

FOLLOW-UP VISIT  
REPORT

Kapi`olani Community College  
4303 Diamond Head  
Road  
Honolulu, HI 96816

This Report represents the findings of the peer review team that visited

Kapi`olani Community College on April 6, 2020

*Submitted*

*to:*

The Accrediting Commission for Community and Junior  
Colleges

*Submitted by:*

Willard Lewallen, Team Chair  
Superintendent/President (retired)  
Hartnell Community College District

Catherine Webb, Team Member  
Senior Dean, College Planning & Institutional Effectiveness  
Grossmont College

Virginia May, Team Member  
Professor of Mathematics/Statistics  
Sacramento City College

**DATE:** April 8, 2020  
**TO:** Accrediting Commission for Community and Junior Colleges  
**FROM:** Willard Lewallen, Team Chair  
**SUBJECT:** Report of Follow-Up Visit to Kapi`olani Community College  
April 6, 2020

**Introduction:**

A comprehensive peer review team visit was conducted at Kapi`olani Community College October 15-18, 2018. At its meeting of January 9-11, 2019, the Accrediting Commission took action to reaffirm accreditation for 18 months, with a requirement that the College submit a Follow-Up Report followed by a site visit.

The follow-up visit was facilitated by video conference call via Zoom technology on April 6, 2020. The organizer of the meetings and interviews was the team chair and the KCC executive assistant to the chancellor. The visiting team was comprised of Willard Lewallen, Superintendent/President (retired) of the Hartnell Community College District (team chair); Catherine Webb, Senior Dean, College Planning & Institutional Effectiveness at Grossmont College; and Virginia May, Professor of Mathematics/Statistics at Sacramento City College. The purpose of the team visit was to verify that the institution has addressed the compliance requirements, has resolved the deficiencies, and now meets Accreditation Standards.

The team found that the College had prepared well for the visit and provided a well-organized report along with relevant evidence in support of addressing the compliance requirements. The team conducted several interview sessions via Zoom technology and met with numerous personnel who provided insight into the College’s response to the compliance requirements. The Follow-Up Report and Visit were expected to document resolution of the following:

**Team Analysis of College Response to the Compliance Requirements**

**Standards I.B.7, I.B.8, IV.A.7 (College Recommendation 1):**

In order to meet the Standards, the Team recommends that the College regularly evaluate its institutional plans and governance and decision-making policies, procedures, and processes to ensure their effectiveness. Further, the Team recommends that the results of evaluations be widely communicated across the institution and used as the basis for making improvements.

**Findings and Evidence:**

The College has established a formal structure that links continuous improvement practices to its Student Success Pathway plans and processes. To inform this structure, the College conducted surveys to evaluate the effectiveness of existing governance and decision-making processes. The results of the surveys were used to inform the design of the new Continuous Improvement (CI) and Integrated Planning for Student Success processes. Based on the survey results, the College designed both processes to intentionally improve transparency and inclusivity of communication and dialogue, as well as to improve accountability and

close the loop. The College tied the CI process to other processes for planning and resource allocation, including Student Success Pathways (SSP) plans, institutional plans (e.g., DE Plan, Sustainability Plan), resource allocation processes (PAIR, ARF), program review (ARPD), and learning outcomes assessment (CLR, ARPD).

Although these improved processes are in their first cycle, the College has taken several steps to ensure that ongoing evaluation becomes an institutional practice. The new Integrated Planning for Student Success model includes steps leading to regular evaluation of the effectiveness of all institutional plans and governance and decision-making policies, procedures, and processes. The model also includes “analyze” and “reflect” steps in which all plan administrators, AGO leaders, and department leads use the results of effectiveness evaluations to inform planning, decision-making, and action steps. Further, the Office of Institutional Effectiveness (OFIE) will evaluate the effectiveness of its new processes through repeat surveys with the AGOs and constituency groups and focus groups with students. Initial evaluations are planned for Summer 2020; ongoing evaluation will be aligned with the College’s five-year planning cycle.

The College has also taken action to ensure that the results of its effectiveness evaluations are broadly communicated and used as the basis for improvement. Consistent with its intention to improve transparency and inclusivity, the College has posted links to all Continuous Improvement (CI) dashboards, documents, and learning outcomes assessments on its new Continuous Improvement website. All of the documents are housed in Google Drives, which are easily accessible to all campus personnel. In interviews with the visiting team, College personnel indicated that the availability and transparency of the CI+SSP plans in particular had helped them identify opportunities for increased collaboration, improvements, and planning across departments and functional areas. College personnel also reported that the increased transparency and inclusivity stemming from the improved processes were having a positive effect on communication, leading to more effective meetings, more active participation from staff and student constituencies, and more focused effort around the goals of student success and re-enrollment.

### **Conclusion:**

The College has addressed the requirement and meets the Standards.

### **Standards I.B.2, I.B.4, I.B.5 (College Recommendation 2):**

In order to meet the Standards, the Team recommends that the College analyze and document the results of learning outcomes assessment across all disciplines and programs, and integrate this analysis and documentation into program review and institutional planning processes on a regular and consistent cycle. Further, the Team recommends that the College use the results of this analysis and documentation to make improvements in student learning at the course, program, and institutional levels.

### **Findings and Evidence:**

The College referenced this recommendation as “outcomes assessment” and Recommendation 1 as “continuous improvement”, and addressed the two recommendations together by extending the scope of continuous improvement to include learning assessment and program evaluation, and making modifications to plans, processes, and policies.

The College re-established formal processes for analysis and documentation of the results of learning outcomes assessment across course, program and institutional levels. The evidence shows that the new processes are integrated into program review and institutional planning processes with an established five-year plan providing for a regular and consistent cycle. The first cycle began fall 2019. The comprehensive program review (CPR) cycle was modified to align with the five-year learning outcomes assessment cycle.

The College revised the Continuous Improvement and Course Learning Report (CI + CLR) form for course level review that includes mapping to the program, general education, and institutional level learning outcomes. To improve accountability, the College also revised the Learning Assessment Schedule and Report (LASR) form for departments to track progress toward assessment of all student learning outcomes within five years. Both are part of a new, homegrown system named PAPAYA (Providing Assistance Preparing All Your Assessments) that replaces Taskstream. With this new system, new policies and processes were vetted and approved. When implemented fully over time these processes ensure student learning assessment data inform decisions at the program and institutional levels. This is accomplished through possible program changes and resource requests that are documented in the Continuous Improvement and Annual Report of Program Data (CI + ARPD) and Planning and Assessment Integration with Resource Allocation process (PAIR) forms. Evidence of the CI + CLR and LASR work in progress forms was found in the PAPAYA system.

Reporting for learning outcomes assessment for the 2018-19 academic year is under the old system, Taskstream, and is being moved into the new system (PAPAYA). Analysis and documentation for the 2019-20 academic year is still underway, but early results were discussed during the virtual team visit. Programs such as the Tutor Training Program, Counseling, and the Associate of Arts in Liberal Arts are in the process of implementing improvements based on recent analyses and documentation.

Throughout the visit, it was noted that there is renewed enthusiasm for learning outcomes assessment analyses and documentation using the new PAPAYA system, as it is transparent and easy to use. Each department will report on 20% of their student learning outcomes assessment, either by learning outcome or by course each year. At the end of a five-year cycle, all student learning outcomes assessment will have been reported, improvements implemented, and continuous improvement loops will be closed.

**Conclusion:**

The College has addressed the requirement and meets the Standards.