standard reporting requirements as well as the SUNY program review process. Additionally, the institution has resources in place to collect and analyze data including Banner, Pegasus, and Taskstream; however, it is clear that it is currently not being done in a systematic manner, linked to resource allocation, and furthermore that the achievement of the institution-wide goals are not thoroughly assessed across the institution.

There appear to be pockets of assessment happening within departments of the institution, both faculty and administrative. For example, the College did document performance measures linked to its strategic plan in the Institutional Effectiveness Plan (formerly called the Operational Plan); however, not all measures linked to institutional objectives had data or results available.

The foundation of the College institutional assessment issues appear to be due to the inability to develop clearly articulated written statements, linkages to other institutional plans, and the gathering of metrics to support effectiveness. The College should maximize the use of existing data and resources, develop clear and realistic timelines for implementation, assess the effectiveness periodically, and share and discuss the assessment results with the proper constituencies in an effort to foster continuous improvement for the total range of programs and services at the institution.

Requirements:

- The College must link strategic goals and planning processes, identify a set of metrics, and link assessment to institutional resources to foster continuous improvement.
- The College must develop a systematic, college-wide, documented, organized, and sustainable assessment process which measures the total range of programs and services at the institution.

Standard 14: Assessment of Student Learning

That the institution has achieved and can sustain compliance including but not limited to evidence of the development and implementation an organized, systematic and sustainable process to assess the achievement of student learning goals in all programs, including general education, that fosters student learning and development and that uses results to improve teaching and learning (Standard 14)

The team's judgment is that, at this time, the institution appears to not meet this standard.

Summary of Key Evidence and Developments:

Based on a review of the Monitoring Report, documents provided, and interviews with faculty, chairs, deans, the Interim Academic Vice President and the Assistant Vice President for Academic Assessment and Program Review (AVPAPR), the visiting team came to the following conclusions:

An Interim Vice President for Academic Affairs was hired effective September 2016 and immediately worked with the AVPAPR, deans, and faculty to address concerns regarding the assessment of student learning outcomes expressed by the visiting team. According to anecdotal reports, the Senate Assessment Committee composed of approximately 50 faculty, are spearheading the student learning outcomes assessment process.

Institutional Learning Outcomes were recently approved and there are now plans to collect data beginning spring 2017. In meetings with faculty and department chairs the team was provided with anecdotal information regarding their participation in course level student learning outcomes assessment. These anecdotal reports indicated that course level assessment has been in progress since 2008. The *Academic Affairs Assessment Summary From AY 2008* was given to members of the small team during the visit by the VPAA and AVPAPR. This document was a checklist (from 2008 through 2016) that indicated which departments provided annual reports, rather than evidence of assessment of student learning outcomes. Because the institution was unable to provide summary data regarding the assessment of student learning outcomes, the small team was unable to find evidence of compliance with the Standard.

It was reported to the team that the institution conducts Academic Program Review, a SUNY requirement. The small team was unable to find evidence that these program reviews are completed. There was evidence that newly approved ILOs have been uploaded on Taskstream into every program and Program Student Learning Outcomes have been developed and uploaded as well. Additionally, the team was provided on site with the General Education Infused Competencies: Institutional Assessment Pilot Study from 2013. This document provided some evidence of limited assessment of general education competencies.

Requirement:

- The College must implement a documented, organized and sustainable student learning outcomes assessment process that makes use of both direct and indirect measures to evaluate and improve teaching and learning in all programs, including general education.

VI. Summary of Compliance

Based on a review of the Monitoring Report and appendices, interviews, and other documents reviewed during the visit, the team draws the following conclusions:

Nassau Community College has begun to make progress to document compliance with the seven Middle States Commission Standards of Accreditation that were identified as out of compliance in the June 2016 Commission Action. In the Monitoring Report and during the visit, the team was able to find evidence that NCC was in compliance with *Standard 6: Integrity*. Recent Board actions, adopting revised Policy 1200 and new Policy 1300, as well as the adoption of the Code of Ethics for Trustees helped to confirm this compliance. Furthermore, these policies, the hiring of a qualified President and Chief Academic Officer, and recent administrative actions have helped to provide the foundation for potential future compliance with *Standard 4: Leadership and Governance* and *Standard 5: Administration*. The operationalization of these Policies into the day-to-day functioning of the institution, will help to confirm future compliance in terms of the leadership, governance, and administration of Nassau Community College.

With regard to *Standard 2: Planning, Resource Allocation, and Institutional Renewal* and *Standard 3: Institutional Resources*, the College must implement and operationalize the Institutional Effectiveness Plan, integrate and link the Multi-Year Academic, Facilities and Information Technology Plans, and develop systematic processes for financial planning, budgeting, and resource allocation.

The College's assessment of institutional effectiveness and student learning outcomes require that the College develop a systematic, college-wide, documented, organized, and sustainable assessment process to measure the total range of programs, services, and student learning outcomes to improve teaching and learning and to foster continuous institutional improvement. Finally, the College must provide evidence, not just anecdotes, regarding the development, implementation, and results of these institutional effectiveness and student learning outcomes assessments.

Summary of Requirements and Recommendations

Standard 2: Planning, Resource Allocation, and Institutional Renewal

The team's judgment is that, at this time, the institution appears to not meet this standard.

Requirements:

- The College must implement and operationalize the Institutional Effectiveness Plan to guide the planning process for the institution providing a gateway for long term plans that support the mission and goals of the College.
- The College must integrate and link the Multi-Year Academic, Facilities and Information Technology Plans to operationalize the goals and objectives of the College and incorporate enrollment management as part of the planning process.

Standard 3: Institutional Resources

The team's judgment is that, at this time, the institution appears to not meet this standard.

Requirements:

- The College must develop systematic processes for financial planning and budgeting that assess the utilization and allocation of resources.
- The College must establish policies and procedures to determine the institution's allocation of resources.

Recommendation:

- Assessment of the appropriateness of budget estimates and reserve calculations to actual financial expenditures should be completed annually to minimize future financial risk.

Standard 4: Leadership and Governance

The team's judgment is that, at this time, the institution appears to not meet this standard.

Requirement:

- While Board Policy 1200 has been approved, at the time of this visit it has yet to be fully operationalized. The College must continue to move forward, with each constituency group embracing their roles and responsibilities as outlined.

Recommendation:

- The College should continue to investigate and utilize external resources to further develop the skills necessary for the operation of a collegial governance paradigm.

Standard 5: Administration

The team's judgment is that, at this time, the institution appears to not meet this standard.

Requirements:

- The College must provide evidence of adequate information and decision-making systems to support the work of administrative leaders.
- The College must engage in the assessment of the effectiveness of administrative structures and services.

Standard 6: Integrity

The team's judgment is that, at this time, the institution appears to meet this standard.

Recommendations:

- The College should implement and develop system for tracking student complaints.
- The College should create a process and system for the promulgation and publicizing of approved policies.
- The College should review and revise all relevant Title IX policies to ensure compliance with Title IX requirements.

Standard 7: Institutional Assessment

The team's judgment is that, at this time, the institution appears to not meet this standard.

Requirements:

- The College must link strategic goals and planning processes, identify a set of metrics, and link assessment to institutional resources to foster continuous improvement.
- The College must develop a systematic, college-wide, documented, organized, and sustainable assessment process which measures the total range of programs and services at the institution.

Standard 14: Assessment of Student Learning

The team's judgment is that, at this time, the institution appears to not meet this standard.

Requirement:

- The College must implement a documented, organized and sustainable student learning outcomes assessment process that makes use of both direct and indirect measures to evaluate and improve teaching and learning in all programs, including general education.