



**Southern Association of Colleges and Schools
Commission on Colleges**

PRELIMINARY REPORT OF THE REAFFIRMATION COMMITTEE
(Revised: January 2012
Edited: March 2013)

Statement Regarding the Report

The Board of Trustees of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) is responsible for making the final determination on reaffirmation of accreditation based on the findings contained in this committee report, the institution's response to issues contained in the report, other assessments relevant to the review, and application of the Commission's policies and procedures. Final interpretation of the Principles of Accreditation and final action on the accreditation status of the institution rest with SACSCOC Board of Trustees..

Name of the Institution: Cape Fear Community College

Date of the Review: October 25-27, 2016

COC Staff Member: Cheryl D. Cardell, Ph.D.

Chair of the Committee: Dr. William M. Holda
President (Retired)
Kilgore College, Kilgore TX

Part I. Overview and Introduction to the Institution

Cape Fear Community College (CFCC) was established in 1958 as the Wilmington Industrial Center and operated under the New Hanover County Board of Education. On July 1, 1964, the College received technical institute status and was renamed Cape Fear Technical Institute to become one of fifty-eight institutions comprising the North Carolina Community College System. On January 1, 1988, the college name was officially changed to Cape Fear Community College.

The core of the College's mission is world-class workforce training. CFCC achieves its mission by offering education and training through a wide variety of technical and vocational programs, college transfer and university parallel studies, and continuing education programs in such categories as basic skills, occupational extension and community services/self-supporting. Several CFCC technical and vocational programs like Marine Technology and Boat Building are unique to southeastern North Carolina and to the state as a whole, and the College therefore serves as a regional provider of workforce training.

Cape Fear Community College (CFCC) is a comprehensive community college with an open-door admission policy and a service area that covers New Hanover and Pender counties. CFCC has two campuses and two centers. The main campus is located in downtown Wilmington and the North Campus is located in Castle Hayne, North Carolina. Both campuses are located in New Hanover County. CFCC's Burgaw Center is located in Burgaw, North Carolina, and the Alston W. Burke Center is in Surf City, North Carolina in Pender County.

In 2014-2015, the College served approximately 12,000 credit students and more than 12,800 noncredit students. The average age of a curriculum student is 25, females comprise 54 percent of the student population and 94 percent are residents of North Carolina. For 2014-2015, Cape Fear Community College was ranked as the fifth largest of the fifty-eight institutions in the North Carolina Community College System based on curriculum FTE.

The Report of the Reaffirmation Committee is the final committee analysis and report that includes the findings of the Off- and On-Site Reaffirmation Committees. It will be forwarded to the institution for a formal response. The report and the institution's response are forwarded to the Commission's Board of Trustees for action on reaffirmation of accreditation.

Part II. Assessment of Compliance

Sections A thru E to be completed by the Off-Site Review Committee and the On-Site Reaffirmation Committee. An asterisk before the standard indicates that it will be reviewed by the On-Site Reaffirmation Committee even if the off-site review determines compliance.

A. Assessment of Compliance with Section 1: The Principle of Integrity

- 1.1 The institution operates with integrity in all matters. **(Integrity)**

The On-Site Reaffirmation Committee found no evidence that the institution lacks integrity in the reaffirmation process. As affirmed in the Report of the Off-Site Reaffirmation Committee, CFCC meets the standards of integrity and accuracy in reporting. The documents submitted to the Commission are completely valid and candid and provided the necessary information for reaffirmation. CFCC provided the Commission full access to all segments of its operations, affairs, reporting, licensing and auditing.

Interviews with the President, members of the executive team, faculty, staff and students affirmed that the institution has provided to the Commission timely, accurate, honest and current information. CFCC has cooperated with the Commission in preparation for the On-Site visit, has reported substantive changes appropriately, and has provided the Commission and the On-Site Reaffirmation Committee with all requested information and documentation. The On-Site Reaffirmation Committee was able to perform its tasks with maximum efficiency and effectiveness.

B. Assessment of Compliance with Section 2: Core Requirements

- 2.1** The institution has degree-granting authority from the appropriate government agency or agencies. (**Degree-granting Authority**)

Compliance

The institution was awarded authority to grant degrees under the General Statutes of the State of North Carolina. This authority is governed by the State Board of Community Colleges. North Carolina General Statutes grant authority to the community colleges to award associate degrees and grant authority to the State Board of Community Colleges to administer the awarding of degrees, diplomas, and certificates. Statute 115D-5 specifies that the State Board of Community Colleges shall have the authority to establish the necessary resources and that the administration of individual community colleges shall have the authority to administer the granting of degrees, diplomas, and certificates.

- 2.2** The institution has a governing board of at least five members that is the legal body with specific authority over the institution. The board is an active policy-making body for the institution and is ultimately responsible for ensuring that the financial resources of the institution are adequate to provide a sound educational program. The board is not controlled by a minority of board members or by organizations or interests separate from it. Both the presiding officer of the board and a majority of other voting members of the board are free of any contractual, employment, or personal or familial financial interest in the institution.

A military institution authorized and operated by the federal government to award degrees has a public board on which both the presiding officer and a majority of the other members are neither civilian employees of the military nor active/retired military. The board has broad and significant influence upon the institution's programs and operations, plays an active role in policy-making, and ensures that the financial resources of the institution are used to provide a sound educational program. The board is not controlled by a minority of board members or by organizations or interests

separate from the board except as specified by the authorizing legislation. Both the presiding officer of the board and a majority of other voting board members are free of any contractual, employment, or personal or familial financial interest in the institution. **(Governing Board)**

Compliance

In the time between the review by the Off-Site Reaffirmation Committee and the preparation of the institution's Focused Report, a specific issue was clarified regarding the Board Chair and his son, who is a Dean at CFCC. While the members of the Board of Trustees have no familial financial relationships in the institution, the College has hired a family member of one of the Trustees. Prior to the current Chair assuming the duties of Chairman of the Board of Trustees, the College hired his son to be Director of Workforce Development in the Continuing Education instructional division. Shortly after the Board Member assumed the duties of Chairman, his son applied for and was selected as the Dean of the Continuing Education Division. Prior to this selection, SACSCOC was contacted concerning any possible conflict of interest. SACSCOC representatives confirmed that there was no conflict of interest, as long as the Board Member recused himself from any board action related specifically to his son.

Subsequently, following a visit by the SACSCOC President with the Cape Fear Board, the SACSCOC President clarified that there was indeed a conflict of interest at this time, since the Board Member had become the Board Chair. In a letter dated September 8, 2016, the SACSCOC President proposed a compromise solution to the situation which CFCC accepted, stating that the Board Chair may finish out his term that expires June 2017 and should recuse himself from any votes relevant to his son's employment. The board member was subsequently briefed, is sensitive to any possible conflict of interest, and has had no reason to recuse himself to date.

The On-Site Reaffirmation Committee conducted interviews with the Board Chair and other members of the Governing Board, as well as with the College President. The compromise proposed by the President of SACSCOC and accepted by CFCC was reviewed by the On-Site Reaffirmation Committee.

- 2.3** The institution has a chief executive officer whose primary responsibility is to the institution and who is not the presiding officer of the board. *(See the Commission policy "Core Requirement 2.3: Documenting an Alternate Approach.")* **(Chief executive officer)**

Compliance

The Board of Trustees of the institution is charged with the responsibility of selecting and appointing the President as CEO of the institution subject to approval by the North Carolina State Board of Community Colleges. This responsibility is documented in Article IV of the By-Laws of the institution's Board of Trustees. The responsibilities of the President of the institution are documented in Article III of the By-Laws of the Board of Trustees. A recent selection of the College President is evidenced in the letter of June 4, 2015, from the College Board of Trustees to the North Carolina Board of

Trustees. The approval by the State Board of the appointment of the President is documented in the letter of June 19, 2015, to the College Board of Trustees.

The President's primary responsibility is to the College. Section 5.3.4 of the Employee Handbook requires the President to obtain the approval of the institution's Board of Trustees in advance of any secondary employment. The responsibility of the institution's Board of Trustees to select and appoint the President of the institution and to ensure the proper operation of the institution is required by the State of North Carolina General Statute 115D. Section 2 of Article III of the By-Laws of the Cape Fear Community College Board of Trustees requires the Chairman of the Board to appoint the members to serve on all committees of the Board, execute all contracts and other documents on authority by and in the name of the Board, preside at all meetings of the Board, call meetings of the Board, and discharge all other functions delegated by the Board. This Article prohibits the College President from serving as the presiding officer of the Board of Trustees. The Chair of the Cape Fear Community College Board of Trustees serving as the presiding officer of the board meeting is evidenced by the Board Meeting Minutes of May 2011, July 2015, and August 2015.

- 2.4** The institution has a clearly defined, comprehensive, and published mission statement that is specific to the institution and appropriate for higher education. The mission addresses teaching and learning and, where applicable, research and public service. **(Institutional mission)**

Compliance

The institution provided a clearly defined, comprehensive mission statement. The statement addresses the scope of the institution, defines its service area and addresses its vocational, technical, transfer, literacy, and continuing education programs. The statement includes goals related to student support services, college life, and economic and community development.

The institution provided documentation that the mission statement is published in the *College Catalog and Student Handbook*, on the institution's website, and in the *Faculty and Staff Handbook*.

- 2.5** The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that (1) incorporate a systematic review of institutional mission, goals, and outcomes; (2) result in continuing improvement in institutional quality; and (3) demonstrate the institution is effectively accomplishing its mission. **(Institutional Effectiveness)**

Compliance

The institution described an annual and long-range planning process that involves faculty, staff, administration, students, and board members. Strategic planning begins with the Institutional Effectiveness and Planning Committee's review of the College's mission statement and College goals. Documentation was provided indicating the periodic review and approval of the mission statement and College goals by the Board of Trustees.

The annual planning and evaluation process includes a campus-wide planning meeting for faculty and staff and a Faculty Planning Retreat to establish *College Goals and Planning Priorities* for the upcoming year. The planning priorities that result from the meeting align with College goals and serve as a college-wide strategic plan of work for the coming fiscal year. Each year the vice presidents and executive directors of the planning units compile an annual report of their units' accomplishments toward the goals and planning priorities. The *2014- 2015 Accomplishments* and the *2014 Annual Accomplishments* reports were provided. The reports detailed accomplishments from each planning unit aligned with the 12 College Goals and Planning Priorities for the year. Examples of accomplishments include approval of a diploma option for Automotive Technologies, revision of the Business Administration AAS program to include the addition of a new diploma option and seven new certificate options under the business administration umbrella, implementation of a new Computer Technology Integration (CTI) degree program, reorganization of the continuing education department by the elimination of 16 part-time positions and the addition of 12 full-time positions, aligning the continuing education curriculum with pathways to support the state curriculum and careers program, completion of a developmental redesign for the English lab to support developmental students in all components of their course work, and redesigned English 1111 based upon the new state-mandated standards.

An annual Institutional Effectiveness program was described. Annually each planning unit develops an Outcomes Assessment Plan. Lead instructors, faculty, or staff in each academic program, administrative, and educational support service unit identify program outcomes and assessment criteria. The results of assessment and the use of those results for improvement are documented in the plan.

The College has developed and implemented an Academic Program Review process as part of its ongoing planning and outcomes assessment process. On a five-year rotation, each of the academic programs undergoes an in-depth review to ensure relevancy. The review includes examination of the program's purpose statement, current staffing, facilities, enrollment history, graduation rates, advisory committee input, employer satisfaction, and graduating student opinions of the program.

The College described an annual budgeting process that supports annual planning and evaluation. Annually the vice presidents and executive directors of planning units prepare written requests for funds needed to operate during the next fiscal year. These requests are developed with input from all planning units and must be supported by a budget objective associated with one or more of the College's goals.

- 2.6** The institution is in operation and has students enrolled in degree programs. **(Continuous operation)**

Compliance

The institution provided information on 2014-15 enrollment as evidence that it is in operation. It also provided 2014-15 enrollment by curriculum code as evidence that it has students enrolled in degree programs.

- 2.7.1** The institution offers one or more degree programs based on at least 60 semester credit hours or the equivalent at the associate level; at least 120 semester credit hours or the equivalent at the baccalaureate level; or at least 30 semester credit hours or the equivalent at the post-baccalaureate, graduate, or professional level. If an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency. The institution also provides a justification for all degrees that include fewer than the required number of semester credit hours or its equivalent unit. **(Program length)**

Compliance

The College provided the College Catalog and Student Handbook confirming that the College offers associate degree programs with more than 60 semester credit hours. The College is subject to the North Carolina Community College System Curriculum Standards, and as such, has well defined processes for reviewing programs and auditing the number of credit hours to ensure compliance with these standards. The College publishes a schedule ensuring that each program will be reviewed in a five-year cycle, during which time the College audits the credit hours for each program ensuring ongoing compliance.

- 2.7.2** The institution offers degree programs that embody a coherent course of study that is compatible with its stated mission and is based upon fields of study appropriate to higher education. **(Program content)**

Compliance

The College adheres to a body of curriculum standards applied throughout the North Carolina Community College System (NCCCS). Programs of study at the College are designed to meet these standards. New program approval is granted by the North Carolina State Board of Community Colleges, and the College must demonstrate student interest in the program, involvement of a curriculum advisory committee, projected enrollment, and employment opportunities for graduates of the proposed program. The application must also assure adequacy of resources to support the program and must adhere to program accreditation criteria, as well as identify job competencies and performance skills required to perform the tasks or duties identified for the curriculum. To ensure program coherency, the College identifies program design and prerequisites for proper course sequencing and increasing course complexity based on the prerequisites already set by NCCCS.

Relationship to the College's mission, content, coherence, and relevance of programs is validated by the NCCCS System Office, Advisory Committees, and continuously evaluated through the program review process. Each program of study undergoes a comprehensive program review at least once every five years, and includes affirmation of the purpose and relevance of each program as it relates to the College's mission and the needs of its service area.

- *2.7.3** In each undergraduate degree program, the institution requires the successful completion of a general education component at the collegiate level that (1) is a substantial component of each undergraduate degree, (2) ensures breadth of

knowledge, and (3) is based on a coherent rationale. For degree completion in associate programs, the component constitutes a minimum of 15 semester hours or the equivalent; for baccalaureate programs, a minimum of 30 semester hours or the equivalent. These credit hours are to be drawn from and include at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural science/mathematics. The courses do not narrowly focus on those skills, techniques, and procedures specific to a particular occupation or profession. If an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency. The institution also provides a justification if it allows for fewer than the required number of semester credit hours or its equivalent unit of general education courses. **(General education)**

Compliance

The institution requires the successful completion of a college-level general education component to obtain an associate's degree. All forty-six associate degree programs require a minimum of 15 semester hours in general education courses. The general education component consists of 6 semester hours in English, 3 semester hours in a humanities/fine arts course, 3 semester hours in a social/behavioral sciences course, and 3 semester hours in a natural sciences/mathematics course. The general education courses follow standardized course descriptions to ensure that the courses, in spite of the degree program in which they are offered, are not focused on skills, techniques, or procedures related to a specific occupation or profession. The general education courses are selected according to the statewide North Carolina Community College System (NCCCS) Curriculum Standards.

The On-Site Reaffirmation Committee reviewed documents (General Education course substitution forms; a variety of degree transcripts; a state-mandated General Education matrix) and conducted interviews (Dean—Arts and Sciences; Dean—Vocational/Technical; Registrar; Assistant Registrar; Director—Curriculum Management; Dean—Learning Resource Center) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- 2.7.4** The institution provides instruction for all course work required for at least one-degree program at each level at which it awards degrees. If the institution does not provide instruction for all such course work and (1) makes arrangements for some instruction to be provided by other accredited institutions or entities through contracts or consortia or (2) uses some other alternative approach to meeting this requirement, the alternative approach must be approved by the Commission on Colleges. In both cases, the institution demonstrates that it controls all aspects of its educational program. (*See the Commission policy "Core Requirement 2.7.4: Documenting an Alternate Approach."*) **(Course work for degrees)**

Compliance

The institution provides instruction for all course work required for its degrees and does not offer any instruction in degree programs through contracts or consortia and is in full and complete control of all aspects of its educational programs. The College catalog indicated that all courses bear NCCCS prefixes and are available through the institution.

- *2.8** The number of full-time faculty members is adequate to support the mission of the institution and to ensure the quality and integrity of each of its academic programs. **(Faculty)**

Non-Compliance

The College provided documentation outlining the number of full-time and part-time faculty to indicate that the majority of the College's courses and sections are taught by full-time faculty members. The College also provides additional detail for programs in which less than 50% of courses are taught by full-time faculty.

However, the College does not adequately address how the number of faculty members in each program is adequate to support quality and integrity of its academic programs. The College also does not provide information indicating how program faculty are distributed across instructional sites, instructional modalities, and is sufficient to support all aspects of the mission of the institution.

The Off-Site Reaffirmation Committee found that the College did not adequately address how the number of faculty members in each program is adequate to support the quality and integrity of its academic programs. The College also did not provide information indicating how program faculty are distributed across instructional sites, instructional modalities, and is sufficient to support all aspects of the mission of the institution.

The College provided additional documentation to the On-Site Reaffirmation Committee regarding the number of full-time faculty distributed across all their locations. The College provided additional justification for programs at any site that had less than 50% of courses taught by full-time faculty.

The On-Site Reaffirmation Committee conducted interviews (Vice President of Academic Affairs & Workforce Development; Dean—Arts and Sciences; Dean—Vocational/Technical) and discussed the processes and support systems in place to ensure the adequacy of full-time faculty as well as the quality and integrity of all programs.

- 2.9** The institution, through ownership or formal arrangements or agreements, provides and supports student and faculty access and user privileges to adequate library collections and services and to other learning/information resources consistent with the degrees offered. Collections, resources, and services are sufficient to support all its educational, research, and public service programs. **(Learning resources and services)**

Compliance

Collection/Resources:

The institution has two library locations, one located on the Wilmington Campus and one on the North Campus, as well as an extensive website for online and distance education access to services and resources. A report, "NCES Peer Comparison Data" includes information documenting the institution's library holdings for books, serials, e-books, audiovisuals, and other materials in the

collection. The library also provides documentation of library liaisons assigned to departments, as evidence of its work to support programs and to involve faculty in the collection decision-making process. A "Library Materials Recommendation Form" is available for anyone who would like to suggest additions to the collection, and the Faculty Staff Handbook contains a chapter on Collection Development.

Other library collection assets include access to an extensive collection of online resources and content, including online journal databases. The library participates in a statewide consortium (NC LIVE) for subscribing to library information databases in a cost-effective manner. A listing of available "NC LIVE Resources" has been provided by the institution to show the number and type of available resources. To further demonstrate the strength of its online collection, the institution also provided a listing of the subscriptions in has in addition to the NC LIVE resources, as documented in "Non-NC LIVE Subscriptions"

Services:

In addition to the circulation services and e-resource services related to the maintenance and access to its physical and online collections, the library also provides interlibrary loan services, course reserve services, and in-class bibliographic instruction (BI) in the use of the collection. Reference services are available to guide students in the use of the collection, and the library also offers "Email the Librarian" reference assistance, as well as chat and phone assistance, to help those who cannot physically come to the library locations.

Access:

In addition to the two physical walk-in library locations, the library website provides user access to many resources and services 24/7. All students and faculty, including distance learning students and students and faculty at other College locations, have access to library collections and services available to them via the library's website. The institution utilizes a proxy server to enable off-campus access to licensed databases. Also, as a community service, the institution offers selected services and borrowing privileges to New Hanover and Pender County residents who are age 18 and over, as documented in "Library Lending Policies." The library upgraded its ILS (Sierra ILS /ENCORE), with funding from a 2013 \$100 000 grant from the institute of Library and Museum Services (IMLS). The library has an agreement with Davidson County Community College (DCCC) to provide joint access to book collections. Books owned by DCCC may be directly requested by users via the ENCORE system. Students also can obtain borrower's cards at UNCW's Randall Library and at New Hanover County Public Library. Students in the health/medical sciences have privileges at the Southeastern Area Health Education Center Library as well.

- *2.10** The institution provides student support programs, services, and activities consistent with its mission that are intended to promote student learning and enhance the development of its students. **(Student support services)**

Compliance

Consistent with the institution's stated mission to "provide support services that help students succeed, and to enhance student life through clubs, cultural activities,

leadership opportunities, and athletics,” the institution offers a broad array of student services; including academic advising, enrollment management, financial aid and veterans’ services, counseling, disability support services, career and testing services, records and registration, and student activities/athletics. Students enrolled at the North Campus have access to the same core services offered on the Wilmington Campus. These services are provided by Wilmington Campus representatives from Admissions, Records and Registration, Counseling, Financial Aid, Career and Testing Services, Veterans Services and Disability Support Services. Students also have access to an online self-service portal called WebAdvisor that allows them to view and/or complete transactions related to financial information, financial aid, registration, academic planning, and academic records. The institution employs an online virtual agent designed to provide answers to most commonly asked student questions.

Student services and related policies are evaluated and recommended by the Student Services Committee. This committee has broad representation that includes Student Services and Enrollment Management personnel, as well as faculty members, the Associate Executive Director of CFCC Foundation, the Educational Partnerships Liaison, the Diversity Committee chair, a Continuing Education representative, a Business and Financial Services representative, and a student representative.

CFCC offers its students a variety of support programs and services that support its mission. These services are under the leadership of the Vice President for Student Services and Enrollment Management and include: Dean of Student Affairs; Enrollment Management (Admissions); North Campus Student Services; Financial Aid; Veterans Services; Counseling; Academic Advising; Disability Support Services; Career and Testing Services; Records and Registration; and Student Activities and Athletics. These services are available to students at both the Wilmington and the North Campus. The institution’s new student orientation program is run by the Enrollment Management department and is available in both in-person and online formats. The institution provides services to online students through the myCFCC portal, the CFCC Online Website, and Ask Ray, an online system through which students can submit questions and get answers. These services promote student learning in and out of the classroom and enhance the development of its students.

CFCC’s Student Services Committee is responsible for reviewing policies and procedures affecting services available to students. This committee is composed of representatives from around the College, including the Foundation, Business and Finance, Continuing Education, and Student Services and Enrollment Management.

The On-Site Reaffirmation Committee conducted Interviews (Vice President of Student Services and Enrollment Management; Dean of Student Affairs; Senior Director of Enrollment Management; Director of Student Activities; the Senior Director of the North Campus, Surf City and Burgaw; and Senior Director of Student Success) and reviewed various student services documents, including the policies and procedures for the above-listed support services, including advising, veterans affairs, orientation, disability support services, and career and testing services in support of the institution’s case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- 2.11.1** The institution has a sound financial base and demonstrated financial stability to support the mission of the institution and the scope of its programs and services.

The member institution provides the following financial statements: (1) an institutional audit (or *Standard Review Report* issued in accordance with *Statements on Standards for Accounting and Review Services* issued by the AICPA for those institutions audited as part of a system-wide or statewide audit) and written institutional management letter for the most recent fiscal year prepared by an independent certified public accountant and/or an appropriate governmental auditing agency employing the appropriate audit (or *Standard Review Report*) guide; (2) a statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt, which represents the change in unrestricted net assets attributable to operations for the most recent year; and (3) an annual budget that is preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board. **(Financial resources and stability)**

Compliance

The institution is audited by the Office of the State Auditor on a biannual basis. Evidence of the last audit included the audit report and management letter for the year ended June 30, 2015. The institution has increased its Net Position from \$116,419,307.13 in Fiscal Year 2009 to \$220,012,822.76 in Fiscal Year 2015 per the audit reports of those respective years. A schedule of Unrestricted Net Assets was provided. Due to Governmental Accounting Standards Board (GASB) No. 68, Accounting and Financial Reporting for Pensions, the institution's unrestricted net assets have declined.

The institution prepares a comprehensive budget as required by state law each year. The budget preparation process adheres to an Annual Calendar for Planning and Budgeting. The budget is presented to the Board of Trustees for final approval, as documented in the November 18, 2015, Board minutes.

- 2.11.2** The institution has adequate physical resources to support the mission of the institution and the scope of its programs and services. **(Physical resources)**

Compliance

The institution has added to its physical resources each year as evidenced by audit reports for fiscal years 2009, 2011, 2013 and 2015. The institution has increased its Net Position from \$116,419,307.13 in Fiscal Year 2009 to \$220,012,822.76 in Fiscal Year 2015. The combination of Operating and Non-Operating revenues increased for each fiscal year as evidenced by the audit reports. In Fiscal Year 2009, the institution reported \$55,731,392.99 while the number had grown to \$75,536,206.64 in Fiscal Year 2015.

The Facility Master Plan and the Long-Range Plan detail the physical needs of the institution. Comparison of the institution's square feet of assigned space per student full-time equivalent is near the average when comparing to the eight largest institutions in the system. The Graduating Student Opinion Survey revealed overall satisfaction related to overall quality of the institution as well as satisfaction of classroom and lab equipment.

- 2.12** The institution has developed an acceptable Quality Enhancement Plan (QEP) that includes an institutional process for identifying key issues emerging from institutional assessment and focuses on learning outcomes and/or the environment supporting student learning and accomplishing the mission of the institution. **(Quality Enhancement Plan)**

Compliance

The institution developed an acceptable QEP. See Part III for additional information.

Preliminary Report

C. Assessment of Compliance with Section 3: Comprehensive Standards

- 3.1.1 The mission statement is current and comprehensive, accurately guides the institution's operations, is periodically reviewed and updated, is approved by the governing board, and is communicated to the institution's constituencies. **(Mission)**.

Compliance

The institution provided its current mission statement that describes the community college as an open door, multi-campus, comprehensive community college that strengthens the academic, economic, social and cultural life of the citizens of the counties it serves. In support of the mission statement the institution provided 12 College Goals. Each unit within the College must link to one College Goal and one Strategic Initiative in its annual planning. The institution provided evidence through the *Annual Progress Report on College Goals and Planning* that it uses work toward the College Goals to support its mission and to guide the institution's operations.

A periodic review process of the mission statement is described. The mission statement was approved by the Board of Trustees on March 23, 1995; it was revised January 18, 1996. It was revised again November 19, 2003 and reaffirmed January 26, 2006. The institution provided minutes of the last reaffirmation on September 10, 2010. During that reaffirmation, there were no recommendations for changes to the Mission Statement.

The institution provided documentation that the mission statement is published in the *College Catalog and Student Handbook*, on the institution's website, and in the *Faculty and Staff Handbook*.

- 3.2.1 The governing board of the institution is responsible for the selection and the periodic evaluation of the chief executive officer. **(CEO evaluation/selection)**

Compliance

The institution's Board of Trustees is charged with the responsibility to select the President of the institution. The process for selection is documented in the Handbook of the North Carolina Community College Association. North Carolina statute G. S. 115D-20 requires the institution's Board of Trustees to recruit, select, hire, and dismiss if necessary the President of the institution. A recent hiring of the institution's President is documented by definition of the required profile of the President contained in the materials, job postings April-May of 2015, the position search ad of May 22, 2015, legal guidance provided to the Board by the attorney on June 1, 2015, and the press release of May 28, 2015 announcing the four finalists for the position. The final selection by the institution's Board of Trustees and approval by the State Board is evidenced in the letter from the State Board of June 19, 2015.

The State Board of the North Carolina Community College System requires an annual job performance review of the College CEO by the institution's Board of Trustees, as evidenced in Article IV of the By-Laws of the Board of Trustees. This responsibility is defined in the Bylaws of the Board of Trustees and described in paragraph (I) of Article IV Powers and Duties of the Board of Trustees. The performance of the CEO is based

on the Job Description of the CEO, the performance goals established by the Board of Trustees for the respective period of time and the guidelines established by the State Board of the North Carolina Community College System. This action is evidenced by a letter of March 13, 2015 from the College Board of Trustees to the North Carolina Board of Trustees describing the evaluation process to be followed for the College President. The completion of the annual job performance evaluation of the institution's CEO is evidenced in the Board minutes of May 29, 2012, May 22, 2014, and May 28, 2015.

3.2.2 The legal authority and operating control of the institution are clearly defined for the following areas within the institution's governance structure: **(Governing board control)**

3.2.2.1 the institution's mission

Compliance

The Board of Trustees is the legal authority for establishing the mission of the College as is clearly stated in the North Carolina General Statutes (NCGS), Chapter 115D-20 and cited on Page 5 of the College Board's Operation Manual. The authority of the Board of Trustees to establish the mission of the College is further defined in the Bylaws of the Board of Trustees. The Board of Trustees guides the President of the College, who is responsible for establishing procedures, acquiring staff, and organizing and managing the College to accomplish the mission of the College. The Board of Trustees has the responsibility to approve the mission of the College and review the mission according to the Community College Act and the Board of Trustees By-Laws. The Board of Trustees exhibits this control by reviewing the Mission Statement of the institution on a regular basis. The review of the institution's mission by the College Board of Trustees is documented in the minutes of the Board of Trustees meeting of September 10, 2010.

3.2.2.2 the fiscal stability of the institution

Compliance

The Board of Trustees of the institution is charged with the ultimate responsibility for the fiscal stability of the College as defined in North Carolina General Statutes Chapter 115D. The Board delegates this responsibility to the President of the College and maintains oversight of proper fiscal operations for the College by review of financial reports at each Board of Trustees meeting. The Trustees review and approve the fiscal budget for the College. The proposed budget is prepared by the President and staff of the College based on projected state budget funds and projected county budget funds and submitted to the Trustees for approval. An example of this process is documented in the Board of Trustees minutes of September 24, 2015.

In the Board of Trustees minutes of January 28, 2016, the YTD expenditures were reported: 47.35 percent of the state budget and 47.95% of the county budget as of the end of December 2015. This information indicates the Board's role in monitoring College expenditures. The institution's Board of Trustees has

also taken an active role in seeking capital funds for expansion of the institution's facilities, as evidenced in the Board minutes of November 15, 2015, when the Board passed unanimously a resolution in support of the Connect North Carolina Bond Act. This state-wide \$2 billion bond package included \$350 million for the expansion of facilities for the 58 community colleges in the state system.

The fiscal operations of the College are audited by the state every two years. The results of the audits are reviewed by the Board of Trustees, as documented in the minutes of the January 28, 2016, Board meeting.

3.2.2.3 Institutional policy

Compliance

The governance of institutional policy is defined in the North Carolina General Statutes Chapter 115D-20 and in the Community College Law as well as the By-Laws of the Board of Trustees of the institution. This authority is reflected in the organizational structure of the Board of Trustee and the College administration. All functions of the institution operate under the direction and control of the Board of Trustees of the institution. The Board is charged to oversee the development, review, and final approval of policies which impact students, the College administration, and the overall operation of the institution. All policy changes must be approved by the institution's Board of Trustees. These changes are in turn implemented according to the organizational structure of the College. An example of a policy change approved by the College Board of Trustees is documented in the Board Meeting Minutes of April 23, 2015. In these minutes a motion was approved by the Board of Trustees of the Substantive Change Policy; Adverse Weather Policy; Compensatory Time Policy; Sexual Misconduct Policy, Deferred Payment, and Failure to Pay Policy. Another example of a policy change by the College Board of Trustees involved a change in the procedure for students to withdraw from class. In the Board Minutes of March 26, 2015, the Board approved the proposed changes to the policy for a student to withdraw from class. The Administrative and Personnel Committee proposed the policy change to the Board of Trustees of the revised Withdrawal Policy.

3.2.3 The governing board has a policy addressing conflict of interest for its members. **(Board conflict of interest)**

Compliance

The Board of Trustees Operations Manual requires compliance with the State of North Carolina conflict of interest and ethic laws required under state law G.S. 14-234 and G.S. 138-A Conflict of Interest. This Trustee conduct requirement is documented in Article IV of the Trustees Operations Manual. Compliance with this requirement begins with each Board Member signing the Oath of Office requiring compliance with state law including the requirement to avoid conflict of interest. The Board minutes of July 30, 2015, documents the swearing in of new board members using the Board Member Oath form which requires the Board Members to adhere to the state laws of North

Carolina. The Board of Trustees reinforce their commitment to abide by the Conflict of Interest laws by reading the requirement at each Trustee meeting. The reading of this reminder is documented in the Board minutes of 3/24/2011, 5/26/2011, and 3/26/2015.

Under the Conflict of Interest statute, members of the College Board of Trustees can recuse themselves from action by the Board if there is any concern as to a conflict of interest. There is evidence of this occurring at the Board of Trustee meeting on March 24, 2011. A board member recused himself from the vote to select the designer for the Advanced and Emerging Technologies Building. Another example of a board member recusal occurred during the Board meeting of May 26, 2011, when a board member recused himself from the vote on a motion to accept the design firm's fee for the design of the Advanced and Emerging Technologies Building. No evidence was presented of any cases involving a conflict of interest on the part of a Board of Trustees member.

- 3.2.4** The governing board is free from undue influence from political, religious, or other external bodies and protects the institution from such influence. **(External influence)**

Compliance

The Board of Trustees is charged with the responsibility to ensure the College is protected from undue external influences that could have a negative impact on the operation of the College. This process begins with a broad selection of Board of Trustees members representing a diverse group from the college region to prevent any undue external influence by any respective group based on political, religious, or other external factor. The law addressing the appointment of members of the Board of Trustees is contained in Chapter 115D-12 of the General Statutes of North Carolina. The law specifies the members of the Board of Trustees be selected as follows:

- Four trustees appointed by the Governor of North Carolina
- Four trustees elected by the New Hanover County Commissioners
- Four trustees elected by the New Hanover County Board of Education
- One trustee elected by the Pender County Commissioners

These are the 13 voting members of the College Board of Trustees. Vacancies occurring in any group for whatever reason shall be filled for the remainder of the unexpired term by the agency authorized to select the Trustees of that group and in the manner in which regular selections are made. Should the selection of a Trustee not be made by the agency having the authority to do so within sixty (60) days after the date on which a vacancy occurs for any reason, the Governor shall fill the vacancy by appointment for the remainder of the unexpired term.

Newly selected Trustees and reappointed Trustees are required to attend an orientation and training session conducted by the North Carolina Association of Community College Trustees in which they are provided training on their roles as Trustees and are given a copy of A Manual for Trustees, which includes the Code of Ethics. The Trustees are instructed that Trustees are not to be influenced by personal bias or political or other outside influence. The institution declared in its submitted narrative that within the past 10 years there has been no occurrence of the Board of Trustees responding to undue religious, political, or other external influences.

- 3.2.5** The governing board has a policy whereby members can be dismissed only for appropriate reasons and by a fair process. **(Board dismissal)**

Compliance

Members of the Board of Trustees may be removed by the Board of Trustees for cause and non-attendance as defined in North Carolina G.S. 115D-19. A member of the Board of Trustees who is absent from as many as one-half of all regular Board meetings in a fiscal year (July 1 through June 30) shall be considered thereby to have vacated the Board and the appropriate agency shall be notified of such vacancy.

Board of Trustee members may be removed for cause as defined in General Statute, Chapter 115D-19. This statute gives the North Carolina State Board of the Community College System the authority to remove a board member under due process. If sufficient evidence is considered present of immoral or disreputable conduct or non-performance of board duties, the state board can direct the institution board to investigate the matter. The offending board member shall be given proper notice of the charges. After investigation by the board, if the offense or non-performance of duties is found to be true, the office of the offending board member may be declared vacant. A board member position may also be declared vacant for non-attendance of three consecutive meetings without due cause or for leaving the board position vacant by non-attendance of the board orientation or education session provided by the Community College Trustees Association within a period of six months after appointment. The institution narrative stated the Board has had no occasion to dismiss a board member within the past ten years.

- 3.2.6** There is a clear and appropriate distinction, in writing and practice, between the policy-making functions of the governing board and the responsibility of the administration and faculty to administer and implement policy. **(Board/administration distinction)**

Compliance

The state of North Carolina created the State Board of the Community College System with Chapter 115D-5 in 1979. The State Board develops policy, regulations, and administrative plans for the institutions in the system. The objective of this process is to establish the education programs needed by the state. The Board of Trustees constitutes the administrative board of each institution as provided in Chapter 115D-20 of the General Statutes. The Board of Trustees selects and appoints the President as the chief administrative officer of the College with responsibility for operating the College, hiring of faculty and staff, development of facilities, and purchase of land. As the administrative officer, the President is charged with the administration of admission and graduation of students in education programs approved by the policies of the State Board of Community Colleges. The Bylaws of the Board of Trustees clearly state the institution operates under the policies of the institution's Board of Trustees and the State Board of the Community College System. Examples were documented in the minutes of Board of Trustee meetings adopting the policies approved by the State Board and directing the President of the institution to administer the approved policies. The job description of the President of the institution clearly states the President receives the policy directions from the Board of Trustees. The President of the institution has the responsibility for administrative implementation of board policies and

state regulations and procedures pertaining to all College programs, services, and activities.

- 3.2.7** The institution has a clearly defined and published organizational structure that delineates responsibility for the administration of policies. **(Organizational structure)**

Compliance

The institution publishes its structure in an organization chart which clearly delineates the administrative authority within the institution. The institution is organized into nine functional areas for the purpose of administration of Business and Financial Services, Academic Affairs and Workforce Development, Student Services and Enrollment Management, Institutional Effectiveness and Planning, Institutional Advancement, Community Relations, Auxiliary Services, Human Resources, and Campus Police. Respective policies and operational procedures are carried out in each of these functional areas. Policy revisions occur across this organizational structure. The institution has a defined and documented Policy Revision process. The College Council includes the positions reporting to the President. Activities of the College Council are documented in the minutes of meetings.

- *3.2.8** The institution has qualified administrative and academic officers with the experience and competence to lead the institution. **(Qualified administrative/academic officers)**

Compliance

The credentials of administrative and academic officers meet or exceed institutionally published standards for qualifications and experience. Competence is regularly verified through an annual evaluation process as documented by a sampling of non-redacted evaluations provided by the institution. The evaluation process is outlined in the Staff and Faculty Handbook and required of all administrative and academic officers. Evaluation records are managed by the College's Human Resources Office.

The On-Site Reaffirmation Committee reviewed the credentials and qualifications of administrative and academic officers and conducted interviews (the College President; Chief Human Resources Officer) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- 3.2.9** The institution publishes policies regarding appointment, employment, and evaluation of all personnel. **(Personnel appointment)**

Non-Compliance

The institution has clearly defined policies regarding the appointment and employment of both staff and faculty that are published in the Faculty and Staff Handbook under sections 5.1 through 5.7.2. The institution has well-structured procedures to be followed which leads to employment at the institution. Information regarding employment openings, application procedures, search procedures, and hiring procedures are also outlined in the Faculty and Staff Handbook. In addition, the

institution posts information regarding submission of applications, employment practices and procedures, pay and benefits, and degree verification requirements on the College website.

However, the institution provided no evidence of the implementation of these policies or procedures.

In the Focused Report, the institution provided documentation and examples of a job announcement, an application, a copy of the candidate pool evaluation, a sample of interview questions, documentation regarding personnel recommendations and an example of a job offer. The On-Site Reaffirmation Committee conducted a review of this documentation and conducted interviews (the College President; the Chief Human Resources Officer) and reviewed applications for faculty and staff positions, candidate pool evaluations from December 2015 and July 2016, and forms illustrating justifications and rationale for hiring from February and July 2016 for both faculty and staff.

3.2.10 The institution periodically evaluates the effectiveness of its administrators. **(Administrative staff evaluations)**

Compliance

As documented by a sampling of non-redacted evaluations provided by the institution, all administrative personnel, including the President, are evaluated on an annual basis. Evaluations are conducted in accordance with the Employee Evaluations Policy (5.3.8) outlined in the Faculty and Staff Handbook. The institution has adopted a common evaluation instrument and, along with other elements, administrative personnel are evaluated according to the following factors: supervision and leadership, communication, professional development, and interpersonal skills.

3.2.11 The institution's chief executive officer has ultimate responsibility for, and exercises appropriate administrative and fiscal control over, the institution's intercollegiate athletics program. **(Control of intercollegiate athletics)**

Compliance

The President of the institution has ultimate responsibility for the intercollegiate athletics programs of the College as described in the President's job description. As CEO, the President provides fiscal control and administrative control over athletics. This responsibility of the President is also documented in the By-Laws of the Board of Trustees, Article III. The ultimate responsibility for athletics is documented in the organization chart of the College, which illustrates that the Director of Student Activities and Athletics reports to the President. According to statements by the College, all expenses of the Athletic Department are under the control of the President and the Vice President of Finance. In the Board of Trustee meeting minutes of August 27, 2015, all funds generated by the College shall be expended under the direction of the President. This includes funds generated for athletic programs. The expenditure of funds shall be consistent with and governed by applicable North Carolina General Statutes [G.S 115D and G.S 111-42], the State Board of Community Colleges Code

[Chapters 1E and 1H]; and, the North Carolina Community College System Accounting Procedures Manual & Reference Guide]. A redacted scholarship letter of intent requiring the president's signature was provided.

- 3.2.12** The institution demonstrates that its chief executive officer controls the institution's fund-raising activities. **(Fund-raising activities)**.

Compliance

The ultimate control of fund raising by the President is documented in the President's job description. Also, in the By-Laws of the Foundation Article V, paragraph B, states the Director of the Foundation is selected by the President of the institution. The President and the Chief Financial Officer sign all checks issued by the corporation. The President serves as an ex-officio member of the Board of Trustees of the Foundation, so is in a position to have first-hand knowledge of fund-raising activities. In addition to fund raising by the College foundation, the College also seeks grants and other awards for support of the College. Section 4.4 of the Handbook documents the requirement for the President to approve all grants and awards received by the College. The President also has control over all on campus fund raising from faculty and staff and also of student fund raising as evidenced in Section 4.2 of the Handbook.

- 3.2.13** For any entity organized separately from the institution and formed primarily for the purpose of supporting the institution or its programs: (1) the legal authority and operating control of the institution is clearly defined with respect to that entity; (2) the relationship of that entity to the institution and the extent of any liability arising out of that relationship is clearly described in a formal, written manner; and (3) the institution demonstrates that (a) the chief executive officer controls any fund-raising activities of that entity or (b) the fund-raising activities of that entity are defined in a formal, written manner which assures that those activities further the mission of the institution. **(Institution-related entities)**

Non-Compliance

The Foundation is a separate non-profit corporate entity that supports the mission and needs of the institution as evidenced by its articles of incorporation and by-laws. The Foundation has a Board of Directors with the institution's President and Chairman of the Board of Trustees serving as ex-officio members. The Executive Director of Institutional Advancement also serves as an ex-officio member for reporting and discussion only.

By-laws address the relationship between the entities and the indemnification of its Board of Directors and officers. After Article XIV, a statement is written stating the by-laws were signed by the Foundation Chair and the Executive Director on May 23, 1996. However, the narrative states the by-laws were updated and passed by the Foundation Board on August 13, 2015.

The Foundation is the designated fund-raising unit of the College per the Foundation's By-laws and the Foundation Handbook. The Foundation Office records, manages and facilitates gifts. The Executive Director of the Foundation Office receives administrative direction from the President. Fund-raising activities are defined and are

stated to support the mission of the College within the Foundation's Articles of Incorporation, the Foundation's By-laws, the Foundation Handbook, the Foundation's mission statement.

The Foundation by-laws address the indemnification of its Board of Directors and officers; however, indemnification of the College is not addressed. No signed agreement between the College and the Foundation was documented.

A review of the Foundation Bylaws revealed that they were revised and approved on July 21, 2016 to address the inconsistency cited by the Off-Site Reaffirmation Committee. In addition, a signed agreement between the College and the Foundation did not previously exist but has been created and has been signed by all relevant parties, effective August 2016. A review of this new Memorandum of Understanding also revealed that the College adequately addressed another concern of the Off-Site Reaffirmation Committee, the lack of an indemnification clause for the College. That clause has now been included in the agreement. An interview with the Executive Director of Institutional Advancement substantiated the documentation provided by the institution.

- 3.2.14** The institution's policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property. These policies apply to students, faculty, and staff. **(Intellectual property rights)**

Non-Compliance

The institution's Patent and Copyright Policy is communicated in the Faculty and Staff Handbook, catalog, and Student Handbook and clearly addresses matters of intellectual property ownership, Patent and Copyright Policy, ownership of materials, compensation, copyright issues, and the use of revenue derived from such creations. Each new employee is required to sign a form acknowledging receipt of the Handbook and his/her responsibility to read and become familiar with all sections of the Handbook.

Legislation enacted by the North Carolina General Assembly as contained in the North Carolina General Statutes (NCGS) governs the institution's expenditures of funds earned through intellectual property ownership.

Despite the institution's assertions within the narrative, it failed to provide evidence of implementation of its intellectual property policy.

After reviewing the Faculty and Staff Handbook, Catalog and Student Handbook, as well as the NC State Law and Employee Acknowledgement Forms, the On-Site Reaffirmation Committee determined that this policy is in full force and adequately communicated. Additionally, since the implementation of the policy, no disputes or claims of intellectual property have occurred; therefore, no action has been required. The On-Site Reaffirmation Committee conducted interviews (Vice President for Academic Affairs and Workforce Development; the Vice President for Student Services and Enrollment Management) and reviewed available documentation thereby confirming that the institution's policies are

clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property.

3.3.1 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas (**Institutional Effectiveness**):

***3.3.1.1** educational programs, to include student learning outcomes

Non-Compliance

The institution described an annual institutional effectiveness program that includes the identification of expected outcomes (objectives) for its educational programs, assessment measures for the objectives, assessment results, and a use of results. The institution provided documentation of its annual Outcomes Objectives for the 2013-2014 and the 2014-2015 years.

The annual Outcomes Objective reports demonstrated inconsistencies in the plans. There were educational programs that did not have Student Learning Outcomes but listed several objectives related to delivery of the content, organization of the course, professional development of the faculty, or acquisition of materials or equipment. Several plans did not list any assessment results. The narrative sometimes stated the assessments were not finished or did not occur. There were plans in which there were multiple assessment measures but only one assessment result reported. Assessment measures did not include how the assessment would take place (written, oral, hands-on check off). There were examples of plans in which the assessment result did not match the assessment measures or criteria for assessment. The Student Learning Outcomes were frequently assessed using a single terminal assessment reported as a raw score with no information provided related to what the student was able to know, think or do. The Use of Results was frequently written in future tense or was restatements of the assessment results with no analysis of the assessments for improvement. The plans for some general education disciplines included assessment measures of final grades achieved in the course with no information on what was assessed and to what extent the student achieved the particular objectives.

The On-Site Reaffirmation Committee reviewed CFCC's finalized 2015-2016 educational programs strategic plans (in addition to its 2013-2014 and 2014-2015 plans). As with the 2013-2014 and the 2014-2015 years, the documentation provided for 2015-2016 demonstrated inconsistencies in plans. Some academic programs detailed expected student learning outcomes that were clearly defined in measurable terms. Additionally, appropriate assessment instruments were identified, and, in a few cases, multiple assessment measures were used to validate results. There was also some evidence of improvements being implemented based on analysis of the results. However, the preponderance of the evidenced revealed an emerging institutional effectiveness process for educational programs rather than a fully mature system. Many of the 2015-2016

program assessment plans lacked program and/or student learning outcomes. Instead, academic programs documented operational, organizational, and/or professional development needs. In other instances, when program and/or student learning outcomes were identified, the plans lacked sufficient detail regarding the assessment instruments used, or the assessment measure relied solely upon indirect evidence, such as course grades or student opinion surveys. Indirect evidence, however, does not provide an analysis of a student or graduate's knowledge, skills, abilities, and/or values. As noted with the 2013-2014 and 2014-2015 results, in some instances, there was no clear tie between the reported assessment measure and then, subsequently, the assessment results. Regarding the use of results, the information was primarily written in the future tense and lacked sufficient detail to document that CFCC uses the results of its institutional effectiveness process to improve its educational programs.

The initial educational programs 2016-2017 strategic plans were also presented by the institution. And, to date, the institution has identified its expected outcomes and assessment measures. A review of the identification of expected outcomes for 2016-2017 revealed broad-based evidence that appropriate expected outcomes are being clearly defined in measurable terms for each educational program. Additionally, there was broad-based evidence of the selection of appropriate assessment measures.

With regard to distance learning, the College states that it views distance education as a delivery method. Inasmuch, there is no differentiation in its outcomes or the assessment of those outcomes. However, the 3.3.1.1 narrative is silent with regard to how the academic program institutional effectiveness process is implemented in support of off-campus site programs and student learning outcomes.

Recommendation 1: The On-Site Reaffirmation Committee recommends that CFCC assesses the extent to which it achieves its expected outcomes and provides evidence of improvement based on analysis of the results with regard to its educational programs, to include its educational programs offered at off-campus sites.

3.3.1.2 administrative support services

Non-Compliance

The institution described an annual institutional effectiveness program that includes the identification of expected outcomes (objectives) for its 22 administrative support units. The process includes the development of assessment measures for the objectives, the reporting of assessment results, and a description of the use of results. The institution provided documentation of its annual Outcomes Objectives for the 2013-2014 and the 2014-2015 years.

The majority of the plans presented had objectives and a description of the assessment measures but lacked actual results or any use of the results. Many plans listed “No Data to Display” for Assessment Measures, Actual Results, and Use of Results. The plans that included a Use of Results were written in the future tense, and were often restatements of the tasks, the Intended Results, or the Actual Results.

The On-Site Reaffirmation Committee reviewed CFCC’s finalized 2015-2016 administrative support services strategic plans (in addition to its 2013-2014 and 2014-2015 plans). In 2015-2016, some programs detailed expected program outcomes that were clearly defined in measurable terms with appropriate assessment instruments being identified, and, in a few cases, multiple assessment measures were used to validate results. There was also some evidence of improvements being implemented based on analysis of the results. However, the preponderance of the evidenced revealed an emerging institutional effectiveness process for administrative support services programs rather than a fully mature system. Many of the 2015-2016 assessment plans lacked sufficient detail regarding the assessment instruments used and/or did not include targets. For example, an assessment measure may indicate that constituents would be surveyed, but not indicate the expected outcomes of the survey. Alternatively, an assessment measure may indicate that information will be reviewed, but not detail expected outcomes from the review. As noted with the 2013-2014 and 2014-2015 results, in some instances, there was no clear tie between the reported assessment measure and then, subsequently, the assessment results. Regarding the use of results, the information was often written in the future tense or the narrative lacked sufficient detail to document that CFCC uses the results of its institutional effectiveness process to improve its administrative services programs.

The 2016-2017 administrative services programs strategic plans were also presented by the institution. A review of the identification of expected outcomes for 2016-2017 revealed broad-based evidence that appropriate expected outcomes are being clearly defined in measurable terms for each administrative services program. However, many of the assessment measures noted lack sufficient detail regarding the assessment instruments used and/or do not include targets.

Recommendation 2: The On-Site Reaffirmation Committee recommends that CFCC assesses the extent to which it achieves its expected outcomes and provides evidence of improvement based on analysis of the results with regard to its administrative support services.

3.3.1.3 academic and student support services

Non-Compliance

The institution described an annual institutional effectiveness program that includes the identification of expected outcomes (objectives) for its 20 academic

and student support services units. The process includes the development of assessment measures for the objectives, the reporting of assessment results, and a description of the use of results. The institution provided documentation of its annual Outcomes Objectives for the 2013-2014 and the 2014-2015 years.

The institution identified 20 academic and student support services units. Documentation provided did not include plans for Continuing Education Administration, Instructional Administration, Instructional Operations, Instructional Technology, and Student Services Administration.

Many plans have extensive task lists but do not include assessment measures, actual results, or use of results. Many plans listed "No Data to Display" for Assessment Measures, Actual Results, and Use of Results. When present, the Use of Results were frequently in the future tense.

The On-Site Reaffirmation Committee reviewed CFCC's finalized 2015-2016 academic and student support services strategic plans (in addition to its 2013-2014 and 2014-2015 plans). In 2015-2016, some programs detailed expected program outcomes that were clearly defined in measurable terms with appropriate assessment instruments being identified, and, in some cases, multiple assessment measures were used to validate results. There was also some evidence of improvements being implemented based on analysis of the results. However, the preponderance of the evidenced revealed an emerging institutional effectiveness process for administrative support services programs rather than a fully mature system. Many of the 2015-2016 assessment plans lacked sufficient detail regarding the assessment instruments used, included assessments that did not directly measure the expected outcomes, and/or did not include targets. For example, an assessment measure may indicate that a certain number of training sessions would be held. However, this measurement does not assess whether or not the training sessions brought about the expected outcome; it only documented that the training sessions occurred. Alternatively, an assessment measure indicated something would be decreased, but the narrative did not include baseline information to determine the achievement of the expected outcome. As noted with the 2013-2014 and 2014-2015 results, in some instances, there was no clear tie between the reported assessment measure and then, subsequently, the assessment results. Regarding the use of results, the information was often written in the future tense or the narrative lacked sufficient detail to document CFCC uses the results of its institutional effectiveness process to improve its administrative services programs.

The 2016-2017 academic and student services programs strategic plans were also presented by the institution. A review of the identification of expected outcomes for 2016-2017 revealed broad-based evidence that appropriate expected outcomes are being clearly defined in measurable terms for each administrative services program. Moreover, there was broad-based evidence that the assessment measures contained sufficient detail regarding the assessment instruments used and included targets.

However, the 3.3.1.3 narrative is silent with regard to how the academic and student support institutional effectiveness process is implemented in support of distance and correspondence education students as well as in support of students attending off-campus teaching sites, as applicable.

Recommendation 3: The On-Site Reaffirmation Committee recommends that CFCC assesses the extent to which it achieves its expected outcomes and provides evidence of improvement based on analysis of the results for its academic and student support services, to include services that support distance education students and those students attending off-campus site locations.

3.3.1.4 research within its mission, if appropriate

Not Applicable

3.3.1.5 community/public service within its mission, if appropriate

Non-Compliance

The institution described an annual institutional effectiveness program that includes the identification of expected outcomes (objectives) for its 11 community/public service units. The process includes the development of assessment measures for the objectives, the reporting of assessment results, and a description of the use of results. The institution provided documentation of its annual Outcomes Objectives for the 2013-2014 and the 2014-2015 years.

The institution identified 11 community public service units. Documentation provided did not include plans for Continuing Education Administration, Fire and Rescue Training, and Occupational Extension. There was only one example plan for Community Services and Work Force Development.

Some plans include extensive task lists but do not include assessment measures, actual result, or use of results. Many plans listed "No Data to Display" for Assessment Measures, Actual Results, and Use of Results. When present, the Use of Results was frequently in the future tense.

The On-Site Reaffirmation Committee reviewed CFCC's finalized 2015-2016 community/public service programs strategic plans (in addition to its 2013-2014 and 2014-2015 plans). In 2015-2016, some programs detailed expected program outcomes that were clearly defined in measurable terms with appropriate assessment instruments being identified, and, in a few cases, multiple assessment measures were used to validate results. There was evidence of improvements being implemented based on analysis of the results. However, the preponderance of the evidenced revealed an institutional effectiveness process for community/public service programs that is still transitioning into a mature system. Several of the 2015-2016 assessment plans lacked sufficient detail regarding the assessment instruments used and/or did not include targets. For example, an assessment measure may indicate that success would be measured by the constituent group's response, but not detail what that

response should be. Alternatively, an assessment measure may indicate an increase is expected, but not detail a baseline for that increase. In some instances, the assessment measure did not match the expected outcome listed.

The 2016-2017 community/public service programs strategic plans were also presented by the institution. A review of the identification of expected outcomes for 2016-2017 revealed broad-based evidence that appropriate expected outcomes are being clearly defined in measurable terms for each community/public service program, with appropriate assessment measures and targets.

Recommendation 4: The On-Site Reaffirmation Committee recommends that CFCC assesses the extent to which it achieves its expected outcomes and provides evidence of improvement based on analysis of the results for its community/public services.

- 3.3.2** The institution has developed a Quality Enhancement Plan that (1) demonstrates institutional capability for the initiation, implementation, and completion of the QEP; (2) includes broad-based involvement of institutional constituencies in the development and proposed implementation of the QEP; and (3) identifies goals and a plan to assess their achievement. **(Quality Enhancement Plan)**

The institution did not satisfactorily address components 1 and 3 of this standard.

Recommendation 5: The On-Site Reaffirmation Committee recommends that the Institution demonstrate the capacity to fully operationalize all of the interventions.

Recommendation 6: The On-Site Reaffirmation Committee recommends that the institution refine its QEP goals to ensure they are within the scope of the QEP as well as develop assessment methods for its goals and objectives that are related to and include direct measures of the expected outcomes.

See Part III for additional details.

- 3.4.1** The institution demonstrates that each educational program for which academic credit is awarded is approved by the faculty and the administration. **(Academic program approval)**

Compliance

The College provided information outlining details of its processes for approving additions, terminations, and changes to the curricula that indicates the College ensures faculty and administrative involvement in the process. The College uses a Curriculum Committee that is composed of faculty, administrators, and staff members from various areas of the institution. The College provided documents detailing the purpose and composition of this committee along with examples of minutes documenting the work of the committee. The College also provided evidence of curriculum approvals by its Board of Trustees where appropriate. As supporting evidence, the College provided

documentation of the faculty presenting a proposed new AAS in Baking and Pastry to the College Curriculum Committee for approval before submitting to the Board of Trustees. The College also provided documentation of the North Carolina Community College System's approval of the program.

- 3.4.2** The institution's continuing education, outreach, and service programs are consistent with the institution's mission. **(Continuing education/service programs)**

Compliance

The institution's mission statement directs the institution to provide vocational, technical, and pre-baccalaureate programs; to focus on literacy education, outreach, and continuing education programs and services; and to encourage, promote, and facilitate economic and community development.

The institution's Continuing Education division maintains four sites and provides basic academic skills, English as a Second Language, work force development and readiness training, cultural and personal enrichment programs and other programs that contribute to the economic development within the institution's service area. These programs include, but are not limited to, basic skills and developmental assessments, high school equivalency exam testing, training and testing for professional licenses and certifications, career assessments, training needs assessments and job task analyses, as well as courses designed for personal enrichment and lifelong learning. In addition to the four campus and center sites, the institution offers continuing education classes and programs at various other locations in the College's service area and offers occupational extension classes at the New Hanover Correctional Center and Pender Correctional Center.

- *3.4.3** The institution publishes admissions policies that are consistent with its mission. **(Admissions policies)**

Compliance

Consistent with its mission and North Carolina State Board of Community Colleges Code (400.2 Admission to Colleges), the institution has an open door admission policy. Additional admission requirements are prescribed for the following programs: Nursing Degree, Nursing Transition Degree, Dental Assisting Diploma, Dental Hygiene Degree, Cardiovascular Sonography Degree, Cardiovascular Sonography Diploma, Medical Sonography Degree, Occupational Therapy Assistant Degree, Pharmacy Technology Diploma, Pharmacy Technology Degree, Pharmacy Technology Transition Degree, Phlebotomy Certificate, Practical Nursing Diploma, Radiography Degree, Regionally Increasing Baccalaureate Nurses (RIBN) Degree, Surgical Technology Degree, Basic Law Enforcement Training. Admission policies are published in the Catalog and Student Handbook as well as the website.

CFCC publishes admissions policies consistent with its mission to be an open-door comprehensive community college that strengthens the academic, economic, social and cultural life of its service area. Admissions policies are published in the Catalog and Student Handbook and on the college's website.

The College publishes admissions policies related to the many types of students it admits, including: general admissions, non-degree seeking, transfer students, readmit students, special credit/life-long learners, transient students, Career and College Promise (dual enrollment) students, out-of-state students, and international students. Admissions policies are consistent with North Carolina State Board of Community College (SBCC) Code 400.2 Admission to Colleges.

The institution also publishes admissions policies for its wide offering of health science programs. These policies are also available in the Catalog and Student Handbook and on program information sheets, which are available in the Counseling Office and on the College website. The On-Site Reaffirmation Committee reviewed the above evidence, and conducted interviews (Vice President of Student Services and Enrollment Management; Senior Director of Enrollment Management) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- 3.4.4** The institution publishes policies that include criteria for evaluating, awarding, and accepting credit for transfer, experiential learning, credit by examination, advanced placement, and professional certificates that is consistent with its mission and ensures that course work and learning outcomes are at the collegiate level and comparable to the institution's own degree programs. The institution assumes responsibility for the academic quality of any course work or credit recorded on the institution's transcript. (See Commission policy "Agreements Involving Joint and Dual Academic Awards: Policy and Procedures.") **(Acceptance of academic credit)**

Compliance

The institution has well-defined policies regarding the evaluation, acceptance, and awarding of credits from two- and four-year regionally accredited institutions that are located within the United States, as published in the Catalog and Student Handbook. The institution's policies ensure that all transfer credit course work compares in quality, content, and credit hours to those offered at the College by requiring only official transcripts and test scores. Credits received from colleges outside of the North Carolina Community College System are evaluated using the institution's Department Chairs, Lead Faculty, and Counseling Staff.

Information regarding the acceptance of transfer credits from international students is also detailed in the Catalog and Student Handbook. The institution provided a transcript evaluation form as well as a completed student transcript showing accepted transfer credit. In addition to transfer credits, the institution has clearly defined policies for the acceptance and awarding of credit hours from non-traditional sources as stated in the Catalog and Student Handbook. These include policies related to credit by proficiency examination, Advanced Placement credit for passing scores on AP tests as determined by the College Board, credit by passing a College Level Examination Program exam, and academic credit for military training courses completed while serving in the United States Armed Forces. The institution also has a documented policy regarding experiential learning in the Catalog and Student Handbook that specifically states the institution will not award direct credit for previous experience or training.

- 3.4.5** The institution publishes academic policies that adhere to principles of good educational practice. These policies are disseminated to students, faculty, and other interested parties through publications that accurately represent the programs and services of the institution. **(Academic policies)**

Compliance

The institution provided the Catalog and Student Handbook as evidence of academic policies that demonstrate good educational practice. This publication is available online and is accessible to faculty, staff, students, and community members. The College documentation also provided evidence of policy approval and review processes, as documented in minutes of the Faculty Association, the Curriculum Committee, the College Council, and the Board of Trustees.

- 3.4.6** The institution employs sound and acceptable practices for determining the amount and level of credit awarded for courses, regardless of format or mode of delivery. **(Practices for awarding credit)**

Compliance

The institution conforms to the amount of credit awarded for courses as required by the State Board of Community Colleges in the North Carolina Community College System. The institution follows the guidelines of the Combined Course Library, which is created by the State Board of Community Colleges in the North Carolina Community College System, when determining the amount and level of credit awarded for courses. The institution provided evidence of this practice by providing a sample of business courses listed in the Combined Course Library to be compared with course descriptions listed in its Catalog and Student Handbook. The institution also demonstrates the employment of sound and acceptable practices in determining the amount and credit level of courses awarded by maintaining an internal Curriculum Review Committee as outlined in the State's Curriculum Procedures Manual, Section 15. This committee is responsible for making recommendations at the local level for course changes or additions. Proposed changes and course additions approved by the committee are then forwarded to the state Curriculum Review Committee for consideration.

- 3.4.7** The institution ensures the quality of educational programs and courses offered through consortia relationships or contractual agreements, ensures ongoing compliance with the *Principles* and periodically evaluates the consortial relationship and/or agreement against the mission of the institution. (See the Commission policy "Agreements Involving Joint and Dual Academic Awards: Policy and Procedures.") **(Consortia relationships/contractual agreements)**

Not Applicable

Based on the information provided from the institution, the Off-Site Reaffirmation Committee had no reason to question the assertion of the institution that the institution has no consortia relationships or contractual agreements.

- 3.4.8** The institution awards academic credit for course work taken on a noncredit basis only when there is documentation that the noncredit course work is equivalent to a designated credit experience. **(Noncredit to credit)**

Compliance

The institution awards credit for coursework completed on a non-traditional basis in four specific situations as defined in its Catalog and Student Handbook. The first is successful completion of military training courses while serving in the United States Armed Forces. The College will also award academic credit for noncredit coursework in selected courses if a student passes an institutional Credit by Proficiency examination. The institution also awards credit for noncredit coursework if a student successfully completes a nationally recognized standardized examination such as an Advanced Placement exam, a College Level Examination Program exam, or a Defense Activity Non-Traditional Education Support exam. Finally, the institution will award credit for courses taken through continuing education programs where the student was awarded third-party certifications equal to curriculum coursework. The institution provided evidence for the first three situations in the form of well-defined policies stated in the College Catalog and Student Handbook. An example of the last situation provided by the institution was related to the Emergency Medical Science program. As evidence, the College provided an EMS verification Form demonstrating the process by which credit is awarded.

- 3.4.9** The institution provides appropriate academic support services. **(Academic support services)**

Compliance

The institution defines its academic support services as the Learning Resource Center, the Learning Lab, advisement, and developmental or remedial coursework. Learning Resource Centers are operated at both the Wilmington Campus and the North Campus. They include library and media services as well as computer services for instruction of faculty, staff, and students. Learning Labs are operated at both the Wilmington Campus and the North Campus as well, and each lab offers tutoring (face-to-face and online), supplemental instruction and computer access. All students are assigned a faculty advisor. In addition, supplemental advising support is available through professional advisors who reside in the Academic Advising Center located on the Wilmington Campus and by self-service tools that are delivered via web portal. Developmental courses in reading, writing, and math skills are provided for any student who is not prepared for college-level coursework.

- 3.4.10** The institution places primary responsibility for the content, quality, and effectiveness of its curriculum with its faculty. **(Responsibility for curriculum)**

Compliance

The institution places responsibility for curriculum content quality and effectiveness directly with the faculty. In transfer credit areas, lead instructors and department chairs

are responsible for the selection of textbooks, other instructional materials, and for developing syllabi/outlines for all courses taught. These are assigned duties as evidenced by the job descriptions of both lead instructors and department chairs, both of which are faculty members.

Curriculum changes can be initiated by both faculty and department chairs to be submitted to the Curriculum Committee for approval. Minutes of the general education outcomes committee meeting on October 29, 2015, validate the faculty involvement in the assessment of general education outcomes. In vocational and technical programs, Advisory Committees assist faculty in verifying the relevancy of content being offered to students in their respective areas. These committees are comprised of local occupational experts, employers, faculty members, and administrators who meet on an annual basis to evaluate each program. An example of this commitment would be the Advisory Board Brochure provided by the institution. All requested changes in curriculum are sent to the Curriculum Committee for review and then submitted to the state for final approval. Faculty are also responsible for the content, quality, and effectiveness of the institution's curriculum through required assessments. This includes providing documentation of assessments in the Strategic Planning Online system as well as assessing program outcomes and student learning outcomes for general education competencies on an annual basis.

- *3.4.11** For each major in a degree program, the institution assigns responsibility for program coordination, as well as for curriculum development and review, to persons academically qualified in the field. In those degree programs for which the institution does not identify a major, this requirement applies to a curricular area or concentration. **(Academic program coordination)**

Compliance

Each Vocational/Technical department chair is responsible for program coordination, curriculum development, and curriculum review, and specific responsibilities are outlined in each of their job descriptions. In departments that contain several programs or disciplines, department chairs may be assisted by program lead instructors.

Regarding transfer programs, the Dean of Arts and Sciences and the department chairs in this division coordinate the transfer programs, curriculum development, and curriculum review as there are no lead instructors in this division, and curriculum review and specific responsibilities are outlined in each of their job descriptions.

The College determines that the lead instructor/directors are qualified in their field based on their educational credentials, in addition to other relevant course work and/or experience and third party credentials. College transfer department chairs, like all instructors in college transfer programs, are required to hold a master's degree and at least 18 graduate hours in their discipline (for more information, refer to CS 3.7.1).

Program review teams, consisting of cross-institutional members, conduct in-depth reviews of all curriculum programs at least once every five years. Programs with low enrollment or other significant issues are reviewed more frequently.

The lead instructor of each Vocational/Technical program being reviewed will be an ad hoc member of the program review team. The reviewing team for all program reviews will include several members from the Institutional Effectiveness and Planning (IEP) Committee, which include the respective dean of the program of study, the director of career and testing services, two instructional department chairs, two members at large, and the institutional researcher who serves as an ex officio member, thus ensuring that the program review process is comprehensive and objective.

Regarding qualifications of the review team, the College elects to employ the knowledge of relevant content experts, and institutional colleagues with global perspectives outside of the discipline.

The On-Site Reaffirmation Committee reviewed documents, including program review schedules, discipline-specific strategic planning narratives, program review narratives, and program assessments. In addition, the On-Site Reaffirmation Committee conducted interviews (Vice President of Academic Affairs and Workforce Development; Dean-Arts and Sciences; Dean-Vocational/Technical) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- 3.4.12** The institution's use of technology enhances student learning and is appropriate for meeting the objectives of its programs. Students have access to and training in the use of technology. **(Technology use)**

Compliance

Use of and Access to Technology

Goal 3 of the institution's "2011-2015 College Goals" is to "incorporate the appropriate use of technology for students, faculty and staff and provide training in accessing and applying the technology." In relation to tying that goal to the programs and student learning, the institution has a Computer Competency requirement, as evidenced by the "Computer Competency" section of the Student Handbook, which requires that all degree graduates demonstrate basic computer competency, either through the successful completion of a computer class in their designated program or by passing a Basic Computer Proficiency assessment offered through the Learning Lab. In addition, the institution provides many program-specific examples of how it is using technology to enhance learning at the College, such as the support of two Cisco labs for its computer program, the purchase of a digital radiography machine and a digital intra-oral camera for the Dental Assisting and Hygiene program, and the purchase of a Baxter collaborative robot for the Mechatronics program. A detailed list of program-specific software installed in computer labs has been provided by the institution as well.

The College's Information Technology Services (ITS) department provides support for student and faculty technology needs, such as college computer hardware/software/printing support, Help Desk, wired and wireless networking, Internet access, classroom and presentation media services and other services. Almost all classrooms have an instructional computer with Internet access that allows instructors to utilize and supplement their class presentations with web-based materials. Students and faculty, including online students, have access to Blackboard, the College's

Learning Management System (LMS) and to myCFC, the campus portal. The ITS department maintains and upgrades servers in order to support student learning and the technological infrastructure of the College, as documented in “server listing -backup schedules.” The institution further demonstrates its commitment to providing computer access to students by maintaining a total of 105 computer labs, as indicated in “2015-10-30 Computers and Computer Lab Numbers.” The learning lab and the library have computers to help create a technology-rich student learning atmosphere for students at the College. The computers in the Disability Support Services Office have assistive software such as Kurzweil®, Jaws®, eCliqueReader®, and TextAloud. Career and Testing Services offers students computers for placement and career testing. The institution uses surveys, such as the “Faculty and Staff Survey” and the “Graduating Student Opinion Survey” to evaluate technology use and services at the College, and the results of technology questions on the surveys indicate the majority of respondents of faculty, staff, and students are generally satisfied with the support of technology at the institution. On the “Faculty and Staff Survey” 87% percent of respondents replied “yes” to the statement “help desk calls/requests for technology services are handled within a reasonable time.” Also, on the “2014-15 Graduating Student Opinion Survey” results indicate that 87% of respondents were satisfied with the College's classroom equipment (Strongly Agree or Agree).

Technology Training

Training in technology is provided. The institution currently uses Blackboard as its LMS. Training in the use of Blackboard includes access to a website of frequently asked questions, as well as a tutorial on the College's website and in Blackboard, to introduce students to the basics of the LMS. It is required that all students taking ACA 111 and ACA 122 (the institution's student success courses) complete the Blackboard tutorial at the start of the semester. The Blackboard Tutorial is available to all students in other classes as well, and face-to-face training is available to all students through the Online Learning department. Faculty technology training is available also, on a variety of topics. The Information Technology Help Desk assists all students and faculty with academic technology needs and questions, such as providing an orientation to online services and the technology infrastructure; the use of software and hardware; digital security and online best practices; and personal device support. Library staff are available to provide individual technology instruction and assistance, and assistance and training is also available in the learning lab. Faculty and staff are given the opportunity for professional development in the use of up-to-date software through training in the Technical Training Center (TTC).

- 3.5.1** The institution identifies college-level general education competencies and the extent to which students have attained them. **(General education competencies)**

Compliance

The College provided information from the catalog and minutes from the General Education Committee. This information shows that the College defines college-level competencies to be assessed in the general education core of programs. The College also provided documentation of the methodology used for assessing the general education outcomes and the sampling methodologies used to gather student artifacts.

The College provided documentation as to the extent to which students achieve competency, which the College assesses using locally-defined rubrics.

- 3.5.2** At least 25 percent of the credit hours required for the degree are earned through instruction offered by the institution awarding the degree. *(See the Commission policy “Agreements Involving Joint and Dual Academic Awards: Policy and Procedures.”)* **(Institutional credits for a degree).**

Compliance

Information presented from the Catalog and Student Handbook shows that the College requires students to complete at least 25% of the credits hours required for a degree at the College. The College performs a program evaluation once a student files a notice with Registrar to ensure the student has met all graduation requirements. This program evaluation includes the review of courses taken at the College, ensuring compliance with this standard. The institution provided a redacted “intent to graduate” letter demonstrating implementation of this policy.

- 3.5.3** The institution publishes requirements for its undergraduate programs, including its general education components. These requirements conform to commonly accepted standards and practices for degree programs. *(See the Commission policy “The Quality and Integrity of Undergraduate Degrees.”)* **(Undergraduate program requirements)**

Compliance

The institution defines and publishes general education and major program requirements for all of its programs in the Catalog and Student Handbook. Students may also access their program information and curricular progress in the student information system (WebAdvisor). The rationale for these local program requirements is based upon the North Carolina Community College System (NCCCS) Curriculum Standards that apply to all 58 community colleges within the state. These curriculum standards specify the standards, mandatory course requirements, minimum and maximum credit hour requirement, and general education core requirements. The programs of study indicate the approved curriculum for each associate degree, based on its respective curriculum standards. There is no differentiation among on-campus, off-campus and online learning courses. Additionally, the NCCCS has collaborated with the University of North Carolina System to establish the Comprehensive Articulation Agreement between these two systems.

- 3.5.4** At least 25 percent of the course hours in each major at the baccalaureate level are taught by faculty members holding an appropriate terminal degree—usually the earned doctorate or the equivalent of the terminal degree. **(Terminal degrees of faculty)**

Not Applicable

- 3.6.1 The institution's post-baccalaureate professional degree programs, and its master's and doctoral degree programs, are progressively more advanced in academic content than its undergraduate programs. **(Post-baccalaureate program rigor)**

Not Applicable

- 3.6.2 The institution structures its graduate curricula (1) to include knowledge of the literature of the discipline and (2) to ensure ongoing student engagement in research and/or appropriate professional practice and training experiences. **(Graduate curriculum)**

Not Applicable

- 3.6.3 At least one-third of credits toward a graduate or a post-baccalaureate professional degree are earned through instruction offered by the institution awarding the degree. *(See the Commission policy "Agreements Involving Joint and Dual Academic Awards: Policy and Procedures.")* **(Institutional credits for a degree)**

Not Applicable

- 3.6.4 The institution defines and publishes requirements for its graduate and post-graduate professional programs. These requirements conform to commonly accepted standards and practices for degree programs. **(Post-baccalaureate program requirements)**

Not Applicable

- 3.7.1 The institution employs competent faculty members qualified to accomplish the mission and goals of the institution. When determining acceptable qualifications of its faculty, an institution gives primary consideration to the highest earned degree in the discipline. The institution also considers competence, effectiveness, and capacity, including, as appropriate, undergraduate and graduate degrees, related work experiences in the field, professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes. For all cases, the institution is responsible for justifying and documenting the qualifications of its faculty. *(See Commission guidelines "Faculty Credentials.")* **(Faculty competence)**

Non-Compliance

The Off-Site Reaffirmation Committee found many faculty members appropriately qualified. However, the Off-Site Reaffirmation Committee could not determine the adequacy of the qualifications of several faculty members. CFCC provided additional documentation including transcripts and certifications in their focused report.

The On-Site Reaffirmation Committee reviewed the credential files for those final few faculty members where qualifications were unclear. The On-Site Reaffirmation Committee found that most of the faculty were appropriately qualified. The Committee, however, could not determine the adequacy of the

qualifications of one faculty member who is listed in the accompanying roster. The College may want to consider providing documentation to describe the relationship between the faculty's qualifications and the course content and/or expected outcomes of the course assigned to that faculty member.

Recommendation 7: The Committee recommends that the College demonstrate that it has a competent faculty member qualified to teach the course that is listed on the roster.

- 3.7.2 The institution regularly evaluates the effectiveness of each faculty member in accord with published criteria, regardless of contractual or tenured status. **(Faculty evaluation)**

Non-Compliance

The institution's faculty (and staff) members are evaluated by their supervisors on an annual basis according to criteria specified in the Faculty and Staff Handbook. The Faculty and Staff Handbook specifically addresses the criteria for full-time and part-time faculty evaluations which include job performance, professional improvement, and assigned duties. Factors such as quality of instruction, performance of related instructional responsibilities, professional development, initiative, planning and management abilities, and teamwork are considered during the evaluation. An End of Term Faculty Grade Analysis Report also is used to assess student outcome attainment within a broader context.

Students are also given the opportunity to rate the content, quality, and effectiveness of the course and the quality and effectiveness of the instructor and provide narrative feedback for every course every semester through an online course evaluation process. Self-evaluation, peer review, supervisor review, and dean or director review are other methods that may be used for evaluation. Observations of instruction in the classroom, laboratory, or shop by appropriate supervisors are purported to be an integral part of faculty evaluation. Ultimately, the administrative staff and academic supervisors will make evaluative judgments and observe to what degree instructors meet these criteria. A limited number of redacted evaluations of full-time and part-time faculty members was provided to demonstrate the implementation of the evaluation procedures.

However, whereas teaching/classroom observations are stated to be part of the process, no evidence was provided to indicate that such observations actually occur. Additionally, the institution's report did not include evidence that classes or instructors at off-campus instructional sites were evaluated.

In the Focused Report, the institution provided evidence that teaching/classroom observations are part of the faculty evaluation process. In addition, although the observation form does not specifically document the venue of these observations, the institution provided evidence that these observations occur across all sites and centers. The Focused Report successfully addressed the concerns identified by the off-site review team.

The On-site Reaffirmation Committee examined a variety of documents in support of the institution's case for compliance (adjunct faculty evaluation

forms; full-time faculty evaluation forms; and single-faculty evaluation forms over a span of four years). These documents confirmed that, although not directly addressed in the formal evaluation document, supervisor observations and student evaluations play an integral role in faculty evaluation. The On-site Reaffirmation Committee also conducted interviews to confirm this finding (Vice President of Academic Affairs and Workforce Development; Dean—Arts and Sciences; Dean—Vocational/Technical; Chair—English Department).

- 3.7.3** The institution provides evidence of ongoing professional development of faculty as teachers, scholars, and practitioners. **(Faculty development)**

Compliance

The College provided evidence that it provides a number of professional development opportunities for faculty members. Training is varied and is offered through on-campus opportunities and through financial support for travel for professional development purposes. Examples of local professional development sessions provided for faculty include training on the institution's online course standards, building courses in Blackboard, and the use of online assignments and rubrics. In addition, the College cites professional development as an expectation of faculty and evaluates faculty members on their participation via the College's Faculty Performance Evaluation.

- 3.7.4** The institution ensures adequate procedures for safeguarding and protecting academic freedom. **(Academic freedom)**

Compliance

The institution has a clearly defined policy regarding academic freedom and an outlined process for grievance procedures stated in the Faculty and Staff Handbook. The policy recognizes that academic freedom is essential to the mission of the institution and must never be the cause for dismissal or non-renewal as long as faculty members adhere to their assigned ethical and professional duties. The policy and grievance procedures adequately protect and safeguard academic freedom at the institution. The institution noted that no allegations of violations of academic freedom have been made since the College's last affirmation.

- 3.7.5** The institution publishes policies on the responsibility and authority of faculty in academic and governance matters. **(Faculty role in governance)**

Compliance

Faculty responsibility and authority in academic and governance matters are published in the Faculty and Staff Handbook and are further delineated in the Faculty Association By-Laws.

Faculty responsibility and authority in academic and governance matters occurs through faculty participation in each of the College's standing committees. The institution has 110 positions on 18 standing committees with faculty participation. The

College has a Faculty Association whose purpose is to increase faculty participation in College academic and governance issues and to maintain a close working relationship between the administration and faculty in contributing to the success of the College in accomplishing its goals and purposes. The Faculty Association publishes minutes of its meetings that are shared college-wide. The Faculty Association President is also called upon at every meeting of the Board of Trustees to give a report directly to the Trustees without restriction as to content. The institution provided copies of minutes of standing faculty meetings addressing academic and governance matters and minutes of Board of Trustees meetings showing faculty participation in institutional governance.

- 3.8.1** The institution provides facilities and learning/information resources that are appropriate to support its teaching, research, and service mission.
(Learning/information resources)

Compliance

Facilities

The institution has two library locations, one located on the Wilmington Campus and one on the North Campus. The current Wilmington Campus Library is a 19,176 square foot facility located on the second floor of the Health Sciences/LRC building, and has seating available to accommodate up to 260 people. North Campus Library is a 5,083 square foot facility located in the McKeithan Center at the North Campus, and seating is available to accommodate up to 140 people. Computer workstations in the library are connected to the student network with access to the online public catalog, electronic resources (including NC LIVE and subscription library databases), the Microsoft Office Suite, and the Internet. A Library instruction classroom is available, with SmartBoard and data projector. Several study rooms are available for students and are equipped for multimedia viewing. Conference rooms are also accessible for use by students and employees. A Technology Training Center (TTC) is housed in the library at the Wilmington Campus. In addition, the institution has two learning labs. The learning labs offer free tutoring and access to computers for students working on assignments.

Learning/Information Resources

At the end of FY 2014, the library collections included 52,726 print volumes; 44,708 e-books; 31,324 microform pieces; and 16,156 audiovisual items. Data supporting the library's holdings is shown in the "Academic Library Survey FY 2013." The library also provides access to an extensive collection of digital content, featuring full-text articles, additional e-books, videos, maps and other reference resources, as well as test preparation and language preparation guides. Many of these resources are available through the library's memberships in the NC LIVE state-wide consortium (NC LIVE) and the Carolina Consortium. Additional "Non-NC LIVE" digital resources are also provided. Current students, faculty, and staff can access the majority of electronic resources from off-campus via the library website, accessing through the proxy server. Supporting documentation has been provided in the form of NCEC Peer Comparison data and usage statistics, as well as survey results from the "Graduating Student Opinion Survey 2013-2014," the "Currently Enrolled Student Survey 2014," and the "Spring 2014 Faculty and Staff Survey." In

the Spring 2014 Faculty and Staff Survey, 97.47% of respondents answered “yes” to the question: “Library resources are up-to-date and readily available,” and 92.96% responded “yes” to the question: “Library resources meet the needs of instruction” (NA responses were omitted). Faculty are encouraged to be involved in the collection development process in support of their programs by working with their library liaisons, by using the “Library Materials Recommendation Form,” or through membership in the College’s Learning Resources Committee.

- 3.8.2** The institution ensures that users have access to regular and timely instruction in the use of the library and other learning/information resources. **(Instruction of library use)**

Compliance

The institution provides instruction in the use of library and other learning/ information resources. The reference areas are regularly scheduled with librarians available to conduct individual orientation sessions and provide one-on-one instruction in the use of library/information resources. In addition, formal information literacy instruction classes are scheduled to meet the information and research needs of students, faculty, and staff. Class topics may include instruction in basic library skills, how to locate library materials using the online catalog, effective Internet search and evaluation strategies, and how to conduct research using the library’s subscription electronic resources. Library instruction is also offered via online library tutorials. Tutorials are available for inclusion in all courses, including online/distance education courses, via Blackboard. Libguides (library guides) are available, including one specifically geared to online learning. Students can also email or chat with a College librarian online, or use the statewide library chat service, NC Knows. The learning lab provides additional academic assistance to students, such as assistance in math, writing, science, Spanish, and computer tutoring. In support of providing access to instruction in the use of the library and other learning/information resources, the institution has provided much documentation, including examples of tutorials, libguides and other materials used for library instruction, as well as statistics on number of instruction sessions completed. Evaluations of library instruction sessions are also provided, and the results indicate student satisfaction with the value and effectiveness of library instruction received.

- 3.8.3** The institution provides a sufficient number of qualified staff—with appropriate education or experiences in library and/or other learning/information resources—to accomplish the mission of the institution. **(Qualified staff)**

Compliance

Librarians and staff with applicable education or experiences in library and other learning and information resources are available to help students and faculty. A “Library Personnel Roster” documents the number of professional and support staff employed in the library, along with their job titles, educational attainment, and years of relevant experience. To indicate efforts towards ongoing professional development, the institution also provides documentation of “Combined Librarian Prof-Dev Activities” that shows librarians participate in relevant professional development activities, such as attending library conferences, webinars, and training, to continue to stay current in

their profession. Surveys, such as the “Faculty and Staff Survey” and the “Graduating Student Opinion Survey,” indicate that the majority of respondents are satisfied with the courteousness of library staff, and indicate agreement that library staff are readily available and provide services in a prompt, timely manner. The learning lab also has qualified staff to assist students. The institution provides a “Spring 2016 Roster for the Learning Lab” that includes the number of staff employed in the learning lab, along with their job descriptions, credentials, and years of service.

- 3.9.1** The institution publishes a clear and appropriate statement of student rights and responsibilities and disseminates the statement to the campus community. **(Student rights)**

Compliance

A statement of student rights and responsibilities is clearly published in the Catalog and Student Handbook. Included in this broad statement are important notifications regarding FERPA, Code of Conduct, Sexual Misconduct, Crime Awareness and Campus Security, Student Complaint Procedures, and Sexual Harassment. The Catalog and Student Handbook is published on an annual basis and is available to everyone via the institutional website. Further, new students are directed to these guidelines (Student Expectations, Rights, and Responsibilities) during New Student Orientation sessions.

- 3.9.2** The institution protects the security, confidentiality, and integrity of its student records and maintains security measures to protect and back up data. **(Student records).**

Compliance

The institution works to ensure the security and confidentiality of student records through strict adherence to the Family Educational Rights and Privacy Act of 1974 (FERPA) and by meeting data management standards established by the North Carolina Community College Institutional Information Processing System users group. Additionally, all institutional employees must read and agree to abide by the Computer Use Policy located in section 12.1 of the Faculty and Staff Handbook before being assigned a unique login and password for computer access. An extensive and redundant backup structure is in place for all electronic and physical student records. Retention and disposition of student records is managed according to the North Carolina Community College System Records Schedule.

- 3.9.3** The institution provides a sufficient number of qualified staff—with appropriate education or experience in the student affairs area—to accomplish the mission of the institution. **(Qualified staff)**

Compliance

The institution fulfills its stated mission of “recruiting, retaining and developing a highly qualified and diverse faculty and staff who are dedicated to quality education and service to the College and the community” by delivering a student affairs program that

is staffed by qualified and experienced professionals. Qualifications and experience are documented by a comprehensive roster that lists the educational qualifications and professional experience of all 53 full-time and all 23 part-time employees that make up the division. Evidence provided demonstrates that all employees in the division hold qualifications that are consistent with their respective positions. In addition, supervisors are required to use a standardized instrument to evaluate all full-time employees on an annual basis, and evidence of this process is documented by a sampling of non-redacted evaluations provided by the institution.

The institution regularly validates that there are a sufficient number of staff by evaluating services with quantitative and qualitative measures. Quantitative measures are used to verify that the division is meeting student demand for services. Qualitative measures are used to verify student satisfaction with services. One quantitative example provided by the institution is a table designed to track student contacts for the Advising Center. Contact numbers show that there is significant student demand for this service. One qualitative example provided by the institution is the 2014 Graduating Student Opinion Survey which demonstrates that most 2014 graduates had a positive opinion of the student services they received.

3.10.1 The institution's recent financial history demonstrates financial stability. (Financial stability)

Compliance

The institution provided audit reports for fiscal years 2009, 2011, 2013 and 2015. In Fiscal Year 2009, the institution received an audit finding for deficiencies in financial reporting. Since that time, the institution has received no findings during its review by the Office of the State Auditor. The institution adopted Governmental Accounting Standards Board Statement (GASB) No. 68 and No. 71 which pertains to pension liability. Due to this requirement, the institution's Unrestricted Net Assets dropped dramatically. The institution has realized an increase within its Total Nets Assets for the periods provided. Net Position is reported as \$116,419,307.13 in Fiscal Year 2009. The Net Position reported in the Fiscal Year 2015 audit had grown to \$220,012,822.76. Although enrollment is currently declining, the institution's operating revenues, state aid, and county appropriations have increased.

***3.10.2 The institution audits financial aid programs as required by federal and state regulations. (Financial aid audits)**

Compliance

The College provided a copy of its most recent Eligibility and Certification Approval Report from the U.S. Department of Education. This report provides evidence of approval for the College to participate in federal student financial aid programs until 12/31/2018.

The College's financial aid audits comply with the standards of The Single Audit Act Amendments of 1996 and the Office of Management and Budget Circular A-133. The

College submits its financial statements annually. This financial information is then included as part of the State of North Carolina's Single Audit Report.

The Office of the State Auditor selects a sample of Colleges and universities to test for compliance each year under the 1996 Single Audit Act. Testing is performed to determine if the entity is in compliance with requirements as issued in the Office of Budget and Management (OMB) Circular A-133. The last audit for the College related to Title IV funding was for Fiscal Year 2013. The College provided a copy of the U.S. Department of Education's Final Audit Determination letter for this particular year. The letter advises the State of North Carolina of the U.S. Department's final audit determination concerning portions of the audit report that relate to programs authorized pursuant to Title IV of Higher Education Act of 1965, as amended. The College did not have any deficiencies related to financial aid.

The College also received a Statewide Federal Compliance Audit for the fiscal year ended June 30, 2010. The particular scope of the federal compliance audit dealt with student financial aid clusters. The College provided a copy of the Statewide Federal Compliance Audit Procedures document from the Office of the State Auditor. The Report on Compliance portion of the document did not identify any deficiencies in the student financial aid cluster.

The On-site Reaffirmation Committee reviewed the 2015 Single Audit Report from the State of North Carolina, Office of State Auditor, the Federal Compliance Audit and conducted interviews (Director of Financial Aid; the controller; the Vice President for Business and Financial Services) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

3.10.3 The institution exercises appropriate control over all its financial resources. **(Control of finances)**

Compliance

The institution provided audits for fiscal years 2009, 2011, 2013 and 2015. One finding for deficiencies in financial reporting was reported in fiscal year 2009. The institution addressed the finding and has not received any audit findings since that time.

3.10.4 The institution maintains financial control over externally funded or sponsored research and programs. **(Control of sponsored research/external funds)**

Compliance

The institution's President is the only authorized approver of externally funded grants and contracts. Externally funded grants are accounted for individually. Financial reports provided to the budget manager and the appropriate grantor agency were included by the institution as evidence. The institution is audited biannually by the Office of the State Auditor. The institution provided audit reports for fiscal years 2009, 2011, 2013 and 2015. Although the institution received an audit finding in Fiscal Year

2009 due to deficiencies in financial reporting, no findings have been recorded since that time.

3.11.1 The institution exercises appropriate control over all its physical resources. **(Control of physical resources)**

Compliance

The institution's Board of Trustees is authorized to purchase any land, easement, or right-of-way necessary for the operation of the institution upon approval of the State Board of Community Colleges with Statute NCGS 115D-20, Powers and Duties of Trustees. Statutes NCGS115D-14 and NCGS115D-15 pertain to the trustees' ability to acquire, hold, transfer, sell, exchange, or lease property.

The By-Laws of the Board of Trustees allows the Board to establish standing committees and ad hoc committees as it deems necessary. One of these committees is the Facilities and Equipment Committee. The committee consists of a minimum of three members. Recommendations are made to the Board of Trustees pertaining to institutional sites, changes to facilities and property, long range campus and architectural plans. The committee also calls for bids on institutional construction and the awarding of contracts, ensuring adequate insurance coverage, and securing or granting easements and right-of-ways. An example of a recommendation from the Facilities and Equipment Committee to the Board of Trustees was provided within the Board of Trustees minutes of 01/22/2009. Within the same document, the President of the College briefed the Board of Trustees related to a property exchange which the Board subsequently approved.

A reconciliation of annual internal equipment is required once per year. The institution completes an inventory twice per year. The Accounting Procedures Manual, the Equipment Inventory Control Procedures and the Handbook – Inventory Control provide information as to policies and procedures for equipment. The Executive Director of Auxiliary Services is responsible for the maintenance and cleanliness of equipment within the areas of Maintenance and Custodial areas.

The institution is audited biannually by the Office of the State Auditor. No findings were included related to physical inventory for fiscal years 2009, 2011, 2013 or 2015.

3.11.2 The institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community. **(Institutional environment)**

Non-Compliance

The institution has policies in the Faculty and Staff Handbook related to prohibited conduct by employees. The catalog is used to inform the student population on such issues as sexual misconduct and violence. Confidential academic, personal and career counseling services are provided to students. According to the catalog, the counseling staff may make referrals to other community resources and agencies with the student's permission.

College publications contain information related to evacuations in an emergency situation. Emergency Evacuation Routes are posted in each room of each building. The handbook also addresses policies related to the control of keys and control of electronic access spaces.

Campus law enforcement officers and security personnel are trained as American Heart Association providers. Automated External Defibrillators are placed strategically within campus locations. When opened, an alarm sounds alerting other trained personnel in the area to respond.

To assist in cases of emergency, the College has emergency phones, emergency notification through a Lynx system, video system surveillance as well as an emergency alert system. Students, faculty and staff are automatically enrolled. Although an opt-out option is available, emergency messages will still be sent to the email on file.

A Campus Police Department was established in 2013. The Campus Police organizational chart includes positions of Campus Police Chief, Campus Police Telecommunications Operators, Campus Police Lieutenant, Campus Police Sergeant, Campus Police Officers, Locksmith and Parking & Security Guard. The institution also contracts with a firm to provide security personnel on the downtown Wilmington Campus and the North Campus. Security escorts are available to students, faculty and staff to parking lots and other locations upon request.

The institution provided the Campus Safety Plan which contains policies pertaining to safety and emergency procedures. Included in the document are policies related to safety inspections, protective equipment, smoking, evacuation, lockout and tagout, and respiratory protection. Information also includes the Hazard Communication Program, the Exposure Control Plan, and the Chemical Hygiene Plan. In case of student injury or serious illness while on campus, an Incident Report, and Student Accident Report if applicable, are to be filed. An Accident Report Form is used in the case of injury or occupational illness for a faculty or staff member. The College's Safety Committee is to make a campus safety inspection tour on a quarterly basis to ensure OSHA standards are met and to cite any unsafe facility conditions or work practices. Minutes from the Safety Committee in May, 2012, noted that the Campus Safety Plan had not been updated and needed immediate revisions. No evidence was found related to the implementation of American Heart Association Certificates, Incident Reports, Accident Reports, or safety inspection tours, or to the later revisions of the Campus Safety Plan.

The On-Site Reaffirmation Committee reviewed the following documents and results: The American Heart Association Certificates have been implemented as evidenced by a review of course rosters dated February 12 and 19, 2016. Incident reports dated February 4, 2014, February 23, 2015, and June 25, 2015 are evidence that the reports have been implemented. Accident reports dated October 23, 2015, December 1, 2015, and April 23, 2015 are evidence that the reports have been implemented. A review of Daily Journal and Operations Log dated July 20 and 25, 2016, and Weekly Inspection Records for 2014, 2015, and 2016 provide evidence of safety inspection tours. A review of the Safety Plan illustrates that it was revised, updated and approved by the College Council in August 2016. Interviews (Executive Director of Auxiliary Services; Chief of Police; Vice President for Business and Financial Services) supported the

position that the institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community.

- *3.11.3** The institution operates and maintains physical facilities, both on and off campus, that appropriately serve the needs of the institution's educational programs, support services, and other mission-related activities. **(Physical facilities)**

Compliance

The institution operates two campuses and two centers within two counties. Facilities and maintenance are the responsibility of the Executive Director of Auxiliary Services who reports directly to the institution's President. Faculty and Staff and Student surveys are in place to provide feedback related to facilities and maintenance. The institution has a current Facilities Master Plan for 2015-2020. When comparing square footage per student within the eight largest institutions within the system, the institution's square footage per student appears reasonable.

CFCC operates and maintains physical facilities on its two campuses—the Wilmington and the North Campus—and at two centers—the Surf City Center and the Burgaw Center. These facilities serve the needs of the institution to provide educational programming and to offer student support services in order to fulfill its mission. The institution participates in master planning as evidenced from the 2007-2013 Facilities Master Plan and the 2015-2020 Facilities Master Plan. As a result of the 2007-2013 plan, the institution found a critical need to expand its facilities to meet growing demands. The institution increased its gross square footage from 740,255 to 1,616,235 between 2005 and 2013 in order to meet this need. The institution has a 135-foot research and teaching ship that is used by students in the Marine Technologies Program.

The CFCC Board of Trustees Planning Committee is charged with reviewing data and identifying trends in order to develop plans for the institution's future. The Board of Trustees Facilities and Equipment Committee evaluates the institution's facilities and the extent to which they meet CFCC's needs. According to the 2014 Facilities Inventory and Utilization Study, CFCC has 26 assignable square feet (ASF) per student compared to a state average of 24 ASF per student.

The On-Site Reaffirmation Committee conducted interviews (Vice President of Business and Financial Services; Executive Director of Auxiliary Services; Director of Capital Project Management), and reviewed evidence (a review of campus facilities) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- 3.12.1** The institution notifies the Commission of changes in accordance with the Commission's substantive change policy and, when required, seeks approval prior to the initiation of changes. *(See the Commission policy "Substantive Changes for Accredited Institutions.")* **(Substantive change)**

Non-Compliance

The institution lists all substantive changes since its last accreditation. However, it provided no evidence of approvals from the SACSCOC Board of Trustees for those substantive changes. There is also no evidence that the institution requested prior approval to SACSCOC when appropriate for a substantive change.

The On-Site Reaffirmation Committee reviewed CFCC's evidence that it notified the Commission of changes in accordance with SACSCOC's substantive change policy. Evidence of compliance was provided in the form of SACSCOC Board of Trustees approval letters. The On-Site Reaffirmation Committee also reviewed CFCC's evidence that it sought approval from SACSCOC prior to the initiation of changes, when appropriate. In all instances but one, prior approval was sought. Regarding the one instance, CFCC found that the Emergency Medical Science program did not receive prior approval during a review of its substantive change records in 2016. The institution subsequently notified the Commission of the implementation of the program and gained the Board of Trustees' approval. Cape Fear also revised its substantive change monitoring and notification policies and procedures as a continuous improvement to prevent future lapses.

3.13.1 The institution complies with the policies of the Commission on Colleges. **(Policy compliance)**

***3.13.1. "Accrediting Decisions of Other Agencies"**

Applicable Policy Statement. Any institution seeking or holding accreditation from more than one U.S. Department of Education recognized accrediting body must describe itself in identical terms to each recognized accrediting body with regard to purpose, governance, programs, degrees, diplomas, certificates, personnel, finances, and constituencies, and must keep each institutional accrediting body apprised of any change in its status with one or another accrediting body.

Documentation: The institution should (1) list federally recognized agencies that currently accredit the institution or any of its programs, (2) provide the date of the most recent review by each agency and indicate if negative action was taken by the agency and the reason for such action, (3) provide copies of statements used to describe itself for each of the accrediting bodies, (4) indicate any agency that has terminated accreditation, the date, and the reason for termination, and (5) indicate the date and reason for the institution voluntarily withdrawing accreditation with any of the agencies.

Compliance

The institution provides evidence that it is accredited by four United States Department of Education recognized accrediting bodies:

- Accreditation Commission for Education in Nursing, Inc.
(For the associate degree in nursing)
- American Dental Association, Commission on Dental Accreditation
(For the Dental Assisting and Dental Hygiene programs)
- American Occupational Therapy Association, Accreditation Council for Occupational Therapy Education
(For the Occupational Therapy Assistant program)

- Joint Review Committee on Education in Radiologic Technology (For the Radiologic Technology program)

The institution also lists other accrediting associations with which it is affiliated that are not USDE recognized. The institution provided evidence that it describes itself identically to all accreditors.

Dates of the most recent reviews were provided:

- ACEN: April 6, 2015
- ADA CODA: September 4, 2015 (Dental Assisting and Dental Hygiene)
- ACOTA: April 18-19, 2015
- JRCERT: May 14, 2015

The institution did not receive any negative actions or any change in status with any other agency. The institution states that no agency has terminated accreditation, and it has not voluntarily withdrawn from any accrediting agency.

The On-Site Reaffirmation Committee conducted Interviews (Vice President of Academic Affairs and Workforce Development, Department Chair of Health Sciences, Executive Director of Institutional Effectiveness and Planning) and reviewed evidence (a review of documents related to external accrediting actions) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

3.13.2 "Agreements Involving Joint and Dual Academic Awards: Policy and Procedures"

Applicable Policy Statement. Member institutions are responsible for notifying and providing SACSCOC with signed final copies of agreements governing their collaborative academic arrangements (as defined in this policy). These arrangements must address the requirements set forth in the collaborative academic arrangements policy and procedures. For all such arrangements, SACSCOC-accredited institutions assume responsibility for (1) the integrity of the collaborative academic arrangements, (2) the quality of credits recorded on their transcripts, and (3) compliance with accreditation requirements.

Documentation: The institution should provide evidence that it has reported to the Commission all collaborative academic arrangements (as defined in this policy) that included signed final copies of the agreements. In addition, the institution should integrate into the Compliance Certification a discussion and determination of compliance with all standards applicable to the provisions of the agreements.

Not Applicable

Based on the information provided by the institution, the Off-Site Reaffirmation Committee had no reason to question the assertion of the institution that the institution has no current collaborative arrangements with any institution.

***3.13.3 "Complaint Procedures Against the Commission or Its Accredited Institutions"**

Applicable Policy Statement. Each institution is required to have in place student complaint policies and procedures that are reasonable, fairly administered, and well-publicized. (See *FR 4.5*). The Commission also requires, in accord with federal regulations, that each institution maintains a record of complaints received by the institution. This record is made available to the Commission upon request. This record will be reviewed and evaluated by the Commission as part of the institution's decennial evaluation.

Documentation: When addressing this policy statement, the institution should provide information to the Commission describing how the institution maintains its record and also include the following: (1) individuals/offices responsible for the maintenance of the record(s), (2) elements of a complaint review that are included in the record, and (3) where the record(s) is located (centralized or decentralized). The record itself will be reviewed during the on-site evaluation of the institution.

Compliance

Procedures regarding complaints against the institution for alleged non-compliance with an accreditation standard or requirement are clearly published in the Catalog and Student Handbook and are located under the bold heading entitled Institutional Accreditation. Procedures for all other complaints against the institution are clearly published in the Catalog and Student Handbook as well and are located under the bold heading entitled Student and Public Complaint Policy and Procedures. Student complaints are managed, and records subsequently stored, by the Office of Student Services and Enrollment Management. Public complaints are managed, and records subsequently stored, by the Office of the President. Both offices capture the following data elements in order to record the complaint review process: complainant, date of complaint, description of the complaint, investigation, findings, resolution, and resolution date.

CFCC publishes its written student complaint procedures in the College Catalog and Handbook. The On-Site Reaffirmation Committee found that, after the original Compliance Certification report was submitted, the Student Services and Enrollment Management Division has been reorganized; this has affected the process of written student complaints. Written student complaints are now received by the Dean of Students and are maintained by that office. The complainant's name, date of complaint, description of complaint, resolution, resolution date, and resolved-by contact information are maintained in the complaint record.

The institution publishes procedures for written complaints by students or by members of the public in the College Catalog and Handbook. These complaints are received by the Office of the President. The President, or designee, will respond to the complaint. Records of these complaints are maintained in the President's Office and include the following information: complainant's name, date of complaint, description of complaint, investigation, findings, resolution, and resolution date.

The On-Site Reaffirmation Committee conducted interviews (Vice President of Student Services and Enrollment Management; Dean of Student Affairs) and reviewed the complaint log and examples of student complaints in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

3.13.4 “Reaffirmation of Accreditation and Subsequent Reports”

***3.13.4.a. Applicable Policy Statement.** An institution includes a review of its distance learning programs in the Compliance Certification.

Documentation: In order to be in compliance with this policy, the institution must have incorporated an assessment of its compliance with standards that apply to its distance and correspondence education programs and courses.

Compliance

The institution makes no distinction between instruction offered via distance learning methods or in a traditional classroom environment. All courses are reviewed and approved in the same process, regardless of where or how the course will be delivered. The College’s review of its distance learning programs is incorporated throughout the Compliance Certification. The institution has included statements throughout the Compliance Certification addressing how it demonstrates compliance with online learning best practices in the core areas.

Regarding Core Requirement 2.5 (Institutional Effectiveness), the report on Strategic Goal 5 highlights distance learning accomplishments. Regarding Comprehensive Standard 3.3.1.3 (Institutional Effectiveness – academic and student support services), distance learning is included in the “Complete Listing of Academic and Student Support Assessment Plans 2012-2013.” Regarding Comprehensive Standard 3.4.10, the response discusses that course content is equal independent of the mode of course delivery. Regarding Comprehensive Standard 3.4.12, the response explains technology use, support, and training for Online Learning students and for faculty teaching online.

As related to Core Requirement 2.8, the response explains that all faculty meet the same credentialing standards, undergo the same evaluation process, and have access to the same professional development opportunities whether teaching online or face-to-face. Regarding Comprehensive Standard 3.7.1, the response indicates that the College does not distinguish credentialing requirements based on the mode of course delivery, face-to-face versus online. The narrative response to Comprehensive Standard 3.7.2 explains how faculty, including their instructional performance, are evaluated, and no distinction is made between on ground and distance modalities. Regarding Comprehensive Standard 3.7.3, the response identifies training provided by Online Learning staff.

As related to learning resources, the report addresses digital resources and services that are available to students and employees from off-campus. Regarding Comprehensive Standard 3.8.1, the response discusses digital resources and services available to students and employees from off-campus, and the response to Comprehensive Standard 3.8.2 addresses reference and instructional services available to distance learners.

As related to student services, the response to Core Requirement 2.10 addresses services for Online Learning students, and the response to Comprehensive Standard 3.4.9 addresses academic support services for Online Learning students.

Regarding facilities and delivery capacity, the response to Comprehensive Standard 3.11.3 addresses the technological infrastructure and how it supports online learning.

Regarding Federal Requirements related to distance and correspondence education, the response to 4.8.1 addresses verification of student identity in Online Learning, the response to 4.8.2 addresses the privacy of Online Learning students, and the response to 4.8.3 confirms that the institution imposes no additional charges for students enrolled in online classes.

The On-Site Reaffirmation Committee reviewed documents (the various narratives detailed above that pertain to online learning; with specific regard to Comprehensive Standard 3.7.2, examples of evaluation of faculty online courses within the institutions Online Course Standards rubric) and conducted interviews (Online Learning Coordinator; Director—Testing Center) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

3.13.4.b. Applicable Policy Statement. If an institution is part of a system or corporate structure, a description of the system operation (or corporate structure) is submitted as part of the Compliance Certification for the decennial review. The description should be designed to help members of the peer review committees understand the mission, governance, and operating procedures of the system and the individual institution's role with in that system.

Documentation: The institution should provide a description of the system operation and structure or the corporate structure if this applies.

Compliance

The institution is part of the North Carolina Community College System which includes 58 community colleges. The institution operates under three main governing bodies. These bodies are the North Carolina State Board of Community Colleges, the North Carolina Community College System, and the College's Board of Trustees.

Responsible for the community college system resides with the North Carolina State Board of Community Colleges. The State Board has full authority to adopt all policies, regulations and standards it deems necessary for the operating of the system subject to the General Statutes of North Carolina. The State Board ensures equitable distribution of funds and fiscal accountability, establishes and maintains state priorities, approves educational programs and ensures program accountability. The North Carolina State Board of Community Colleges consists of 21 members representing business, industry, education and government. Members are selected by the Governor and the General Assembly.

The North Carolina Community College System is designated as the primary lead agency in delivering workforce development training, adult literacy training, and adult education programs in the state. The System serves as a resource agency and an administrative arm of the State Board and the 58 community colleges. The North Carolina Community College System is headed by a President who provides state-level administration and leadership under the direction of the State Board. The staff of the System assists staff within its community colleges. The System Office consists of four divisions. The Executive Division of the System provides leadership and support,

under the policies, regulations and instructions of the State Board to the System Office and to all the community colleges charged with preparing the State's workforce. The Division of Programs and Student Services provides leadership, assistance and consultation to the community colleges in areas of academic programs, adult basic education, workforce development, continuing education, student success initiatives, financial aid, national post-secondary education policy research, institutional research, and performance management. The Division of Finance and Operations supports the System Office and the community colleges by advocating on behalf of the System, providing fiscal and human resource services and guidance, and ensuring accountability. The Technology Solutions & Distance Learning Division provides leadership to the colleges through policy development, development and coordination of information and reporting systems, negotiation and brokerage of goods and services, and technical assistance. The latter three divisions state their purpose on the NCCCS website. An example of upward and downward communication between the College and the System was written in response to Core Requirement 2.11.1. The College reports FTE enrollment statistics to the System. Those statistics are then used to determine the College's operating budget. In fiscal year 2015, the System had to call back funds from each college due to the revenue sources falling short of expectations. The System sent a memorandum to the College detailing its portion of the call back. The College included a form that was sent to the System after determining the location from where the revision funds would be taken.

The institution also has a local Board of Trustees. The Board of Trustees has a minimum of twelve citizens from the institution's service area. Four members are elected from the local school board, four members are elected by the board of commissioners of the administrative area of the institution, and four members are appointed by the Governor. North Carolina General Statute Chapter 115D-12 allows for the election of an additional two Board of Trustees members in which the College has established a satellite campus. The Board of Trustees Listing for 2015-2016 contains four members elected from the local boards of education, four members appointed by the Governor and five members elected by the board of commissioners of the institution's administrative area. The President of the Executive Board of the Student Body serves as an ex-officio member. The Board of Trustees sets local policy as well as elects the President of the institution as documented in the Board of Trustees By-Laws. Upon approval by the State Board, the President operates the College within state policies and the policies adopted by the local Board of Trustees.

3.13.5 "Separate Accreditation for Units of a Member Institution"

***3.13.5.a. Applicable Policy Statement.** All branch campuses related to the parent campus through corporate or administrative control (1) include the name of the parent campus and make it clear that its accreditation is dependent on the continued accreditation of the parent campus and (2) are evaluated during reviews for institutions seeking candidacy, initial membership, or reaffirmation of accreditation. All other extended units under the accreditation of the parent campus are also evaluated during such reviews.

Documentation: For institutions with branch campuses: (1) The name of each branch campus must include the name of the parent campus—the SACSCOC accredited entity. The institution should provide evidence of this for each of its branch campuses. (2) The institution should incorporate the review of its branch campuses, as well as other

extended units under the parent campus, into its comprehensive self-assessment and its determination of compliance with the standards, and indicate the procedure for doing so.

Not Applicable

The On-Site Reaffirmation Committee reaffirmed the assessment of the Off-Site Reaffirmation Committee that the standard was not applicable because each of the CFCC campuses and centers bears the name of the College, does not have separate budgets or hiring authority and is included in the comprehensive assessment of the parent campus.

3.13.5.b. Applicable Policy Statement. If the Commission on Colleges determines that an extended unit is autonomous to the extent that the control over that unit by the parent or its board is significantly impaired, the Commission may direct that the extended unit seek to become a separately accredited institution. A unit which seeks separate accreditation should bear a different name from that of the parent. A unit which is located in a state or country outside the geographic jurisdiction of the Southern Association of Colleges and Schools and which the Commission determines should be separately accredited or the institution requests to be separately accredited, applies for separate accreditation from the regional accrediting association that accredits colleges in that state or country

Implementation: If, during its review of the institution, the Commission determines that an extended unit is sufficiently autonomous to the extent that the parent campus has little or no control, the Commission will use this policy to recommend separate accreditation of the extended unit. ***No response required by the institution.***

Not Applicable

3.14.1 A member or candidate institution represents its accredited status accurately and publishes the name, address, and telephone number of the Commission in accordance with Commission requirements and federal policy. **(Publication of accreditation status)**

Compliance

The institution represents its accreditation status correctly and publishes it in the catalog and on the institutional website.

D. Assessment of Compliance with Section 4: Federal Requirements

***4.1** The institution evaluates success with respect to student achievement consistent with its mission. Criteria may include: enrollment data; retention, graduation, course completion, and job placement rates; state licensing examinations, student portfolios; or other means of demonstrating achievement of goals. **(Student achievement)**

Compliance

The institution evaluates the success of its students according to the requirements of the North Carolina Community College System's Performance Measures for Student Success. The institution reports to the state system its performance on eight predetermined measures. Those measures are basic skills student progress, developmental student success rate on college level English courses, first-year progression, licensure and certification passing rate, GED diploma passing rate, developmental student success rate on college level math courses, curriculum student completion, and college transfer performance.

These state performance data are compiled, benchmarked, and reported in the North Carolina Community College System's Performance Measures for Student Success Report. The individual measures within the report are based on three years of historical data (if available) for each measure. The baseline levels were set two standard deviations below the system mean, and the excellent levels were set one standard deviation above the system mean. A performance summary provides each College with an overview of its results compared to its peer institutions within the state system. The summary contains four levels of achievement for each measure; Met or Exceeded Excellence; Above College Average, Below Excellence; Above Baseline, Below Average; and Below Baseline.

The institution provided its most recent student performance measures. Results indicate the College Met or Exceeded Excellence for the goal of curriculum completion rate. It was above the College Average, Below Excellence for the goals developmental English subsequent success, year one progress, and licensure pass rates. The institution scored Above Baseline, Below Average for the measures of basic skills progress, GED pass rate, developmental math subsequent success, and transfer performance. The performance measures are published on the College's website, on the state community college performance measures website, and in the Catalog and Student Handbook. The College also publishes the student success measures in its Annual Performance Measures for Student Success Report.

The On-Site Reaffirmation Committee reviewed documents, including North Carolina Community College System's Performance Measures for Student Success, the institution's website, and excerpts from the 2015-2016 Catalog and Student Handbook, and conducted interviews (Vice President of Academic Affairs and Workforce Development; Vice President for Student Services and Enrollment Management; Dean of Arts and Sciences; Dean of Vocational and Technical Education; Senior Director of Student Success) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- *4.2** The institution's curriculum is directly related and appropriate to the mission and goals of the institution and the diplomas, certificates, or degrees awarded. **(Program curriculum)**

Compliance

The review of the College's mission statement and its various programs of study indicates the College offers curricula in its various academic programs that are directly related to the mission. The College reports that it uses advisory committees to help direct the curriculum of programs. The College must seek approval for all new

programs through the North Carolina State Board of Community Colleges to ensure the programs are connected to the College's mission.

The review of the CFCC's mission statement and its various programs of study indicates the College offers curricula in its various academic programs that are directly related to the mission. CFCC reports that it uses advisory committees to help direct the curriculum of programs. CFCC must seek approval for all new programs through the North Carolina State Board of Community Colleges to ensure the programs are connected to the College's mission.

The On-Site Reaffirmation Committee conducted interviews (Vice-President for Academic Affairs and Workforce Development; Dean of Vocational/Technical Education; Dean of Arts and Sciences; Director of Curriculum Management; Chair of Curriculum Committee) and reviewed the above evidence in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- *4.3** The institution makes available to students and the public current academic calendars, grading policies, and refund policies. **(Publication of policies)**

Compliance

Policies regarding current academic calendars, grading policies, and refund policies are available to students and the public in the Catalog and Student Handbook (College calendar - page 3, grading policies - page 17, refund policies - page 32). Catalog information is reviewed for accuracy and updated on a regular basis. In addition, most policies are conveniently located on the website as well.

The On-Site Reaffirmation Committee reviewed documents, including the CFCC Catalog and Student Handbook over a three-year period, the college website, and the "Ask Ray" search engine. The On-Site Reaffirmation Committee also conducted interviews (Vice President of Academic Affairs and Workforce Development; Vice President of Student Services and Enrollment Management) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- *4.4** Program length is appropriate for each of the institution's educational programs. **(Program length)**

Compliance

The College is a member of the North Carolina Community College System (NCCCS) and must meet curricular guidelines as a member of the system. The College provided documentation from NCCCS indicating the approved length of programs and how the College complies with these approved standards. The College also provided documentation indicating how new programs are presented and are approved by the College's faculty, Curriculum Committee, and Board of Trustees. As supporting evidence, the College provided documentation of the faculty presenting a proposed new AAS in Baking and Pastry to the College Curriculum Committee for approval

before submitting to the Board of Trustees. The College also provided documentation of NCCCS approval of the program.

CFCC is a member of the North Carolina Community College System (NCCCS) and must meet curricular guidelines as a member of the system. The College provided documentation from NCCCS indicating the approved length of programs and how the College complies with these approved standards. The College also provided documentation indicating how new programs are presented and approved by the College's faculty, Curriculum Committee, and Board of Trustees. As supporting evidence, the College provided documentation of the faculty presenting for approval a proposed new AAS in Baking and Pastry to the College Curriculum Committee before submitting the proposal to the Board of Trustees. The College also provided documentation of NCCCS approval of the program.

The On-Site Reaffirmation Committee conducted interviews (Vice-President for Academic Affairs and Workforce Development; Dean of Vocational/Technical Education; Dean of Arts and Sciences; Director of Curriculum Management; Chair of Curriculum Committee) and reviewed the above evidence in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- *4.5** The institution has adequate procedures for addressing written student complaints and is responsible for demonstrating that it follows those procedures when resolving student complaints. (*See the Commission policy "Complaint Procedures against the Commission or its Accredited Institutions."*) **(Student complaints)**

Compliance

Procedures for initiating and addressing written student complaints are outlined in a single policy located in the Catalog and Student Handbook. The policy can be found under the bold heading entitled Written Student Complaint. The institution demonstrates that it follows its policy and associated procedures by maintaining a "Complaint Log" (provided) designed specifically for the purpose of documenting how the institution follows through resolution of all written student complaints. The entire student complaint process is managed by the office of the Vice President for Student Services and Enrollment Management. The institution provided evidence of a resolved student complaint.

CFCC publishes its procedures for addressing written student complaints in the Catalog and Student Handbook. The On-Site Reaffirmation Committee found that, after the original Compliance Certification report was submitted, the Student Services and Enrollment Management Division has been reorganized; this has affected the process of written student complaints. The institution encourages students to resolve complaints informally. Complaints that cannot be resolved informally are sent to the Dean of Students, who determines which College department should respond to the complaint. The Dean of Students sends written notification of receiving the complaint to the complainant within 24 hours. Within 20 days, the student will receive written notification of the resolution of the complaint. A log of written complaints is maintained by the Dean of Students.

The institution's grievance procedure is published in the Catalog and Student Handbook. This procedure is in place for students who wish to appeal an academic or conduct suspension. It is also used for students who feel they have been discriminated against based on race, color, national origin, age, religion, disability or sex.

The On-Site Reaffirmation Committee conducted interviews (Vice President of Student Services and Enrollment Management; Dean of Student Affairs; Campus Police Chief) and reviewed examples of student complaints provided in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- *4.6** Recruitment materials and presentations accurately represent the institution's practices and policies. **(Recruitment materials)**

Compliance

The institution's recruitment materials and presentations accurately represent the College's policies and practices. The Catalog and Student Handbook is updated on an annual basis and is the College's primary vehicle for communicating institutional policies. Recruitment materials and presentations are focused on academic program choices, student success stories, costs, enrollment processes, and transfer options. Recruitment materials and presentations are evaluated and updated on an ongoing basis to ensure the accurate representation of the College's practices and policies

The On-Site Reaffirmation Committee reviewed the Catalog and Student Handbook, College website, and various other recruiting materials like Fast Facts and Career Focus. The On-Site Reaffirmation Committee also conducted interviews (Vice President for Student Services and Enrollment Management; Dean of Student Affairs; Senior Director of Enrollment Management; Director of Student Activities; Senior Director of North Campus; Senior Director of Student Success) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- *4.7** The institution is in compliance with its program responsibilities under Title IV of the most recent Higher Education Act as amended. (In reviewing the institution's compliance with these program responsibilities, the Commission relies on documentation forwarded to it by the U.S. Department of Education.) **(Title IV program responsibilities)**

Compliance

The institution provided an Eligibility and Certification Approval Report from the U.S. Department of Education for approval through 12/31/2018. The institution is audited biannually by North Carolina's Office of the State Auditor. The institution was selected as part of the sample to be audited for Title IV in the fiscal year ended 2013. The institution was found in compliance with no findings as evidenced by the Single Audit Report.

The On-Site Reaffirmation Committee reviewed the Single Audit Report from the State of North Carolina, Office of State Auditor, and the Eligibility Certification

and Approval Report. The On-Site Reaffirmation Committee also conducted interviews (Director of Financial Aid; Senior Director of Enrollment Management; Vice President for Student Services and Enrollment Management) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

***4.8** An institution that offers distance or correspondence education documents each of the following: **(Distance and correspondence education)**

4.8.1 demonstrates that the student who registers in a distance or correspondence education course or program is the same student who participates in and completes the course or program and receives the credit by verifying the identity of a student who participates in class or coursework by using, at the option of the institution, methods such as (a) a secure login and pass code, (b) proctored examinations, or (c) new or other technologies and practices that are effective in verifying student identification.

Compliance

The College provided evidence that it uses methods for identifying students who register for online courses (the College does not offer correspondence courses) and who subsequently take the course work. The College uses a password protocol for all students and proctored testing in some of its online courses to ensure compliance. The password protocol employed by the College uses Payment Card Industry Data Security Standard processes. For courses requiring proctored testing, the student must present a valid picture ID in order to take the exam at one of the College's approved testing sites.

The On-Site Reaffirmation Committee reviewed documents (protocol for secure login; Proctor Approval/Agreement Form) and conducted interviews (Online Learning Coordinator; Director—Testing Center) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

4.8.2 has a written procedure for protecting the privacy of students enrolled in distance and correspondence education courses or programs.

Compliance

The College protects the privacy of students in its distance education courses and programs through its computer acceptable use policy published in the catalog and its FERPA compliance procedures. The College also uses campus-wide training on FERPA to ensure student privacy. The College provides mandatory FERPA training for new faculty and follows that up with refresher training for all faculty.

CFCC has procedures in place to protect the privacy of students enrolled in distance education courses. The institution notifies students of their right under the Family Educational Rights and Privacy Act (FERPA) at new student orientation, online, and in the Catalog and Student Handbook. New College

employees are trained on their responsibilities relative to FERPA during new employee orientation, and all employees receive refresher FERPA training online. All of the institution's online services are secured using Secure Sockets Layer (SSL). These online services include myCFCC, Blackboard, WebAdvisor and Google Apps. All students and employees who use the myCFCC portal must agree to the Computer Acceptable Use policy. This policy can be found in the Catalog and Student Handbook.

The On-Site Reaffirmation Committee conducted interviews (Vice President of Student Services and Enrollment Management) and reviewed an outline of FERPA training for new employees and notification of refresher training for all employees in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- 4.8.3** has a written procedure distributed at the time of registration or enrollment that notifies students of any projected additional student charges associated with verification of student identity.

Compliance

The College asserted that it does not charge differential tuition or fees to students in online courses or programs.

The On-Site Reaffirmation Committee reviewed documents (Catalog and Student Handbook) and conducted interviews (Online Learning Coordinator; Director--Testing Center) in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- *4.9** The institution has policies and procedures for determining the credit hours awarded for courses and programs that conform to commonly accepted practices in higher education and to Commission policy. (*See the Commission policy "Credit Hours."*) **(Definition of credit hours)**

Compliance

The institution has a policy that provides both current and prospective students with a definition of a semester credit hour which is in accord with the North Carolina State Community College Code. This definition is located in the Catalog and Student Handbook. In addition, institutional guidelines and procedures dictate that all courses offered at the College are created, maintained, and approved by the North Carolina State Board of Community Colleges which is responsible for the assignment of credit hours to specific courses. The institution does not alter course parameters as defined by the North Carolina Community College System in the Combined Course Library. All 58 community colleges in the North Carolina system adhere to the same definition of semester credit hours and follow the same procedures in determining credit hours awarded for courses and programs.

CFCC has a policy that provides students with a definition of a semester credit hour which is in accord with the North Carolina State Community College Code. This definition is published in the Catalog and Student Handbook which is available online. In addition, institutional guidelines and procedures dictate that all courses offered at the College are created, maintained, and approved by the North Carolina State Board of Community Colleges which is responsible for the assignment of credit hours to specific courses. All 58 community colleges in the North Carolina system adhere to the same definition of semester credit hours and follow the same procedures in determining credit hours awarded for courses and programs.

The On-Site Reaffirmation Committee conducted interviews (Vice-President for Academic Affairs and Workforce Development; Director of Curriculum Management) and reviewed policies and procedures for determining credit hours that conform to commonly accepted standards in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- E. Additional observations regarding strengths and weaknesses of the institution (optional).**

Part III. Assessment of the Quality Enhancement Plan

A. Brief description of the institution's Quality Enhancement Plan

Cape Fear Community College (CFCC) has titled their Quality Enhancement Plan, "Take to the Waves: Enhancing the First-Year Experience." The College identified three goals in an effort to impact the success of first time in college (FTIC) students by improving the first-year experience. Specially, the College's QEP goals are: increase FTIC students' engagement; improve FTIC students' success rates in high enrollment courses; and improve FTIC students' time-to-completion and degree completion rates. The institution used a broad-based approach in the selection of the QEP topic by including constituents from faculty, staff, students, and alumni. The QEP is aligned with the College's mission and goals.

To improve the student experience, the implementation plan includes six interventions: 1) the enhancement of a required in-person New Student Orientation; 2) the creation of learning communities for high enrollment courses; 3) required academic advising for FTIC students which includes the development of a degree plan; 4) strengthening the curriculum of a required student success course; 5) use of an online readiness tool for students prior to online enrollment; and 6) professional development for faculty to enhance instructional strategies.

The assessment plan for the six interventions includes the use of CCSSE benchmark scores, graduating student surveys, course evaluations, NCCCS performance measures for student success, success rates in high enrollment courses, and IPEDS data feedback report.

The QEP is headed by the director of First Year Student Success Initiatives, whose primary purpose is to coordinate the various aspects of the QEP and work with all constituents. The QEP annual budget starts at \$104,065 for year one and increases to \$233,580 by year five.

B. Analysis of the Acceptability of the Quality Enhancement Plan

1. *An Institutional Process. The institution uses an institutional process for identifying key issues emerging from institutional assessment.*

CFCC used a broad-based process for identifying key issues emerging from institutional assessment. First, the College presented institutional data and conducted forums to help identify several key issues. Institutional data reviewed included, but was not limited to, data from the North Carolina Community College System Performance Measures Report (which provides extensive quantitative data) as well as opinion data, such as CCSSE. This information was presented to both internal and external constituents, with the College's process capturing responses and input from employees, students, advisory group members, and alumni alike. A key issue identified during this process was the lack of student engagement, especially for first-year students. Next, the QEP

Committee, which is comprised of members from Academic Affairs and Student Services, developed an interim report: *Coming into Focus: Student Success and Quality Enhancement*. This report 1) summarized the input gathered from internal and external constituents and 2) detailed 15 topics that had been identified during the topic development process. Forums were then held with employees and students to present the 15 topics. At the end of these forums, the participants were asked to rank their top five topics. These results were presented to the QEP Committee and, based upon this feedback, the QEP Committee reduced the number of potential topics to six. The selection of the six topics was based upon identified institutional needs and plan viability. Then, each of the six proposals were presented at informal open house sessions that were open to the public. Based upon the feedback from these sessions, the six teams submitting proposals combined their topics, reducing the number to two: Academic Advising and First-year Experience (FYE). These two topics were subsequently presented to the College Council, which is the institution's shared governance committee comprised of college administrators and faculty representatives. The Council voted unanimously to select the First-year Experience proposal for its QEP, with academic advising being a prominent feature of the First-year Experience QEP.

2. *Focus of the Plan.* The institution identifies a significant issue that (1) focuses on learning outcomes and/or the environment supporting student learning and (2) accomplishes the mission of the institution.

To develop their QEP, CFCC used institutional data, CCSSE results, data from North Carolina Community College System Performance Measures, focus groups, and multiple surveys. Based on feedback from multiple constituents, that included employees, students, and alumni, the College chose the first-year experience as the focus for the QEP. The plan focuses on increasing student engagement, improving success rates in high enrollment courses, and improving degree completion rates. The target population for these interventions is first time in college (FTIC) students.

The first-year experience was selected because of the low retention rates that often occur during the first year. In addition, there is a state-wide initiative, that will start in Fall 2016, to decrease the number of students in developmental courses. With this initiative, named Multiple Measures for Placement, CFCC is anticipating that some students who are placed directly into college-level courses will need additional academic and student service support to be successful.

To improve the student experience, the implementation plan includes six interventions: 1) the enhancement of a required in-person New Student Orientation; 2) the creation of learning communities for high enrollment courses; 3) required academic advising for FTIC students which includes the development of a degree plan; 4) strengthening the curriculum of a required student success course; 5) use of an online readiness tool for students prior to online enrollment; and 6) professional development for faculty to enhance instructional strategies.

The plan addresses the College's mission of providing support services that help students succeed. Specifically, the QEP addresses six institutional goals

that promote critical thinking skills, incorporate appropriate technology, enhance teaching through up-to-date learning resources, increase access to distance learning opportunities, provide comprehensive student development opportunities, and cultivate high quality faculty through recruitment and professional development.

3. *Institutional Capability for the Initiation, Implementation, and Completion of the Plan. The institution provides evidence that it has sufficient resources to initiate, implement, sustain, and complete the QEP.*

CFCC presented a budget that commits just under \$1.5 million to the initiation, implementation, and completion of the QEP over the five-year period for the plan. The budget supports a full-time director of First Year Student Success Initiatives, three full-time academic advisors (recurring positions), hourly compensation, professional development, training, food, travel, equipment and marketing collateral. The QEP can operate within the existing physical facilities of the institution.

The organizational structure presented to support the QEP demonstrates a broad commitment across the institution. The Director of First Year Student Success Initiatives reports directly to the Dean of the Learning Resource Center, and her work is supported by three standing committees of the College: Student Success; General Education; Professional Development. These committees include members from a variety of stakeholders and represent the many constituent groups of the College. In addition, the QEP enjoys the full support of the institution's governing board. Finally, the plan incorporates a comprehensive reporting timeline designed to ensure accountability.

The institution's QEP is an ambitious project, consisting of many interwoven goals, objectives, interventions, and assessments. Given this breadth and complexity, it was unclear to the On-Site Reaffirmation Committee that the institution had fully considered the logistical implications of many of its projected actions. For example, the plan requires students (over 800 in each cohort year) to develop a graduation plan which, in turn, must be personally approved by a professional advisor within a limited time period. Another major pillar of the plan is the creation, by Fall 2021, of sixty paired learning communities. It remained unclear, however, how students would be enticed into enrolling in this optional activity. Similarly, the staffing implications of this proposal are complex and it was not apparent that these complexities had received requisite scrutiny from the institution. Finally, another important innovation of the plan is the development of an Online Readiness Tool designed to improve student retention in this instructional modality. The tool, however, merely alerts students to the difficulties of online learning and does not prohibit students from registering for online courses for which they may be ill-prepared. It is difficult, consequently, to gauge the extent to which this advisory tool would prove effective in promoting greater student success. In essence, although the onsite committee applauds the ambitious and plural initiatives of the QEP, the institution has not demonstrated its capacity to fully operationalize all of its proposed interventions.

Recommendation 5: The On-Site Reaffirmation Committee recommends that the Institution demonstrate the capacity to fully operationalize all of the interventions.

4. *Broad-based Involvement of Institutional Constituencies.* The institution demonstrates the involvement of its constituencies in the development and proposed implementation of the Plan.

CFCC had broad community involvement in the selection of its QEP, entitled “Take to the Waves: Enhancing the First-Year Experience.” Students, faculty, staff, and alumni participated in listening sessions with the College’s president and vice presidents. The institution solicited ideas from employees through forums, and it solicited ideas from students from in-class focus groups on the Wilmington and North Campuses and at the Burgaw Center. When the institution identified 15 potential topics, it held additional forums for faculty and staff and additional in-class focus groups for students. After narrowing the potential topics down to six, the institution requested proposals from the campus community. Groups submitted proposals, which were narrowed down to two topics. Finally, the College Council voted to select the QEP topic.

5. *Assessment of the Plan.* The institution identifies goals and a plan to assess the achievement of those goals.

All three goals are clearly stated and could lead to specific, measurable outcomes.

Goal 1, “Increase FTIC students’ engagement during their first year of enrollment,” is assessed by multiple measures. However, all measures are indirect. Therefore, it is unclear how the assessments can help guide activities to promote the achievement of Goal 1.

Moreover, Goal 1 is supported by two objectives:

Objective 1.1: FTIC students will report higher levels of engagement as a result of increased utilization of campus resources during their first year of enrollment.

Objective 1.2: FTIC students will report higher levels of engagement by participating in a learning community during their first year of enrollment.

Both objectives use multiple measures of assessment. However, both objectives are solely reliant upon self-reported, or indirect evidence. Therefore, it is unclear how the assessments can help guide activities to promote the achievement of Objectives 1.1 and 1.2.

Goal 2, “Improve FTIC students’ success rates in high enrollment courses,” is assessed by multiple measures, including the use of one direct measure in the form of NCCCS Performance measures for First-year Progression. However, without disaggregating the data for FTIC students, it is unclear how the assessment of NCCCS Performance measures for First-year Progression will help guide activities to promote the achievement of Goal 2. The second measurement is related to higher success rates in high enrollment courses. However, without disaggregating the data for FTIC students, it is unclear how the

assessment of the overall success rates in high enrollment courses can help guide activities to promote the achievement of Goal 2.

Moreover, Goal 2 is supported by two objectives:

Objective 2.1: FTIC students will develop the study and personal management skills necessary to succeed in high-enrollment courses.

Objective 2.2: Faculty will enhance instructional strategies to support FTIC student engagement and success in high-enrollment courses.

Both objectives use multiple measures of assessment.

Objective 2.1, “FTIC students will develop the study and personal management skills necessary to succeed in high-enrollment courses,” relies upon an assessment of the overall success rates in the top 15 high enrollment courses. However, without disaggregating the data for FTIC students, it is unclear how the assessment of the overall success rates in high enrollment courses can help guide activities to promote the achievement of objective 2.1. The second assessment for objective 2.1 is reliant upon self-reported data only in the form of the FTIC Survey. Inasmuch, it is unclear how the assessment of the FTIC Survey can help guide activities to promote the achievement of objective 2.1.

Objective 2.2, “Faculty will enhance instructional strategies to support FTIC student engagement and success in high-enrollment courses,” has three assessment measures. 1) Success rates in the top 15 high enrollment courses. However, without disaggregating the data for FTIC students, it is unclear how the assessment of the overall success rates in high enrollment courses can help guide activities to promote the achievement of objective 2.2, 2) CCSSE Benchmark results for Student-Faculty Interaction, Active and Collaborative Learning, and Academic Challenge. However, without disaggregating the data for FTIC students, it is unclear how the assessment of the CCSSE Benchmarks can help guide activities to promote the achievement of objective 2.2 and 3) the participation of faculty members in at least one QEP-related professional development activity each academic year. It is unclear how the attendance of faculty in QEP-related professional development activities directly assesses how faculty will enhance instructional strategies to support FTIC student engagement and success in high-enrollment courses.

Goal 3, “Improve FTIC students’ time-to-completion and degree completion rates,” is supported by two objectives. However, CFCC’s Executive Summary notes that the focus of its QEP is on improving the *first-year success* for first-time in college students. Inasmuch, Goal 3, “Improve FTIC students’ time-to-completion and degree completion rates,” is outside the scope of the QEP for students pursuing a two-year degree.

However, the two objectives under Goal Three are related to first-year success.

Objective 3.1, “FTIC students will establish clear academic and career goals,” relies upon self-reported data in the FTIC Survey. Inasmuch, it is unclear how the

assessment of the FTIC Survey can help guide activities to promote the achievement of objective 3.1.

Objective 3.2, “FTIC students will utilize academic advising to develop a detailed and practical degree completion plan during their first year of enrollment,” utilizes direct evidence and indirect evidence. The direct evidence is in the form of the number of degree plans on file. This direct evidence is supplemented by self-report satisfaction information regarding advising and degree planning.

With regard to CFCC’s data collection efforts, pages 45-46 outline each assessment instrument, its related goal/objective, the responsible party, and to whom the report of the findings is to be provided. The assessment calendar on pages 46-48 also provides detailed information on the implementation schedule for each assessment measure. These charts and processes will be important to the institution as it implements the QEP, especially given the complex nature of the QEP’s assessment plan.

In summary, the On-site Reaffirmation Committee found that the majority of the assessments rely upon indirect evidence and/or evidence that is not directly tied to the focus and goals of the QEP. Furthermore, two of these measures (CCSSE results and Success rates in the top 15 high enrollment courses) are used as assessments for multiple goals and/or objectives. Finally, while the two objectives listed under Goal 3 are tied to a student’s first year experiences, Goal 3 itself is to “Improve FTIC students’ time-to-completion and degree completion rates.” This goal is broader than the first-year experience and is outside the scope of the QEP.

Recommendation 6: The On-Site Reaffirmation Committee recommends that the institution refine its QEP goals to ensure they are within the scope of the QEP as well as develop assessment methods for its goals and objectives that are related to and include direct measures of the expected outcomes

C. Analysis and Comments for Strengthening the QEP

Cape Fear Community College should be commended on the hard work and dedication of everyone involved in the QEP development process. It is clear to the On-Site Reaffirmation Committee that CFCC is dedicated to the success of its students and specifically to students during their first year. The extent to which students, faculty and staff were involved in the process, as well as the degree to which they have embraced radical change to improve student success, is to be commended. Since the QEP is quite complex, the institution should consider the ways in which the project can be simplified. Of positive note, the QEP contains so many worthy and effective elements, the QEP can still be successful with some simplification. There is an opportunity for the institution to fine tune the oversight and more clearly delineate interaction between various departments and individuals.

Part IV. Third-Party Comments

To be completed by the On-Site Reaffirmation Committee.

If an institution receives Third-Party Comments, the institution has an opportunity to respond to those comments and the On-Site Reaffirmation Committee reviews the response as part of its comprehensive evaluation of the institution.

The Committee should check one of the following:

No Third-Party Comments submitted.

Third-Party Comments submitted. **(Address the items below.)**

1. *Describe the nature of the Comments and any allegations of non-compliance that may have been part of the formal Third-Party Comments;*

2. *Indicate whether the Committee found evidence in support of any allegations of non-compliance.*

If found to be out of compliance, the Committee should write a recommendation and include it in Part II under the standard cited with a full narrative that describes why the institution was found to be out of compliance and the documentation that supports that determination. In this space, reference the number of the Core Requirement, Comprehensive Standard, or Federal Requirement and the recommendation number cited in Part II.

If determined to be in compliance, explain in this space the reasons and refer to the documentation in support of this finding.

APPENDIX A

Roster of the Off-Site Reaffirmation Committee	Roster of the On-Site Reaffirmation Committee
<p>Dr. Virginia M. Carson - CHAIR President, South Georgia State College Douglas, GA</p>	<p>Dr. William M. (Bill) Holda - CHAIR Retired President Kilgore College</p>
<p>Mr. Robert C. Austin Vice President of Student Affairs Amarillo College Amarillo, TX</p>	<p>Dr. Keith L. Miller President Greenville Technical College</p>
<p>Dr. Jack Norman Bagwell Vice President, Academic Affairs Piedmont Technical College Greenwood, SC</p>	<p>Dr. Jeremy Thomas * Dean of Student Success Blinn College</p>
<p>Mr. Archie E. Barnett Instructor, History and Department Chair, Social Sciences Calhoun Community College Tanner, AL</p>	<p>Dr. Rebecca L. Ashford Vice President of Student Affairs Pellissippi State Community College</p> <p>Dr. Gareth M. Euridge Associate Professor, English Tallahassee Community College</p>
<p>Mr. David J. Barrish Dean, School of Business J. Sargeant Reynolds Community College Midlothian, VA</p>	<p>Dr. Susan E. Graybeal Associate Dean, Institutional Effectiveness Officer King University</p>
<p>Mrs. Maureen E. Cropper Electronic Resources Librarian Bluegrass Community and Technical College Lexington, KY</p>	<p>Dr. Cissy L. Matthews Vice President, Instruction Galveston College</p>
<p>Ms. Catrice I. Hufstetler Vice President for Administrative Services Chattahoochee Technical College North Metro Campus, Office 127F Acworth, GA</p>	<p>SACSCOC Observer:</p> <p>Dr. John E. Sites Vice Chancellor for Academic Affairs Keiser University</p>
<p>Ms. Rilla K. Jones Vice President of Instruction Northeast Mississippi Community College Booneville, MS</p>	<p>COC Staff Representatives</p> <p>Dr. Cheryl D. Cardell Vice President Commission on Colleges</p>
<p>Mr. Pete McDonald President, Georgia Northwestern Technical College Rome, GA</p>	<p>*QEP Evaluator</p>
<p><u>SACSCOC Staff Coordinator</u> Dr. John S. Hardt</p>	

Vice President SACS Commission on Colleges Decatur, GA	
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Preliminary Report

APPENDIX B

Off-Campus Sites or Distance Learning Programs Reviewed

Members of the On-Site Reaffirmation Committee observed the North Campus (4500 Blue Clay Road, Castle Hayne, NC 28429) and determined that the facility has adequate personnel, facilities, and resources for its operations. The On-Site Reaffirmation Committee conducted interviews with administrative personnel, faculty, staff and students during the visit. The McKeithan Center, located on the North Campus, houses the site's administrative and student services, Police Department, Library, tutoring center, bookstore, break rooms, and auditorium. Other buildings located on the North Campus include the Applied Technologies and Butler Buildings as well as landscaping, safety training, cosmetology, and Early College high school facilities. All facilities appear to be in good repair, and the campus appears to be safe, secure, and healthy. A safety officer is present whenever the facility is open.

The teaching site, located approximately seven miles north of Cape Fear's main downtown campus, was approved in 2001 and began offering classes in 2002. In fall 2016, 2,522 students were enrolled in 55 associate, diploma, and certificate programs. These programs include, but are not limited to, Accounting, Architecture, Business Administration, Computer Integrated Machining, Construction Management, Cosmetology, Criminal Justice, Electrical Systems, Electronics Engineering, EMS, Film and Video Production, Fire Protection, Healthcare Business Informatics, Information Technology, Industrial Systems, Interior Design, Interpreter Education, Landscape Gardening, Mechanical Engineering, Mechatronics Engineering, Medical Office, Nuclear Technology, Paralegal, and Sustainability Technologies. The site also offers multiple disciplines of General Education courses. Interviews with administrative personnel and faculty validated that expected student learning outcomes are comparable to those expected at the main campus. Additionally, the program length for all programs offered at the site are identical to those at the main campus (when programs are offered at both sites). Moreover, program length for all programs is determined by the North Carolina Community College System.

The teaching site employs 96 full-time and 57 part-time faculty members. Well-qualified academic officers located at the North or downtown main campus oversee the academic programs as well as the faculty that teach at the North Campus. Fifty-nine staff and administrators are located at the site. These individuals are under the supervision of their director supervisors, regardless if the supervisor is located on the North Campus or at the downtown main campus. Administrators are well-qualified for the duties entrusted to them. Some key personnel located at the teaching site included the assistant registrar, bookstore manager, cashier, computer technician, counselor, department chair Business Technologies, department chair Engineering, department chair Public Service, department chair Vocational Tech, Director of Public Safety, educational partnerships liaison, Dean Vocational and Technical Education, and Student Development Director. Other personnel from the main campus visit the teaching site on a rotational or as-needed basis. Faculty and administration permanently located at the North Campus teaching site have frequent communication with colleagues at the other campuses including through regularly scheduled divisional meetings.

The services provided to students are comparable to the main downtown campus. Several student life activities are held at the North Campus each semester. The library is a full-service facility with hard-copy books and access to various electronic resources. The location contains a tutoring center that provides learning assistance in a variety of subjects. The campus bookstore contains the texts for all campus-based courses. Moreover, students have adequate access to admissions counselors, financial aid staff, and frequent program advisement. Due to the breadth of services, many students

can have all of their educational needs met at this location. In addition, interviews with teaching site personnel and students confirmed that academic calendars, grading policies, and refund policies are made available to students at the Northeast Campus teaching site in hardcopy and/or electronic formats. These interviews also substantiated the teaching site has adequate procedures for addressing written student complaints.

As an off-campus site of the institution, North Campus does not have its own independent budget. Rather, functional unit budgets provide for the needs of the North Campus as well as the downtown main campus. Furthermore, an inspection of the facility substantiated the institution's commitment to providing quality facilities at the North Campus location. Modern equipment and technology were observed for various programs, including the Computer Integrated Machining, Electronics Engineering, Industrial Systems Technology, Mechatronics Engineering, and Nuclear Technology.

While not an official part of this reaffirmation visit, and as a point of courtesy, the institution took members for an informational visit to two additional centers. Members of the On-Site Reaffirmation Committee visited a Burgaw Center (100 E Industrial Drive, Burgaw, NC 28425) and the Alston W. Burke Center (621 NC Hwy 210E, Surf City, NC 28445). While not offering courses at the 50% or more level, the Burgaw Center only offers Nurse Aide I curriculum classes. It offers non-credit programs and houses an Early College high school. The Alston W. Burke Center offers curriculum classes in general education subjects, as well as in the new Nurse Aide program. In addition, several continuing education courses have been offered at the site, both in workforce development fields and community enrichment.

APPENDIX C

List of Recommendations Cited in the Report of the Reaffirmation Committee

CS 3.3.1.1 (Institutional Effectiveness), Recommendation 1

The On-Site Reaffirmation Committee recommends that the institution assess the extent to which it achieves its expected outcomes and provides evidence of improvement based on analysis of the results with regard to its educational programs, to include its educational programs offered at off-campus sites.

CS 3.3.1.2 (Institutional Effectiveness), Recommendation 2

The On-Site Reaffirmation Committee recommends that the institution assess the extent to which it achieves its expected outcomes and provides evidence of improvement based on analysis of the results with regard to its administrative support services.

CS 3.3.1.3 (Institutional Effectiveness), Recommendation 3

The On-Site Reaffirmation Committee recommends that institution assess the extent to which it achieves its expected outcomes and provides evidence of improvement based on analysis of the results for its academic and student support services, to include services that support distance education students and those students attending off-campus site locations.

CS 3.3.1.5 (Institutional Effectiveness), Recommendation 4

The On-Site Reaffirmation Committee recommends that the institution assess the extent to which it achieves its expected outcomes and provides evidence of improvement based on analysis of the results for its community/public services.

CS 3.3.2 (QEP), Recommendation 5

The On-Site Reaffirmation Committee recommends that the institution demonstrate the capacity to fully operationalize all of the interventions.

CS 3.3.2. (QEP), Recommendation 6

The On-Site Reaffirmation Committee recommends that the institution refine its QEP goals to ensure they are within the scope of the QEP as well as develop assessment methods for its goals and objectives that are related to and include direct measures of the expected outcomes

CS 3.7.1 (Faculty Competence), Recommendation 7

The On-Site Reaffirmation Committee recommends that the institution demonstrate that it has a competent faculty member qualified to teach the course that is listed on the roster.

Request for Justifying and Documenting Qualifications of Faculty

Institution: Cape Fear Community College

For each of the faculty members listed below, the committee either found the academic qualification of the faculty member to be inadequate and/or the institution did not adequately justify and document the faculty member's other qualifications to teach the identified course(s). For each case, the committee checked the column appropriate to its findings and provided additional comments if needed to clarify the concern.

The institution is requested to submit additional justification and documentation on the qualifications of each of the faculty member listed. When responding, the institution should use the Commission's "Faculty Roster Form: Qualifications of Full-Time and Part-Time Faculty" and its "Instructions for Reporting the Qualifications of Full-Time and Part-Time Faculty," which can be accessed under the Institutional Resources tab of the Commission website: www.sacscoc.org. Read the instructions carefully and pay close attention to the section "Providing Information that Establishes Qualifications." The completed form, or similar document, should be included as part of the institution's formal response to the Commission.

Qualifications of Faculty

1	2	3	4	5
Name of Faculty Member	Course(s) in Question	Inadequate Academic Qualifications	Insufficient Justification of Other Qualifications	Comments (if needed)
	HUM 150 – American Women's Studies (UT)	X		This faculty member has a Masters of Arts in Germanic Languages. It is unclear how this degree qualifies her to teach an American Women's Studies Humanities course.

*Form Adopted: January 2007
Form Updated: January 2011*

Preliminary Report