

Heartland Community College

HLC ID 2048

AQIP: AQIP Pathway Systems Appraisal

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1 - Reflective Overview

The first section of the System's Appraisal Feedback Report is the Reflective Overview. Here the team provides summary statements that reflect its broad understanding of the institution and the constituents served. This section shows the institution that the team understood the context and priorities of the institution as it completed the review.

In the Reflective Overview, the team considers such factors as:

1. Stage in systems maturity (processes and results).
2. Utilization or deployment of processes.
3. The existence of results, trends and comparative data.
4. The use of results data as feedback.
5. Systematic improvement processes of the activities each AQIP Category covers.

Instructions for Systems Appraisal Team

During this stage of the Systems Appraisal, provide the team's consensus reflective overview statement, which should be based on the independent reflective overviews written by each team member. The consensus overview statement should communicate the team's understanding of the institution, its mission and the constituents it serves. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

Overall

Heartland is an open-enrollment, comprehensive community college with one main campus and two additional site centers. Heartland's enrollment is just under 5,200 credit students and approximately 12,000 non-credit students. The College employs nearly 300 full-time and 500 part-time employees. With more than 50 programs of study and almost 40 student clubs and organizations, Heartland provides a supportive, values-based environment to help students get the most out of their college experience.

In August 2017, following a newly developed process that privileged widespread employee input, the College unveiled a new strategic plan, including:

- **Vision:** Leading our community to lifelong learning and success.
- **Mission:** Heartland provides accessible, innovative learning opportunities and resources that enrich our community.
- **Priorities:** Promote Student Success; Ensure Resource Stewardship; Serve as a Community Resource; Model Effective Communication, Collaboration and Transparency.

The College's Normal campus sits on 250 acres, boasts new construction, state-of-the-art technology and impressive facilities. An additional 90+ acres of undeveloped Heartland-owned land sits on the western edge of campus, allowing for future expansion as merited. The Heartland Lincoln Center located in downtown Lincoln, IL, serves nearly 500 students. The Lincoln Center will move in

summer 2018 to a new, larger location to expand program offerings. The Heartland Pontiac Center, located in downtown Pontiac, IL, serves approximately 1,000 students annually.

Category 1 The College has clear processes for managing academic programs and activities. The institution is committed to assessment of student learning albeit in the early stages of maturity of this process. A key strength of the College is its awareness of issues and willingness to call itself to task for the need to improve.

Category 2 The College continues to address the needs of students and stakeholders by investing and supporting programs that meet the needs of a diverse community. The College has focused on issues of persistence and completion and is committed to engagement with internal and external stakeholders.

Category 3 Heartland has strong employee hiring, training, and support processes. Faculty and staff are well supported through ongoing professional development.

Category 4 Heartland is governed by an elected board. Members of the board are knowledgeable and engaged in institutional activities at the right level while still delegating appropriate responsibility to the operating team. The leadership team is fully engaged with the strategic planning process and strategic activities are coordinated across a range of programs and services.

Category 5 The institution, like many, is challenged to manage scarce resources. The College has put in place strong systems of managing resources and for ensuring accountability. Resources are well aligned with the College mission and intentions.

Category 6 The College has consistently responded to feedback from the AQIP process and has taken deliberate actions to build structure and processes supporting a commitment to continuous improvements.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

2 - Strategic Challenges Analysis

Strategic Challenges are those most closely related to an institution's ability to succeed in reaching its mission, planning and quality improvement goals. Review teams formulate judgments related to strategic challenges and accreditation issues through careful analysis of the Institutional Overview and through their own feedback provided for each AQIP Pathway Category. These findings offer a framework for future improvement of processes and systems.

Instructions for Systems Appraisal Team

Strategic Challenges may be identified on the Independent Category worksheets as the review progresses. The team chair will work with the team to develop a consensus Strategic Challenges statement based on their independent reviews. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

While there are strategic issues mentioned in several of the Category reviews, these two items reflect a consensus view of institution-wide challenges:

1. While there is clear evidence of an assessment process for evaluating student learning, there is a clear need to expand the scope of assessment activities to include a broader sample of artifacts and to increase the frequency of how often each area of competency is evaluated.
2. Although the College has defined clear processes for all essential areas of operation and collects data and information related to those processes, it is not always evident how the College analyzes and utilizes these data to improve the processes and related outcomes. The College is well documented in important processes. The challenge now is to take these process to a higher level of performance as driven by a deep understanding of the data.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

3 - Accreditation Evidence Screening Summary

Systems Appraisal teams screen the institution's Systems Portfolio evidence in relation to the Criteria for Accreditation and the Core Components. This step is designed to position the institution for success during the subsequent review to reaffirm the institution's accreditation. In order to accomplish this task, HLC has established linkages between various Process and Results questions and the Criteria's Core Components. Systems Appraisal teams have been trained to conduct a "soft review" of the Criteria/Core Components for Systems Portfolios completed in the third year of the AQIP Pathway cycle and a more robust review for Systems Portfolios completed in the seventh year. The formal review of the Criteria and Core Components for purposes of reaffirming the institution's accreditation through the comprehensive evaluation that occurs in the eighth year of the cycle, unless serious problems are identified earlier in the cycle. As part of this Systems Appraisal screening process, teams indicate whether each Core Component is "strong, clear, and well-presented," "adequate but could be improved," or "unclear or incomplete." When the Criteria and Core Components are reviewed formally for reaffirmation of accreditation, peer reviewers must determine whether each is "met", "met with concerns", or "not met".

The full report documents in detail the Appraisal team's best judgment as to the current strength of the institution's evidence for each Core Component and thus for each Criterion. It is structured according to the Criteria for Accreditation and the Systems Appraisal procedural document. Institutions are encouraged to review this report carefully in order to guide improvement work relative to the Criteria and Core Components.

Immediately below the team provides summary statements that convey broadly its observations regarding the institution's present ability to satisfy each Criterion as well as any suggestions for improvement. Again, this feedback is based only upon information contained in the institution's Systems Portfolio and thus may be limited.

Instructions for Systems Appraisal Team

In this section, the team should create summary statements/suggestions for improvement for each of the Criteria for Accreditation.

Evidence

Criteria 1: All core components have been met. Heartland understands its mission and the mission drives planning and decision-making. The mission is articulated publicly. The College has an opportunity to better describe how it engages in discussion of diversity and how it meets the changing face of its constituency.

Criteria 2: All core components have been met. The College presents itself accurately and operates with integrity. Policies and processes are evident for ethical behavior, freedom of expression, and responsible use of information.

Criterion 3: All core components have been met. Programs offered are appropriate to higher education and intellectual inquiry. There are sufficient, appropriately credentialed faculty and staff for programs and services. Support is provided for student learning and teaching. Core component 3e

could be strengthened through more intentional planning for development and support of co-curricular activities.

Criteria 4: All core components are met but core component 4b could be strengthened. Assessment activities need to be broadened and analysis offered more frequently. While it is clear the assessment process is in place, there is an opportunity to strengthen the process in pursuit of college objectives.

Criteria 5: All core components have been met. Heartland engages in systematic planning to track and improve operations. resources are adequate to support educational programs. Leadership is stable and operates with strong professional development.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

4 - Quality of Systems Portfolio

In this System Appraisal, peer review teams should acknowledge any work that the institution has begun toward addressing the Criteria for Accreditation and the Core Components. The more focused analysis remains on the AQIP Categories and the institution's evidence related to the Process (P), Results (R), and Improvement (I) questions. In cases where there was HLC follow-up stemming from the institution's previous reaffirmation review, the institution may request closer scrutiny of those items during this Systems Appraisal.

Instructions for Systems Appraisal Team

Because it stands as a reflection of the institution, the Systems Portfolio should be complete and coherent, and it should provide an open and honest self-analysis on the strengths and challenges facing the institution. In this section, the peer review team provides the institution with constructive feedback on the overall quality of the Systems Portfolio, along with suggestions for improving future Systems Portfolio submissions.

Evidence

Heartland's portfolio is well structured and well organized. The document provides clear responses aligned with each Category question, Criterion and Core Component. The institution has provided evidence and relevant information regarding processes and outcomes. Overall, the document is readable and presents a clear picture of the institution, its processes, and relevant outcomes. There are a few places where more detailed data would add clarity when attempting to evaluate the processes in question.

The area consistently lacking attention is in internal analysis. Throughout the review there was a lack of internal analysis of data and results. In all likelihood, this may have been an oversight in presentation because there is evidence in other places of analysis and application of data. but the portfolio itself was somewhat lacking in this regard.

As noted in other areas, the institution could benefit from greater definition of internal benchmarks and processes for comparing results to external measures.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

5 - AQIP Category Feedback

The Systems Appraisal Feedback Report addresses each AQIP Category by identifying strengths and opportunities for improvement. Through detailed comments, which are tied to the institution's Systems Portfolio, the team offers in-depth analysis of the institution's processes, results and improvement efforts. These comments should be straightforward and consultative, and should align to the maturity tables. This allows the team to identify areas for improvement and recommend improvement strategies for the institution to consider.

I - Helping Students Learn

Focuses on the design, deployment, and effectiveness of teaching-learning processes (and on the processes required to support them) that underlie the institution's credit and non-credit programs and courses.

Instructions for Systems Appraisal Team

In this section, the team should provide a consensus narrative that focuses on the processes, results and improvements for Common Learning Outcomes, Program Learning Outcomes, Academic Program Design, Academic Program Quality and Academic Integrity.

Independent Category Feedback for each AQIP Category from each team member should be synthesized into an in-depth narrative that includes an analysis of the institution's processes, results and quality improvement efforts for each category. Wording from the Stages in Systems Maturity tables for both processes and results should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results. It is from this work that the team will develop a consensus on the Strategic Challenges analysis, noting three to five strategic issues that are crucial for the future of the institution. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

CATEGORY 1: HELPING STUDENTS LEARN

Category 1 focuses on the design, deployment and effectiveness of teaching-learning processes (and the processes required to support them) that underlie the institution's credit and non-credit programs and courses.

1.1: COMMON LEARNING OUTCOMES

Common Learning Outcomes focuses on the knowledge, skills and abilities expected of graduates from all programs. The institution should provide evidence for Core Components 3.B., 3.E. and 4.B. in this section.

1P1 Describe the processes for determining, communicating and ensuring the stated common

learning outcomes, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- Aligning common outcomes (institutional or general education goals) to the mission, educational offerings and degree levels of the institution (3.B.1, 3.E.2)

Aligned: The College has two shared governance committees, the Curriculum and Academic Standards Committee (CAS) and the Assessment Committee (AC) that are responsible for ensuring alignment of the common outcomes to the newly revised mission, educational offerings and degree levels of the institution. The College recently reduced the common learning outcomes from twenty to five and renamed them Essential Competencies (EC). It would be helpful for the College to show how it aligns the common learning outcomes to the mission.

- Determining common outcomes (3.B.2, 4.B.4)

Aligned: General Education Outcomes were renamed Essential Competencies in 2014; 20 measurable CLO are in use in four areas: communication, diversity, problem solving and critical thinking. The outcomes have been revised significantly three times since 1993, indicating there has been consistent use of learning outcomes, but the review process is not predictable, thus not integrated.

- Articulating the purposes, content and level of achievement of the outcomes (3.B.2, 4.B.1)

Systematic: The College recently changed the name from General Education Outcomes to Essential Competencies to reflect the importance of the development of these skills across all types of courses at the institution. The level of achievement is governed by an oversight committee that ensures there are at least 2 ECs in the course and it follows by having a syllabus template which is used for courses. It is unclear at what level students are expected to achieve the outcomes and what type of an assessment process is in place to determine achievement. Providing examples of other competencies would help strengthen the evidence file section.

- Incorporating into the curriculum opportunities for all students to achieve the outcomes (3.B.3, 3.B.5)

Aligned: The College notes the Essential Competencies are embedded across the entire curriculum and various programs. Work has begun to align credit programs and continuing education. A process exists to ensure all new and revised courses address at minimum two Essential Competencies per course, and within a degree program all five Essential Competencies must be assessed. It is unclear whether existing courses were analyzed and updated to include at minimum two Essential Competencies.

- Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)

Systematic: The portfolio references alignment with key stakeholders (p.3) including participation in IL articulation initiatives. This demonstrates relevance related to the transfer process. The portfolio also indicates every career program convenes an external advisory committee annually to ensure outcomes align with local workplace and societal needs, but it does not discuss how the college uses input received from the advisory committees.

- Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)

Reacting: The College acknowledges they are in the reacting stage for this process. In the future, the College plans to establish a process by which co-curricular areas will design, align, deliver, and assess co-curricular activities to support the new Essential Competencies.

- Selecting the tools, methods and instruments used to assess attainment of common learning outcomes (4.B.2)

Aligned: The Assessment Committee designs the process for selecting instruments for assessment. A common Assessment Form is used to collect data by all faculty for two different outcomes during the annual evaluation process. A variety of training is available both internally and externally. The College places great emphasis on the development of expertise in assessment through a section on the promotion portfolio.

- Assessing common learning outcomes (4.B.1, 4.B.2, 4.B.4)

Aligned: The Assessment Committee reviews outcome coverage analysis, data collection and outcome data review. All faculty teaching a course containing the Critical Thinking 2 (CT2) competency, which is the competency that appears on the master syllabi more than any other competency, complete an Assessment Form documenting student learning of that outcome.

1R1 What are the results for determining if students possess the knowledge, skills and abilities that are expected at each degree level? The results presented should be for the processes identified in 1P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Systematic: The College collects data to ensure sufficient student exposure to each of the 20 learning outcomes. This information is presented in a table format depicting the number of courses addressing each competency area. A summative statement indicating the % of students enrolling in one or more of these courses in each EC area would demonstrate the level of exposure for the student body.

- Comparison of results with internal targets and external benchmarks

Reacting: The College has not identified direct internal or external benchmarks for comparison. The College reported percentage of students performing at three different levels but no proficiency or internal benchmark for achievement was noted. The College also reported select CCSSE (Community College Survey of Student Engagement) data about students' perceived exposure to and achievement of the College's common outcomes. This provides an indirect external benchmark.

- Interpretation of results and insights gained

Reacting: The College used validity data after the first year of assessment to make changes to the process by creating rubrics and sample assessments as well as held multiple informational sessions to improve faculty understanding of the essential competencies in an effort to improve validity the following year. Validity increased some in year two and then dropped in year three leading the College to determine that shared understanding of the essential competencies was

lacking. Due to the large number of essential competencies it was determined that the College would reduce down to a more manageable number in an effort to improve shared understanding but did not share how the information is used to support continuous quality improvement.

III Based on 1R1, what process improvements have been implemented or will be implemented in the next one to three years? (4.B.3)

Heartland Community College has had common outcomes, in the form of general education outcomes, in place since 1993. In 2014, these outcomes were renamed Essential Competencies and include 20 measurable student learning outcomes in four main areas: communication, diversity, problems solving and critical thinking. The College has identified the courses offering curriculum in support of the 20 outcomes. This section of the portfolio was limited in evidence that student learning is measured and that the data collected is used to support continuous quality improvement. HCC acknowledges there more work is needed to align co-curricular programs with common learning outcomes. As new initiatives are created, the College is encouraged to focus on developing consistent, repeatable assessment process that focus on success, data collection, and interpretation.

1.2: PROGRAM LEARNING OUTCOMES

Program Learning Outcomes focuses on the knowledge, skills and abilities graduates from particular programs are expected to possess. The institution should provide evidence for Core Components 3.B., 3.E. and 4.B. in this section.

1P2 Describe the processes for determining, communicating and ensuring the stated program learning outcomes and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- Aligning learning outcomes for programs (e.g., nursing, business administration, elementary teaching, etc.) to the mission, educational offerings and degree levels of the institution (3.E.2)

Aligned: Faculty program coordinators involve all faculty teaching in the program in the process for determining specific program learning objectives.

- Determining program outcomes (4.B.4)

Aligned: Program coordinators utilize external advisory teams consisting of local employers and area experts, P-20 educational partners for curricular alignment, state, national and regulatory accrediting bodies, and Illinois Articulation Initiative (IAI) guidelines).

- Articulating the purposes, content and level of achievement of the outcomes (4.B.1)

Systematic: “Program learning outcomes are reviewed systematically to ensure continued appropriateness and effectiveness during the program review processed described in 1P3.” It is unclear how the College articulates the purposes, content and level of achievement of the program outcomes.

- Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)

Systematic: Academic program outcomes are reviewed by faculty on a five-year rotation and career technical programs undergo annual review by employer advisory groups. More detailed description of this process is needed to assess the level of alignment and integration.

- Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)

Systematic: Discipline specific student clubs exist for many programs. It is unclear however how club activities align with program outcomes.

- Selecting the tools, methods and instruments used to assess attainment of program learning outcomes (4.B.2)

Systematic: Faculty in the programs are responsible for choosing tools and methods to assess program learning outcomes and there is no consistency across the college to determine the best method.

- Assessing program learning outcomes (4.B.1, 4.B.2, 4.B.4)

Systematic: Each program shares results of assessment using the College's Assessment Form. It is unclear how often each program outcome is assessed and reported.

1R2 What are the results for determining if students possess the knowledge, skills and abilities that are expected in programs? The results presented should be for the processes identified in 1P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Overall levels of deployment of the program assessment processes within the institution (i.e., how many programs are/not assessing program goals)

Aligned: HCC is achieving a high level of participation in the program review process. In FY17, 100% of reports required were submitted.

- Summary results of assessments (include tables and figures when possible)

Systematic: Available data was provided in table format with the appropriate labels, counts and comparisons to state and national exam pass rates. No specific data was presented to indicate results of program review at the College.

- Comparison of results with internal targets and external benchmarks

Systematic: Several examples of the College's use of external benchmark data was provided for career and technical education programs. Internal targets were not provided.

- Interpretation of assessment results and insights gained

Reacting: The College did not provide direct results from program review outside of comparison data nor insights gained.

1I2 Based on 1R2, what process improvements have been implemented or will be implemented in the next one to three years? (4.B.3)

HCC has adopted a systematic program review process to enhance its collection and assessment of student outcomes data. The College provided five examples of improvement measures implemented to improve the NCLEX pass rate.

In the next three years, the College recognizes the need to set internal targets for these results and to assess programs against those targets.

The college also recognizes the need to improve graduate preparedness and employment data collection.

1.3: ACADEMIC PROGRAM DESIGN

Academic Program Design focuses on developing and revising programs to meet stakeholders' needs. The institution should provide evidence for Core Components 1.C. and 4.A. in this section.

1P3 Describe the processes for ensuring new and current programs meet the needs of the institution and its diverse stakeholders. This includes, but is not limited to, descriptions of key processes for the following:

- Identifying student stakeholder groups and determining their educational needs (1.C.1, 1.C.2)

Systematic: The Academic Planning Council, a new group formed since the last portfolio submission, serves as the origin for all consideration of new program development. A college wide “program input development and implementation process map” supports the process.

The process focuses on ensuring not only the quality of the program, but also the need for the program with assurance that it will be competitive and successful. It would benefit the college to show what process is used to determine student group stakeholders educational needs and input in the process.

- Identifying other key stakeholder groups and determining their needs (1.C.1, 1.C.2)

Aligned: To ensure the College is developing competitive programs, Labor market data along with focus group or advisory council input are essential components to determining community need, along with analysis of surrounding offerings and College district student enrollments in programs not offered at HCC.

- Developing and improving responsive programming to meet all stakeholders' needs (1.C.1, 1.C.2)

Systematic: The College uses internal submissions and external community conversations to determine programming needs. It is unclear whether there is a standard process in place across the college.

- Selecting the tools, methods and instruments used to assess the currency and effectiveness of academic programs

Aligned: The College identifies 1) Program review templates, 2) BI reports, 3) annual program review training for faculty and staff involved in the process, 4) standard dates for program review, 5) process for reviewers to meet with administration, and 6) program termination process as tools used to assess.

- Reviewing the viability of courses and programs and changing or discontinuing when necessary (4.A.1)

Systematic: The College notes that the program review process includes some external reviews/validation but mostly rely on accreditation data along with advisory board consults to determine relevancy and effectiveness.

1R3 What are the results for determining if programs are current and meet the needs of the institution's diverse stakeholders? The results presented should be for the processes identified in 1P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of assessments (include tables and figures when possible)

Systematic: The college implemented a new review process in 2017 and results are limited at this time. The curriculum committee continues to review new, revised and culled courses and programs.

- Comparison of results with internal targets and external benchmarks

Reacting: Evidence of internal targets and external benchmarks was not provided.

- Interpretation of results and insights gained

Reacting: The College reports that through the changing of the process there was higher completion rates, standardization of data, and a more systematic review of program viability by multiple internal constituents.

1I3 Based on 1R3, what process improvements have been implemented or will be implemented in the next one to three years?

The College notes that it has created a new work ready program development process to aid in involving the academic and continuing education staff in their processes. The College is also planning to systematize a process of convening and utilizing employer advisory committees to help assess the currency and quality of programs.

1.4: ACADEMIC PROGRAM QUALITY

Academic Program Quality focuses on ensuring quality across all programs, modalities and locations. The institution should provide evidence for Core Components 3.A. and 4.A. in this section.

1P4 Describe the processes for ensuring quality academic programming. This includes, but is not limited to, descriptions of key processes for the following:

- Determining and communicating the preparation required of students for the specific curricula, programs, courses and learning they will pursue (4.A.4)

Aligned: Course pre-requisites are determined by the faculty developing the course utilizing the competency documents to determine appropriate placement. The College website, the student success guide, the course catalog and student handbook all outline course and program requirements. In addition, this information is communicated to students verbally at information nights, recruitment open houses, campus visits, and orientation.

- Evaluating and ensuring program rigor for all modalities, locations, consortia and dual-credit programs (3.A.1, 3.A.3, 4.A.4)

Aligned: The Director of Online Learning and Instructional Technologies evaluates and ensures program rigor across delivery methods through a process that includes a certification course, as well as approval of course design, assessment and evaluation methods and tools. This is required for any faculty teaching an alternative delivery method. Instructional chairs assign faculty at alternative locations and review their performance. Dual credit programs align themselves the NACEP criteria and instructors must meet the same criteria as all other faculty.

- Awarding prior learning and transfer credits (4.A.2, 4.A.3)

Aligned: Credit for prior learning is awarded according to the Prior Learning Policy. Academic departments determine CLEP and AP scoring. Proficiency exams have been developed for courses where prior learning is likely. Statewide transfer credit is awarded for courses through the IAI. For all other courses the records office coordinates a review process to find a course equivalent and seeks approval from the department when necessary.

- Selecting, implementing and maintaining specialized accreditation(s) (4.A.5)

Systematic: HCC holds specialized accreditation for the following programs: Emergency Medical Technician Paramedic, Nursing, Physical Therapy Assistant, and Radiography.

The College's dual credit program was used as an example of a program that was considered for national accreditation through NACEP. Due to cost, the school did not pursue the accreditation but did take steps to align the program with NACEP requirements. This could be an aligned or integrated process if additional credit-bearing program examples were provided (i.e. Pharmacy Technician Program, Dental Assistant).

- Assessing the level of outcomes attainment by graduates at all levels (3.A.2, 4.A.6)

Aligned: Faculty design assessments and evaluation methods that ensure course and program learning outcomes are met in order to successfully complete courses (look for evidence of this in 1R4). The College also relies on external sources of validation such as transfer rates, licensure exam pass rates, industry certifications and employer satisfaction surveys.

- Selecting the tools, methods and instruments used to assess program rigor across all modalities

Aligned: HCC utilizes a master course syllabi approval process and requires all instructors of a course to use the course master syllabus.

Assessment of rigor is accomplished through evaluation norming sessions wherein faculty gather to discuss standards for grading and review each other's grading for norming purposes.

1R4 What are the results for determining the quality of academic programs? The results presented should be for the processes identified in 1P4. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of assessments (include tables and figures when possible)

Systematic: Academic program quality is assessed through reviewing success rates (grades) by deliver mode (In-Person, Hybrid, Online) and success rates (passing rate) of recent high school graduates and College NOW (dual credit) students.

- Comparison of results with internal targets and external benchmarks

Reacting: Completion data was provided to demonstrate comparison to external benchmarks. No evidence provided that internal targets are established.

- Interpretation of results and insights gained

Reacting: The College has not set any internal or external benchmarks by which to measure their quality and notes that more detailed analysis is necessary to determine why rates differ by location.

1I4 Based on 1R4, what process improvements have been implemented or will be implemented in the next one to three years?

The College notes it revised its course pre-requisites after learning that its previous requirements were much higher than like institutions and the next step will be to ensure students are placed into the appropriate courses. The College will also work to improve success rates and reduce withdrawal rates in online course through an assessment of online learning aptitude to be utilized by students taking online courses for the first time. The College notes the necessity to set internal benchmarks based on current data.

1.5: ACADEMIC INTEGRITY

Academic Integrity focuses on ethical practices while pursuing knowledge. The institution should provide evidence for Core Components 2.D. and 2.E. in this section.

1P5 Describe the processes for supporting ethical scholarly practices by students and faculty. This includes, but is not limited to, descriptions of key processes for the following:

- Ensuring freedom of expression and the integrity of research and scholarly practice (2.D., 2.E.1, 2.E.3)

Aligned: Academic freedom for students, faculty, and professional staff is ensured through Board policy, the collective bargaining agreement with the faculty union and the adjunct faculty union, noted in the College's values statement.

- Ensuring ethical learning and research practices of students (2.E.2, 2.E.3)

Aligned: The Academic Integrity Policy and the Student Code of Conduct are noted in the Student Handbook. An Academic Integrity Committee exists. One of the Essential Competencies required of students is related to Ethics and Social Responsibility.

- Ensuring ethical teaching and research practices of faculty (2.E.2, 2.E.3)

Systematic: College policy, training, and background checks along with ethics surveys and annual audits are used to ensure ethical teaching and research practices of faculty. It not clear how this process is monitored and evaluated.

- Selecting the tools, methods and instruments used to evaluate the effectiveness and comprehensiveness of supporting academic integrity

Aligned: The Director of Student Success selects the tools, methods and instruments used to evaluate the effectiveness of academic integrity efforts. Incidents are recorded in the Maxient database.

1R5 What are the results for determining the quality of academic integrity? The results presented should be for the processes identified in 1P5. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures where appropriate)

Aligned: Summary results from the Maxient database were provided in the portfolio for AY15, 16 and 17.

- Comparison of results with internal targets and external benchmarks

Systematic: HCC utilized the CCSSE survey to assess “how much has your experience at this college contributed to development of a personal code of values and ethics.” However, the question was not included on the 2017 assessment.

- Interpretation of results and insights gained

Reacting No interpretation or insights are discussed.

1I5 Based on 1R6, what process improvements have been implemented or will be implemented in the next one to three years?

The College is in the early stages of collecting data on academic integrity and will work to establish benchmarks in the future. The College plans to focus on the prevention of violations through education in many support areas.

CATEGORY SUMMARY

Heartland is aware of issues and opportunities for improvement. This is clear in their statements and reporting. Many good activities are happening. However, it appears that assessment of student learning is still a maturing process. Given the length of time assessment has been required, it might be expected that the College would be further along in the process. This may just be an issue of lack of reporting in this portfolio. It would strengthen the portfolio if HCC can demonstrate how assessment processes contribute to continuous improvement of student learning.

HCC is mindful of the need to strengthen its messaging related to academic integrity and has improved efforts in the last two years to encourage reporting of violations. The College has plans to improve its education of students about plagiarism through the Writing Center, Tutoring Services and the Library. Future sanctioning will include an online module on academic integrity.

CATEGORY STRATEGIC ISSUES

1. The College consistently falls short of providing interpretation of results and insights gained. While

it is clear the institution is collecting significant amounts of data there is concern that these data are not being fully utilized or communicated.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

II - Meeting Student and Other Key Stakeholder Needs

Focuses on determining, understanding and meeting needs of current and prospective students and other key stakeholders, such as alumni and community partners.

Instructions for Systems Appraisal Team

In this section, the team should provide a consensus narrative that focuses on the processes, results and improvements for Current and Prospective Student Needs, Retention, Persistence and Completion, Key Stakeholder Needs, Complaint Processes, and Building Collaborations and Partnerships.

Independent Category Feedback for each AQIP Category from each team member should be synthesized into an in-depth narrative that includes an analysis of the institution's processes, results and quality improvement efforts for each category. Wording from the Stages in Systems Maturity tables for both processes and results should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results. It is from this work that the team will develop a consensus on the Strategic Challenges analysis, noting three to five strategic issues that are crucial for the future of the institution. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

CATEGORY 2: MEETING STUDENT AND OTHER KEY STAKEHOLDER NEEDS

Category 2 focuses on determining, understanding and meeting needs of current and prospective students and other key stakeholders, such as alumni and community partners.

2.1: CURRENT AND PROSPECTIVE STUDENT NEED

Current and Prospective Student Need focuses on determining, understanding and meeting the non-academic needs of current and prospective students. The institution should provide evidence for Core Components 3.C. and 3.D in this section.

2P1 Describe the processes for serving the academic and non-academic needs of current and prospective students. This includes, but is not limited to, descriptions of key processes for the following:

- Identifying underprepared and at-risk students, and determining their academic support needs (3.D.1)

Aligned: The college employs a number of processes to identify at-risk and underprepared students with a clear goal of determining student needs. Scores from ACT, SAT or placement scores are utilized for placing incoming students into appropriate levels of coursework, determining whether developmental coursework is necessary. Students are also assessed on non-cognitive needs and On Course methodology is deployed for support.

- Deploying academic support services to help students select and successfully complete courses and programs (3.D.2)

Systematic: Students attend a required new Student Day session with an academic advisor once their placement is determined to register for classes and set up a subsequent appointment to sign up for the next semester. It isn't clear how the college communicates additional support services to students beyond registering for classes and remedial/success classes. Providing a clearly defined, repeatable process that is evaluated for efficiency would move the institution from systematic toward aligned.

- Ensuring faculty are available for student inquiry (3.C.5)

Aligned Full time faculty are required through the collective bargaining agreement to hold five office hours per week which are posted electronically on the syllabus as well as outside of the faculty office door. Recently new technology has allowed faculty to be available virtually. The collective bargaining agreement requires adjunct faculty maintain reasonable accessibility for students. Faculty also staff the writing center and math success center.

- Determining and addressing the learning support needs (tutoring, advising, library, laboratories, research, etc.) of students and faculty (3.D.1, 3.D.3, 3.D.4, 3.D.5)

Systematic: Students who place into remedial coursework are encouraged to sign up for the College's student success course or sign up for a success coach. Upon taking the Accuplacer students self select additional learning supports they feel they need including: tutoring, disability supports, and counseling. Faculty complete early alert forms for students demonstrating need which triggers an individual response. It is unclear who follows up on the response. Faculty connect students to the library both directly through class instruction as well as indirectly through referrals.

Faculty learning is provided through professional development and the identification of the need is determined through a variety of methods including: annual evaluation process, ad hoc requests, faculty professional development advisory team input, program review process or the annual budgeting process. It is unclear if there is a requirement for faculty to engage in professional development. Processes related to support needs for faculty and staff are largely at the systematic level, to move toward aligned the College would benefit from a method of evaluating the efficiency of the processes currently in place.

- Determining new student groups to target for educational offerings and services

Systematic: The College utilizes a SWOT analysis which takes into account internal and external stakeholder feedback to identify. The identification of new program needs, a process conducted by the Academic Planning Council, often reveal new student groups to target. Bi-annually meetings with local high school superintendents have resulted in ways to best meet the needs of incoming students. The college also maintains a relationship with local workforce groups to help determine local programmatic needs. It is unclear how this is coordinated between departments making the process systematic. To move toward aligned the College might consider a process that is shared across the institution.

- Meeting changing student needs

Systematic: The CCSSE and Noel-Levitz SSI survey results have been used to inform change at the College. College leadership also meets with student leadership regularly to hear concerns and

jointly address them. A variety of other committees are noted which ensure students' needs are met, but it is unclear what processes the College utilizes to identify and meet changing student needs. The College could benefit from an institutional process to evaluate the processes used to meet student needs and determine necessary changes; this would take the institution from systematic to aligned.

- Identifying and supporting student subgroups with distinctive needs (e.g., seniors, commuters, distance learners, military veterans) (3.D.1)

Systematic: Students subgroups are identified during the admissions application process, financial aid application process, the enrollment process, as well as through self-identification. This information is held in the College's student information system and is used to monitor progress and success of the students as well as deploy supports. It is unclear whether a well defined process exists for determining when to deploy supports to students, or how often the process is evaluated for efficiency.

- Deploying non-academic support services to help students be successful (3.D.2)

Systematic: The portfolio lists a variety of non-academic support services including areas scholarships, financial aid and planning, counseling, success coaches, and student engagement programming. Students are able to elect to receive information about the above services in several ways: at placement testing, New Student Day appointment, student success orientation, and if enrolled in a developmental education course. The College appears to deploy non academic supports using a systematic process and could benefit from a well established and repeatable process that is evaluated for efficiency.

- Ensuring staff members who provide non-academic student support services are qualified, trained and supported (3.C.6)

Aligned The college follows standard hiring processes to ensure staff members who provide non-academic support services are qualified and trained. Additionally, the college provides support for staff to acquire new skills and training needed to be successful in their position.

- Communicating the availability of non-academic support services (3.D.2)

Systematic: The college uses a variety of both face to face and electronic methods including website, texting, social media, Ask me tables, and classroom visits to communicate the availability of non-academic support services to students and the community. Communication by the College is systematic, explicit, and repeatable but it is unclear if the institution has a process in place to evaluate it for efficiency.

- Selecting the tools, methods and instruments to assess student needs

Aligned The Institutional Effectiveness Council and Academic Planning Council determine the tools necessary to assess student needs. The College utilizes CCSSE and SSI in addition to department/program specific surveys, focus groups as well as meetings with student leadership to assess student needs.

- Assessing the degree to which student needs are met

Systematic: Departments and programs identify items on CCSSE and SSI with assistance from institutional research to determine whether student needs are being met and set KPIs. It is unclear

whether there is a shared process across the institution making it largely systematic.

2R1 What are the results for determining if current and prospective students' needs are being met? The results presented should be for the processes identified in 2P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Aligned: The College collects data via CCSSE and SSI data and utilizes that data to determine areas which may need attention.

- Comparison of results with internal targets and external benchmarks

Systematic: The college uses CCSSE and SSI data to compare their means to national benchmarks and reports results that are above the national average. It is unclear whether the institution sets internal benchmarks in addition to using national data. It is noted that some departments collect their own data but no information on benchmarks for surveys other than the national surveys is discussed. The College could move from systematic maturity level to aligned by identifying internal or external benchmarks for additional surveys.

- Interpretation of results and insights gained

Reacting: HCC provided some information on developmental math success rates and overall retention numbers, fall to fall. How the information is used to inform change at the college is not described and actions taken based on the collected data are not provided.

2I1 Based on 2R1, what process improvements have been implemented or will be implemented in the next one to three years?

The College is using the Achieving the Dream Loss Momentum Framework as a guide to identify and meet the needs of prospective and current students. The College has implemented several new initiatives including an early alert system, better training to help students prepare for placement exams, and professional development and training for staff. A contract with Connect Transit allows those with a valid student or employee ID to ride the public transportation for free. Improved marketing has occurred for Disability support services, the Veterans Center, and the Child Development Lab.

2.2: RETENTION, PERSISTENCE AND COMPLETION

Retention, Persistence and Completion focuses on the approach to collecting, analyzing and distributing data on retention, persistence and completion to stakeholders for decision making. The institution should provide evidence for Core Component 4.C. in this section.

2P2 Describe the processes for collecting, analyzing and distributing data on retention, persistence and completion. This includes, but is not limited to, descriptions of key processes for the following:

- Collecting student retention, persistence and completion data (4.C.2, 4.C.4)

Systematic: The College uses PeopleSoft student information system to track enrollment, grade, and program completion information. The college also collects retention, persistence, and

completion data as part of regular reporting to IPEDS, the Illinois Community College Board, Illinois Board of Higher Education and the National Community College Benchmarking Project. Institutional Research compiles reports using the information and makes them available on the Colleges business intelligence site, which includes a dashboard that all faculty and staff can monitor. It is unclear what process is in place to share with external stakeholders or whether the institution evaluates this process which would take them from systematic toward aligned.

- Determining targets for student retention, persistence and completion (4.C.1, 4.C.4)

Systematic: The targets for retention, persistence and completion are overseen by a subcommittee of the Institutional Effectiveness Council. Baseline data is monitored by the Academic Planning Council which set targets for AY18-19. The College has a systematic process in place that is repeatable, and well understood but could move toward aligned if the College periodically evaluated the process for improvement.

- Analyzing information on student retention, persistence and completion

SystematicThe College's business intelligence site and KPI dashboard are monitored by the Academic Planning Council and results are benchmarked longitudinally as well as against IPEDS and NCCBP data. The program Review process also includes an analysis of retention, persistent, and completion data and provides programs an opportunity to identify areas that may be hindering student progress. It is unclear whether benchmarks are set internally which would allow the College to move from **systematic** toward aligned.

- Meeting targets for retention, persistence and completion (4.C.1)

Systematic: Multiple processes at the college are being used to meet targets for retention, persistence and completion including an early alert system, periodic progress checks for special populations of students (TRIO, athletes, international students and others).

The Loss/Momentum Framework is being used by staff across the college to identify points of intervention as well as foster persistence and progress. This process is largely systematic as it is not evaluated for improvement, the College might consider the inclusion of an evaluative piece to move from systematic to aligned.

- Selecting the tools, methods and instruments to assess retention, persistence and completion (4.C.4)

Systematic: The college uses IPEDS definitions for retention, persistence, and completion to analyze institutional data contained in data sets. Data is also utilized from the National Community College Benchmarking Project for national comparison. It is unclear what process is used to determine how these data sets are chosen, how institutional goals are determined, or whether the process is evaluated for efficiency making it systematic.

2R2 What are the results for student retention, persistence and completion? The results presented should be for the processes identified in 2P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Systematic: The College provided combined data on persistence and completion for the past four years. It would be helpful for the portfolio to clearly identify specific measures and results. It is unclear if the data on certificates and degrees only relates to completion. Some trends are noted but it would benefit the college to clearly define how internal benchmarks are identified and measured.

- Comparison of results with internal targets and external benchmarks

Systematic: The College notes that the Academic Planning Council recently set internal benchmarks for persistence and completion for the AY18-19. Again, one number is provided which presumably relates to persistence and no additional target relating to completion is noted.

The College benchmarks itself using state identified goals which compares Heartland to the 47 other community colleges in Illinois. The college also uses IPEDS data as a comparison. The college notes that it is ahead of the goal that was set by the state to achieve a 60% of high school graduates complete a college degree or career credential by 2025.

Interpretation of results and insights gained

Reacting: none provided.

2I2 Based on 2R2, what process improvements have been implemented or will be implemented in the next one to three years? (4.C.3)

The College determined there is a gap between persistence and completion through the analysis of trend data. They have taken steps to determine where in the process there is a bottleneck keeping students from persisting. The college has made improvements in several areas, for example early alert system to aid in general increases in persistence. Setting internal benchmarks and identifying more clear metrics to measure persistence may help the college identify where and why the gap exists and allow them to offer more targeted solutions.

2.3: KEY STAKEHOLDER NEEDS

Key Stakeholder Needs focuses on determining, understanding and meeting needs of key stakeholder groups, including alumni and community partners.

2P3 Describe the processes for serving the needs of key external stakeholder groups. This includes, but is not limited to, descriptions of key processes for the following:

Determining key external stakeholder groups (e.g., alumni, employers, community)

Systematic: The College utilizes formal and informal environmental scanning methods of identifying stakeholders. Formal advisory boards, industry visioning groups and a Superintendents Advisory committee meet on a regular basis. The college also determines stakeholders through its involvement in several educational forms such as IBHE Academic Leadership Group and the Illinois Council of Community College Administrators. Involvement with community partnerships such as Economic Development Council and other organizations allows for ongoing environmental scanning. To move from systematic toward aligned the College might consider evaluating these processes for improvement.

Determining new stakeholders to target for services or partnership

Systematic: Through its methods of environmental scanning the college is able to discern new or expanding areas of development within the community. Staff and faculty who are engaged in the community provide additional opportunities. The college participates in economic development councils which allows them to be well informed of new development as well. The college noted many connections that provide information operating at the **systematic** level. The College could benefit from a process to evaluate the effectiveness of the current processes.

Meeting the changing needs of key stakeholders

Systematic Information on the changing needs of stakeholders is gathered through industry visioning, advisory board meetings, connections to elected official, through the membership of the foundation and foundation board. The College recently created a process through the Academic Planning Council to routinely gather and analyze input on new program needs both internally and externally. The College is largely operating at a **systematic** level and could benefit by adding an evaluative piece to the process.

Selecting the tools, methods and instruments to assess key stakeholder needs

Reacting: The College notes that it participates in both formal advisory boards and additional informal scans but does not provide detail on how it is determined which connections will be made, by whom, and how information will be collected to assess key stakeholder needs making it **reacting**. The College could benefit from a well defined, repeatable and documented process.

Assessing the degree to which key stakeholder needs are met

Systematic The process for assessing whether stakeholder needs are met is a combination of environmental scans along with strategic planning SWOT analysis. Feedback is collected from advisory boards on whether the college is meeting needs. The College is operating at a **systematic** level of maturity and developing a process to evaluate the effectiveness of the SWOT analysis would allow the institution to move toward the aligned maturity level.

2R3 What are the results for determining if key stakeholder needs are being met? The results presented should be for the processes identified in 2P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Reacting: The college sends a SWOT survey to stakeholders to gather information. Recent qualitative survey findings note several strengths, weaknesses, opportunities and threats as seen by external partners. It is unclear how the data that is gathered is used to make improvements making the process reacting. To make the process systematic the College might consider looking at trend data.

- Comparison of results with internal targets and external benchmarks

Reacting None were provided

- Interpretation of results and insights gained

Systematic: In response to the SWOT data the college has recently made some changes to

develop a **systematic** process for collecting stakeholder ideas, vetting the ideas, and developing programming. In order to move toward the aligned maturity level the institution might consider setting both internal or external benchmarks for comparison purposes.

2I3Based on 2R3, what process improvements have been implemented or will be implemented in the next one to three years?

The College is working to align Career Technical Education with student, business and industry stakeholder needs. They are moving toward a more systematic process of taking SWOT data and using it to create new programming so that all stakeholders input is utilized.

The college has plans to modify the structure of advisory committees and identify new committees which many need to be formed. The new structure will have representation from a multitude of areas representing both internal and external stakeholders.

2.4: COMPLAINT PROCESSES

Complaint Processes focuses on collecting, analyzing and responding to complaints from students or key stakeholder groups.

2P4Describe the processes for collecting, analyzing and responding to complaints from students and stakeholder groups. This includes, but is not limited to, descriptions of key processes for the following:

- Collecting complaint information from students

Reacting: The college notes that there are a variety of ways that complaints can be filed including face to face with staff, faculty, or administration, via email, social media, or on the phone. It is unclear how the complaints are routed and what timeline is set to follow up on the complaints or what process is utilized to determine appropriate routing.

Social Media is monitored by the Associate Director of Public Information and providing a response or sending the appropriate department for follow up. Students engage in end of the year course evaluation and there is a policy regarding academic and non academic disputes in the Student Handbook on the college website.

The institution is operating at the reacting maturity level and could benefit from a well defined, widely understood, repeatable, and document process.

- Collecting complaint information from other key stakeholders

Systematic: Full time and adjunct faculty follow a grievance procedure identified in the collective bargaining agreement. Additional stakeholders can place complaints via social media, phone, email, or in person. The College can move from **systematic** toward aligned by considering a process to evaluate the effectiveness of collecting complaint information in the above manner.

- Learning from complaint information and determining actions

Reacting: The college notes that complaints are directed to the office of authority regarding the complaint and that office is responsible for using the process to determine and communicate a resolution making the process reacting. It is not indicated in the portfolio whether there is a

standard process that is shared by all as each office is left to deal with complaints individually. It is also unclear how the college or individual departments learn from the complaint process. Identifying or developing these would help move the institution toward the systematic maturity level.

- Communicating actions to students and other key stakeholders

Reacting: Through the complaint process the office of authority is tasked with communicating results to the complainant and providing them information regarding the process to appeal the decision. This process is reacting in maturity level and the College could benefit from repeatable and documented process.

- Selecting the tools, methods and instruments to evaluate complaint resolution

Systematic: There are a variety of instruments used to evaluate complaint resolution including Maxient for student complaints, HR for employee related complaints. To make the process systematic the College might consider looking at trend data.

2R4 What are the results for student and key stakeholder complaints? The results presented should be for the processes identified in 2P4. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Reacting The College notes that training has increased the number of complaints that have been received and resolved over a two year period. There was an increase in complaints both by responsible staff as well as non staff sources/complainants. It appears that data is related only to Title IX related complaints, and other complaint data is not presented.

- Comparison of results with internal targets and external benchmarks

Reacting No benchmarks are identified and no comparison data exists.

- Interpretation of results and insights gained

Reacting: The College notes that an increase in use of the Maxient system is a goal for the future as it hasn't been utilized to the full extent. Utilizing data from the system will help move the institution from reacting to systematic.

2I4 Based on 2R4, what process improvements have been implemented or will be implemented in the next one to three years?

The Maxient reporting/tracking system was implemented after the complaint and grievance process was already in place and prior to the hiring of a Title IX coordinator and the college notes there has been some confusion over the actual reporting process. The college plans to update policies and procedures to match current practice and plans to provide information campus wide regarding the updated policy and procedure.

2.5: BUILDING COLLABORATIONS AND PARTNERSHIPS

Building Collaborations and Partnerships focuses on aligning, building and determining the effectiveness of collaborations and partnerships to further the mission of the institution.

2P5 Describe the processes for managing collaborations and partnerships to further the mission of the institution. This includes, but is not limited to, descriptions of key processes for the following:

- Selecting partners for collaboration (e.g., other educational institutions, civic organizations, businesses)

Systematic: The College has housed the Central Illinois Regional Collaborative Effort (CIRCLE) since 2011. CIRCLE assists community and college constituents with identifying opportunities and moving toward action when appropriate. IN order for the maturity level to become aligned the College might consider a process that is explicit, repeatable, and evaluated for improvement.

- Building and maintaining relationships with partners

Aligned The College builds and maintains relationships with partners both formally through articulation agreements, formal agreements, dual degree agreements, MOUs and contracts as well as informal means such as the college's commitment to serve as a community resource. KPIs have been developed for each of the partnerships.

- Selecting the tools, methods and instruments to assess partnership effectiveness

Aligned The college has set KPIs for each collaboration based on the intent of the relationship.

- Evaluating the degree to which collaborations and partnerships are effective

Aligned The College uses the KPIs to assess each partnership and determine whether it should be renewed. While not all informal relationships have KPIs established, goals of the collaborations are determined and assessed for renewal.

2R5 What are the results for determining the effectiveness of aligning and building collaborations and partnerships? The results presented should be for the processes identified in 2P5. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Aligned The College tracks the effectiveness of K-12 partnerships and reports annually to the Board annually. Growth has occurred over the past few years in number of partnering schools, courses offered, credit hours offered, and percentage of graduates attending the college within one year of graduation.

The College also participates in the Illinois Articulation Initiative. Analysis indicated an increase in credit students enrolled in a four year institution the following fall for four academic years.

The College has seen a decline in community partnerships over the past few years due to a concerted effort to sever partnerships that were not efficient, effective, or within the strategic mission of the college.

The number of donors and registered alumni has steadily increased over the past four years.

- Comparison of results with internal targets and external benchmarks

Reacting: The College has SWOT analysis data which identifies opportunities but does not have set internal or external benchmarks identified which would move the College toward a systematic level of maturity

- Interpretation of results and insights gained

Systematic: Through annual SWOT analysis the college identifies areas of opportunity to focus on, but to move toward the aligned maturity level the College might consider evaluating the process for improvement.

2I5 Based on 2R5, what process improvements have been implemented or will be implemented in the next one to three years?

The College heavily utilized SWOT analysis to make some improvements. A new program College NOW was created and a dual credit coordinator position was created resulting in the expansion of partnerships with K-12 schools. Through these new partnerships additional transitional courses have been added as well as the development of a dual degree program.

The Continuing Education division at the college underwent major changes in FY16 resulting in the opportunity to develop new partnerships with business and industry that align with the mission and goals of the institution.

The College identified 2 priorities to build and maintain effective partnerships: Serve as a community resource and model effective communication, collaboration, and transparency.

CATEGORY SUMMARY

Although there are resources available to the college such as the IPEDS data, SSI results, CCSSE, and National Benchmarking Data, the institution could benefit from a process that identifies internal benchmarks and a process that allows the college to close the loop when using external benchmarks. In many areas the college does not set benchmarks or define metrics that help to measure growth or success. A major strength of the college is in building collaborations and partnerships. The College has many best practices in this area related to its processes, evaluation of data and evaluation of the processes which can serve as a model for other areas of the college. Much of this section is missing the connection to measuring, and refining that is inherent in the AQIP process. And how the college uses data to inform decisions is difficult to identify.

CATEGORY STRATEGIC ISSUES

1. Although the College has defined clear processes for all essential areas of operation and collects data and information related to those processes, it is not always evident how the College analyzes and utilizes these data to improve the processes and related outcomes.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

III - Valuing Employees

Explores the institution's commitment to the hiring, development, and evaluation of faculty, staff and administrators.

Instructions for Systems Appraisal Team

In this section, the team should provide a consensus narrative that focuses on the processes, results and improvements for Hiring, Evaluation and Recognition and Development.

Independent Category Feedback for each AQIP Category from each team member should be synthesized into an in-depth narrative that includes an analysis of the institution's processes, results and quality improvement efforts for each category. Wording from the Stages in Systems Maturity tables for both processes and results should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results. It is from this work that the team will develop a consensus on the Strategic Challenges analysis, noting three to five strategic issues that are crucial for the future of the institution. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

CATEGORY 3: VALUING EMPLOYEES

Category 3 explores the institution's commitment to the hiring, development and evaluation of faculty, staff and administrators.

3.1: HIRING

Hiring focuses on the acquisition of appropriately qualified/credentialed faculty, staff and administrators to ensure that effective, high-quality programs and student support services are provided. The institution should provide evidence for Core Component 3.C. in this section.

3P1 Describe the process for hiring faculty, staff and administrators. This includes, but is not limited to, descriptions of key processes for the following:

- Recruiting, hiring and orienting processes that result in staff and administrators who possess the required qualification, skills and values (3.C.6)

Aligned: Heartland maintains written hiring guidelines for the recruitment, selection and employment processes of the College and Human Resources regularly reviews the guidelines to maintain an effective hiring process. Orientation programs are provided for new full-time and part-time employees, including dual credit instructors. HCC utilizes budget allocation and application review processes that are well established. "The College is working toward an online, on-demand orientation format, some components of which are already operational."

The College could move to an integrated level by sharing this information, as appropriate, on a public human resources website with all faculty, staff and potential employees.

- Developing and meeting academic credentialing standards for faculty, including those in dual credit, contractual and consortia programs (3.C.1, 3.C.2)

Aligned: HCC has aligned its requirements for academic credentialing with standards set by the Illinois Community College Board (IOCCB) and the HLC. In 2015, the College strengthened its hiring practices by implementing a process whereby faculty supervisors document their review of the transcripts and assessment of teaching qualification.

- Ensuring the institution has sufficient numbers of faculty to carry out both classroom and non-classroom programs and activities (3.C.1)

Aligned: The College evaluates several factors to ensure sufficient faculty are available to carryout classroom and non-classroom programs and activities. The evaluation criteria include enrollment trends overall and in the discipline (current and projected), accreditor requirements, full-time/part-time ration, succession planning and unique or new college initiatives or strategies. The College coordinates and communicates among departments to assign faculty resources in accordance with institutional goals and needs as they become available.

- Ensuring the acquisition of sufficient numbers of staff to provide student support services

Systematic: The College seeks input from supervisors to monitor staffing needs. Student feedback and grant requirements are considered as well. It is unclear what processes are in place to evaluate student feedback received from the College Survey of Student Engagement (CCSSE) and the Student Satisfaction Inventory (SSI). A description of processes used to evaluate student feedback would demonstrate alignment between soliciting feedback and using it in the decision-making processes of the institution.

- Tracking outcomes/measures utilizing appropriate tools

Systematic: The College utilizes several effective tools to assist in tracking outcomes for hiring faculty, staff and administration including the Higher Education Interest Survey, the degree distribution of employees, employee exit feedback forms, employee to student ratios and employee recruitment metrics. The College could demonstrate alignment by describing the processes in place to effectively use these measures and the extent to which the purpose of these measures is valued and understood by the departments on campus.

3R1 What are the results for determining if recruitment, hiring and orienting practices ensure effective provision for programs and services? The results presented should be for the processes identified in 3P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Aligned: The College effectively tracks and monitors the number of employee by employment category (i.e. full-time faculty, part-time faculty, full-time other) and education level.

- Comparison of results with internal targets and external benchmarks

Systematic: The College monitors trends associated with the number of credit hours taught by full-time v. part-time faculty and trends in employee-to-student ratios. External benchmark data

was not provided.

- Interpretation of results and insights gained

Systematic: The College reports having maintained a stable student-to-faculty ratio and provided evidence of this from Fall 2014 through Fall 2017.

3I1 Based on 3R1, what process improvements have been implemented or will be implemented in the next one to three years?

The College demonstrates effectively that it values maintaining a workforce prepared and trained to support the needs of students. A new employee portal became accessible January 2017. The portal is intended to improve the onboarding experience for new employees. The College is planning to deploy a continuous improvement project to develop processes for systematically checking in with new employees and their supervisors in an effort to ensure employee effectiveness and retention.

3.2: EVALUATION AND RECOGNITION

Evaluation and Recognition focuses on the assessment and recognition of faculty, staff and administrators' contributions to the institution. The institution should provide evidence for Core Component 3.C. within this section.

3P2 Describe the processes that assess and recognize faculty, staff and administrators' contributions to the institution. This includes, but is not limited to, descriptions of key processes for the following:

- Designing performance evaluation systems for all employees

Integrated: Annual faculty evaluations, including the instruments used, are monitored by the Promotion and Evaluation Review Team (PERT). The process is communicated to employees in the Employee Handbook and the collective bargaining agreements. The performance evaluation systems includes several integral components that provide the College and its employees with a process that facilitates goal achievement. Employees complete a self-assessment and supervisors assess employee performance. Goals and professional development opportunities are established as a part of this process.

- Soliciting input from and communicating expectations to faculty, staff and administrators

Aligned: PERT is a shared governance structure responsible for facilitating and ensuring the integrity of the annual faculty evaluation and promotion processes. The processes are described in writing in the appropriate institutional documents (i.e. bargaining agreements, Faculty Handbook, online).

- Aligning the evaluation system with institutional objectives for both instructional and non-instructional programs and services

Aligned: The evaluation system encourages supervisors of staff to align individual goals with department goals and to align the criteria used for faculty with the goals and objectives of the faculty promotion process.

- Utilizing established institutional policies and procedures to regularly evaluate all faculty, staff and administrators (3.C.3)

Aligned: The processes are described in the collective bargaining agreements for full-time faculty and part-time faculty. Further the process is described in the Faculty Handbook, on the PERT website and in person during employee orientation programs.

- Establishing employee recognition, compensation and benefit systems to promote retention and high performance

Aligned: The College utilizes an employee recognition process that is well understood and repeatable. Employee recognition programs include formal and informal recognition programs such as the Outstanding Performance Award and the Outstanding Faculty Award. Employees work with HR personnel through the Insurance Review Team (IRT) to evaluate and recommend insurance benefits. While the College is committed to attracting and retaining a well-qualified workforce through its compensation practices. The portfolio indicates a desire to offer compensation that is competitive with the educational sector and internally equitable. The College could demonstrate an integrated level of maturity by discussing its practices for evaluating compensation equity.

- Promoting employee satisfaction and engagement

Aligned: The institution utilizes multiple methods of communication to promote employee engagement. The opportunities are intended to foster greater communication and understanding between employees and senior leadership. These opportunities include standing teams and committees (all available on the employee portal), Campus Conversations (twice per year), the Higher Education Insight Survey. The institution has demonstrated evidence of repeatable, periodic processes.

- Tracking outcomes/measures utilizing appropriate tools

Systematic: The College has selected and uses several tools to assess and recognize its employees including surveys, Human Resources data, promotion results, and others. This section did not describe the process for using the selected instruments and it is unclear if the process is explicit, predictable and repeatable.

3R2 What are the results for determining if evaluation processes assess employees' contributions to the institution? The results presented should be for the processes identified in 3P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Systematic: The data provided indicate broad participation in the HCC award nomination process, indicating evidence of a process that is well understood and used by stakeholders.

The institution indicated in 3P2 that the Higher Education Insight Survey (HEIS) was used as a measure to establish a goal to improve employee satisfaction. However, the results of this survey are not included 3R2.

Similarly, the institution indicates the use of faculty evaluation and promotion processes. However, the results of these processes are not discussed in the portfolio (i.e. the number of faculty promoted).

- Comparison of results with internal targets and external benchmarks

Aligned: Employee turnover data is benchmarked against CUPA-HR data.

- Interpretation of results and insights gained

Reacting: No interpretation reported.

3I2 Based on 3R2, what process improvements have been implemented or will be implemented in the next one to three years?

Heartland Community College is focused on the role and importance of its employees to the mission of the institution. Human Resources is going through a business process improvement effort with the goal of increasing the response rate from employee exit surveys. The College would like to improve employee satisfaction and has connected this goal to its strategic priorities and strategic plan.

3.3: DEVELOPMENT

Development focuses on processes for continually training, educating and supporting employees to remain current in their methods and to contribute fully and effectively throughout their careers at the institution. The institution should provide evidence for Core Components 3.C. and 5.A. in this section.

3P3 Describe the processes for training, educating and supporting the professional development of employees. This includes, but is not limited to, descriptions of key processes for the following:

- Providing and supporting regular professional development for all employees (3.C.4, 5.A.4)

Aligned: The institution demonstrated alignment in its processes designed to provide and support regular professional development for all employees. The Professional Development Council (PDC) sponsors a wide range of internal and external professional development activities.

The budget allocations supporting individual activities are collectively bargained for full-time and part-time faculty.

It is unclear whether or not the institution has required training programs in place to ensure compliance with state and federal requirements; or training programs to instruct employees to accurately use its information system.

- Ensuring that instructors are current in instructional content in their disciplines and pedagogical processes (3.C.4)

Aligned: The institution provides financial support to both full-time and part-time faculty for the purpose of professional development.

The performance evaluation and promotion process for full-time faculty and part-time faculty facilitate documentation of efforts to maintain currency in their disciplines.

Full-time faculty are required to complete Faculty Academy I and Alternate Delivery Certification as minimal requirements to receive tenure.

The processes described above demonstrate that the institution operates according to processes that are explicit, repeatable and periodically evaluated for improvement.

- Supporting student support staff members to increase their skills and knowledge in their areas of expertise (e.g. advising, financial aid, etc.) (3.C.6)

Systematic: The College offered general evidence that it values and supports student support staff members in the acquisition of new skills and knowledge. Staff attend webinars, online trainings and off-campus training programs, conferences and workshops. The College could demonstrate advanced maturity by documenting the process in place to assure employee access to the funding and supervisory support for training and development.

- Aligning employee professional development activities with institutional objectives

Systematic: HCC student support staff are encouraged to develop and increase skills and knowledge appropriate to their position through attendance at professional development events, webinars, and online trainings, as well as through active participation in subject matter list serves.

It is unclear what institution and depart-specific trainings are offered to support employee training and development.

- Tracking outcomes/measures utilizing appropriate tools

Reacting: Although the portfolio provided a list of tools utilized to track outcomes and support professional development, the process for using these tools was not discussed. It is unclear how each tool is used or collectively coordinated to address key goals and strategies.

3R3 What are the results for determining if employees are assisted and supported in their professional development? The results presented should be for the processes identified in 3P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Systematic: The College notes that HEIS survey results indicate that employees generally regard the College's provision for professional development opportunities favorably, though faculty results are more positive. The summary results of measures report positive and negative responses to HEIS questions pertaining to professional development. The results provided are not aggregated by employee group (faculty, staff) and the number of survey responses is not provided.

- Comparison of results with internal targets and external benchmarks

Systematic: HEIS 2013 and 2016 survey results indicate use of "benchmark categories". However, no external benchmark data is provided.

- Interpretation of results and insights gained

Reacting: no interpretation offered

3I3 Based on 3R3, what process improvements have been implemented or will be implemented in the next one to three years?

Heartland Community College values the professional development of its employees as demonstrated

by its investment in online training system that is available to all faculty and staff and a commitment to align professional development goals with the annual budget development cycle.

CATEGORY SUMMARY

Heartland Community College has demonstrated that it values its employees in all facets of the employment relationship including its orientation and training programs, recognition programs and evaluation, benefits and compensation practices. The College has invested in an online training system, it maintains an active Professional Development Council, and it allocates financial resources in a systematic way to support professional development to faculty and staff.

In 2016, Heartland Community College eliminated two professional staff positions, the Director of Professional Development and the Director of the Instructional Development Center, for budgetary reasons. These staff roles led and coordinated the Professional Development Council. Results of the HEIS survey show an increase in negative responses to the statement, "I am given the opportunity to develop my skills at this institution." The College attributes this, in part, to the elimination of these leadership roles. Related to this, the College has an opportunity to demonstrate that it values its employees through its communication processes. The portfolio mentions that the positions were eliminated, but it does not indicate the process implemented to do the work of these positions. The College has an opportunity to bridge this communication gap through its plans to align the budget development and employee training processes. The new process should be explicit and predictable, and communicated among units.

CATEGORY STRATEGIC ISSUES

1. Although the results provided year-to-year internal benchmark data, the College lacks the use of internal targets and external benchmarks in this category.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

IV - Planning and Leading

Focuses on how the institution achieves its mission and lives its vision through direction setting, goal development, strategic actions, threat mitigation, and capitalizing on opportunities.

Instructions for Systems Appraisal Team

In this section, the team should provide a consensus narrative that focuses on the processes, results and improvements for Mission and Vision, Strategic Planning, Leadership and Integrity.

Independent Category Feedback for each AQIP Category from each team member should be synthesized into an in-depth narrative that includes an analysis of the institution's processes, results and quality improvement efforts for each category. Wording from the Stages in Systems Maturity tables for both processes and results should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results. It is from this work that the team will develop a consensus on the Strategic Challenges analysis, noting three to five strategic issues that are crucial for the future of the institution. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

CATEGORY 4: PLANNING AND LEADING

Category 4 focuses on how the institution achieves its mission and vision through direction setting, goal development, strategic actions, threat mitigation and capitalizing on opportunities.

4.1: MISSION AND VISION

Mission and Vision focuses on how the institution develops, communicates and reviews its mission and vision. The institution should provide evidence for Core Components 1.A., 1.B. and 1.D. within this section.

4P1 Describe the processes for developing, communicating and reviewing the institution's mission, vision and values, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- Developing, deploying, and reviewing the institution's mission, vision and values (1.A.1, 1.D.2, 1.D.3)

Aligned: With the revision of the Vision, Mission, and Values statements, the process for strategic planning was solidified in 2016 and reflects a robust and systematic approach to this process. The leadership of the AQIP coordinating committee was evident in the systematic campus conversation that reflected broad participation toward the adopted revisions. While it is stated that the Institutional Effectiveness Council has formal supervisory responsibility in the planning process to direct the review, it is not stated when, how often, or to what extent the process is used for maintenance or necessary future updating for "periodic review and adjustment" with respect to its planning cycle. It could be implied that the mission and vision

would not change significantly, yet the values statements might, as indicated by the example provided in the 2016 cross-campus conversations and revision process. Further evidence provided in minutes of the Institutional Effectiveness Council to document consistency for this process and even possible reflection on what is learned across academic years would continue to move Heartland toward stronger alignment and integration of this process into its next major planning cycle. (e.g., it is assumed that Heartland is administering the surveys every two years – see 4R1 – and thus is early in its new process).

- Ensuring that institutional actions reflect a commitment to its values

Aligned: The operational planning process is integrated with its strategic planning process. The entry portal reflects college-wide accountability for departments to reflect upon the previous planning cycle with respect to goals, address the current state of affairs shaping future decisions, and convert them to actions using the SMART criteria. Opportunity to move toward integration exists by providing evidence of how this data collection process consistently reshapes future strategic and operational actions of the College for its advancement.

- Communicating the mission, vision and values (1.B.1, 1.B.2, 1.B.3)

Systematic: Most major documents where one may expect to find a communication of mission, vision, and values is listed. The only gap perceived related to communicating the mission, vision, and values in the listed documents are those pertaining to students (e.g., student government processes, documents, syllabi, etc). After checking the strategic planning process document, it is not evident that the vision, mission, and values are communicated to students in strategic and appropriate fashion. An example of how the values shape daily decision-making processes by administrators, staff, faculty and students (where appropriate) would move this to alignment. Attention to ways that students receive consistent and appropriate communication with some levels of embrace for this mission would strengthen a position for alignment.

- Ensuring that academic programs and services are consistent with the institution’s mission (1.A.2)

Aligned: A clearly defined group of persons and operational departments are named with respect to the development of academic plan strategies for the five learning-related college-wide goals. The Vice President level of accountability across two different college units is a clear strength. Maturation might involve using the SMART approach embraced by the College to ensure that strategies listed with each goal are truly “measurable” and have related benchmarks with them to ensure consistency and growth.

- Allocating resources to advance the institution’s mission and vision, while upholding the institution’s values (1.D.1, 1.A.3)

Systematic: It is stated that budget requests are derived from SMART actions with respect to operational and master planning goals. That is a clear strength and would suggest movement toward alignment if strong and consistent evidence was provided to support it. Where resources may at times be limited, some delineation of a clear process for establishing priorities for the allocation would be useful in the maturation process. Further clarity and evidence of the “linkage” of the budgeting process and allocations to the strategic planning process would reflect stronger alignment and growth.

- Tracking outcomes/measures utilizing appropriate tools (e.g. brand studies, focus groups,

community forums/studies and employee satisfaction surveys)

Systematic: Tools are clearly listed and seem clearly appropriate to the faculty and staff employees at the College. As mentioned above in relation to communication, without mention of students it is not clear if appropriate tools and processes of depth are in place to track measures related to mission, vision, and values appropriate to the student body of the College. There is only explicit mention of college employees in this section on tracking. For example, in the academic plan (operationalized) there are numerous success goal related to students. Tools and processes to track measures in this academic section would provide opportunity to move toward further maturity.

4R1 What are the results for developing, communicating and reviewing the institution's mission, vision and values? The results presented should be for the processes identified in 4P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Systematic: The 2016 process described in the prior section provided Heartland a strong data baseline for moving forward to monitor how it develops, communicates, and reviews its mission, vision, and values with Heartland constituents.

- Comparison of results with internal targets and external benchmarks

Systematic: This section is not explicit since only a single data set is provided from 2016. However, an opportunity exists in the strategic plan model adopted to set specific, measurable, and achievable goals that are desired and would drive meaningful actions by the leadership to attain them moving forward.

- Interpretation of results and insights gained

Systematic: Future tracking of data, analysis of that data compared to 2016, and adjustments made will shape the institution movement toward robust alignment. It is laudable that College leadership is being proactive to make adjustments and take new actions to monitor this in new ways.

4I1 Based on 4R1, what process improvements have been implemented or will be implemented in the next one to three years?

Strong processes are moving into place that will ensure further development and integration of the mission and vision of Heartland across the institution and engaging all of its constituents appropriately.

4.2: STRATEGIC PLANNING

Strategic Planning focuses on how the institution achieves its mission and vision. The institution should provide evidence for Core Components 5.B. and 5.C. in this section.

4P2 Describe the processes for communicating, planning, implementing and reviewing the institution's plans and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- Engaging internal and external stakeholders in strategic planning (5.C.3)

Systematic: A clear picture of who the external stakeholders are for the college is listed. It is positive that students are named and included in this section with routine administration of student surveys. Opportunity exists to address and name what the planned cycle for engagement is for these various stakeholders and articulate even further their place and role in the strategic planning process. While there is mention of alumni in another section, there may be opportunity to also engage alumni meaningfully with respect to institutional advancement purposes.

- Aligning operations with the institution's mission, vision and values (5.C.2)

Systematic: Clear model is presented. The graphical depiction is helpful to see how operations fit within the strategic planning process. Yet, an opportunity exists to explain how this actually works on an annualized basis and what adjustments have been made to the process in the past two years to give evidence for effective alignment of operations – for example, the process (and ultimately results) for a specific area (e.g., Academic Plan – Student Success).

- Aligning efforts across departments, divisions and colleges for optimum effectiveness and efficiency (5.B.3)

Aligned: There is a strong, fairly integrated process for departments to annually reflect on its actions that contribute to the College strategic plan. There is evidence of this in the program review process as well. The technology providing the entry system provides the Institutional Effectiveness Council and others at the department level to monitor and address alignment and unalignment of SMART actions. This type of broad stakeholder engagement is a positive development. As the College gets more experience analyzing the data set and a process for adjustments, it will be more ready to move toward integration.

- Capitalizing on opportunities and institutional strengths and countering the impact of institutional weaknesses and potential threats (5.C.4, 5.C.5)

Systematic :The strategic planning process, as depicted, gives heavy emphasis to the SWOT component(s) as it shapes the college-wide planning process. It is clearly important to Heartland's process. Further development as to how SWOT data is used to capitalize on opportunities and strengths would be useful in the delineation of the process and why it is used at particular steps of the planning process.

- Creating and implementing strategies and action plans that maximize current resources and meet future needs (5.C.1, 5.C.4)

Systematic: Tools are in place and the College embrace of its new strategic planning model will provide a foundation for growth and self-knowledge with respect to learning new ways to maximize current resources and plan for future needs. With experience and mastery of this strategic planning process by broad and inclusive stakeholders at the College, the movement toward alignment should unfold.

- Tracking outcomes/measures utilizing appropriate tools (e.g. achievement of goals and/or satisfaction with process)

Systematic: There are some real strengths as the college embraces well-developed KPIs for its action planning and achieving its goals. The assessment of employee connection to the plan and a

clearly defined process of checking on plan progress will move the institution, with more experience of this process, toward alignment. An opportunity exists moving forward to demonstrate how the portal entries by stakeholders across the College all know and understand how this data collection tracking process truly aids the College's ability to plan for and achieve meaningful growth for the region it serves.

4R2 What are the results for communicating, planning, implementing and reviewing the institution's operational plans? The results presented should be for the processes identified in 4P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Systematic: Much good summary data has been gathered through the SWOT process, Noel-Levitz SSI, and CCSSE instruments. With growth in using your planning process and staying the course for data collection, useful data analysis should come with time.

- Comparison of results with internal targets and external benchmarks

Systematic: Not addressed. See above.

- Interpretation of results and insights gained

Reacting: The data has been provided. Highs and lows are marked. What now? For each of the three data instruments, an opportunity exists to state how (i.e. process) this data informs actions producing positive change at the college in clear connection to the planning process. It isn't clear in this section of results where it goes from here. For example, does it reshape priorities? Or goals? Or is the result information used for adjustment purposes? It could be that all of the above are true. Some statement of this would help the reviewer see the "insights" more explicitly in light of this section related to Strategic Planning.

4I2 Based on 4R2, what process improvements have been implemented or will be implemented in the next one to three years?

This section clearly names that Heartland has embraced earnestly their strategic planning process and the phases within it. The statement of where the College is in the process and what they plan to do next is helpful self-reflection and shows a systematic overall state of maturity.

4.3: LEADERSHIP

Leadership focuses on governance and leadership of the institution. The institution should provide evidence for Core Components 2.C. and 5.B. in this section.

4P3 Describe the processes for ensuring sound and effective leadership of the institution, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- Establishing appropriate relationship between the institution and its governing board to support leadership and governance (2.C.4)

Aligned: The process is clearly established. The Board Manual looks complete per other like

institutions. The numbered sections include information of historical interest when a section was both adopted and revised. The nature of the revisions reflect stability in the process of the ways in which the board relates to the institution in governance and support.

- Establishing oversight responsibilities and policies of the governing board (2.C.3, 5.B.1, 5.B.2)

Aligned: The policies and clear evidence of the way they are utilized are found on the College website under “Board of Trustees.” It is noted that the recorded minutes are to be posted publicly within one week. As of this review, the latest minutes of the Board go back to April 17, 2018. There is an opportunity for transparency to the public by keeping this updated.

- Maintaining board oversight, while delegating management responsibilities to administrators and academic matters to faculty (2.C.4)

Aligned: Referenced board policies clearly and simply state how responsibilities are delegated to various administrators and academic matters to faculty.

- Ensuring open communication between and among all colleges, divisions and departments

Systematic: CAC structure provides regular communication to address current and evolving issues. While it states that any employee may suggest an issue or topic for discussion, there is opportunity for growth to clearly delineate how college leadership sets the agenda for an issue that is raised and included (or not included) for discussion. It is a strength that formal minutes are kept on a SharePoint site. Use of the Higher Education Insight Survey provides HCC a way to gather important leadership effectiveness information. An opportunity for maturation (process issue) is to make known to all how and when future data will be collected. (See Section 4R3 data set information)

- Collaborating across all units to ensure the maintenance of high academic standards (5.B.3)

Aligned: The narrative provides strong information about the composite nature of the CAS, what it does, and clear recent examples of how cross-college groups collaborated on three important academic policies. The importance of the Assessment Committee (AC) and its impact is noted clearly in Responses for Section 1.1 of the portfolio. Other parts of Section 1:3 in relation to Academic Program Design also give evidence of collaborating to ensure high standards and processes are in place to maintain them as this was an area of improvement addressed.

- Providing effective leadership to all institutional stakeholders (2.C.1, 2.C.2)

Aligned: There is clear representation of multiple processes in place across stakeholder groups. It seems representative not only of the various groups, but also attentive to the broad area of Illinois that the College serves.

- Developing leaders at all levels within the institution

Systematic: Demonstration, learning, and representation reflect common ways that Heartland has been committed organizationally to develop persons at all levels. An opportunity for maturation is to relate how these development experiences explicitly contribute to advancement, promotion, recognition, and awards within the organization for as well as possibly expanding this to recognition and service within the wider community/region as well.

- Ensuring the institution’s ability to act in accordance with its mission and vision (2.C.3)

Systematic: Leadership structures and personnel are clearly in place and have been established by policy since adoption (i.e., Board Manual dates) that would ensure and support the capacity of Heartland to act in accordance with its mission. Evidence of board development to ensure that the institution continue to do so is strong as is evidenced in other sections of the systems appraisal.

- Tracking outcomes/measures utilizing appropriate tools

Systematic: Clear instruments and processes are named that help leadership track and measure its progress and growth. An opportunity exists in maturation to show more clearly how leadership explicitly uses these tools (and resulting data) for ongoing, consistent, systematic reflection and opportunities for change/growth.

4R3 What are the results for ensuring long-term effective leadership of the institution? The results presented should be for the processes identified in 4P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Reacting: Given the various tools used to track effectiveness of leadership (prior section), more data other than the HEIS seems necessary to compile for systems improvement. For example, there is mention of over 80 projects in the CI Portal. Some summary information about the nature of these projects in relation to leadership in this section seems important to report for evaluation and possible improvement. Summary information compiled by the College Compliance Committee in relation to the HCC teams and Committees index also is an opportunity to report on the way in which leadership serves the support of these teams and is involved in systems improvement. In general, it would appear that adequate data is lacking based upon the tools mentioned in 4P3.

- Comparison of results with internal targets and external benchmarks

Systematic: Comparison of data to other external groups is provided here.

- Interpretation of results and insights gained

Systematic: New processes for engaging employee groups are being implemented at an early systematic phase for leadership improvement and accountability. Recent projects seem vital to improving the culture. An opportunity for growth would be to consider these improvements as part of the strategic planning process with developed priorities, goals, KPIs, and ways to check and adjust progress for improving leadership effectiveness. This would show continued integration of ensuring long-term leadership with the planning process in explicit ways.

4I3 Based on 4R3, what process improvements have been implemented or will be implemented in the next one to three years?

Heartland operates with a number of well aligned processes in this area. In addition, the College collects meaningful data related to these processes. The key now is to fully utilize these data to support taking the College and its processes to a full state of integration.

4.4: INTEGRITY

Integrity focuses on how the institution ensures legal and ethical behavior and fulfills its societal responsibilities. The institution should provide evidence for Core Components 2.A. and 2.B. in this section.

4P4 Describe the processes for developing and communicating legal and ethical standards and monitoring behavior to ensure standards are met. In addition, identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- Developing and communicating standards

Aligned: There is clear commitment and policy to address the development and communication of standards. The Compliance Committee, as a structure and function of leadership, supplies ready ways to communicate standards and changes as they unfold in various areas of the College. The Teams and Committee Index is yet another way that students and employees know, understand, and are protected by the processes in place.

- Training employees and modeling for ethical and legal behavior across all levels of the institution

Aligned: In addition to training components found in handbooks and policy manuals/statements that would typically supply an onboarding process, Heartland implemented a schedule of training topics in 2017 that assist employees to deepen understanding of how to act appropriately in challenging situations, as well as maintaining standards for ethical behavior with respect to FERPA. Opportunity exists to provide further evidence of how this new compliance training initiative is operationalized for all new employees whether full-time, part-time, or casual with respect to the annual offerings schedule. It appears the registration process and technology is in place to enroll and track training for specific employee groups which is a strength. Maturation may involve processes that address what happens when goals are not met and related consequences.

- Operating financial, academic, personnel and auxiliary functions with integrity, including following fair and ethical policies and adhering to processes for the governing board, administration, faculty and staff (2.A.)

Aligned: There is clear and expected policies and procedures named in the Board Policy Manual to ensure integrity. Examples of particular strengths provided relate primarily to the Board and the ways in which varied stakeholders can access information requests through FOIA. There is opportunity to strengthen this further by delineating the process/methods by which the Vice President of Business Services, as the FOIA officer, ensures fairness in day-to-day practices and implementation of its policies as one example.

- Making information about programs, requirements, faculty and staff, costs to students, control, and accreditation relationships readily and clearly available to all constituents (2.B.)

Aligned: The website has information readily available and provides basic and necessary information for its constituents. There are offices/personnel named who have responsibilities to maintain accuracy for its content. Some examples of the extent as to how effective these processes are presently functioning, the ways in which these processes themselves are reviewed, or some written evidence of the processes used by these office/personnel would be opportunities to further solidify this criteria as it clearly moves toward integration.

4R4 What are the results for ensuring institutional integrity? The results presented should be for the processes identified in 4P4. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Systematic: Many of the compliance procedures named above are relatively new for implementation and operations. The results show clear growth (e.g. compliance scorecard). The mandated trainings require a large amount of human resources to manage and govern. The result success and specific areas that Heartland decides to drive and track for measurable improvement (e.g., 48% completion of FERPA basics course may present a future ongoing institutional risk) will provide the comparable evidence needed to show how operations for training in legal/ethical areas are moving toward alignment. Some mandated trainings are clearly more successful. As mentioned above, the articulation of processes related to consequences when not achieving benchmark goals will be an opportunity for the College.

- Comparison of results with internal targets and external benchmarks

Systematic: The evidence provided for the federal requirement scorecard presents a comparison of results in one area. The sample results section implies that there may be a listing of results from additional mandated trainings which could have been provided. The extent is unknown here. The three listed policy and procedures developed as evidence are important. Opportunity exists to provide a more extensive list of results that ensure integrity along with the adoption/revision schedule with targets/benchmarks also named.

- Interpretation of results and insights gained

Systematic: Federal requirements scorecard – Results show improvement, but why? What processes or actions have been strategically taken to close the gap between FY16 and 17? A reflective analysis may be useful (perhaps it was just omitted) for identifying growth in this and other institutional units responsible for compliance. On the other hand, in 4I4 there is evidence that the College is being proactive to address a compliance scorecard for state requirements which reflects systematic action for improvement gleaned from reflection on its compliance inventory.

Routine Mandated Trainings – The delivery of these two trainings (noted as a sample) reflect effort to grow institutional integrity. Some reflection and analysis of why some trainings are more successful than others (perhaps it was just omitted) could be useful as the College organizes these resources and streamlines the experience and maintenance of training program schedules for its employee groups.

Development of Policy and Procedures – These are great examples of results taken in this area. Yet, each example reflects an institutional response to some external body requiring the action. With respect to risk management, there is evidence in 4I4 that there is systematic attention to ensuring integrity in specific new areas (i.e., responsibilities of the newly hired Associate Director of Equity, Compliance, and Title IX). This would be evidence the College shows movement from a reactive position to a systematic one as a response to a known gap in this area.

4I4 Based on 4R4, what process improvements have been implemented or will be implemented in the next one to three years?

The recent improvements list show commitment to processes and allocation of resources to ensure compliance and integrity are being addressed and will continue to be addressed in an ongoing and systematic fashion. The work of the Institutional Effectiveness Council continues to play a key role in addressing areas of growth for the College.

CATEGORY SUMMARY

Overall, Heartland reflects a **systematic** approach to planning and leading. Heartland has a firm picture of its mission, vision, and values. They have engaged varied constituent groups to hone and own this mission and its values across the organization, implement key tracking processes to learn more about ways that it continues to address its mission and values, and defined a strategic planning process that supports and aids future decision-making with respect to its mission. Leadership is squarely addressing areas of growth, listening to its stakeholders, and being transparent in its results and subsequent processes to make improvement. These leadership efforts will continue to address its responsibilities to both internal and external stakeholders, maintain and grow processes for communicating standards and expectations by way of integrity, and ultimately continue to provide students at Heartland with a distinctive and quality education in this region.

CATEGORY STRATEGIC ISSUES

No specific issues noted.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

V - Knowledge Management and Resource Stewardship

Addresses management of the fiscal, physical, technological, and information infrastructures designed to provide an environment in which learning can thrive.

Instructions for Systems Appraisal Team

In this section, the team should provide a consensus narrative that focuses on the processes, results and improvements for Knowledge Management, Resource Management and Operational Effectiveness.

Independent Category Feedback for each AQIP Category from each team member should be synthesized into an in-depth narrative that includes an analysis of the institution's processes, results and quality improvement efforts for each category. Wording from the Stages in Systems Maturity tables for both processes and results should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results. It is from this work that the team will develop a consensus on the Strategic Challenges analysis, noting three to five strategic issues that are crucial for the future of the institution. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

CATEGORY 5: KNOWLEDGE MANAGEMENT AND RESOURCE STEWARDSHIP

Category 5 addresses management of the fiscal, physical, technological and information infrastructures designed to provide an environment in which learning can thrive.

5.1: KNOWLEDGE MANAGEMENT

Knowledge Management focuses on how data, information and performance results are used in decision-making processes at all levels and in all parts of the institution.

5P1 Describe the processes for knowledge management, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- Selecting, organizing, analyzing and sharing data and performance information to support planning, process improvement and decision making

Systematic: Many of the data sources for HCC are managed through Institutional Research (IR). PeopleSoft is the College's administrative software system. The College also regularly organizes and analyzes information from PeopleSoft for the Integrated Postsecondary Education System (IPEDS). Program accreditors need specific data elements that sometimes originate from other sources. IR also maintains data from periodic campus-wide assessments such as the Student Satisfaction Inventory (SSI), the Community College Survey of Student Engagement (CCSSE), and the Higher Education Insight Survey (HEIS). These provide data for benchmarking and planning. Additionally, several departments utilize tracking systems unique to their populations. For example, Adult Education uses Data and Information System Illinois (DAISI) to report

Heartland data and access peer comparisons. The Development staff track confidential data related to fund-raising and donors with Raiser's Edge software. It is unclear how data is request from IR and what process is used to facilitate process improvement and decision making.

- Determining data, information and performance results that units and departments need to plan and manage effectively.

Aligned: HCC has an aligned process for requesting information and performance results for various departments. Also, HCC states that IR reports are linked to Program Review processes. It would benefit HCC to show how department receive and use information once it is generated. HCC appears to have a collaborative process for facilitating data request.

- Making data, information and performance results readily and reliably available to the units and departments that depend upon this information for operational effectiveness, planning and improvements

Aligned: HCC's IR maintains a Business Intelligence (BI) site which makes data, information, and performance results available to stakeholders. This site reports enrollment, persistence, and program completion graphs and many other reports provide information such as demographics, grade distributions, and class schedules. The BI reports are available for internal stakeholders and external agencies, compliance requirements of College information. Fast Facts and Student Right-To-Know information is reported to the public website.

- Ensuring the timeliness, accuracy, reliability and security of the institution's knowledge management system(s) and related processes

Aligned: HCC states The IR team emphasizes the need for collaboration with stakeholders and subject matter experts throughout the life-cycle of each report. The College employs its most rigorous approaches for accuracy and on-time submissions to compliance reports. Training, data entry standards, and strong business processes, such as limiting the number of individuals who perform data entry work, minimize poor quality transactional data at the time of front-line entry. HCC performs periodic audits and test runs of reports to ensure that data integrity issues may be corrected early. The College uses Active Directory Federation Services (ADFS) standards to provide single sign-on access to a number of enterprise computer systems, including the Business Intelligence site.

- Tracking outcomes/measures utilizing appropriate tools (including software platforms and/or contracted services)

Aligned: HCC uses its Business Intelligence (BI) site as the primary platform for making data sources and performance indicators available. Through manual updates and automated processes, IR keeps graphs, tables, and reports current. The College-Wide Strategic Plan determines Key Performance Indicators (KPIs) which are traced and monitored through the BI system as well.

5R1 What are the results for determining how data, information and performance results are used in decision-making processes at all levels and in all parts of the institution? The results presented should be for the processes identified in 5P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Reacting: HCC has demonstrated the expansion of accessibility to report, however there is no direct evidence of how reports are used in decision making resulting from the processes identified in request for data.

- Comparison of results with internal targets and external benchmarks

Reacting: no comparison results presented

- Interpretation of results and insights gained

Reacting: no interpretation presented

5I1 Based on 5R1, what process improvements have been implemented or will be implemented in the next one to three years?

Off-Campus Access to Business Intelligence System

The Business Intelligence (BI) site is not available off-campus. However, the College launched a new Employee Portal in 2018. As a platform that provides anywhere, anytime access to key resources, the IT department plans to incorporate the BI system into the Portal. This will resolve the off-campus limitation and make BI site resources easier for all employees to access.

Upgrade Raiser's Edge System and Train Staff

The College has used Raiser's Edge for many years. A recent version upgrade, along with associated training of users of the system, has enhanced the Development staff's ability to access, share, track, and analyze fund-raising and donor data.

Track Adult Education Program Student Post-Completion Outcomes

Staff will comply with a new State of Illinois requirement to track outcomes after students leave the Adult Education program. This broader scope aligns with the College-wide priority to Promote Student Success and it will lead to further improvement of the quality of life for Adult Education students.

Data Request Submission Form

The IR department plans to prepare an online data request form. Formalizing this process will improve the quality of information gathered at the time of the request, thus resulting in improved efficiency and better responsiveness in meeting stakeholder expectations. Integrate Project Management Best Practices. While IR tracks report requests and development in IT's project management system, the IR department recognizes the benefit of adopting more rigorous project management methodologies, and intends to adopt additional best practices.

Primary Data Sources Communication Project

As one of the Institutional Effectiveness Council's top 2018-2021 priorities, a new Primary Data Sources Communication Project will address concerns with accessibility of results for data sources, specifically the HEIS, the SSI, the CCSSE, and National Community College Benchmarking Project (NCCBP). Facilitating broader access to these data sources will improve transparency, consistent with

the College's Modeling Communication, Collaboration and Transparency priority, and better leverage information for continuous improvement and strategic/operational planning.

5.2: RESOURCE MANAGEMENT

Resource Management focuses on how the resource base of an institution supports and improves its educational programs and operations. The institution should provide evidence for Core Component 5.A. in this section.

5P2 Describe the processes for managing resources, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- Maintaining fiscal, physical and technological infrastructures sufficient to support operations (5.A.1)

Aligned: HCC describes processes which include Fiscal Financial Reporting through Internal Control Procedures through its Business Services, Automated Approval through PeopleSoft Financial software which gives approval routing at multi-levels, Regular Financial reports which are distributed and Asset Management which is monitored by the strategic financial goals of the College.

HCC uses a Preventative Maintenance (PM) schedule to maintain its physical facilities. Helpdesk software supports customer care for repairs, temperature complaints, event set-ups, and other needs. Security personnel monitor the main campus and room key pass is used for access to building facilities. HCC states that the Division maintains a capital projects list, which the Cabinet reviews and prioritizes annually.

The College uses a Technology Master Plan to manage IT resource and IT governance practices. Committees meet regularly to ensure effective change management, improve data integrity, and encourage safe computing practice. Committees include Information Security Committee, Change Advisory Board, Data Integrity and Review Team, PeopleSoft Campus Solutions Team, PeopleSoft Human Resources Team and PeopleSoft Financials Team.

- Setting goals aligned with the institutional mission, resources, opportunities and emerging needs (5.A.3)

Systematic: A SWOT analysis is used to evaluate goals. Through its Strategic Model and Strategic Planning Processes HCC is able to identify goals for operational planning. It is not clear how goals specifically align to the mission of the institution or who is involved with evaluating the alignment.

- Allocating and assigning resources to achieve organizational goals, while ensuring that educational purposes are not adversely affected (5.A.2)

Systematic: HCC states The allocation of institutional resources is driven by the Strategic Budget and the many integrated processes and is overseen by the Institutional Effectiveness Council. It would benefit HCC to show how priorities are allocated to departments and how needs are determined based on organizational goals.

- Tracking outcomes/measures utilizing appropriate tools

Reacting: No tracking outcomes or measure were presented.

5R2 What are the results for resource management? The results presented should be for the processes identified in 5P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Systematic: The college presents evidence of sound financial audits, an increase operating fund and regular analysis of the college debt. Also, the Preventative Maintenance Activity is included to show improvements.

- Comparison of results with internal targets and external benchmarks

Systematic: A 3 – year comparison is given of funding bonds savings and 2-year comparison for Operating Reserves Funds and Preventive Maintenance Activity Reports. There is limited information on internal targets and how benchmarks are determined.

- Interpretation results and insights gained

Reacting: How the results were interpreted was not presented.

5I2 Based on 5R2, what process improvements have been implemented or will be implemented in the next one to three years?

General Financial Health

In 2015, regular financial forecasting processes predicted the loss of a significant tax revenue stream. We did not know when we would lose it, but based on available data, we knew the probability was high. Our April 2016 Strategic Multi-Year Plan for Budget and HR Realignment paved the way for considerable improvement in financial position, even during times of unprecedented financial and political turmoil in the State of Illinois. In September 2017, the anticipated revenue loss became a certainty, impacting fiscal year 2019.

The Higher Learning Commission requires each institution to compute a Composite Financial Index (CFI) as part of its annual institutional update each spring. A significant improvement in our CFI is attributable to the development and implementation of the Multi-Year Plan. HCC data is compared to the median for other colleges: Public Composite Financial Index, FY12 through FY17.

GFOA Budget Award

With ever-increasing financial pressures due to state budget uncertainty, uncertain enrollment trends, possible pension cost shifts, and the threat of a property tax freeze, we will put even more effort into our budget development processes. With our success in the GFOA's financial reporting program, we will investigate its budget award programs. While it is premature to commit to obtaining certificates of achievement, the GFOA framework will offer strategies for making our process more transparent and effective.

TechQual+ Survey

A number of surveys and data sources exist for evaluating Information Technology services, but after attending an internally-focused IT conference at Illinois State University, we decided that the Higher

Education TechQual+ survey would be good for Heartland. We will conduct the TechQual+ survey in 2018 and then tentatively plan to administer it bi-annually. While customer care data can be extracted from the IT helpdesk system, the TechQual+ survey will provide a broader and more universal set of metrics for evaluating both service levels and infrastructure.

Strategic Budget Forecasting Software

While multi-year forecasting has been a standard, annual process for many years, it has relied on a complex web of Excel workbooks requiring significant time to maintain. New software, 5Cast by Forecast5 Analytics, has yielded time savings and improved forecasts. We will continue to invest in leveraging this software solution. A sample multi-year budget forecast from 5Cast is typical for several different scenarios that have been shared with the Board of Trustees and other stakeholders since the new software was implemented.

Course Fees Calculation Process

Through the development of an Excel workbook template and workshops with staff, the College has placed more emphasis on consistency in the computation of individual course fees. Currently, the College books both tuition and fees as general revenue rather than allocate them to specific programs. This can make it difficult to determine whether fees are appropriate. With sensitivity to the cost of education for students and fiscal stewardship for the College, use of the Excel template is growing.

Revision of Foundation Funding Priorities

The HCC Foundation is considering program and institutional support as a means to positively impact student experiences. Past development efforts focused heavily on scholarship support and success in these new areas is allowing broader impact. A recent example included donor engagement in a quad enhancement initiative for campus beautification, an endeavor strongly supported by students.

5.3: OPERATIONAL EFFECTIVENESS

Operational Effectiveness focuses on how an institution ensures effective management of its operations in the present and plans for continuity of operations into the future. The institution should provide evidence for Core Component 5.A. in this section.

5P3 Describe the processes for operational effectiveness, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- Building budgets to accomplish institutional goals

Systematic: The College maintains budgets at multiple levels. A high level calendar outlines Key Budget Activities. HCC states that the Illinois Public Community College Act requires the Heartland Board of Trustees to adopt both a tentative and a final institutional Operating Budget annually. PeopleSoft houses the College's Departmental Budgets. (5.A.5) Cabinet determines budgetary allocations for regular personnel, budget managers have spending authority for temporary employees, materials and supplies, meeting and travel expenses, and contractual services within their allocations. The College's annual operating budgets are posted on the College's website. It is not clear how budgets are approval or the process for determining priorities.

- Monitoring financial position and adjusting budgets (5.A.5)

Aligned: A detailed process for how budgets are approved and adjusted is presented. Monthly Board reports are distributed regularly with the College Advisory Council and periodically with the entire College community regarding budget updates, projections, and other fiscal matters.

- Maintaining a technological infrastructure that is reliable, secure and user-friendly

Aligned: An annual security program includes training sessions for employees, risk/vulnerability assessments, and regular mitigation activities. The College's emphasis on information security was recognized as a Strength in the 2013 AQIP Systems Appraisal Report (7P7).

- Maintaining a physical infrastructure that is reliable, secure and user-friendly

Aligned: Security is paramount to the success of learning at the College. This was identified as a Strength in the 2013 Systems Appraisal Report (6P3) and the College continues to devote efforts to improvement. Uniformed security staff care for the main campus 24 hours per day, 365 days per year. They lock and unlock buildings and rooms, respond to medical needs, investigate disturbances, and monitor the flow of people and vehicles. Stakeholders submit physical infrastructure requirement requests to Facilities. The Executive Director captures these in a master capital requirements list and works with the Cabinet to prioritize them. The Cabinet allocates funds to items deemed most supportive of the College's strategic priorities.

- Managing risks to ensure operational stability, including emergency preparedness

Systematic: Risk Management efforts in recent years have been focused on Compliance, Safety and Security (including emergency preparedness), and General Risk Management.

- Tracking outcomes/measures utilizing appropriate tools

Reacting: No tracking outcomes were presented.

5R3 What are the results for ensuring effective management of operations on an ongoing basis and for the future? The results presented should be for the processes identified in 5P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)

Aligned: Evidence for a 3- year budget preparation is provided. Risk Management assessment and Compliance reporting results.

- Comparison of results with internal targets and external benchmarks

Reacting: Year to Year comparison is presented. No benchmarking results presented.

- Interpretation of results and insights gained

Reacting: No interpretation of results were presented.

5I3 Based on 5R3, what process improvements have been implemented or will be implemented in the next one to three years?

Due to the poor performance of the older elevators, the College completed some major repairs in FY18 and the Board of Trustees approved funding for complete rebuilds in FY19.

Implementation of Maxient System to improve the handling of security incidents and student conduct cases, the College implemented Maxient, a centralized reporting and record keeping solution. The software allows for fast and secure sharing of incident information, collection of evidence, and provides insights that were not available with the paper-based system.

CATEGORY SUMMARY

HCC has clear processes for how resources are managed and stewarded. There appears to be a transparent process in reporting financial outcomes and audit. Annual reports are maintained for physical, technological and facilities maintenance. Most processes seemed aligned throughout the College.

CATEGORY STRATEGIC ISSUES

1. While some processes are demonstrated, internal stakeholder roles are not clearly addressed.
2. Results do not share interpretations. The comparisons reports do not include how benchmarks were established.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

VI - Quality Overview

Focuses on the Continuous Quality Improvement culture and infrastructure of the institution. This category gives the institution a chance to reflect on all its quality improvement initiatives, how they are integrated, and how they contribute to improvement of the institution.

Instructions for Systems Appraisal Team

In this section, the team should provide a consensus narrative that focuses on the processes, results and improvements for Quality Improvement Initiatives and Culture of Quality.

Independent Category Feedback for each AQIP Category from each team member should be synthesized into an in-depth narrative that includes an analysis of the institution's processes, results and quality improvement efforts for each category. Wording from the Stages in Systems Maturity tables for both processes and results should be incorporated into the narrative to help the institution understand how the maturity of processes and results have been rated. The narrative should also include recommendations to assist the institution in improving its processes and/or results. It is from this work that the team will develop a consensus on the Strategic Challenges analysis, noting three to five strategic issues that are crucial for the future of the institution. Please see additional directions in the [Systems Appraisal procedural document](#) provided by HLC.

Evidence

CATEGORY 6: QUALITY OVERVIEW

Category 6 focuses on the Continuous Quality Improvement culture and infrastructure of the institution. This category gives the institution a chance to reflect on all its quality improvement initiatives, how they are integrated and how they contribute to improvement of the institution.

6.1: QUALITY IMPROVEMENT INITIATIVES

Quality Improvement Initiatives focuses on the Continuous Quality Improvement (CQI) initiatives the institution is engaged in and how they work together within the institution.

6P1 Describe the processes for determining and integrating CQI initiatives, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- Selecting, deploying and evaluating quality improvement initiatives

Integrated: The College established an Institutional Effectiveness Council with key representation from all areas of the campus operations. This Council guides the overall quality journey of the College. The AQIP Coordinating Committee guides activities and processes directly related to the AQIP pathway.

- Aligning the Systems Portfolio, Action Projects, Comprehensive Quality Review and Strategy Forums

Integrated: The AQIP Coordinating Committee created a Continuous Improvement Portal. This web-based system provides an organizational structure/support for improvement activities occurring across campus.

6R1 What are the results for continuous quality improvement initiatives? The results presented should be for the processes identified in 6P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared.

Systematic: The College has completed five AQIP Action Projects the last of which was to refine the strategic planning process. The Institutional Effectiveness Council was created to address issues and opportunities brought up in the last Systems Portfolio review. The CI Portal has logged 133 specific projects and tracks those projects from inception through implementation.

6I1 Based on 6R1, what quality improvement initiatives have been implemented or will be implemented in the next one to three years?

The College plans to continue implementation of the CI Portal as a tool for managing improvement activities. Additional activities and plans are noted in 6P2.

6.2: CULTURE OF QUALITY

Culture of Quality focuses on how the institution integrates continuous quality improvement into its culture. The institution should provide evidence for Core Component 5.D. in this section.

6P2 Describe how a culture of quality is ensured within the institution. This includes, but is not limited to, descriptions of key processes for the following:

- Developing an infrastructure and providing resources to support a culture of quality

Integrated: It is clear that the College has invested significant human capital and tangible resources in their commitment to improvement through the AQIP Pathway. The integration of activities includes a new strategic planning process, creation of the Institutional Effectiveness Council, alignment of resources to target activities and projects, and development of a technology based system to coordinate and manage improvement activities. Many of these initiatives are a direct result of prior feedback received through the AQIP process.

- Ensuring continuous quality improvement is making an evident and widely understood impact on institutional culture and operations (5.D.1)

Integrated: Broad representation in key committees (AQIP Coordinating Committee and the Institutional Effectiveness Council, to name two) helps to ensure that information and lessons from improvement activities are communicated throughout the operating areas of the College.

- Ensuring the institution learns from its experiences with CQI initiatives (5.D.2)

Systematic: Throughout the current portfolio there is evidence of the College learning from experience and acting on feedback from prior AQIP reviews and processes.

- Reviewing, reaffirming and understanding the role and vitality of the AQIP Pathway within the institution

Integrated: The College demonstrates that the stakeholders are aware of AQIP/continuous improvement and that the institution is firmly committed to the principles of continuous quality improvement.

6R2 What are the results for continuous quality improvement to evidence a culture of quality? The results presented should be for the processes identified in 6P2. All data presented should include the population studied, the response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared.

Integrated: The College identifies major improvements including an improved writing sample process for international students, unified progress check process to streamline communication of information related to student success, improvements in the faculty load and compensation process, restructure of continuing education, and evaluating the efficacy of a new pricing model for customized training.

6I2 Based on 6R2, what process improvements to the quality culture have been implemented or will be implemented in the next one to three year?

The College has targeted a number of improvements and set objectives associated with those activities. These improvements include increasing the number of employees able to fully articulate the role of continuous improvement on the campuses, increasing the active number of improvement efforts, and continued alignment of activities and processes.

CATEGORY SUMMARY

Heartland is like many colleges with issues and opportunities. What helps to make Heartland distinctive is a clear commitment to recognizing issues and acting to make improvements. The College is firmly committed to the AQIP Pathway/continuous improvement and has repeatedly demonstrated this commitment by receiving and acting upon comments and feedback in the process.

CATEGORY STRATEGIC ISSUES

None noted

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

1 - Mission

The institution's mission is clear and articulated publicly; it guides the institution's operations.

1.A - Core Component 1.A

The institution's mission is broadly understood within the institution and guides its operations.

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.
2. The institution's academic programs, student support services, and enrollment profile are consistent with its stated mission.
3. The institution's planning and budgeting priorities align with and support the mission. (This sub-component may be addressed by reference to the response to Criterion 5.C.1.)

Rating

Adequate

Evidence

The strong and effective work to rejuvenate the College vision, mission, and values is evident for the 2015-16 year which informs present activity. In the strategic planning process it is clearly indicated that the IE Council guides periodic review of the vision, mission and values to ensure they remain relevant. It is not stated explicitly when, how often, or to what extent the "periodic review and adjustment" process involves for Heartland. This is a gap to ensure the mission, vision, and values are clearly and effectively communicated forward for the institution.

The Institutional Effectiveness (IE) Council directs the review of the College's Vision, Mission and Values statements in conjunction with the AQIP Coordinating Committee.

In 2016, the Committee convened two separate campus conversations to engage all College employees in the latest revision. After this time a large sector of the college community voted on it.

In the results section data from the 2016 survey is provided.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

1.B - Core Component 1.B

The mission is articulated publicly.

1. The institution clearly articulates its mission through one or more public documents, such as statements of purpose, vision, values, goals, plans, or institutional priorities.
2. The mission document or documents are current and explain the extent of the institution's emphasis on the various aspects of its mission, such as instruction, scholarship, research, application of research, creative works, clinical service, public service, economic development, and religious or cultural purpose.
3. The mission document or documents identify the nature, scope, and intended constituents of the higher education programs and services the institution provides.

Rating

Adequate

Evidence

Most major documents list and address the mission, vision, and values as it relates to faculty and staff. Yet, it is not evident in this portfolio that the vision, mission, and values are communicated to students in strategic and appropriate fashion. An example of how the values shape daily decision-making processes by administrators, staff, faculty and students (where appropriate) would move this to alignment. Attention to ways that students receive consistent and appropriate communication with some levels of embrace for this mission would strengthen a position for alignment.

The College communicates its vision, mission and values in multiple ways that are strong, clear, and well-presented as featured on the website, in reports, and in standard locations including the following: College's Board Policy Manual, Employee Handbook and Faculty Handbook.

It is noted that the College uses beginning of semester kick-offs to provide updates on the status of the College's progress in meeting its vision, mission and values, and associated strategic plan goals to all employees yet the extent of this commitment was not explicit.

The College has an Integrated Strategic Planning Model and inclusive Strategic Planning Process that embraces it.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

1.C - Core Component 1.C

The institution understands the relationship between its mission and the diversity of society.

1. The institution addresses its role in a multicultural society.
2. The institution's processes and activities reflect attention to human diversity as appropriate within its mission and for the constituencies it serves.

Rating

Adequate

Evidence

The Academic Planning Council (APC) serves as the origin for all consideration of new program development. That process is outlined in the College's program input development and implementation process map.

New master syllabi (a template and directions are provided). Courses and programs must contain the College's common learning outcomes and demonstrate coverage of those outcomes. Diversity is not addressed in the competencies.

While the institution has a Committee for Diversity and Inclusion, it would be helpful to provide information about the programs and activities of the Committee.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

1.D - Core Component 1.D

The institution's mission demonstrates commitment to the public good.

1. Actions and decisions reflect an understanding that in its educational role the institution serves the public, not solely the institution, and thus entails a public obligation.
2. The institution's educational responsibilities take primacy over other purposes, such as generating financial returns for investors, contributing to a related or parent organization, or supporting external interests.
3. The institution engages with its identified external constituencies and communities of interest and responds to their needs as its mission and capacity allow.

Rating

Adequate

Evidence

As an consideration for growth, more information on establishing priorities is needed. One might assume that this is part of a "check and adjust" process, but that is not entirely clear to the reader of the portfolio. SMART gets mentioned frequently, but further clarity and actualization of this process in the results would make it more explicit with respect to how this approach intersects with the KPI (Measurable Results) in the planning process.

The College website (on the homepage) describes three distinct offerings reflecting a commitment to serving the community including continuing education, employee training, and a youth enrichment program. Providing evidence of the level of activity within each of these programs is recommended.

The College explains that it is allocating resources to advance the institution's mission and vision, while upholding the institution's value. In this section, the college could demonstrate evidence of the distribution of expenditures by category (i.e. instruction, infrastructure, student aid, services, etc.

The College's website is filled with news stories demonstrating engagement with external stakeholders, particularly organizations who hire their graduates. It is unclear how the institution engages external constituencies and communities of interest and how it responds to their needs as its mission allows. This area was not directly addressed in the portfolio.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

2 - Integrity: Ethical and Responsible Conduct

The institution acts with integrity; its conduct is ethical and responsible.

2.A - Core Component 2.A

The institution operates with integrity in its financial, academic, personnel, and auxiliary functions; it establishes and follows policies and processes for fair and ethical behavior on the part of its governing board, administration, faculty, and staff.

Rating

Clear

Evidence

Alignment is evident with clear policies and procedures followed. The Board manual sets forth the processes. The institution provides information in 4.4 on how it ensures integrity relative to academics, finances, and personnel. More detail or evidence related to the day-to-day operational functions that ensure integrity would add emphasis and even more clarity.

The College's Board Policy Manual outlines policy and procedures to ensure integrity and ethical practices related to General Administration and Operations, Educational Programs, Students, Personnel, and Business Operations.

By policy, it is a requirement for all College Trustees and administrators to annually complete a "Statement of Economic Interests".

The monthly Board meetings and minutes are made public. It was noted that the minutes were not up to date at the time of reading this portfolio, but they are there for the community to see.

In addition to numerous policies and public meetings, the College has a well-defined process for responding to all Illinois Freedom of Information Act (FOIA) requests, which is published on the College website.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

2.B - Core Component 2.B

The institution presents itself clearly and completely to its students and to the public with regard to its programs, requirements, faculty and staff, costs to students, control, and accreditation relationships.

Rating

Clear

Evidence

Information presented and survey of key links on the college website resulted in locating expected and necessary information related to programs, structures, and costs. The College website was easy to navigate.

The College makes information readily available to the public.

The website constitutes the main form of public communication regarding specific programs, including requirements, faculty and staff contact information, costs, and accreditation. Information is found on the College's academic program web pages (required courses, links to faculty and staff information and program-specific accreditation) and in the College Course Catalog.

Information that students might want is clearly presented and available. Institutional information regarding accreditation and governance structures and information is readily available.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

2.C - Core Component 2.C

The governing board of the institution is sufficiently autonomous to make decisions in the best interest of the institution and to assure its integrity.

1. The governing board's deliberations reflect priorities to preserve and enhance the institution.
2. The governing board reviews and considers the reasonable and relevant interests of the institution's internal and external constituencies during its decision-making deliberations.
3. The governing board preserves its independence from undue influence on the part of donors, elected officials, ownership interests or other external parties when such influence would not be in the best interest of the institution.
4. The governing board delegates day-to-day management of the institution to the administration and expects the faculty to oversee academic matters.

Rating

Clear

Evidence

The Board manual names clearly how governance, leadership, and oversight for the institution is addressed. There appears to be strong transparency to the academic community, as well as the broader community which the College serves.

A well-developed board manual states how governance serves in the best interest of the institution by both policies and procedures.

Multiple examples given how varied stakeholder groups support and supply leadership for governance and oversight in reasonable fashion.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

2.D - Core Component 2.D

The institution is committed to freedom of expression and the pursuit of truth in teaching and learning.

Rating

Clear

Evidence

The institution ensures academic freedom through its board policy, their Values Statements, the collective bargaining agreement for full time faculty as well as the agreement for part time faculty. The College further indicates its assurance of freedom of expression while promoting an environment characterized by professionalism.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

2.E - Core Component 2.E

The institution's policies and procedures call for responsible acquisition, discovery and application of knowledge by its faculty, students and staff.

1. The institution provides effective oversight and support services to ensure the integrity of research and scholarly practice conducted by its faculty, staff, and students.
2. Students are offered guidance in the ethical use of information resources.
3. The institution has and enforces policies on academic honesty and integrity.

Rating

Clear

Evidence

The College has an active Human Subject Research and Review Board (HSRRB) that provides oversight to ensure the integrity of research conducted on campus by faculty, staff, students, and external constituents. All members of the HSRRB have access to training through the Collaborative Institutional Training Initiative (CITI), and they are strongly encouraged to complete this training.

The Student Code of Conduct and Academic Integrity Policy are spelled out in the Student Handbook.

The College's Academic Integrity Policy define the meaning of integrity, how to cultivate integrity, resources available at the College, and ramifications of a violation of integrity.

College Board Policy also outlines employees' and students' responsibility to practice ethical behavior as well as the disciplinary sanctions for failure to do so.

The College promotes the ethical teaching and research practices of faculty through background checks, ethics surveys, annual audits, policies, and training.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

3 - Teaching and Learning: Quality, Resources, and Support

The institution provides high quality education, wherever and however its offerings are delivered.

3.A - Core Component 3.A

The institution's degree programs are appropriate to higher education.

1. Courses and programs are current and require levels of performance by students appropriate to the degree or certificate awarded.
2. The institution articulates and differentiates learning goals for undergraduate, graduate, post-baccalaureate, post-graduate, and certificate programs.
3. The institution's program quality and learning goals are consistent across all modes of delivery and all locations (on the main campus, at additional locations, by distance delivery, as dual credit, through contractual or consortial arrangements, or any other modality).

Rating

Clear

Evidence

The College evaluates and ensures rigor for alternative modalities through a new position, the Director of Online Learning and Instructional Technologies. The College's Promotion Evaluation Review Team (PERT) reviews course evaluation instruments such as the classroom observation form and student course evaluations to ensure they are appropriate for monitoring rigor in online courses.

Each program has a print and web document that identifies what students can expect to learn in the program, the occupational outlook, and a detailed curriculum guide containing specific course descriptions in the course catalog.

The College has both an administrative handbook and a faculty handbook for dual credit outlining all processes and procedures. When necessary, these processes are used by the College to identify courses or instructors not in compliance with the College's standards for all courses.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

3.B - Core Component 3.B

The institution demonstrates that the exercise of intellectual inquiry and the acquisition, application, and integration of broad learning and skills are integral to its educational programs.

1. The general education program is appropriate to the mission, educational offerings, and degree levels of the institution.
2. The institution articulates the purposes, content, and intended learning outcomes of its undergraduate general education requirements. The program of general education is grounded in a philosophy or framework developed by the institution or adopted from an established framework. It imparts broad knowledge and intellectual concepts to students and develops skills and attitudes that the institution believes every college-educated person should possess.
3. Every degree program offered by the institution engages students in collecting, analyzing, and communicating information; in mastering modes of inquiry or creative work; and in developing skills adaptable to changing environments.
4. The education offered by the institution recognizes the human and cultural diversity of the world in which students live and work.
5. The faculty and students contribute to scholarship, creative work, and the discovery of knowledge to the extent appropriate to their programs and the institution's mission.

Rating

Clear

Evidence

In 1993 Heartland created Essential Competencies outline to replace its General Education Outcomes. The College ensures its shared learning outcomes remain aligned to the mission, education offerings, and degree levels of the institution through shared governance committees: the Curriculum and Academic Standards Committee (CAS) and the Assessment Committee (AC).

The College's common learning outcomes are articulated on the College's website, in print materials used for marketing and recruitment, in a visual display on the wall of the main instructional building on campus, and in all College syllabi.

Academic program outcomes are reviewed by faculty on a five-year rotation to ensure continued alignment with student, workplace and societal needs. An example of the program objectives/achievement questions in the CTE Program Review Template are provided.

While the College has worked to ensure integration of the outcomes across courses and has increased the average number of exposures students receive, no diversity outcome is embedded in 100 or more courses at the College, while all other competency areas (CO, CT and PS) reach 100 or more course exposures in at least one outcome. The College also scores below the cohort in student perceptions of exposure on four of the five diversity items.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

3.C - Core Component 3.C

The institution has the faculty and staff needed for effective, high-quality programs and student services.

1. The institution has sufficient numbers and continuity of faculty members to carry out both the classroom and the non-classroom roles of faculty, including oversight of the curriculum and expectations for student performance; establishment of academic credentials for instructional staff; involvement in assessment of student learning.
2. All instructors are appropriately qualified, including those in dual credit, contractual, and consortial programs.
3. Instructors are evaluated regularly in accordance with established institutional policies and procedures.
4. The institution has processes and resources for assuring that instructors are current in their disciplines and adept in their teaching roles; it supports their professional development.
5. Instructors are accessible for student inquiry.
6. Staff members providing student support services, such as tutoring, financial aid advising, academic advising, and co-curricular activities, are appropriately qualified, trained, and supported in their professional development.

Rating

Clear

Evidence

The College has a well defined hiring process that is inclusive of identification of job description, rationale for positions, posting of jobs, advertising, development of interview teams, and results in onboarding.

The Collective bargaining unit provides a stipend for all faculty to obtain professional development. Additional professional development is provided by the college. The Collective Bargaining Agreement requires 5 office hours per week for full time faculty and availability of adjunct faculty for students. The institution computes a ratio of support staff to students to ensure support is available to students.

Evidence of the size, type (part v. full-time) and educational level of faculty was provided for FY2014-FY2017. The College has maintained a consistent faculty-to-student ratio during this time period.

Academic credentialing standards for faculty are determined in accordance with ICCB and HLC standards.

The College is committed to maintaining a core of tenured and tenure-track faculty positions and provided measures for credit hour load by instructor type (i.e. full-time, part-time, other employee).

The College provided evidence of a systematic process to evaluate faculty for promotion and tenure.

The portfolio required for promotion ensures faculty are adapting and changing the learning environment to enhance student learning.

The College provided evidence of that a uniform, comprehensive evaluation process is in place for faculty and staff, and students have an opportunity to evaluate faculty.

Supervisors and employees are encouraged to jointly discuss professional development needs. The College maintains an active Professional Development Council. Specifically, the College ensures its student support services staff are able to enhance their knowledge by attending conferences and workshops held at the local, regional and national level.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

3.D - Core Component 3.D

The institution provides support for student learning and effective teaching.

1. The institution provides student support services suited to the needs of its student populations.
2. The institution provides for learning support and preparatory instruction to address the academic needs of its students. It has a process for directing entering students to courses and programs for which the students are adequately prepared.
3. The institution provides academic advising suited to its programs and the needs of its students.
4. The institution provides to students and instructors the infrastructure and resources necessary to support effective teaching and learning (technological infrastructure, scientific laboratories, libraries, performance spaces, clinical practice sites, museum collections, as appropriate to the institution's offerings).
5. The institution provides to students guidance in the effective use of research and information resources.

Rating

Adequate

Evidence

The College offers many different types of support to students who are able to elect to receive information about the above services in several ways: at placement testing, New Student Day appointment, student success orientation, and if enrolled in a developmental education course.

Placement testing or ACT/SAT scores are used to determine whether a student must take developmental coursework.

The institution provides infrastructure to and resources to support effective teaching and learning through specialized spaces such as the veterans center and library. Faculty support is provided through training research and professional development.

The library provides students guidance in the use of research and information resources. Academic advising is mentioned as a student support but little detail is provided about academic advising.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

3.E - Core Component 3.E

The institution fulfills the claims it makes for an enriched educational environment.

1. Co-curricular programs are suited to the institution's mission and contribute to the educational experience of its students.
2. The institution demonstrates any claims it makes about contributions to its students' educational experience by virtue of aspects of its mission, such as research, community engagement, service learning, religious or spiritual purpose, and economic development.

Rating

Adequate

Evidence

The College has tutoring services, disability supports, student clubs and organizations, athletics, as well as a fitness and rec center. Service Learning is also noted as an option for some programs.

The co-curricular programs offered by HCC align with the mission and ample programs are in place to meet student needs. However, the portfolio did not include evidence of student participation rates or levels of engagement with the activities and programs offered.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

4 - Teaching and Learning: Evaluation and Improvement

The institution demonstrates responsibility for the quality of its educational programs, learning environments, and support services, and it evaluates their effectiveness for student learning through processes designed to promote continuous improvement.

4.A - Core Component 4.A

The institution demonstrates responsibility for the quality of its educational programs.

1. The institution maintains a practice of regular program reviews.
2. The institution evaluates all the credit that it transcripts, including what it awards for experiential learning or other forms of prior learning, or relies on the evaluation of responsible third parties.
3. The institution has policies that assure the quality of the credit it accepts in transfer.
4. The institution maintains and exercises authority over the prerequisites for courses, rigor of courses, expectations for student learning, access to learning resources, and faculty qualifications for all its programs, including dual credit programs. It assures that its dual credit courses or programs for high school students are equivalent in learning outcomes and levels of achievement to its higher education curriculum.
5. The institution maintains specialized accreditation for its programs as appropriate to its educational purposes.
6. The institution evaluates the success of its graduates. The institution assures that the degree or certificate programs it represents as preparation for advanced study or employment accomplish these purposes. For all programs, the institution looks to indicators it deems appropriate to its mission, such as employment rates, admission rates to advanced degree programs, and participation rates in fellowships, internships, and special programs (e.g., Peace Corps and Americorps).

Rating

Clear

Evidence

The College reviews degree programs every five years through a program review process.

Transfer credits are awarded automatically if they are approved by the Illinois Articulation Agreement (IAI), those who aren't covered by the IAI go through a review process driven by the registrar and involving the department when necessary.

The College communicates the preparation necessary to students via the course prerequisites and program prerequisites within the College catalog.

Several independent processes at the College ensure that appropriate levels of rigor occur across all

modes, locations, and dual credit.

The College maintains specialized accreditation for multiple programs as noted in the portfolio. The College provided evidence of how it evaluates the success of its graduates relative to pass rates on licensure exams.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

4.B - Core Component 4.B

The institution demonstrates a commitment to educational achievement and improvement through ongoing assessment of student learning.

1. The institution has clearly stated goals for student learning and effective processes for assessment of student learning and achievement of learning goals.
2. The institution assesses achievement of the learning outcomes that it claims for its curricular and co-curricular programs.
3. The institution uses the information gained from assessment to improve student learning.
4. The institution's processes and methodologies to assess student learning reflect good practice, including the substantial participation of faculty and other instructional staff members.

Rating

Adequate

Evidence

The Assessment Committee began a process for student achievement data collection on the common outcomes, starting with the Critical Thinking 2 (CT2) competency, which is the competency that appears on more master syllabi than any other competency. All faculty teaching a course containing the CT2 competency completed an Assessment Form documenting student learning on that outcome.

The Learning and Student Success Division retreat in the Fall of 2015 was used to identify areas of co-curricular opportunities. Co-curricular mapping results are reported.

Internal trainings focus on helping faculty document assessment of student learning through the College's Assessment Form. However, the institution should provide examples of how data was used to improve student learning across a breadth of disciplines as well as to report on the effectiveness of the intervention.

HCC acknowledges more work is needed to demonstrate student learning in the Essential Competency areas.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

4.C - Core Component 4.C

The institution demonstrates a commitment to educational improvement through ongoing attention to retention, persistence, and completion rates in its degree and certificate programs.

1. The institution has defined goals for student retention, persistence, and completion that are ambitious but attainable and appropriate to its mission, student populations, and educational offerings.
2. The institution collects and analyzes information on student retention, persistence, and completion of its programs.
3. The institution uses information on student retention, persistence, and completion of programs to make improvements as warranted by the data.
4. The institution's processes and methodologies for collecting and analyzing information on student retention, persistence, and completion of programs reflect good practice. (Institutions are not required to use IPEDS definitions in their determination of persistence or completion rates. Institutions are encouraged to choose measures that are suitable to their student populations, but institutions are accountable for the validity of their measures.)

Rating

Adequate

Evidence

The College collects information about retention, persistence and completion of students. No data exists for special populations of students as a comparison to overall rates. The institution has only recently set goals for retention, persistence and completion. The institution uses IPEDs data along with a comparison to the other 47 community colleges in Illinois. The College provided examples of how data has been used to make improvements but did not speak to the impact of those improvements on student persistence, retention and completion.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

5 - Resources, Planning, and Institutional Effectiveness

The institution's resources, structures, and processes are sufficient to fulfill its mission, improve the quality of its educational offerings, and respond to future challenges and opportunities. The institution plans for the future.

5.A - Core Component 5.A

The institution's resource base supports its current educational programs and its plans for maintaining and strengthening their quality in the future.

1. The institution has the fiscal and human resources and physical and technological infrastructure sufficient to support its operations wherever and however programs are delivered.
2. The institution's resource allocation process ensures that its educational purposes are not adversely affected by elective resource allocations to other areas or disbursement of revenue to a superordinate entity.
3. The goals incorporated into mission statements or elaborations of mission statements are realistic in light of the institution's organization, resources, and opportunities.
4. The institution's staff in all areas are appropriately qualified and trained.
5. The institution has a well-developed process in place for budgeting and for monitoring expense.

Rating

Clear

Evidence

While there was a decrease in the College's CFI for FY13, 14 and 15, the institution took requisite action and the CFI was expected to rebound for FY 17 to be well "above the zone" for HLC as it relates to financial indicators. The institution's engagement in financial forecasting resulted in their planning for a loss of a revenue stream even in the midst of the political turmoil impacting their financial stability for two fiscal years.

A Professional Development and Training System is used to communicate training opportunities, and track enrollment and completion date.

The College provided evidence that they are continuing to strengthen training and development programs for employees. For example, the PDC piloted a professional development questionnaire in 2017. This tool was used to strengthen communication between supervisors and employees and to improve the budgetary planning process related to professional development.

The College identifies processes in place for Internal Control Procedures and Automated Approval Procedures through PeopleSoft Financials system (PSFS). Regular Financial Reports are used for budget monitoring and Asset Management.

The College identified Preventive Maintenance (PM) schedules for tracking facility maintenance repairs.

The College has prepared three technology master plans (1997, 2004 and 2011) and is currently working on updating this.

The Strategic Budget component of the College's Strategic Planning Model demonstrates how the allocation of institutional resources are decided by integrated processes and is overseen by the Institutional Effectiveness Council.

The Strategic Planning Process – Includes replication of the major College-wide Planning process components at the Operational Planning level, and shows the continuous nature of the planning process through metrics and feedback to future planning.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

5.B - Core Component 5.B

The institution's governance and administrative structures promote effective leadership and support collaborative processes that enable the institution to fulfill its mission.

1. The governing board is knowledgeable about the institution; it provides oversight of the institution's financial and academic policies and practices and meets its legal and fiduciary responsibilities.
2. The institution has and employs policies and procedures to engage its internal constituencies—including its governing board, administration, faculty, staff, and students—in the institution's governance.
3. Administration, faculty, staff, and students are involved in setting academic requirements, policy, and processes through effective structures for contribution and collaborative effort.

Rating

Clear

Evidence

The Curriculum and Academic Standards Committee is clearly active in effective leadership and most featured in the portfolio as a leadership structure central to the College in fulfilling its mission. Strong committees like CAS and AC are in place for governance of academic quality and standards; there is strong interaction among key stakeholders across academic units including well-defined board roles and opportunities to engage the Heartland community.

There is evidence the Assessment Council supports CAS by ensuring the College's learning outcomes are effectively measured in both academic and vocational-technical classes in addition to regular program review processes.

The Board provides oversight of the College's finances and academic affairs. Specifically, the Finance Committee of the Board meets monthly. In addition, the Board has an annual retreat and holds other special meetings to conduct college business as necessary.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

5.C - Core Component 5.C

The institution engages in systematic and integrated planning.

1. The institution allocates its resources in alignment with its mission and priorities.
2. The institution links its processes for assessment of student learning, evaluation of operations, planning, and budgeting.
3. The planning process encompasses the institution as a whole and considers the perspectives of internal and external constituent groups.
4. The institution plans on the basis of a sound understanding of its current capacity. Institutional plans anticipate the possible impact of fluctuations in the institution's sources of revenue, such as enrollment, the economy, and state support.
5. Institutional planning anticipates emerging factors, such as technology, demographic shifts, and globalization.

Rating

Adequate

Evidence

The strategic planning process and five stages are clear enough. With respect to capitalizing on opportunities and countering threats, some clear picture of how the CI Portal entries actually work in service to the institution would be really helpful moving the picture from abstract level to that of concrete, annualized functions of one's plan. The results data section focuses on 2016 and prior; some focus upon planning processes that exemplify systematic use of that data and the process would support and make even more explicit how the institution uses its new strategic planning model in an integrated fashion. Clear evidence of 2016 planning processes and results are provided.

There is an explicit and new integrated planning model evident.

A portal exists for the institution to enter information that would be used to link, assess, and plan accordingly to strengthen the institution. However, the institution needs to better delineate the linkages of assessment of student learning, evaluation of operations, and planning with the budgeting process.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

5.D - Core Component 5.D

The institution works systematically to improve its performance.

1. The institution develops and documents evidence of performance in its operations.
2. The institution learns from its operational experience and applies that learning to improve its institutional effectiveness, capabilities, and sustainability, overall and in its component parts.

Rating

Clear

Evidence

The College has just completed the development of a new Strategic Plan. The plan indicates assessment of institutional effectiveness through the College's key performance indicators (KPIs),

The Institution has developed the Continuous Improvement Portal (CI Portal) to a centralized, technology-based system to facilitate the documentation, review, and archiving of continuous improvement efforts.

Through its Strategic Planning Process, the College is striving to create a system for strategy implementation, monitoring, and improvement and the assessment of planning. Through ongoing program and service review, the College has integrated its Essential Competencies into both academic program review and non-academic program and service review.

Interim Monitoring (if applicable)

No Interim Monitoring Recommended.

Review Dashboard

Number	Title	Rating
1	Reflective Overview	
2	Strategic Challenges Analysis	
3	Accreditation Evidence Screening Summary	
4	Quality of Systems Portfolio	
5	AQIP Category Feedback	
I	Helping Students Learn	
II	Meeting Student and Other Key Stakeholder Needs	
III	Valuing Employees	
IV	Planning and Leading	
V	Knowledge Management and Resource Stewardship	
VI	Quality Overview	
1	Mission	
1.A	Core Component 1.A	Adequate
1.B	Core Component 1.B	Adequate
1.C	Core Component 1.C	Adequate
1.D	Core Component 1.D	Adequate
2	Integrity: Ethical and Responsible Conduct	
2.A	Core Component 2.A	Clear
2.B	Core Component 2.B	Clear
2.C	Core Component 2.C	Clear
2.D	Core Component 2.D	Clear
2.E	Core Component 2.E	Clear
3	Teaching and Learning: Quality, Resources, and Support	
3.A	Core Component 3.A	Clear
3.B	Core Component 3.B	Clear
3.C	Core Component 3.C	Clear
3.D	Core Component 3.D	Adequate
3.E	Core Component 3.E	Adequate
4	Teaching and Learning: Evaluation and Improvement	
4.A	Core Component 4.A	Clear
4.B	Core Component 4.B	Adequate
4.C	Core Component 4.C	Adequate
5	Resources, Planning, and Institutional Effectiveness	
5.A	Core Component 5.A	Clear

5.B	Core Component 5.B	Clear
5.C	Core Component 5.C	Adequate
5.D	Core Component 5.D	Clear

Review Summary

Conclusion

Overall Recommendations

Criteria For Accreditation

Adequate

Sanctions Recommendation

Not Set

Pathways Recommendation

Not Set

No Interim Monitoring Recommended.