Peer Review Team Report

Los Angeles County College of Nursing and Allied Health
1237 N. Mission Rd.
Los Angeles, CA 90033

This report represents the findings of the Peer Review Team that conducted Team ISER Review on October 15, 2025, and a Focused Site Visit to Los Angeles County College of Nursing and Allied Health from March 02, 2026 to March 03, 2026. The Commission acted on the accredited status of the institution during its June 2026 meeting and this team report must be reviewed in conjunction with the Commission's Action letter.

Brian K. Sanders, Ed.D.
Team Chair

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Los Angeles College of Nursing and Allied Health

Peer Review Team Roster

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Purpose of Focused Site Visit and Summary Analysis

INSTITUTION: Los Angeles County College of Nursing and Allied Health

DATES OF VISIT: March 02-03, 2026

TEAM CHAIR: Brian Sanders

Purpose of the Focused Site Visit
This Peer Review Team Report is based on the findings of the peer review team which conducted its evaluation and analysis over a two-semester comprehensive peer review process. In October 2025, the team conducted Team ISER Review (formative component) to identify where the Institution meets Standards and to identify Core Inquiries which specify areas of attention for the Focused Site Visit (summative component). The team chair and vice president liaison held a pre-Focused Site Visit meeting with the institution CEO on February 02, 2026, to discuss updates since the Team ISER Review and to plan for the Focused Site Visit.

The peer review team conducted a Focused Site Visit CONAH on March 02-03, 2026, for the purpose of completing its Peer Review Team Report and determination of whether the Institution continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and U.S. Department of Education regulations. During the Focused Site Visit, team members met with nearly all faculty, administrators, and classified staff members and a handful of students in formal meetings, group interviews and individual interviews, totaling approximately 60 people (duplicated). Two trustees from the Institution attended the meet and greet event that, due to the room configuration, evolved into more of an open forum in which the trustees and others shared their vision and support for the institution. The team held an open forum which was well attended and provided the Institution's community and others the opportunity to share their thoughts with members of the peer review team. The team evaluated how well the Institution is achieving its stated purposes, providing recommendations for quality assurance and institutional improvement. The team thanks the Institution staff for hosting the Focused Site Visit, coordinating meetings, providing additional documentation, and ensuring a smooth and collegial process.

Summary Analysis
The Los Angeles County College of Nursing and Allied Health, referred to as CONAH, was founded in 1895 as the College Training School for Nurses, under the direction of the Los Angeles County Hospital. It has been renamed several times as county health services changed names and their offerings have increased. The College offers the Associate Degree in Nursing and a small collection of certificate programs in allied health, including Certified Nursing Assistant and Central Service Technicians. They are currently considering offering a Bachelor of Science in Nursing to better serve the needs of their community.

CONAH serves Los Angeles County (LAC). The institution is an operational unit within the Los Angeles County Department of Health Services. Their campus is located adjacent to the Los Angeles General Medical Center, and its operations are interwoven within those of the hospital complex. While the budgets of other members of the ACCJC are most frequently supported by state funds, CONAH's are instead provided by LAC. This relationship provides direct access to LAC healthcare environments, clinical training sites, and real-world learning opportunities and provides operational infrastructure for purchasing, human resources, information technology, cybersecurity, facilities maintenance, and risk management. Program completers have ready access to jobs within LA Medical Center and other healthcare facilities operated by the county across the Los Angeles area. The governing board of CONAH is the Board of Supervisors for Los Angeles County. In addition, a group referred to as the College Board of Trustees, consisting of experienced professionals from the healthcare industry and community partners, provides local oversight and guidance, similar to but more formal than industry advisory committees common at other ACCJC member institutions.

Through the team's analysis of the ISER and visit, the team observed a highly functional and collaborative institution dedicated to its mission and purpose. Employee retention across all categories is extensive, with the majority indicating over a decade of service to CONAH and some indicating over four decades. Many employees are program graduates themselves, and the children of numerous employees and friends have also availed themselves of the opportunities.

The culture of collaboration is rooted in team teaching, with multiple check-ins and debriefs among the group of instructors partnering in each of the four semesters of the nursing program. Lectures for each semester group of about sixty students are assigned to individual professors based on their strengths and experience, then six professors each shepherd ten students through their clinical rotations. The extended time spent in one-on-one settings in clinicals coupled with small class sizes provide a laudable familiarity with the needs of each student. Moreover, with only about two-hundred forty students enrolled overall, the intersection of demographic slicers for semester (first through fourth semester in the program), race/ethnicity, gender, and age result in cohort sizes of one in many cases. It is at this level of individual granularity that equity is pursued, providing each individual student the customized support needed, be that mental health care, tutoring, financial aid, housing assistance, or even new tires to drive to clinicals across the city.

Employee diversity strongly mirrors the community they serve. At the forum, one professor reflected by saying, "We are diverse people teaching diverse students to serve a diverse community." The team validated this perception by touring the clinical environment at LA General Hospital and observing the diversity of students in skills labs and classrooms.

The institution practices ongoing assessment of student learning and uses the results to improve. In response to such assessments, they have established workshops and adjusted curriculum to include topics such as medical Spanish, slang terminology used by patients and their families, and the proper use of AI to empower students versus doing their thinking for them.

The primary focus of the institution remains on nursing. However, they also offer training programs for certified nursing assistants and central service technicians. In this way, CONAH leverages its close relationship with the LA County Department of Health Services to grow its healthcare workforce. The team encourages CONAH to "*lean into the AH*" by developing and offering additional training programs to prepare local residents for healthcare jobs where demand exceeds supply in serving their community.

Major Findings

Commendations

Commendation 1: The team commends the Institution for its IMProving Academic Confidence Together (IMPACT) Peer Mentoring Program that supports each student's unique educational journey by carefully pairing successful second-year students with new first-year students to promote belonging, retention, and success. (Standard 2.8)

Recommendations for Compliance

None

Recommendations to Improve Institutional Effectiveness:

None

Required Documentation:

The Institution submitted the required documentation per the Accreditation Standards.

Standard 1

Mission and Institutional Effectiveness

General Observations:

The institution focuses on its mission and ensures that resource allocation decisions are driven by the mission statement and supporting documents, collaborative planning, and assessment. The institution strives to link its planning processes directly to student success and practices effective communication with external stakeholder groups. The institution effectively utilizes practices focused on continuous program improvement and student success.

Findings and Evidence:

The Los Angeles County College of Nursing and Allied Health mission reflects a commitment to the community and population it serves. With its urban setting, the institution's mission statement is focused on providing learning-centered and career-development opportunities for students, allowing them to reach their educational and career goals. The institution utilizes a reflective process to regularly review and update its mission and supporting documents to address the need of a diversified student body. In particular, the institution is clearly focused on achieving equitable student outcomes which it then uses for planning, evaluation, and subsequent action. The institution provides a significant support structure to serve the needs of its diverse students, including dedicated positions focused on providing academic support and employment services for all students. (1.1)

The institution establishes its Strategic Plan as the foundation for promoting institutional improvement, innovation, and equitable outcomes for all students. The Institutional Effectiveness Program Review Plan provides the opportunity for the institution to evaluate outcomes and initiate discussion leading to corrective actions. Equitable student achievement is established by frequent review of Program and Student Learning Outcomes, and the Systemic Program Review Evaluation policy allows analysis of goal achievement and ultimately functions as an effective tool in providing timely and meaningful discussion leading to continuous program improvement. Dedication to equitable student outcomes is evidenced by the institution's practice of providing targeted student support services to its diversified student body including mentoring, tutoring and advising. (1.2)

The institution holds itself accountable for achieving its mission and goals through its practice of regular review of comprehensive data. The institution has developed the Institutional Effectiveness Program Review Plan (IEPRP) as a tool for evaluation of program outcomes in relation to student achievement. The IEPRP provides the opportunity for regular and substantive review of student success metrics, which functions to ensure continual review of its practices in relation to its impact on student achievement. To facilitate student achievement, the institution offers meaningful and impactful student support services, such as tutoring, peer-mentoring, student success workshops, individualized counseling sessions, and an early-

warning system to identify at-risk students. Collectively, these student support services effectively provide targeted support for students and function efficiently to promote student success and program completion. Furthermore, the institution effectively utilizes disaggregated data to evaluate its student demographic data in comparison to the County of Los Angeles and evaluates student success rates between terms. The institution effectively evaluates disaggregated End of Program Student Learning Outcomes to evaluate program effectiveness and develop plans for continuous program improvement, which ultimately functions to strengthen student outcomes. (1.3)

The institution designs its planning process to ensure that it meets resource priorities through the Program Review Process, which includes both the Institutional Effectiveness Program Review Plan and the Program Review Policy. Frequent review of SLO assessments is effectively integrated into an Annual Program Evaluation Report to ensure that student outcomes remain a top priority for the institution. Continuous program quality improvement is maintained by several activity areas, including individual course review, evaluation surveys, peer evaluation, annual performance evaluations, professional development opportunities and frequent program review workshops. A commitment to student success is evidenced by a selective admissions policy, the use of innovative instructional methodologies (interactive lectures, use of simulations and mannikins, clinical judgement activities, case-study discussions and post-clinical conferences), tutoring, targeted counseling, use of the skills lab, and the use of MS Teams to establish effective digital learning platforms for students. (1.4)

The institution regularly shares its progress in meeting its mission and institutional goals with associated stakeholder groups, using both qualitative and quantitative data. The institution effectively utilizes the Institutional Effectiveness Committee to manage the Institutional Effectiveness Plan, which guides its progress toward assessing measures of quality indicators, reporting on findings to the larger institutional community, and effectively establishing plans for improvement. Regular review of the Annual Program Evaluations by the Board of Trustees ensures that information associated with exam pass rates, attrition and completion rates, and student concerns are adequately shared with the campus community. The practice of posting institutional outcomes on the College website ensures that information regarding institutional mission and goals are transparently communicated to the larger community. (1.5)

<u>Conclusions:</u>
The College meets Standard 1.1, 1.2, 1.3, 1.4, and 1.5.

Standard 2

Student Success

General Observations:

The institution demonstrates strong alignment between its mission and its academic and student support programs, which are designed to meet community healthcare needs through rigorous, outcomes-based curricula. Faculty and stakeholders collaboratively ensure that programs reflect current industry standards, and curriculum updates are informed by graduate feedback, employer input, and certification data. Skills from general education courses completed prior to admission are effectively reiterated throughout the curriculum. The institution maintains transparency by publishing program outcomes and engaging in systematic program review. Course scheduling and comprehensive pathway maps support timely completion, and instructional delivery combines in-person teaching, simulations, and mentoring to address diverse learning needs. Students benefit from extensive academic support, including tutoring, counseling, workshops, and peer mentoring. The institution fosters belonging through opportunities for governance participation, community engagement, and peer collaboration. Continuous improvement is evident through the program review process, which has led to innovations such as enhanced simulation use and targeted student support, including the commendable IMProving Academic Confidence Together (IMPACT) Peer Mentoring Program.

Findings and Evidence:

The institution's degree program, a two-year A.S. Degree in Nursing (ADN), and certification programs – Nurse Assistant, Central Service Technician, and LVN IV Therapy and Blood Withdrawal – are aligned with its mission to offer programs that meet the healthcare needs of the Los Angeles Department of Health Services. The curriculum is designed to ensure that students who complete the programs demonstrate the knowledge, skills and competencies for success in the field, and faculty members establish, assess, and revise appropriate student learning outcomes. The team encourages the institution to expand its successful certification programs to include more areas of need in the healthcare field. (2.1)

The institution ensures that the academic programs meet healthcare demands and industry standards through the combined input of administrators, faculty, staff, students, workforce partners, and the Trustees, who are appointed based on their institutional positionality. Feedback from graduates and industry partners is utilized in curriculum updates. In the Nursing program, course sequencing allows students to apply concepts from theory to clinical practice. Allied Health identified and implemented initiatives to address gaps in student learning after analyzing student assessments, employer feedback, and graduate performance on certification exams. (2.2)

A broad-based General Education (GE) foundation is included both through 31 units of equivalent coursework completed at an accredited community college or university prior to admission in the program as well as GE content that is integrated into the nursing program curriculum. Nursing students continue to develop knowledge, skills, and competencies in communication through interactions with clients and families in clinical settings, behavioral, and natural sciences while learning disease processes and behaviors relevant to health-illness, and quantitative reasoning by completing a Drug Dosage Calculation Competency test. (2.3)

The institution upholds its commitment to transparency by communicating quality measurement of its programs and services in multiple ways and making data accessible to its stakeholders. The Institutional Effectiveness Program Review Plan and the annual reporting schedule provide guidance for assessment and reporting on indicators, from employee competence, performance, and satisfaction to Student Learning and Service Outcomes and fulfillment of college mission and goals. The Institutional Outcomes provided on the website indicate completion and pass rates along with findings from every SLO assessment report. At committee, information, and orientation meetings, students engage with current, clear, and accurate information about degrees and programs and provide input for improvement. (2.4)

The institution follows an 18-week semester schedule with one unit/credit equated to one hour of theory or three hours of lab/clinical per week, in keeping with standards of higher education. The ADN prelicensure program is four semesters in duration with class schedules and course descriptions published on the institution's website. Completion timelines and barriers to timely program completion are reviewed and addressed through annual program evaluations. The Allied Health (AH) programs are scheduled with the goal of providing flexibility to meet student availability and demand. AH's recent implementation of comprehensive pathway maps that clearly present course schedules and time to completion has resulted in an increase in students completing their programs on time. (2.5)

All instruction is delivered in person, enhanced by technological resources such as NCLEX PassPoint and clinical simulations. To be responsive to the individual needs of the diverse student body, faculty regularly assess SLOs and review data gathered through course, employer, and program evaluation surveys and collaborate to adjust and employ a variety of teaching methodologies and provide targeted resources such as the Tutoring and Mentoring Program. Allied Health provides skills lab time for practice and remediation as needed to support student learning. (2.6)

Student academic support needs are assessed by their exam scores and performance in the clinical setting. Students highly rate the enhanced academic support they receive through Student Success Strategies Workshops on topics they and faculty identify as needed to the Student Success Committee. The library is open on business days and is staffed with a librarian,

and students have 24/7 access to a digital virtual platform through the LA General Medical Library. Tutoring and counseling support can be accessed online and in person to flexibly accommodate student needs. The peer mentorship program, which pairs first year students with second year students for support, is valued by students with all participants rating their experience satisfactory or excellent. (2.7)

Students' individual professional and personal development is enhanced by the multiple opportunities the institution provides for them to participate in college governance, community events, student organizations and other informal activities. Student representatives on the Curriculum and Grievance committees engage in reviewing curriculum and addressing grievance cases while the Associated Student Body President is a member of the College Governance and Board of Trustees. The College community comes together for the annual International Night and Spring BBQ and students participate in local events off campus such as health and immunization fairs and collection drives for toys and clothing. Students informally join study groups, gather and eat together between classes at shaded outdoor tables, and collaborate on additional learning in the skills labs.

The institution hosts a commendable engagement opportunity, the IMProving Academic Confidence Together (IMPACT) Peer Mentoring Program. Initially proposed by a faculty member, and underwritten by support from the Alumni Association, the IMPACT Program carefully pairs first-year nursing students (protégés) with second-year peer mentors to support students' onboarding and success. Mentors and protégés attend a meet and greet event followed by a matching process that leverages faculty knowledge of the unique needs and experiences of each student, such as being a single parent or a returning student. Costs of the program are minimal, including small stipends funded by the Alumni Association to cover mentors' examination fees, expenses of convening events that bookend the year, and a portion of the salary and benefits of the faculty member overseeing tutoring and mentoring programs. Returns on investment are significant, with student survey results indicating 100% satisfaction for all participants and program growth of 200% in 6 years, collectively demonstrating IMPACT's value in support of each student's unique educational journey.

The institution is now augmenting the program. When a review of disaggregated data revealed struggles among students joining the second year of the program under an LVN-to-RN transition, the program evolved to begin pairing LVN protégés with LVN mentors to foster a sense of belonging and community. (2.8)

In accordance with the institution's Program Review Process Policy, the Institutional Effectiveness Committee guides the implementation and evaluation of the program review process by ensuring adherence to the Institutional Effectiveness Program Review Plan. The Systematic Plan of Evaluation lays out expected learning outcomes, assessment methods, timelines, data analysis and action plans for use in regular and systematic course and program

assessment and improvement. Improvements and innovations that have resulted from this process include additional support for male students through male faculty mentors, integration of simulations into all clinical courses, a laptop loan program, and Student Success Workshops. (2.9)

Conclusions:

The Institution meets Standards 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, and 2.9.

Standard 3

Infrastructure and Resources

General Observations:

The College demonstrates sufficient and stable infrastructure and resources to sustain educational services and operational functions, supported by strong integration with Los Angeles County (LAC), the Department of Health Services (DHS), and Los Angeles General Medical Center (LA General). The institution's policies and procedures clearly articulate its educational support services and operational functions. The student-to-faculty ratio (10:1, exclusively with full-time faculty) is evidence of a focus on student success, and the organization of administrators and program coordinators shows balanced oversight of the institution's operations. Financial oversight and budgetary expenditure are managed and funded through the LA General Medical Center.

Findings and Evidence:

The institution maintains high standards by entrusting its offerings to a highly qualified, diverse faculty. The job descriptions for each position are clearly outlined. All faculty are full-time providing students with a nurturing learning environment and support system. College administrators and program coordinators are divided into student support services, academic divisions, and an institutional effectiveness, research and planning office. Through the Program Resource Needs assessment, the institution provides evidence of resource planning linked to its strategic plan for student support, enhanced physical infrastructure, faculty development, and high-risk student assessment.

The institution's screening, interviewing, and hiring procedures are outlined in policy and procedure. The training and education of the faculty is verified by the approval of the Board of Registered Nursing. Teaching assignments are driven by student need, enrollment, and faculty qualifications to ensure support of program needs. The institution has strong employee retention and conducts exit interviews to gather data for improvement. (3.1, ER 8, ER 14)

The College provides structured, mission-aligned professional development opportunities that are regularly evaluated through surveys and committee review processes. Institutional support is evident through funding, policy, and governance integration. Each event is followed by a survey to evaluate its effectiveness, with results shared at the governing committee meetings. The institution also provides funding for continuing education, allowing faculty to attend conferences and other professional development activities. To promote equity and inclusivity, the institution has mandatory training requirements based on the Department of Health Services policies. (3.2)

The institution follows the performance evaluation policies and standards set by its governing bodies. The process and timeline for evaluations are in policy, with deadlines established by the Department of Health Services Human Resources. Faculty submit an annual self-evaluation providing input into their performance evaluations. All faculty also undergo a peer review to support classroom teaching and presentations skills. Faculty effectiveness is addressed in meeting student learning needs for all courses and programs through SLO assessment. (3.3)

The institution is supported by Los Angeles County and does not rely solely on its institutional revenues for budgetary expenditures. Operationally, the institution reports to the executive leadership team of the Department of Health Services. DHS executive management provides the college with ongoing budget allocation and expenditure reports. The college administrative team assesses the effectiveness of the Strategic Plan initiatives and uses these to plan for improvements in program and services through their Resources Request and Allocation Process. The evaluation of resource allocation for the academic year is annually assessed in the Program Resource Needs Evaluation completed by the Dean of Institutional Effectiveness, Research, and Planning. (3.4, ER 18)

The College demonstrates structured fiscal planning processes aligned with its mission and strategic priorities. Financial oversight is integrated within the broader governance framework of Los Angeles County and Los Angeles General Medical Center, providing stability and procedural consistency. Budget review and expenditure monitoring occur regularly, and financial information is disseminated through formal reporting channels. (3.5)

The College ensures the integrity and responsible use of financial resources through comprehensive internal controls, external audits, and standardized procurement systems administered under Los Angeles County governance. These mechanisms provide strong assurance of fiscal accountability and stability. (3.6)

The College demonstrates financial solvency supported by strong County-level governance, stable allocations, and limited liability exposure. Short-range fiscal planning appears responsible and aligned with institutional priorities. The College has identified long-range initiatives and potential revenue enhancements to support continued growth. (3.7, ER 18)

The College Strategic Plan outlines objectives and strategies to ensure physical resources are sufficient to meet program needs. It regularly evaluates the safety and adequacy of its physical resources and incorporates the finding into both short-term and long-term planning. It ensures the safety of students and employees with campus security, control of building access, and college policies. Physical facility work orders are submitted through the LA General Medical Center for repair. (3.8)

The institution's technology is provided and maintained by the Los Angeles County Departments of Internal Services and Health IT. These departments ensure network and

computer access, safety, and security. The Department of Health Services provides a policy that safeguards confidential information in the event of any disruption, disaster, or other emergency by planning for the recovery and continued operation of information systems. Before accessing computers, employees and students must complete and sign an agreement of acceptable use and confidentiality per Los Angeles County IT. The institution has an information technology five-year plan that is aligned with the institution's strategic goals. (3.9)

The institution is fiscally monitored by Los Angeles County and the annual external financial audit is submitted to ACCJC each year. The institution follows the processes for managing expenditures and cash established by LAC. The effectiveness of these control processes is assessed by LAC's Audit and Compliance Department. In cases of financial emergencies or unforeseen events, Los Angeles General Medical Center, Department of Health Services, and Los Angeles County provide support to the College. Los Angeles County has established sufficient reserves to address financial emergencies and unexpected occurrences. In terms of technology, the institution follows the Department of Health Services Information Technology Contingency Plan, which safeguards data and provides guidelines for ensuring continuity of operations. (3.10)

Conclusions:

The Institution meets Standards 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, and 3.10.

Standard 4

Governance and Decision-Making

General Observations:
The Los Angeles County College of Nursing and Allied Health models the principles of effective governance and participatory decision-making. The institution ensures broad participation and the consideration of relevant perspectives through a suite of committees that are parsed effectively by topic and purpose, with membership, duties, and reporting structures clearly delineated in bylaws for each committee. The relationship among committees is illustrated via tables showing comparable sections of each committee's bylaws, ensuring clarity of starting point should someone in the college community seek to launch an idea, and clear flow from start to final adoption by the College Governance Committee and Board of Trustees.
The governing board receives regular reports on the institution's educational and student support programs, provides effective oversight on fiscal matters, delegates authority to the CEO, regularly evaluates the CEO, and acts collectively and in accordance with their Code of Ethics and Membership Agreement.

Findings and Evidence:
The institution's academic freedom and academic integrity policies are clearly written, parallel to policies in other institutions of higher education, but tailored to its unique environment. These standards and expectations are communicated to relevant stakeholders, including students, via the college catalog. Students are also notified of their expectations as part of orientation and via course syllabi. When these policies are violated, the institution follows established procedures to hold individuals accountable. (4.1, ER 13)

The structures for decision-making are appropriate to the institution's mission and organizational structure. The organizational chart for the institution's Governance and Committee Structure illustrates lines of reporting and recommendations among committees, with the College Governance Committee at the highest point, making recommendations to the Board of Trustees. Roles, responsibilities, and opportunities to participate in decision-making are clearly defined and communicated widely. Bylaws for related committees are arrayed in a helpful table illustrating domains of activity and areas of oversight, including the College Governing and Standing Committee Bylaws and the School of Nursing Committee Bylaws. Collectively, their committees provide abundant opportunities for input from across the institution and consideration of relevant perspectives. Committee minutes and actions are available via SharePoint, in a shared drive, and emailed out along with meeting notifications, ensuring broad access to deliberations and results of decision-making. The team at times found it challenging to track slight variations in committee names across documents and encourages the institution to consider standardizing them for clarity. (4.2)

The institution holds itself accountable in following its established decision-making practices, including appropriate stakeholders, and establishing shared understanding of decisions. Decisions flow through multiple committees to ensure broad input and feedback. The institution regularly evaluates the effectiveness of their decision-making structure and, most recently, they developed recommendations to expedite the flow of a given decision through their committees. (4.3)

The institution has a unique dual-oversight board structure. At the highest level, the college is overseen by the Los Angeles County Board of Supervisors, who provide funding and employ CONAH graduates in numerous healthcare facilities throughout the county. Direct operational oversight is provided by an elected Board of Trustees. The County Supervisors have no role in the institution's academic affairs. The institution has appropriate policies to delineate the board's accountability for academic achievement and successful outcomes for all students. The board regularly reviews key indicators of student learning and achievement, and reviews plans for improving programs and results. The institution's policies and committee bylaws clearly assign oversight of key fiscal information and institutional stability to the board, and the board regularly reviews fiscal information. Pertinent board policies are reviewed every three years to maintain currency. (4.4, ER 7)

The governing board selects and annually evaluates the performance of the institution's chief executive officer, namely the provost, and in turn delegates to her the authority to lead and operate the institution. Policies regarding the selection of the CEO follow typical guidelines and are further aligned with standard practices within Los Angeles County civil service regulations. The CEO provides regular reports to the board on institutional performance, in concert with her leadership team. (4.5)

The Board of Trustees follows established procedures, encapsulated into a thorough Board of Trustees Handbook, to collectively support the institution and its mission. Trustees receive information from the institution through reports and presentations, then act in the best interest of the institution, acting through the lens of their constituency coupled with relevant guiding expectations, such as nursing program regulations. Each trustee signs the Membership Agreement and Code of Ethics that, among other things, obligates them to, "Uphold decisions made by the Board, advocate for the institution, and protect it from undue influence or pressure." If a Trustee violates their agreement, they will be removed by the Board. The institution has not experienced such a violation during this cycle of review. (4.6, ER 7)

<u>Conclusions:</u>
The Institution meets Standards 4.1, 4.2, 4.3, 4.4, 4.5, and 4.6.

Verification of Required Documentation

The evaluation items detailed in this Checklist are those which fall specifically under federal regulations and related Commission policies, beyond what is articulated in the Accreditation Standards. Some required documentation may have been used in response to ACCJC Standards that address the same or similar subject matter. For each required item listed, the team must verify its review of the required documentation, and indicated its conclusion by choosing one of the options below and note any comment or concerns where needed:

Verified	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
Verified, with Recommendations for improvement	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but improvement is recommended.
Not met	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Standard 1: Mission and Institutional Effectiveness

Required Item	**Conclusions**
i Documentation of institution's authority to operate as a post-secondary educational institution and award degrees (e.g., degree-granting approval statement, authorization to operate, articles of incorporation) (ER 1)	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
ii. Procedures/practices for periodic review of mission/mission-related statements, including provisions for revision (if/when revisions are needed) that allow for participation of institutional stakeholders, as appropriate for the character and context of the institution	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
iii. Documentation of the governing board's approval of the institutional mission (ER 6)	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
iv. Procedures/practices for setting institutional goals, including provisions for the inclusion of input from relevant institutional stakeholders, as appropriate for the character and context of the institution	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:

v. Documentation that the institution has established standards and goals for student achievement (i.e., institution-set standards), including but not limited to standards and goals for course success, degree and certificate attainment, transfer, job placement rates, and licensure examination pass rates, at the institutional and program levels (ER 2, ER 11)	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:

Standard 2: Student Success

Required Item	**Conclusions**
i. Documentation that the institution's practices for awarding credit reflect generally accepted norms in higher education, including: • Commonly accepted minimum program lengths for certificates, associate degrees, and baccalaureate degrees • Written policies for determining credit hours that are consistently applied to all courses, programs, and modalities • Adherence to the Department of Education's standards for clock-to-credit hour conversions, if applicable (ER 10) (See Commission *Policy on Credit Hour, Clock Hour, and Academic Year*)	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
ii. Documentation that the institution's transfer of credit policies include the following: • Any established criteria the institution uses regarding the transfer of credit earned at another institution • Any types of institutions or sources from which the institution will not accept credits • A list of institutions with which the institution has established an articulation agreement • Written criteria used to evaluate and award credit for prior learning experience including, but not limited to, service in the armed forces, paid or unpaid employment, or other demonstrated competency or learning See *Policy on Transfer of Credit*	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
iii. Documentation of the institution's advertising and recruitment policies, demonstrating alignment with the *Policy on Institutional Advertising and Student Recruitment* (ER 16)	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:

Required Item	Conclusions
iv. Documentation of clear policies and procedures for handling student complaints, including: • Evidence that these policies/procedures are accessible to students in the catalog and online; • Evidence that that institution provides contact information for filing complaints with associations, agencies and governmental bodies that accredit, approve, or license the institution and any of its programs	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
v. Verification that the institution maintains files of formal student complaints received throughout the current accreditation cycle (i.e., since the last site visit), demonstrating: • Accurate and consistent implementation of complaint policies and procedures • No issues indicative of noncompliance with Standards	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
vi. Verification that student records are stored permanently, securely, and confidentially, with provision for secure backup	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
vii. Documentation of the institution's policies and/or practices for the release of student records	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
viii. Documentation that the institution's policies and procedures for program discontinuance provide enrolled students with opportunities for timely completion in the event of program elimination	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
ix. Official college catalog contains required elements (ER 20)	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:

FOR TITLE IV PARTICIPANTS:	
x. Documentation of institution's implementation of the required components of the Title IV Program, including: • Findings from any audits and program/other review activities by the U.S. Department of Education (ED) • Evidence of timely corrective action taken in response to any Title IV audits or program reviews See *Policy on Institutional Compliance with Title IV*	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
FOR INSTITUTIONS WITH DISTANCE EDUCATION AND/OR CORRESPONDENCE EDUCATION:	
xi. Documentation of institution's: • Procedures for verifying that the student who registers in a course offered via distance education or correspondence education is the same person who participates in the course and receives academic credit • Policies and/or procedures for notifying students of any charges associated with verification of student identity (if applicable) • Policies regarding protection of student privacy See *Policy on Distance Education and on Correspondence Education*	☐ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**: ☒ Not Applicable
REQUIRED ONLY IF APPLICABLE	
xii. Documentation demonstrating how the institution distinguishes its pre-collegiate curriculum from its college-level curriculum	☐ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**: ☒ Not Applicable
xiii. Documentation of policies and/or procedures for awarding credit for prior learning and/or competency-based credit	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**: ☐ Not Applicable

xiv. Documentation of agreements with other external parties regarding the provision of student and/or learning support services	☐ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**: ☒ Not Applicable
xv. Policies and/or other documentation related to institutional expectations of conformity with any specific worldviews or beliefs	☐ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**: ☒ Not Applicable

Standard 3: Infrastructure and Resources

Required Item	**Conclusions**
i. Written policies and procedures for human resources, including hiring procedures	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
ii. Employee handbooks or similar documents that communicate expectations to employees	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
iii. Annual financial audit reports - 3 prior years (include auxiliary organizations, if applicable) (ER 5)	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
iv. Practices for resource allocation and budget development (including budget allocation model for multi-college districts/systems)	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:

v. Policies guiding fiscal management (e.g., related to reserves, budget development)	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
vi. Policies, procedures or agreements (e.g., AUAs) related to appropriate use of technology	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**: ☐ Not Applicable
FOR TITLE IV PARTICIPANTS:	
vii. Documentation that the institution's student loan default rates are within the acceptable range defined by ED, or – if rates fall outside the acceptable range - documentation of corrective efforts underway to address the issue	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**: ☐ Not Applicable
REQUIRED ONLY IF APPLICABLE	
viii. Documentation of any agreements that fall under ACCJC's policy on contractual relationships with non-accredited organizations	☐ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**: ☒ Not Applicable
ix. Written code of professional ethics for all personnel including consequences for violations	☐ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommend** ☒ Not Applicable

Standard 4: Governance and Decision-Making

Required Item	Documentation
i. Governing board policies/procedures for selecting and regularly evaluating its chief executive officer	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
ii. Documentation or certification that the institution's CEO does not serve as the chair of the governing board (ER 4)	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
iii. Governing board policies/procedures/bylaws related to Board Ethics	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
iv. Governing board policies/procedures/bylaws related to conflict of interest	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:

Other Federal Regulations and Related Commission Policies

Required Item	Conclusions
i. Documentation of the institution's appropriate and timely effort to solicit third party comment in advance of the Focused Site Visit and – if applicable - cooperate with the review team in any necessary follow-up See *Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions*, Section D	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**:
ii. Documentation that the institution provides accurate information for the public concerning its accredited status with ACCJC on its institutional website, no more than one page (one click) away from the home page See *Policy on Representation of Accredited Status*	☒ Verified ☐ Verified, with Recommendation(s) for improvement ☐ Not met **Recommendation(s) for improvement**: