

QUALITY CHECKUP REPORT

# Iowa Valley Community College District

Marshalltown & Ellsworth, Iowa  
February 14-16, 2007

**Quality Checkup team members:**

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### Background on Quality Checkups conducted by the Academic Quality Improvement Program

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) or staff 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. Additionally, 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 the institution's Reaffirmation of Accreditation.

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

The latest edition of IVCCD's online Systems Portfolio was reviewed by team members and comparisons were noted between the 2004 version and the 2007 version.

In the team's judgment, the institution presented satisfactory evidence that it meets this goal of the Quality Checkup.

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

IVCCD prepared detailed documentation as the institution's response to Accreditation and Strategic Issues from the Systems Appraisal Feedback Report (2004). For special note:

Accreditation Issue 1: The Role of the Board. The 2007 Portfolio and the Board Policy Manual (100-102) clarify the role of the Board and satisfactorily meet the concerns of the Appraisal Team.

Accreditation Issue 2: The Vision and Mission Statement. The 2007 Portfolio and Board Policy Manual satisfactorily address the concerns of the Appraisal Team.

Accreditation Issue 3: Turnover in Key Leadership Positions. Both policy documents and discussions with elected members of the Board indicate commitment to AQIP principles as policy, and resolves concerns about leadership turnover.

In the team's judgment, the institution presented satisfactory evidence that it meets this goal of the Quality Checkup. The institution's approach to issues, documentation, and performance is acceptable and complies with Commission and AQIP expectations.

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

Each of the eleven Strategic Issues raised by the Systems Appraisal Team have been addressed by IVCCD and reviewed by the Checkup Visit team. District personnel are urged to address "stretch" goals more vigorously and to share their processes and results with peer institutions. The team noted and shared finding a number of "best practices" at IVCCD.

In the team's judgment, the institution presented satisfactory evidence that it meets this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance

is acceptable and complies with Commission and AQIP expectations.

#### Review of organizational commitment to continuing systematic quality improvement

After interviews with elected members of the District Board, the Chancellor, the Academic officers at all levels, faculty and staff, the team is impressed with how much application of AQIP continuous improvement principles has been successful in effecting cultural change.

In the team's judgment, the institution presented satisfactory evidence that it meets this goal of the Quality Checkup.

#### USDE issues related to default rate (renewal of eligibility, program audits, or other USDE actions)

The team reviewed the following documents:

- 1) Copies of the Federal Department of Education Default Rates for Ellsworth Community College (ECC) and Marshalltown Community College (MCC) for 2002, 2003, and 2004.
- 2) The IVCCD Default Reduction Plan (a "best practices" document)
- 3) IVCCD financial conditions as reported in the District's Systems Portfolio.
- 4) The 2004 independent financial audit report for IVCCD.

No USDE actions were reported by IVCCD or discovered by the team.

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

#### Compliance with Commission Policy IV.A.8, Public Notification of Comprehensive Evaluation Visit

Documents reviewed by the team included press releases in seven different publications circulated widely throughout the District, including Third Party Notice, and one written comment received in response to this notice.

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.

Compliance with Commission policy 1.C.7, *Credits, Program Length, and Tuition*

The team reviewed the following documents provided by IVCCD:

- 1) AA, AGS and AS-CO degree requirements as outlined in the College Catalog (both EEC and MCC)
- 2) Tuition and Fees

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

Compliance with Commission policy IV.B.2, *Advertising and Recruitment Materials*

The team reviewed the following documents:

- 1) Accreditation Statement in a variety of published material, including the College Catalogs and other institutional advertising and promotional materials
- 2) Accreditation information for Associate Degree and Practical Nursing programs (MCC and ECC)
- 3) Accreditation information for Dental Assisting program (MCC)

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

Compliance with Commission policy III.A.1, *Professional Accreditation*, and III.A.3, *Requirements of Organizations Holding Dual Institutional Accreditation*

The team reviewed the following documents:

- 1) Nursing Accreditation Letter
- 2) Dental Assisting Letter

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

Compliance with Commission policy IV.B.4. *Organizational Records of Student Complaints*

The team reviewed grievance procedures outlined in the ECC and MCC Student Handbooks and the IVCCD Catalogs. Processes are in place for complaint solicitation, receipt and action. IVCCD reported to the team that the few student complaints that have been received have been handled **at the point of disagreement. No complaints were filed with the Commission.**

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

Other USDE compliance-related issues

None noted.

Other AQIP issues:

None noted.

## SCHEDULE

Wed, Feb 14	9 a.m.-N	Meeting for Review of Federal Compliance Documents District Chancellor, AQIP Coordinator, and Director of Student Services
	N	Informal meeting with Chancellor, AQIP Coordinator and Academic Officers
	1 p.m.	Chancellor's Cabinet (15 people)
	2	AQIP Steering Committee (7 people)
	3	District Board (met with 4 different elected members but no more than 3 at a time per Iowa board statutes.)
	4	Team review of Resource documents
Thur, Feb 15	8 a.m.	Meeting with Faculty & Staff of Ellsworth Community College. Ellsworth campus (21 faculty/ 29 staff and administrators)  (Traveled with Lisa Breja to and from Ellsworth and interviewed her about her responsibilities as Institutional Researcher)
	10:30	Marshalltown campus. Support Staff ( 24 people)
	11:30	Faculty ( 22 people)
	1 p.m.	Informal meeting with provosts of both campuses and the chief academic officer
	3	Administrative staff from both campuses, plus the Grinnell site (13 people)
	5:30	Team meeting to organize report
Fri, Feb 16	8:00-10 a.m.	Wrap-up. Open meeting with those who had participated in previous meetings. Focused on "what have we learned?" (17 people)