

Systems Portfolio



3/11/2019

1 - Helping Students Learn

1.1 - Common Learning Outcomes

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

1P1: PROCESSES

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

- Aligning common outcomes (institutional or general education goals) to the mission, educational offerings and degree levels of the institution (3.B.1, 3.E.2)
- Determining common outcomes (3.B.2, 4.B.4)
- Articulating the purposes, content and level of achievement of the outcomes (3.B.2, 4.B.1)
- Incorporating into the curriculum opportunities for all students to achieve the outcomes (3.B.3, 3.B.5)
- Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)
- Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)
- Selecting the tools, methods and instruments used to assess attainment of common learning outcomes (4.B.2)

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

1R1: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

1I1: IMPROVEMENT

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

Responses

[Glossary](#)

1P1a: Aligning common outcomes (institutional or general education goals) to the mission, educational offerings and degree levels of the institution (3.B.1, 3.E.2)

The Institutional Student Learning Outcomes (ISLOs) provide common learning outcomes for all [undergraduate](#) and [graduate programs](#). The ISLOs reflect career-ready knowledge and skills which align with the Baker mission. The ISLOs have defined the College's common outcomes for decades, and undergo annual review to ensure relevancy.

From 2014-2016, Baker College conducted quarterly System Program Workshops (SPW). SPWs facilitated the annual assessment cycle through which all outcomes, institutional and programmatic, were reviewed and improved. The spring meeting focused on the collection and review of assessment data, the summer meeting on planning, development, and improvement of learning objectives, and the fall and winter meetings monitored implementation and progress. SPWs included administrators, department chairs, assessment staff, and faculty, including those responsible for the General Education learning outcomes and ISLOs.

This process was on hiatus during 2016-2017 when Baker transitioned from a quarter to semester academic calendar. This required the complete redevelopment of all courses. During this time, Baker College systematically reviewed all ISLOs, Program Learning Objectives (PLO), and Student Learning Outcomes (SLO). Each learning outcome was reviewed for relevance, appropriateness, and for a corresponding assessment. In 2018, after the successful completion of the quarter-to-semester curriculum transition, SPW curriculum and assessment processes integrated into the [Assessment Learning Communities \(ALC\)](#) . The ALC process serves a dual function for the College. It encompasses the annual review of direct measure assessment data and also functions as the College's comprehensive program review process.

The General Education faculty hold the responsibility for reviewing the ISLOs and aligning General Education outcomes to the Mission, educational offerings, and degree levels. The process of aligning outcomes as described above requires undergraduate and graduate programs map program and course outcomes to the ISLOs. This mapping includes the establishment of standard assessments that measure the ISLOs. This also includes the assessment of the General Education PLOs. As part of the program review process in the Annual [Assessment Plan](#) and following the guidelines from the [Assessment Achievement Levels](#), program directors and faculty review the program mapping. Course and program curricular changes require review and revision of mapping to ISLOs and PLOs. Programs, inclusive of the General Education department, are required to maintain accurate [program maps](#).

1P1b: Determining common outcomes (3.B.2, 4.B.4)

Historically, ISLOs were affirmed through various stakeholders including, faculty, advisory boards, and employers. The College evaluated the ISLOs and General Education outcomes through the SPWs. It continues to evaluate them through the ALC processes defined above. General Education faculty and academic leaders annually review assessment data and external inputs to determine if changes or improvements are needed to the common outcomes.

During the 2018 assessment cycle, the College reviewed the existing ISLOs with a motivation to ensure their relevance within the context of the College and society. An interdisciplinary task force composed of General Education faculty, programmatic faculty, academic leadership, members of the assessment office researched best practices and trends related to post-secondary common outcomes. This resulted in a recommendation to revise and model the College's longstanding ISLOs with the Association of American Colleges and Universities (AACU) Essential Learning Outcomes. Multiple stakeholders including the Presidents, Provost, Deans, and other academic personnel reviewed and approved the recommendation. The adoption of the AACU Essential Learning Outcomes is an example of the commitment to CQI principles and practices in the area of General Education curriculum.

1P1c: Articulating the purposes, content and level of achievement of the outcomes (3.B.2, 4.B.1)

For both internal and external stakeholders, Baker College reviews and publishes the purposes and content of the common program and institutional outcomes. These are publicly available on the website and in the [Program Offering Guide](#). Appropriate academic stakeholders including General Education faculty, department chairs, and program directors review these on an annual cycle through the processes outlined in 1P1a.

Baker College made a commitment to achieving a consistent understanding of educational practice among all academic staff. From 2009-2012, Baker developed the Academic Improvement Model (AIM) as part of a series of AQIP action projects. During 2012-2015, the College required faculty and academic personnel to complete six half-day workshops on the AIM model. AIM is an internally developed model to teach faculty about the cycle of curriculum development, instructional strategy, and assessment. In this program, faculty members learn about the philosophical underpinnings of the [Understanding by Design \(UbD\) model](#), the [Rigor and Relevance Framework](#), and how both are realized in curriculum and instruction. During the action project timeframe, the College hosted institution-wide seminars for faculty, administrators, curriculum developers, and members of the assessment office. After the initial period of seminars ending in 2015, Baker integrated AIM into its faculty orientation experience. All faculty and staff who have interactions with the curriculum in any capacity complete the AIM training, delivered in web-based modules, and learn how Baker College constructs, implements, and assesses curriculum and outcomes.

1P1d: Incorporating into the curriculum opportunities for all students to achieve the outcomes (3.B.3, 3.B.5)

[The College's curriculum design process](#) ensures that the curriculum is structured in a way that provides all students an opportunity to achieve outcomes. It also provides a structured mechanism to provide differentiated competency across degree levels in a common content area. The design process relies on the core elements of the UbD framework. UbD requires course and program level outcomes are mapped to Bloom's Taxonomy which documents the level of learning within each course across the program. Outcomes are plotted on the [Rigor and Relevance Framework](#) to determine and document the level and variation of assessment in courses across the program. These steps ensure the scaffolding of learning at the appropriate degree level and assessment of student learning.

1P1e: Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)

The College purposefully works to ensure students are not only prepared to attain gainful employment upon graduation but also that their studies engage them in intellectual discourse preparing them as members of a global citizenry. [Stage 4](#) of the UbD framework uses student, course, and program learning data, along with advisory board and employer feedback, to guide continuous improvement efforts related to maintaining contemporary outcomes. The annual ALC process requires the consideration of internal assessment data, advisory board input, data from the First Destination Graduate Employer Survey, and from the First Destination Graduate Survey to triangulate data on relevance for both workplace and societal need. Baker also evaluates the relevance and alignment of curriculum to societal

needs through direct assessment measures of [ISLO #2 and ISLO #6](#).

1P1f: Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)

Baker College defines co-curricular as non-credit bearing activities that enhance the student's educational experience. Examples of these type of activities include, but are not restricted to, student participation in clubs and competitions. The process for club development can be found in Forms A and B in the [Student Club Manual](#). Student club activity requests following this process must demonstrate a relationship to academic and professional skills and attainment. Two such examples are the cyber defense and culinary competition clubs, which show direct relationships to the ISLOs and PLOs. Depending on the nature of the club, various ISLOs may be supported however, across all clubs, teamwork, problem-solving, critical thinking, and other career-ready skills and knowledge are foundational ISLO linkages. Additionally, students have the opportunity to request financial support to engage in professional development, which is contained in the Student Club Manual referenced above.

1P1g: Selecting the tools, methods and instruments used to assess attainment of common learning outcomes (4.B.2)

Baker College utilizes a request for proposals ([RFP](#)) process in the selection of tools utilized at an institutional level. The RFP process includes a project plan which documents the needs/requirements, the purpose, and budget. The RFP is then distributed to potential vendors and proposals are received, reviewed, and awarded. This process was launched in a selection of the College's student learning data collection tool, Campus Labs. Relevant stakeholders participated and affirmed this tool selection.

Faculty members, in collaboration with instructional designers, are responsible for developing standardized assessment materials to be used within courses. Authentic assessment materials are designed to evaluate student capabilities as they relate to program and institutional outcomes. These standardized assessment instruments become a part of the course, and all faculty members teaching the course are required to administer the instruments. It should be noted that all standardized assessment instruments are developed with the intent to embed the assessment process within the course. In this manner, students are not asked to complete additional assignments or assessments beyond those that are a part of the normal educational process. This embedding of assessment measures is important to the faculty, who believe that assessment should be an integral piece of the educational process, not an addition to it.

The assessment materials are designed to support faculty members in their classroom assessment and evaluation, present students with clear expectations and performance parameters, and provide students with detailed feedback on performance as it relates to learning outcomes. In addition to the direct measures, data are collected through the use of indirect measures, including surveys of program graduates, employer surveys, and/or accrediting agency reports. These data are combined with direct measures to complete the assessment data set.

At the curricular level, tools, methods, and instruments are selected and/or developed through the analysis of performance on student learning outcomes by General Education program directors and faculty. The ALC annual process requires participants not only review performance on outcomes but also to evaluate the assessments themselves. In the event that there is an identified need for a new tool or instrument, General Education faculty work collaboratively to research, select, and implement the new tool. The ALC cycle supports faculty through an annual process of critical reflection and improvement of tools, instruments, and methodology.

1P1h: Assessing common learning outcomes (4.B.1, 4.B.2, 4.B.4)

The standardization of curriculum, outcomes, assessments, and measures allow the College to make meaningful internal comparisons of student performance in like courses across diverse delivery methods, in its concurrent enrollment programs, and across all nine campuses. This allows for effective analysis of issues, opportunities, and improvements. It also provides a large and complex organization a mechanism to ensure a consistent student experience among a student population who may elect to access the educational services offered through increasingly diverse modalities and methods.

Baker College's larger assessment framework and process are outlined in the [Assessment Achievement Levels](#). Programs at all degree levels including General Education, operationalize the Assessment Achievement Levels through the [Assessment Learning Community process](#). As stated above, the ALC process utilizes both direct measures and indirect measures, such as student evaluations of courses, graduate surveys, employer and clinical evaluation of interns, and advisory boards, to assess student learning. This information is collated, analyzed, and interpreted annually in the preparation of the [Annual Assessment Report](#).

General Education courses contain direct measure assessments of the ISLOs and General Education PLOs. For example, bachelor degree students take SOC3210 Cultural Diversity and a direct measure is used in this course to assess student cultural competence, which aligns with two ISLOs: a) Broad-based knowledge, which includes an understanding of cultural, ethical, social, political and global issues and b) Attitudes and behaviors that promote success in the workplace and effective social interactions with diverse people. In addition, SPK 2010 Oral Communication, PSY 1010 Human Relations, PSY 1110 General Psychology and ENG 1020 Composition II have direct measures of communication skills. Capstone experiences in each program also provide direct measures of the ISLOs.

1R1: RESULTS

What are the results for determining if students possess the knowledge, skills and abilities that are expected at each degree level?

1R1a: Summary results of measures (include tables and figures when possible)

As stated above, the AIM model is the way in which the College trains faculty to understand the curriculum development and instructional process used. To this

end, the College provides and monitors the completion of this training for incoming instructional staff.

[Table 1.1.1 Faculty Completion of AIM Training](#)

The College collects direct measures of student learning throughout predetermined courses throughout each program. The data below documents the completion rates for direct measures for all programs at all degree levels.

[Table 1.1.2 Direct Measure Assessment Completion](#)

The College places a high value on determining, communicating and ensuring common learning outcomes are aligned, communicated and relevant, and that they are achieved by students. Alignment of common outcomes is evidenced in the curriculum maps. In 2017, the College transitioned to semesters. In preparation for this transition, 100% of the curriculum, nearly 1,100 courses were reviewed. During this transition, course and program outcome maps were revisited for potential revisions.

The College collects direct measure data of the ISLOs. For example, Table 1.1.3 displays the ISLO data collected through direct measures from SOC 3210, Cultural Diversity. This data is reviewed, analyzed and when relevant used by program officials and faculty to inform curricular continuous improvement. Table 1.1.3 is aggregate for the College but can be disaggregated by program and course when needed. Table 1.1.4 shows a similar collection of data in Psychology 1110.

Table 1.1.3 SOC 3210 ISLO

Component	AY15-16 n	Percent Exemplary or Competent	AY16-17 n	Percent Exemplary or Competent	AY17-18 n	Percent Exemplary or Competent
Cultural Awareness	1665	92.20%	1908	91.00%	1177	87.60%
Cultural Knowledge	1665	91.50%	1908	90.90%	1177	86.80%
Practice (diversity)	1665	79.90%	1908	79.90%	1177	75.50%

[Table 1.1.4 PSY1111/1110 ISLO](#)

The College collects indirect measures of ISLOs through an electronic survey from work experience supervisors. This data is collected each semester and aggregated annually for year-over-year comparison. The data is disseminated each term to Presidents, Deans and Program Officials. Table 1.1.5 illustrates the percent of students who met or exceeded expectations on each ISLO.

[Table 1.1.5 Work Experience ISLO](#)

1R1b: Comparison of results with internal targets and external benchmarks

The College utilized the National Community College Benchmark Project for peer comparison relative to general education outcome performance. The [Pass Rates 2013 - 2017 Data](#) spreadsheet demonstrates programmatic benchmarking for academic years 2015 through 2017. During this timeframe, the College's internal targets were set to be at or above the prior year's average for peer institutions. Due to the College's semester transition and the deliberate effort to shift the College away from community college comparisons, participation in NCCBP concluded. After 2016-2017 the College will benchmark using AACU Value rubrics.

Additionally, Baker tracks performance on a number of compliance indicators in the area of Academic Affairs. For example, the College requires and audits AIM completion and collection of direct measure assessments.

1R1c: Interpretation of results and insights gained

The two years of NCCBP analysis indicated that the College performed in the top quartile for Math and English with many indicators being in the 90% percentile or higher. What was concerning was the performance on national comparisons for developmental education. Baker College students were underperforming compared to expected levels in developmental education for both Math and English. Upon internal review, it was discovered that many students needing developmental education were taking courses multiple times and having low success when and if they were able to complete their developmental course requirements. In response, and to eliminate the expense (to students) of developmental education, Baker College implemented a multiple measures framework for placement, began providing free developmental educational opportunities, and in 2017 implemented proficiency requirements for students to begin their general education curricula at or above the 1000 level.

The other insight gained from the ISLO data collected from the employer surveys was that students performed almost uniformly at a high level of attainment for all ISLOs. While confident the students are well prepared by the time of their final internship experience, the College was concerned about whether this data was demonstrative of high attainment or a lack of rigor. To improve both the mechanism, the comparative data set, and to refine the employer feedback tool, the College made the decision to implement the aforementioned AACU Value Rubric. This will help the College gain an advanced understanding of ISLO performance and become a tool to triangulate the positive results seen on the employer surveys.

The information shown in Table 1.1.2 indicated that Baker has been successful in engaging faculty in the direct measures assessment process. The College saw improvement in compliance and is now performing at or above the expected internal targets. The College continues to monitor this and ensure performance within the established thresholds.

111: IMPROVEMENT

As noted above, a task force is currently in the process of implementing the revised ISLOs in alignment with AACU. [AACU Value Rubrics](#) will be implemented 2020-2021 which will allow external benchmark comparisons through AACU. By having each ISLO measured in the program, in General Education courses, and through employer evaluations of students, triangulation of data can occur. These multiple measures will be required in each Annual Assessment Report and will be used to strengthen programs as omissions and opportunities are discovered. Finally, a formal process for setting internal targets for each measure of the ISLOs will occur with the full implementation of the AACU Value Rubrics.

As a result of analyzing performance and benchmark comparisons, the College moved its admission criteria to a multiple-measure model. This is complemented by the previously described shift in developmental education policy and practice. Finally, the College continues to acknowledge opportunities to improve its performance through its internal assessment practices and works to improve curriculum, assessment, and its direct measure tools and strategies.

Sources

- [17-18 Annual Assessment Plan Review for BS General Studies](#)
- [AACU All Rubrics](#)
- [Annual Assessment Plan Template Revised 5 30 2018](#)
- [Assessment Achievement Level Process](#)
- [Assessment Communities Process 92F18](#)
- [Baker-Catalog](#)
- [Baker-Catalog ISLOs\(2\)](#)
- [Bronze Program Mapping Template - Teacher Preparation - Course Mapping](#)
- [Financial Request for Student Conference](#)
- [Glossary](#)
- [Graduate ISLOs](#)
- [Pass Rates 2013 - 2017 DATA](#)
- [Program Review 2F Annual Assessment Plan Process](#)
- [Request for Proposals RFP Process Map](#)
- [Rigor and Relevance Framework](#)
- [Stage 4 Design Process](#)
- [Student Organization Manual 3 6 2019](#)
- [Table 1.1.1a](#)
- [Table 1.1.2a](#)
- [Table 1.1.4](#)
- [Table 1.1.5](#)
- [UbD Process Documentation 10 11 18](#)

1.2 - Program Learning Outcomes

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

1P2: PROCESSES

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

- Aligning learning outcomes for programs (e.g., nursing, business administration, elementary teaching, etc.) to the mission, educational offerings and degree levels of the institution (3.E.2)
- Determining program outcomes (4.B.4)
- Articulating the purposes, content and level of achievement of the outcomes (4.B.1)
- Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)
- Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)
- Selecting the tools, methods and instruments used to assess attainment of program learning outcomes (4.B.2)
- Assessing program learning outcomes (4.B.1, 4.B.2, 4.B.4)

1R2: RESULTS

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

- Overall levels of deployment of the program assessment processes within the institution (i.e., how many programs are/not assessing program goals)
- Summary results of assessments (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of assessment results and insights gained

1I2: IMPROVEMENT

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

Responses

1P2a: Aligning learning outcomes for programs (e.g., nursing, business administration, elementary teaching, etc.) to the mission, educational offerings and degree levels of the institution (3.E.2)

Baker College's programmatic processes underwent the same historical genesis as those described for the common learning outcomes in 1P1. The programmatic process has followed the same path from System Program Workshops (SPW) into the quarter-to-semester transition and finally arriving at its current iteration of the Assessment Learning Communities (ALC). Programmatic curriculum works within the same framework and process steps utilized by the General Education Department in the development and maintenance of the General Education PLOs and the ISLOs. As stated in 1P1, the College employs the [Understanding by Design](#)(UbD) curriculum development framework. The UbD mapping process allows programmatic officials to align the course level outcomes with ISLOs and PLOs.

1P2b: Determining program outcomes (4.B.4)

[Program Learning Outcomes](#) (PLOs) are determined through the College's curriculum design process. During the preparation of the Annual Assessment Report, programs integrate direct measure assessment data with input from advisory boards, graduate surveys, employer and clinical evaluations of interns, and student course evaluations into the assessment analysis. Program officials and faculty identify gaps in performance on programs outcomes and integrate remediation strategies into an improvement plan. This is implemented in the fall and spring as the assessment cycle continues. The College uses specialized accreditation for many of the programs to ensure program outcome relevance and alignment to professional need and current practice.

1P2c: Articulating the purposes, content, and level of achievement of the outcomes (4.B.1)

The purpose and content of each program are described in the [Program Offering Guide](#) and on the [website](#). Each program has a dedicated webpage that includes a description of the program and outlines the curriculum and application requirements. This public information is also articulated and available through a variety of print and web-based marketing materials that are updated each spring.

The programmatic design process relies on the core elements of the [UbD](#) framework. This again follows Bloom's Taxonomy and plots programmatic outcomes on the Rigor and Relevance Framework. Together these provide a consistent set of tools to ensure the level of achievement is appropriate at each level of the students' life cycle. Each program maintains and publishes [curriculum maps](#) detailing the level of achievement of outcomes. Furthermore, a majority of courses contain a Learning Outcomes Assignment Table that details how specific coursework and assessments aligned to the stated course and programmatic learning outcomes. These are presented to students and faculty in the course documents.

1P2d: Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)

The Assessment Learning Communities ensure outcomes remain relevant and current. Preparation of the annual report requires members of each ALC to review student performance on standardized direct measure assessments, as well as

review and analyze data from advisory boards, the First Destination Graduate Employer Survey, the First Destination Graduate Survey, and student course evaluations. When available, program officials also examine changes in specialized accreditation requirements, recommendations, and criteria. Furthermore, [Stage 4](#) of the UbD process provides a structured mechanism for the aggregation and inclusion of this feedback into the curriculum improvement process.

Societal needs also flow through the aforementioned process. Program advisory board membership consists of community advocates, industry experts, K-12 personnel, and various others as required by specialized accreditation. This gives the community a chance to communicate evolving societal needs directly to those responsible for oversight of outcomes. Additionally, Baker evaluates the relevance of curriculum to societal needs through direct assessment measures for ISLO 2 and ISLO 6. All programs have competencies mapped directly to these ISLOs in both program core courses and through the General Education curriculum.

1P2e: Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)

Baker College defines co-curricular as non-credit bearing activities that enhance the student's educational experience and have designed learning opportunities to support ISLOs. Several programs have service learning components, honor societies, student clubs, and other co-curricular activities which provide unique learning opportunities for the students. Formal co-curricular organizations follow the Student Club Manual requiring a demonstrated alignment between a club's stated objectives and the curriculum. These organizations are largely student-initiated and evolve and change as student interest evolves and changes. The College allocates resources annually during its budget process and reviews requests from student organizations for alignment and relevance to the educational endeavor.

1P2f: Selecting the tools, methods and instruments used Selecting the to assess attainment of program learning outcomes (4.B.2)

Programs are required to follow the established RFP process for the acquisition of large-scale tools and resources with a wide impact or requiring substantial capital investment. At the curricular level the Dean, faculty, program officials, and subject matter experts determine the methodology and tools needed to assess attainment of PLOs. Assignments, assessments, and rubrics are developed or adopted during course design and program review periods in the [Assessment Learning Community \(ALC\) process](#). The ALCs approve curricular tools, assessment changes, and curricular updates. These communities make recommendations for capital, technology, or other resource allocations which are then reviewed by the Deans Council during the annual budget process.

1P2g: Assessing program learning outcomes (4.B.1, 4.B.2, 4.B.4)

The standardization of curriculum, outcomes, assessments, and measures allow the College to make meaningful internal comparisons of student performance in like courses across diverse delivery methods, in its concurrent enrollment

programs, and across all nine campuses. This approach is used uniformly in programmatic curriculum development just as with the common outcomes. Programs are required to follow the Assessment Achievement Levels Framework in creating their assessment tools and strategy. This process works in concert with the assessment components of the [Understanding by Design](#) curriculum design framework and the Rigor and Relevance model. The College operationalizes these components through the [Assessment Learning Communities](#). Programs maintain an annual assessment and curriculum development cycle as outlined in the ALC process. The cycle begins with the preparation of the annual assessment report in spring. The ALCs meet, aggregate and analyze direct measure assessment data, benchmarked licensure and certification pass rate data, advisory board input, student feedback, and employer feedback. The annual assessment report outlines suggested curricular improvements, assessment revisions, and other supplemental improvement strategies. These reports are reviewed and approved by the Deans, Provost, and President's Cabinet. The summer term is spent developing content, materials, and tools which are then implemented for the fall term. The fall and winter are periods of implementation and evaluation before the cycle begins again in spring.

A dual process of self-review and peer review is maintained to evaluate the effectiveness of the ALC process. An [Annual Report Rubric](#) is utilized by program officials and faculty to conduct peer and self-reviews of the assessment reports. This process provides a mechanism for developing consistency in reporting. This also allows the Assessment Department to track and monitor quality and stage of maturity of assessment reports across the institution, thus promoting continuous improvement efforts at the institutional level to help build capacity, provide professional development, increase assessment [stage of maturity](#), and drive improvement of assessment across the institution.

1R2: RESULTS

What are the results for determining if students possess the knowledge, skills and abilities that are expected in programs?

1R2a: Summary results of assessments (include tables and figures when possible)

During the SPW meetings and continuing into the ALC process, Baker College actively monitors how its program stand in relation to the Assessment Achievement Levels. In spite of a natural linear progression towards the diamond level, the College continues to monitor this as new program come on board and as program undergo significant curricular change or redevelopment. This information is collected and aggregated annually by the Office of Assessment and the information is shared during the ALC. The College set a goal of having all program developed to the Diamond Level by 2018-2019. Table 1.2.1 shows the migration of programs through the Assessment Achievement Levels during the past five years.

Table 1.2.1 Program Assessment Achievement Levels by Percentage of Total Programs

	2014-2015	2015-2016	2018-2019*	
	%	%	%	Target
Diamond	7%	5.80%	97.60%	100%
Platinum	4%	24.60%	2.40%	
Gold	9%	24.60%		
Silver	15%	27.50%		
Bronze	65%	17.40%		
Total Programs (N=)	105	84**	72**	

Table 1.2.2 shows evidence of how the College tracks compliance and participation of the faculty in the direct measure program. The table indicates internal targets and performance thresholds. This data is collected after each term and aggregated through the Office of Assessment.

[Table 1.2.2 Direct Measure Completion](#)

Table 1.2.3 shares the findings and initial performance from the peer review of the ALC process.

Table 1.2.3 Assessment Learning Community Annual Report Review Findings

	2017-2018							
	Underdeveloped		Developing		Established		Exemplary	
	N	%	N	%	N	%	N	%
Direct Measures	21	11.40%	93	50.50%	50	27.20%	20	10.90%
Indirect Measures	29	15.80%	82	44.60%	57	31.00%	16	8.70%
Data Usage	33	17.90%	83	45.10%	51	27.70%	17	9.20%

CQI Plan	27	14.70%	72	39.10%	58	31.50%	27	14.70%
N=184 Peer Review 119 Self Review 65								

The Academic Assessment Office aggregates all assessment direct measurement data from the Learning Management System (LMS) and aggregates direct measure reports. Each Dean is provided with [individual reports and summaries](#) of students' performance at the beginning of the following term.

In addition to internal data comparisons, Baker College utilizes external benchmark and national norm data for many of its programs. The [Programmatic National Benchmarking: Certificates, Licensure, and Standard Exams Spreadsheet](#) illustrate how all Baker College programs that currently utilize an external benchmark or nationally-normed examination have performed over the past three academic years.

1R2b: Comparison of results with internal targets and external benchmarks

As shown in the [Programmatic National Benchmarking: Certificates, Licensure, and Standard Exams Spreadsheet](#), the College includes benchmarked performance in the ALC program review and uses aspects of these measures to help set internal targets for program improvement. The College utilizes internal targets to ensure participation in the assessment program. While 100% completion of required direct assessments is the goal, the Academic Affairs Council has established a lower threshold of 95% completion as the internal trigger for intervention in direct assessment compliance. This data is collected and monitored through the Assessment Office and in coordination with the Director of Academic Affairs (DAA). In the event that a campus fails to achieve the lower threshold, the Assessment Office notifies the DAA and the campus president, who create a formal response action plan which is monitored by the Office of Assessment.

1R2c: Interpretation of assessment results and insights gained

From a process and compliance perspective, the data indicate that the College performs at its expected targets and has processes in place to respond when targets are not achieved. This applies to Direct Measure completion and progress through the Assessment Achievement Levels. Analysis of the data revealed a drop in compliance with the faculty completion of direct measures in 2018, largely attributed to the implementation of a new LMS and a new direct measure data tool, Campus Labs.

From the academic perspective, the College is proud of the number of programs that are performing at or above national averages on benchmarked exams. Additionally, the Deans' Annual Report indicates high performance on internal measures and shows evidence that the Deans are actively monitoring their programs to improve the rigor where the data shows this may be an issue. The Annual ALC Reports indicate program leaders are actively reviewing their data and creating actionable improvement plans.

112: IMPROVEMENT

The College continues to facilitate the Assessment Learning Communities and collects student achievement data within the established processes. Programs continue to monitor student performance in comparison to meeting both internally established targets as well as external comparisons. Teacher preparation serves as an example of this process. The program's pass rates on the Michigan Test for Teacher Certification have shown improvement over the past three years. The low pass rate resulted in the Institution being labeled as "at-risk" with the State of Michigan. As part of at-risk status, the College created an improvement plan. Curriculum changes allowed for adjustment of alignments between content and test objectives. The overall growth to a pass rate above 80% occurred quickly and continues to improve.

The College continues to improve its processes and compliance metrics to ensure the faculty is trained adequately. The College has put training in place to provide faculty the appropriate knowledge to utilize the LMS and assessment software. The College remains committed to helping faculty understand the important role they play in data submissions focused on cultivating a responsive, assessment-centric, academic culture.

This is the first year the College employed the peer review process for the Annual Assessment Report component of the ALC. The Assessment Office plans to implement targets for each program to improve performance on the ALC peer review rubric. This will also allow for the establishment of institutional norms and corresponding expectations. This year gives the baseline data to begin planning for the improvement cycle in the coming year.

Sources

- [17-18 Annual Assessment Plan Evaluation Rubric](#)
- [Assessment Communities Process 92F18](#)
- [Baker-Catalog Program Offerings](#)
- [Bronze Program Mapping Template - BSN - Course Mapping](#)
- [Bronze Program Mapping Template - Teacher Preparation - Course Mapping](#)
- [BSPSY Bronze Program Mapping Template - Course Mapping](#)
- [Data Maturity Stages](#)
- [Deans Presentations](#)
- [ECE Program Bronze Program Mapping Template - ECE - Course Mapping](#)
- [Program Offerings on BakerEdu](#)
- [Programmatic National Benchmarking](#)
- [Rigor and Relevance framework](#)
- [Stage 4 Design Process](#)
- [Table 1.2.2a](#)
- [UbD Process Documentation 10 11 18](#)
- [UbD template with program descriptions](#)

1.3 - Academic Program Design

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

1P3: PROCESSES

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

- Identifying student stakeholder groups and determining their educational needs (1.C.1, 1.C.2)
- Identifying other key stakeholder groups and determining their needs (1.C.1, 1.C.2)
- Developing and improving responsive programming to meet all stakeholders' needs (1.C.1, 1.C.2)
- Selecting the tools, methods and instruments used to assess the currency and effectiveness of academic programs
- Reviewing the viability of courses and programs and changing or discontinuing when necessary (4.A.1)

1R3: RESULTS

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

- Summary results of assessments (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

1I3: IMPROVEMENT

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

Responses

1P3a: Identifying student stakeholder groups and determining their educational needs (1.C.1, 1.C.2)

There are three primary processes that support the College's efforts to review and

identify new stakeholder groups. The first occurs during the annual [Assessment Learning Community](#) (ALC) process. The ALC meetings support the College's assessment framework and focus on student outcomes, but also serve as the avenue for the comprehensive program review. During this process faculty and academic leaders review information related to their existing stakeholder groups, student performance, incoming enrollment, and changes in the educational climate. Through this process, academic leaders review changing student needs, changes in student demographics, and the appropriate alignment of curriculum, support needs, and the relevance of assessment tools.

The second process that supports the College in determining stakeholder groups and needs is the advisory board process. Programs maintain an advisory board that meets twice a year. During these meetings industry professionals, community stakeholders, and alumni representing diverse backgrounds share information about their experience with the program, identify future needs including new stakeholder groups, and discuss evolving educational needs and requirements. The data collected during these meetings is aggregated and synthesized annually as a function of the ALC program review.

The final process utilized occurs in a less frequent cycle. Every three years, as part of an external environmental scan, the College contracts a third party consultancy group to review the institution's program portfolio, identify emerging markets, conduct a review of potential student cohorts, and summarize data in a program viability report. Most recently these reviews occurred in 2015, off cycle again in advance of the quarter-to-semester transition in 2016, and is scheduled for fall of 2019. These environmental scans provide the College with macro-level data to complement the internal data collected during the program review. These data are also included when available into the College's strategic planning processes.

1P3b: Identifying other key stakeholder groups and determining their needs (1.C.1, 1.C.2)

All of the processes described above, also apply to additional stakeholder groups. The advisory board process by definition of its composition provides structural, repeatable, and ongoing points of input where external constituencies are able to communicate and share their unique needs and assist in identifying other groups that may be served by the College. Additionally, the environmental scan identifies not only student groups but prospective community and business partners. Baker College also maintains a [Request for Partnership Process](#), through which external partners can engage the College to meet a need and self-identify as a potential stakeholder group.

The College also uses direct survey mechanisms to solicit needs and changes from existing partners. Baker College currently administers annual surveys to prospective employers, alumni, K-12 partners, and internship and clinical partners to collect perspective and need. These processes are explained in further detail in 2P3.

Finally, Baker College has Diversity and Inclusion as a strategic theme in the strategic plan. The College maintains a system-level Diversity and Inclusion Council that oversees a Unity Council on each campus. The Diversity and

Inclusion Council is responsible to inform policy, practice, and needs analysis for diverse constituencies in and around the College. The DI Council also creates and implements programming, professional development, and community interactions to support identified stakeholder groups.

1P3c: Developing and improving responsive programming to meet all stakeholders' needs (1.C.1, 1.C.2)

Baker College has two institutional processes that work in concert with one another to develop and improve programming. As previously stated, the [Assessment Learning Community Process](#)(ALC) includes the College's program review. During this process, each program holistically evaluates its performance including outcomes measures, input from internal and external stakeholders, summaries of the needs identification process, survey data, and input from accrediting bodies. Each spring, programs review this data and initiate an [improvement plan](#) that modifies and improves programming based on data from these various inputs.

At the institutional level, the College integrates aggregate data from the ALC process, input from the strategic councils (4P2), program viability recommendations from the environmental scan, and programming recommendations from the IRP process (4P2) into its annual strategic planning review. Through this annual process, the College makes changes, edits, additions, and subtractions to its programming to ensure that it continues to be adaptable, nimble, and responsive to its stakeholders and their needs.

1P3d: Selecting the tools, methods and instruments used to assess the currency and effectiveness of academic programs

The College maintains an annual process for reviewing program sustainability. There are no tools or instruments that are directly tied to the program sustainability process however, tools and instruments are used in various processes that inform the program review process. Unique requests for programmatic tools, changes to instruments, and changes and/or addition to the programmatic assessments all originated in the ALC process. Through the ALC each program engages in an annual process of program review where gap analysis helps them identify emergent needs. The Program Directors and faculty make recommendations that are reviewed for alignment to educational objectives by the Provost and System leadership and ultimately approved and added to the budget. For example, student learning data is a source in this composite of data which is part of the program review process. As detailed in 1P4, student learning data tools and instruments are identified through a request for proposal process which is true of all technology systems/solutions.

1P3e: Reviewing the viability of courses and programs and changing or discontinuing when necessary (4.A.1)

As detailed in 1.1, the College's curriculum design process (UbD), specifically, Stage 4, has subject matter experts, program officials, and instructional designers work side-by-side to review course and program assessment data. Specifically, student learning direct measure data, revised outcomes stated by specialized accrediting bodies, course evaluations along with advisory board data are

analyzed, and opportunities for revision and improvements are identified. This occurs during the annual ALC process. Instructional designers, along with faculty and subject matter experts, make the revisions to the course level content. This is also the process to identify the need for any course elimination or new course creation.

Perhaps the best example is evidenced during the 2016-2017 quarter-to-semester transition. During this time, the College sought to align its programmatic total credit hours to 60 for an associate degree and 120 for a bachelor degree. During this time, numerous programs were able to use this process to [objectively evaluate and reconstruct their courses and offerings](#). This resulted in strategic reductions to the general education core as well as the revision, elimination, and adaptation of multiple programmatic courses. The end result was an aligned and consistent programmatic format for all programs at the College.

Ensuring the relevance of the College's program portfolio is critical to meeting the College's Mission. Annually, Campus Presidents, Deans, and other identified key stakeholders engage in the College's Strategic Planning Process. Prior to this, both internal and external data is collected and organized for review through the ALC, from the strategic councils, the strategic planning process, and through the third-party review as previously stated. Specifically, each site location's data including geographic and overall job demand, outlook-job openings, wage-long term employment growth, and actual employment trends, as well as program performance data is collected and prepared for analysis. Through predetermined criteria, the group collectively identifies programs that fall into categories of emerging, grow or stop. Depending on the outcome, leadership takes appropriate action.

1R3: RESULTS

What are the results for determining if programs are current and meet the needs of the institution's diverse stakeholders?

1R3a: Summary results of assessments (include tables and figures when possible)

The methodology, sampling, populations, and criteria used in the 2015 viability analysis are presented in the [Gray Associates methodology summary](#). The programmatic viability analysis from the firm is presented in the [Gray Associates program analysis summary](#). Through programmatic strategic planning designed to support the College's Strategic Plan Theme 3 Portfolio Management and Market Position, this information was used to strategically reduce the College's overall program portfolio from over 181 programs down to 72 over the course of four years. This data also helped the College identify emergent market needs as yet unmet in the current portfolio.

Table 1.3.1 Total Program Reductions by Degree Level

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	Total Programs	Certificate	Associate	Bachelor	Master	Doctorate
AY13 – AY14	181	94	44	37	5	1
AY14 – AY15	147	30	70	41	5	1
AY15 – AY16	131	22	65	37	6	1
AY16 – AY17	87	14	49	34	6	1
2017 – 2018	84	15	34	28	6	1
2018 - 2019	72	8	31	26	6	1

As stated above, the College engages in an environmental scan on a three-year cycle but also conducted an ad-hoc review in 2016 in advance of transitioning from quarters to semesters (Q2S). Not wanting to transition programs with limited viability, the College again engaged the same firm to revisit the 2015 analysis and process off cycle. The 2016 process utilized some of the [same data](#) from the original analysis but also included the [interpretation of this data within the College's new branding initiatives](#). The contextualization of this information through the lens of a new brand and an impending structural change was enormously helpful to the College.

The College reviews programs and courses for alignment, viability, and relevance during the ALC process. The Q2S 2016-2017 process was a unique point in the College's history where 100% of programs were reviewed for these criteria. From 2016-2017 the College redeveloped 1306 courses into the new semester format. In spring of 2018, the College finished the redevelopment of all courses completing the remaining 226 classes. [Table 1.3.2](#) demonstrates how the College aligned credit requirements in general education and in programs.

The College utilizes surveys to collect stakeholder input on programmatic needs from employer partners, recent graduates, and K-12 partners. Employer data is collected and managed in real time using the [Site Supervisor Feedback Dashboard](#). Similar dashboards are used for [K-12 partner data](#), [advisory board data](#), and [alumni](#). These dashboards allow the College to quickly aggregate and disaggregate data in these areas as well as respond to changes to historical performance quickly as information is integrated into the system.

1R3b: Comparison of results with internal targets and external benchmarks

Program performance data used in making curricular and programmatic decisions are benchmarked externally through several mechanisms. At the institutional-level through the environmental scan and program viability studies conducted, the College contracts the third-party research firm to leverage their process and their data access. As shown in the [Gray Associates Methodology Document](#) the criteria Student Demand, Employment, and Competitive Density and associated ratings were derived from external comparisons. These ratings utilized national inquiry comparisons, IPEDS data, and the Bureau of Labor Statistics data. A complete summary of the benchmarks used is included by category on the last page of the [document](#). The Grays Associates data also provided input for internal targets and comparative performance analysis through applying the rating framework by campus and creating upper and lower quartile thresholds for each program.

When available, Baker College programs use external agency [licensure, assessment, and certification pass rates to benchmark](#) the program and to then set internal improvement targets. This varies by program and the availability of this type of measure. Wherever possible the College integrates these data and benchmarks into its annual program review and associated planning.

Finally, the College sets internal targets for program performance and evaluates its internal processes through the ALC Annual Program Assessment Report peer review process. During this process, programs are evaluated using a rubric against specific metrics including their ability to rise through the College's [Data Maturity Model](#), the identification of external benchmarks, the utilization of benchmark data, and the internal process of setting goals and measurement of their attainment. This rubric and the associated performance metrics were summarized in 1P2.

1R3c: Interpretation of results and insights gained

Institutionally, the College shows evidence of the careful review of the program and environmental benchmarks to manage its portfolio. The program viability process the College follows led to the careful managed reduction of the College's portfolio as evidenced above. Additionally, this data indicated the College would struggle to remain competitive in the associate level market. A shift in student demographics, to a traditional student in coordination with the Bureau of Labor and Statistics (BLS) data showing increased demand for bachelor degrees in most areas prompted the College to reduce the overall portfolio and shift the programmatic mix to increase the number of four year degrees and decrease the number of associate and certificate level programs. The focus on traditional students also prompted the College to reach out to its K-12 partners and collect stakeholder feedback that prioritized the transition to a semester calendar. The environmental scan gives the College a road map to explore emergent program areas for new program identification that uses a consistent data evaluation framework. Finally, the Annual Assessment Reports show evidence of how, at the programmatic-level, program leadership and faculty engage in an annual process of comprehensive program review with documented interpretation and planning based on specific data collected in the process.

1I3: IMPROVEMENT

A number of improvements on the College operations occurred as a result of the College's management of its academic programs. As stated above, after a review of internal program analyses and a two-year environmental scan process, the College made substantial changes to its program portfolio. These improvements included a substantial reduction in total programs, the shift in programmatic mix to bachelor and graduate programs, and the identification of the traditional student market as the best strategy for future viability. This move has allowed the College to responsibly reconfigure its educational footprint to better meet the needs of stakeholders in the communities served and nationally through its online College.

Programmatic review informed by input from numerous stakeholders in industry and in the K-12 area prompted the College to transition all curricula from a quarter-based delivery model to a semester-based delivery model. This move created more opportunities and partnerships with concurrent enrollment programs and allowed the College to reach out to its community college partners to collaborate and articulate programs.

The ALC process and associated program review gives academic stakeholders closest to the processes a chance to critically evaluate their program, its relevance, and to strategically plan for measured program improvements. As each program is responsible for an improvement plan, there are too many to enumerate here, however, they are readily available in the attached [examples](#).

Looking forward, the College is using the input from the ALC process and environmental scan to carefully plan for new programs, including the transition of the Occupational Therapy master's program to a doctoral program, the addition of Data Analytics concentrations in the College of Business, and in the consideration of Health Informatics as a new bachelor program. The College continues to review and adapt programs using the processes and analysis described above.

Related, though not specifically tied to specific programs, Baker College has been able to use indirect measure data to improve processes in other areas of the College. In 2016, the College recognized an opportunity to improve its data comparison specific to the employer survey (The Experience Supervisor Results Survey). As a result, Career Services adjusted their reporting period to align with IPEDS and The National Association of College and Employers (NACE), allowing for more accurate external comparison relative to the College's graduates. The College also continues to develop the sophistication of its external partner perception data collection and analysis tools, resulting in the acquisition of new data tools and the development of performance dashboards for the Employer Survey, Alumni Survey, and Running Start surveys.

The ALC process is now the regular cyclical process employed by the College. A missing component of this process is the College's ability to track the volume of changes that occur and disaggregate the data by program. An improvement to this process will be to develop a tool to track and organize the program changes occurring at the College.

Sources

- [1 Council Charter - Accreditation Council](#)
- [2016 07 18 v2 mpu Baker Strategy and Brand Meeting June 23rd Additional Material](#)
- [2016 07 18 v4 eba Baker Strategy and Brand Meeting June 23rd Summary](#)
- [2016 07 18 v4 eba Baker Strategy Brand Meeting June 23rd Final Documentation](#)
- [3.5.19 PROGRAM COMPLETION REQUIREMENTS FINAL](#)
- [Advisory Board Dashboard](#)
- [Alumni End of Program Survey](#)
- [Annual Assessment Plan Template 17-18 FINAL](#)
- [Assessment Communities Process 92F18](#)
- [Assessment Report and Process Overview Group](#)
- [Baker College Strategic Partnership Evaluation Form](#)
- [BC Trad Assoc and Bach Undergrad Student Adm Reqs F18](#)
- [Concurrent Enrollment Partner Dashboard 2016-2018](#)
- [Culinary BAK Annual Assessment Plan](#)
- [Data Maturity Stages](#)
- [Gray Associates - Packet 1 2015-10-15](#)
- [Gray Associates - Packet 2 2015-10-15](#)
- [Michigan Transfer Agreement](#)
- [NACEP Standards 2017 and Required Evidence](#)
- [Programmatic National Benchmarking Certificates Licensure and Standard Exams](#)
- [Site Supervisor Feedback Dashboard](#)

1.4 - Academic Program Quality

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

1P4: PROCESSES

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

- Determining and communicating the preparation required of students for the specific curricula, programs, courses and learning they will pursue (4.A.4)
- Evaluating and ensuring program rigor for all modalities, locations, consortia and dual-credit programs (3.A.1, 3.A.3, 4.A.4)
- Awarding prior learning and transfer credits (4.A.2, 4.A.3)
- Selecting, implementing and maintaining specialized accreditation(s) (4.A.5)
- Assessing the level of outcomes attainment by graduates at all levels (3.A.2, 4.A.6)
- Selecting the tools, methods and instruments used to assess program rigor across all modalities

1R4: RESULTS

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

- Summary results of assessments (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

1I4: IMPROVEMENT

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

Responses

1P4a: Determining and communicating the preparation required of students for the specific curricula, programs, courses and learning they will pursue (4.A.4)

Baker College has multiple processes to ensure quality across all programs, modalities, and locations. To determine the preparation required of students the College uses feedback from various stakeholders, such as students, admissions department, student services departments, employers, and graduates, as well as, standards and expectations set by specialized accrediting bodies. Annually, this process is completed through the use of electronic surveys that are sent to targeted populations. These inputs are integrated into the [Assessment Learning Communities \(ALC\) Annual Assessment Report process](#). During the ALC process, program officials and faculty evaluate assessment data in concert with other inputs to determine if prerequisites and corequisites are appropriate, relevant, and/or require any revision or improvement.

The College communicates program standards, requirements, and expectations through the Baker College website, direct high school contacts, community events, and enrollment specialist advising. This information is also available through the Baker College [Program Offerings Guide](#) and the [Student Handbook](#), both available online. Prospective students have an enrollment specialist who works with them as they consider attending the College. Marketing materials and the website are oriented toward helping individuals understand the programs offered and how these connect to specific career goals.

In March of 2015, the College convened the College Preparation Program (CPP) committee, consisting of a cross-functional team, including admissions personnel, academic advisors, program directors and Deans, and the Provost. The committee was responsible for analyzing data collected both from internal and external sources related to college preparation and student success at Baker College and at other post-secondary institutions. The committee was charged with exploring and recommending a new process for identifying and determining the support needs and avenues for all students.

Based on the findings and recommendation of the CPP committee, in fall 2017 the College implemented the use of [a standardized set of placement scores](#) for all new student applications. The adoption and communication of this multiple-measure placement strategy also helps incoming students understand the level of preparation they will need.

Students applying to the College are required to complete a virtual orientation course. This process has evolved over time. From 2014-2017 the original iteration of this orientation course was BC101, an asynchronous online seminar. BC101 helped students gain confidence and knowledge on the [BC101 SLOs](#). The associated curriculum underwent a review during the quarter-to-semester transition and with some minor adaptation, the course became [BC1010](#). As part of the 2017 annual review of student exit surveys of the experience, requirements, and needs of students, the orientation transitioned to a self-paced online experience titled [New Student Orientation Experience](#).

Full acceptance into the professional track of some programs is limited due to clinical or work site availability. Students compete to earn acceptance into these programs. All students having successfully completed the conditional acceptance requirements are eligible to apply. Admittance criteria for all limited enrollment health science programs feature a common set of prerequisite courses prior to acceptance to their selected program. Students can apply to multiple limited enrollment programs due to the common set of required courses used for the selection process. This program is communicated through Enrollment Management and is available on the website.

1P4b: Evaluating and ensuring program rigor for all modalities, locations, consortia and dual-credit programs (3.A.1, 3.A.3, 4.A.4)

As stated in 1P2, the College utilizes a standardized curriculum and direct measure assessment of course outcomes. This approach ensures a student will have the same curriculum, textbook, assessments, and course requirements whether the course is completed on-ground, hybrid, online, or as a part of the Running Start program. Running Start is the umbrella term for all of the College's high school dual, concurrent, direct, and early college programs. Baker College does not have any consortia agreements at this time. The College is the National Alliance of Concurrent Enrollment Programs (NACEP) accredited and follows the NACEP standards that mandate consistency in curriculum and assessment for all concurrent and high school opportunities.

The College conducts annual reviews of the performance of both programmatic and common General Education learning outcomes during ALC meetings. The use of common direct measures allows faculty to aggregate and disaggregate data across locations and modalities. The ALC members have tools and processes to collect and analyze data and to put into place strategic and measurable plans to address gaps.

The College also conducts a student evaluation of faculty survey as well as instructor evaluation of course surveys. This survey is distributed two weeks prior to the end of each term. The College uses a survey tool called IDEA Student

Ratings of Instruction to evaluate faculty and uses an internally developed question set for the Faculty Course Evaluation. IDEA is supported by Campus Labs, which assists with the data collection each term and provides summary results to faculty, including relevant professional development information that can assist in strengthening teaching. These processes follow the semester cycle and are repeated every term. The analysis and aggregation of data occur once annually during ALC review.

1P4c: Awarding prior learning and transfer credits (4.A.2, 4.A.3)

The College maintains a policy regarding the acceptance of transfer credit from institutions which are regionally or nationally accredited and the United States Armed Forces.

To ensure that the College is awarding credit for prior learning and transfer credits consistently and fairly for each student, TES, the Transfer Evaluation System from CollegeSource, is utilized. This resource allows the College to quickly locate course descriptions from other institutions, route and track the evaluation process, and store equivalencies.

The process begins by affirming the transfer institution is regionally or nationally accredited. It is then determined whether the student has earned a degree and course grades are reviewed to make sure they meet program requirements. A review of TES is completed for content review and credit hour validation. If no course equivalency exists, then the course is sent to a content expert for review for review and recommendation of the appropriate equivalency. After the review of transcripts or prior learning credit, applicable credit is awarded to the student.

The College also participates in the [Michigan Transfer Agreement](#) which allows students to increase the equitable transfer of earned college credits. It is designed to facilitate the transfer of general education requirements from one participating institution to another. Baker College is a signatory institution as a sender and a receiver of the Michigan Transfer Agreement.

1P4d: Selecting, implementing and maintaining specialized accreditation(s) (4.A.5)

In the case where only one accrediting body exists the Dean with identified stakeholders review the requirements for fit and quality standards. When more than one accreditor exists, Deans with other stakeholders conduct a comparative review to determine the accreditor program policies and curricular alignment of best fit. The Dean makes a recommendation to the Dean's Council for approval. If approval is gained, the recommendation is included in the Council's Institutional Performance Report and reviewed for final approval by the Presidents' Cabinet. Once approved by the Presidents' Cabinet, the Dean leads a group of faculty and program directors through the implementation of the specialized accreditation requirements.

The College supports program accreditation wherever available and currently maintains 38 programs with specialized accreditation. The College has an [Accreditation Council](#) that is responsible for efficient and inclusive coordination

of institutional reporting, accreditation, research, and reporting. This Council ensures all accreditation reports and requirements are completed by programs appropriately and in a timely manner. This is tracked on the accreditation [database](#) that allowing leadership to know what programs and which locations have accreditation reports and visits due.

1P4e: Assessing the level of outcomes attainment by graduates at all levels (3.A.2, 4.A.6)

Programs, at all degree levels, engage in an Assessment Learning Community (ALC) process which uses both internal and external assessments to monitor and evaluate the program, allocate resources, create professional development, and update processes as part of the continuous quality improvement cycle. In addition to student performance on the standardized direct measure assessments, program officials also track and consider key performance indicators which include the number of students, retention, persistence, graduation rate, faculty credentials, employment rate, and course/instructor retention data. This data allows programs and the College to align its assessment framework within its larger annual program review process.

Annually, the program has the responsibility of compiling the data, discussing and analyzing the data with the assessment communities and collaboratively developing a continuous improvement plan. The continuous improvement plan is designed to identify the steps necessary for improving student learning in the designated areas. To address specific findings, the plan may include identifying actions such as the redevelopment of a course, seeking additional data to clarify student achievement, or requesting an alteration of specific assignments or teaching strategies to improve attainment of learning outcomes. Based on the findings, the plan may also include operational alterations to such areas as student services, faculty development, or program continuation.

1P4f: Selecting the tools, methods and instruments used to assess program rigor across all modalities.

The [Assessment Learning Communities process](#) is the primary mechanism through which the College reviews and agrees to tools and methodology. Within the ALC process, a gap analysis is performed. For the preparation of the annual report, every program reviews all of the data both in the assessment component as well as in the larger program review. It is not uncommon for this process to generate requests to modify and/or change instruments, methods or tools. If the change is of a curricular nature and involves altering a content area, assessment, or assessment strategy, the academic stakeholders have the full autonomy to make those changes. If the change requires a new tool, technology, or some type of substantial capital expenditure, then the ALC for that area would make a request and supporting recommendation in the annual report which would be collected and advanced through the Dean's Council and the System Strategy Council for review and approval. These types of requests follow the aforementioned [RFP Process](#).

1R4: RESULTS

What are the results for determining the quality of academic programs?

1R4a: Summary results of assessments (include tables and figures when possible)

One of the outcomes from the 2015 AQIP Action Project for the aforementioned CPP program was the continuation and expansion of the student orientation and preparation programs through BC 101, BC1010, and in its current iteration New Student Experience. The student readiness component of BC101 and all future iterations was part of a larger work called the Academic Welcome Experience (AWE). During the implementation and evolution of AWE into the current CPP from 2015-2019, Baker College engaged in a rigorous data collection and analysis process to evaluate the impact of BC101 and used student feedback to improve the experience. In 2016, the College conducted a study that looked at BC101 and the corresponding impact on student retention, student success in traditionally first-year courses, student confidence indicators, student acumen with various learning tools, and student readiness to participate in diverse learning environments.

The summary and data analysis are provided in the [2016 AWE Review](#) which was presented at the 2017 HLC National Conference. This initial study compiled student data for a pilot population of 1555 new students during the 2014-2015 academic year. The College conducted a subsequent study of the program after the transition to the semester [model in 2017](#) that utilized the same measures for a sample of the [2016-2017 incoming class](#). The College continued to collect and administer this assessment through 2018 when the program evolved into the New Student Experience which then rendered comparisons to older versions irrelevant because of change in delivery and aspects of the content. Evaluation continues on an annual basis through the Director of Instructional Design who makes recommendations for improvement to the CPP Steering Committee.

CPP included oversight of the student orientation experience, but also the continued testing and validation of the College's [multiple measure placement framework](#). The 2018 CPP Executive Summary provides the analysis conducted for the use of the placement tool for close to 1000 of the College's fall 2017 freshman class. The College conducted similar analysis to validate the approach using all freshman from spring, summer, and fall 2018 freshman.

Data from preliminary analyses, and again from Fall 2017 showed student placement based on high school GPA and test scores to be appropriate for ENG 1010 based on course performance. During spring 2018, the CPP committee decided to gather more data before making recommendations to change placement scores. The analyses described below is based on all students who enrolled and received a grade in ENG 1010 Composition 1, MTH 1050 Quantitative Reasoning I or MTH 1110 College Algebra I during all semesters from Fall 2017 through and including Fall 2018.

Over 80 percent (80.7%) of the students whose HS GPA was above a 2.5, and had graduated high school within 2 years, received a C or better in ENG 1010. For those who had graduated within 5 years, but had a GPA above 3.0, the rate increased to 86.3%. Analyses of placement using ACT English or SAT Reading/Writing showed lower success rates in ENG 1010 for those with lower scores. A proposal to change the ACT English cut score from 15 to 18 to align with college and career-ready standards are in process. For the SAT, the current

cut score of 460 showed no significant difference in performance from the college and career ready standard of 480. No change in this cut score was warranted at this time.

For MTH 1050 and MTH 1110, those students who graduated within 2 years and had a HS GPA between 2.5 and 3.0 had a success rate of less than 60% in both classes. Those with a GPA above 3 were much more successful, with a pass rate well above 75% in both classes, even for students who had graduated as long as 5 years ago. The current ACT and SAT math placement scores of 20 and 390 respectively also were reevaluated. The success rate for those scoring between 390 and 500 on the SAT was 38.1% in MTH 1050 and 46.7% in MTH 1110. Too few students were placed using only ACT math scores to draw meaningful conclusions. As a result of these analyses, moving toward the college and career-ready standards for ACT and SAT math has been proposed.

In addition to the placement data, the College continues to collect aggregate transfer credit data to monitor its transfer credit process. Table 1.4.1 Presents the total transfer credits by type for the past three years. Table 1.4.2 shows the total number of student transcripts evaluated using the process described above.

Table 1.4.1 Accepted Transfer Credit by Type

Accepted Transfer Credits by Type			
	2016-17	2017-18	2018-19
New students	8,645	6,433	3,354
Military	360	390	212

Table 1.4.2 New Student Transcript Evaluation

	2016	2017	2018	2019
January		735	574	621
February		592	470	506
March		845	456	
April		656	420	
May		854	554	
June		881	577	

July		802	719	
August	987	904	1093	
September	788	324	425	
October	361	283	700	
November	637	499	620	
December	590	464	482	

1P2 explained the ALC process during which the College reviews its direct measures assessments. This occurs for the common learning outcomes, programmatic learning outcomes, and outcomes at all levels of the organization including graduate courses. As previously stated, student performance on ISLOs and PLOs are quality indicators collected, reviewed, and incorporated into the improvement planning. The College also tracks its programs with specialized accreditation and programs standing as an indicator of quality. Currently, 38/38 programs with specialized accreditation are in good standing.

As previously mentioned, all self-study and other reporting timeframes are monitored by the College. The [Accreditation Tracking Master database](#) is maintained that allows leadership to know the date that all self-studies and annual reports are due, the date the site visit is to take place and whether the program is in good standing with the accrediting body or not. The database automatically calculates the number of days to the due date of the site visit and the self-study and then reports which programs are approaching an accreditation activity in the next 18 months. This allows the College to regularly check in with program officials and provide the necessary support in completion of those reports and/or site visit preparation and assure that all timelines are met.

Also as stated in 1P2 and 1P3 every program includes a consistent slate of indirect measures in their evaluation of programs including [external assessments, licensure pass rates, and certifications, internship supervisor evaluations, and input directly from recent graduates](#). The coordination of indirect and direct measures of program quality indicators, coupled with advisory board feedback, program performance indicators, new enrollment, retention, and graduation metrics allow program officials and College administrators to conduct a comprehensive program review in coordination with its annual assessment process through the ALC.

14Rb: Comparison of results with internal targets and external benchmarks

The College works to utilize internal targets and external benchmarks to compare performance with [other institutions or national averages](#). One example of the benchmarks used is the Peregrine Exam. This standardized national exam is

completed by Bachelor of Business Administration students in their capstone course. Results are shown in the table above. Since fall 2017, the College performed with an approximate average of 52% for all delivery methods (on-ground, online and hybrid). It was also found that online student performed better than hybrid/blended and traditional on-ground students overall. The overall external benchmark for IACBE for this exam was 53.9% which displays that students are performing at a comparable level as other IACBE students completing the exam. This is the first year that the College has given this exam but the MBA program has used the IVY exam in similar fashion for several years. While the Peregrine data is baseline data, the assessment continues and the College will use the baseline collection to begin to set internal targets for improvement. Similar strategies are used in all programs with an external assessment benchmark. Those programs without this type of benchmarks set internal targets based on student performance in the direct measures and in metrics tied to indirect measures ie. employment rates, supervisor feedback, and graduate surveys.

1R4c: Interpretation of assessment results and insights gained.

In fall 2017, Baker College changed enrollment standards and began requiring students to complete any remediation in foundational skills in math and English in advance of participating in BC1010. With this threshold in place, there was a change in the preparedness of the students enrolled in the BC1010 orientation course. From the 2016 study to the 2017 study, the College saw students rating in the areas of plagiarism, writing confidence, confidence to engage in diverse delivery models, increase indicating higher levels of comfort and/or knowledge. There was also a noticed increase in student self-reported efficacy for the majority of the Office Suite, the majority of the Google Suite, and in participating in online course content. The data indicated over a year of study that aspects of the original BC 1010 course were no longer providing a demonstrable benefit to the students admitted in fall 2017 and subsequent quarters. As a result, the College made the decision to modify the format to a self-paced series of web modules with more focus on common student experiences and getting to know the College culture as opposed to foundational technological and academic skills.

Programmatically speaking there are numerous examples of specific curricular modifications that were made in response to the ALC review of performance on direct measures. The Teacher Preparation program provides an example where the College changed curriculum, implemented a new advising model, and implemented an intervention and support framework in response to the 2015-2017 exam data indicating students were unable to pass foundational exams needed to progress in the credentialing process with the State.

The College's compliance metrics indicate the processes for assessment and program review are occurring annually with participation from all programs. The peer review process for the ALC did indicate that data analysis and strategic planning through the College's Data Maturity Framework remain opportunities and have been included in the Annual Report improvement plans.

114: IMPROVEMENT

Study of the student virtual orientation experience gave the College information to structure the improvement of the original BC101 in 2016 to the semester version BC1010 in 2017 to the current New Student Experience virtual modules. The College will continue to collect and monitor student feedback to ensure the student experience is helpful and relevant to their preparation for courses.

After careful review of the data received from the Peregrine exam used in the Business programs, the College implemented a number of changes to the Business curriculum and program experience. The Dean and program officials adapted prerequisites for capstone courses and implemented a senior status requirement for capstone courses across all business programs. Data indicated the timing of the exam and the delivery methodology of the capstone course were creating varying results across modalities. The testing timeline was adopted in the online courses to ensure that students in online and on-ground had covered the same materials prior to the exam as opposed to having the test during the same week of class.

Pass rate information will continue to be reviewed and used as a part of continuous program improvement. The College will continue to monitor all program credentialing exam pass rates to identify trends and look for strengths, opportunities, and to improve the planning and implementation of improvement metrics related to standardized assessments.

Sources

- [1 Council Charter - Accreditation Council](#)
- [2016 AWE HLC Presentation FINAL](#)
- [Accreditation Tracking Master - Baker College](#)
- [Advisory Board Dashboard](#)
- [Alumni End of Program Survey](#)
- [Assessment Communities Process 92F18](#)
- [Baker-Catalog](#)
- [BC101 SLOs](#)
- [BC1010 Data Analysis - Executive Summary](#)
- [BC1010 SLOs](#)
- [Fall 17 BC1010 survey data report VIEW IN PP](#)
- [Final Placement Chart for Academic Preparation](#)
- [Michigan Transfer Agreement](#)
- [NACEP Standards 2017 and Required Evidence](#)
- [New Student Orientation Experience SLOs](#)
- [Programmatic National Benchmarking Certificates Licensure and Standard Exams](#)
- [Request for Proposals RFP Process Map](#)
- [student-handbook](#)
- [Transfer Credits by Type](#)

1.5 - Academic Integrity

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

1P5: PROCESSES

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

- Ensuring freedom of expression and the integrity of research and scholarly practice (2.D., 2.E.1, 2.E.3)
- Ensuring ethical learning and research practices of students (2.E.2, 2.E.3)
- Ensuring ethical teaching and research practices of faculty (2.E.2, 2.E.3)
- Selecting the tools, methods and instruments used to evaluate the effectiveness and comprehensiveness of supporting academic integrity

1R5: RESULTS

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

- Summary results of measures (include tables and figures where appropriate)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

1I5: IMPROVEMENT

Based on 1R5, what process improvements have been implemented or will be implemented in the next one to three years?

Responses

1P5a: Ensuring freedom of expression and the integrity of research and scholarly practice (2.D., 2.E.1, 2.E.3)

Baker College adopts and utilizes the [American Association of University Professors \(AAUP\)](#) definition of academic freedom. This is shared with faculty in the Academic Freedom Statement from the Faculty Handbook. Additionally, the College utilizes the [Boyer Model of Scholarship](#). While the faculty engages in each of the four types of scholarships (discovery, integration, application, and teaching), the latter two forms of scholarship represent the majority of the scholarly work performed. The Jewell Education Fund Grant, [Faculty Rankings Process](#), and the

annual Baker Conference (described in category 3) provide opportunities for faculty to be actively involved in research and scholarly practice.

The College also supports two unique data governance entities. The Data Governance Committee is an interdisciplinary group of stakeholders managed under the IT department who meet monthly to review data tools, capacity, and information dissemination systems. The second entity is the College's Data Integrity and Reliability Team (DIRT). DIRT provides academic research support to faculty, staff, and external researchers doing work at Baker. DIRT is comprised of executives, statisticians, survey design specialists, and active researchers within the College who have extensive qualitative and quantitative experience. DIRT supports faculty research through assisting with survey tools and other data collection instruments, along with statistical analyses. DIRT also ensures the integrity of research and data reporting.

Together, DIRT and the Data Governance Committee, manage, maintain, and provide oversight for the College's policies and procedures for ethical and responsible research practice. Baker articulates its philosophical position on freedom of expression, integrity, and ethical practice in the Academic Integrity Philosophy. This is supported in practice through the affirmation and operationalization of these beliefs in the [Institutional Review Board \(IRB\) policy](#), [the Student Code of Conduct](#), and the [Faculty Handbook](#).

1P5b: Ensuring ethical learning and research practices of students (2.E.2, 2.E.3)

The Institutional Review Board (IRB) provides oversight for research that meets federal criteria for human subjects research. The IRB is composed primarily of researchers in the Graduate school but also contains other appropriate staff and administrators. All of the associated policies, procedures, and requirements for anyone wishing to conduct research at or on behalf of the College are explained in the [IRB Policy](#). Through the Collaborative Institutional Training Initiative (CITI), all students, faculty, and staff have access to research ethics training and are required to complete this training prior to submission of the IRB research application. This training is also used by students who are involved in human subjects research, and specific programs at both the undergraduate and graduate level. Because not all students will complete independent research projects, the College has integrated research practices, ethics, and scholarship requirements into the curriculum. At the graduate level, all students take a class in research and statistics.

Beginning in 2014, the College began a process to explore academic integrity. Guidelines from the Academic Integrity Rating System (AIRS) created by the International Center for Academic Integrity served as the underlying framework. The intention of AIRS was to produce benchmarks for institutionalizing academic integrity in institutions. The College made the decision to adopt the AIRS standards for all students graduate and undergraduate.

Baker College's [Academic Integrity Philosophy](#) includes three core ideals - mutual honesty, trust and respect, responsibility for professional and ethical conduct, and fairness, transparency and exemplary behavior. Materials developed as part of this process have been incorporated into the student handbook and presented at

multiple faculty conferences. This process is ongoing, with a goal of emphasizing integrity as part of Baker College's culture.

Baker College uses a variety of methods to ensure undergraduate students receive information on academic integrity, such as the academic orientation video and embedding of information into coursework. For example, students in ENG 1010 learn about appropriate use of research materials, plagiarism and proper citation formats. Knowledge and skill in this area are further supported by materials online that are provided by the library and are included in library workshops. The Writing Centers provide faculty and professional tutoring for students in the areas of research, citations and the avoidance of plagiarism. The student handbook includes information on the [Academic Honor Code](#) and [academic integrity philosophy](#).

1P5c: Ensuring ethical teaching and research practices of faculty (2.E.2, 2.E.3)

As described above, Baker College maintains policies on academic integrity, research compliance, and related behavior. Policies apply to both employees and students. These policies are publicly available in the College catalog, faculty handbook, and student handbook. Policies are also reviewed in orientation sessions, introductory courses and other venues as appropriate. Any person wishing to conduct research at or on behalf of Baker College is subject to all of the training and requirements in the IRB Manual. This applies to students, staff, and external researchers alike.

1P5d: Selecting the tools, methods and instruments used to evaluate the effectiveness and comprehensiveness of supporting academic integrity

The Academic Integrity Committee (AIC) is comprised of faculty and administrators. This committee researches other institutions, professional research standards, and educational best practice. The AIC, maintains the currency and relevance of the College's research policies and practices and is responsible for updating and communicating changes in this area. The AIC meets annually to review this information and recommend any changes in tools, instruments, or research methodology. The AIC is also responsible for overseeing the College IRB policy and practice. The most recent example of this came from the 2017 AIC meeting where the committee chose to adopt the AIRS model. The AIRS materials currently serve as the benchmarking tools used in this process. Through AIRS the College will be able to include an externally normed review of its practice into its annual process framework.

1R5: RESULTS

What are the results for determining the quality of academic integrity?

1R5a: Summary results of measures (include tables and figures where appropriate)

As a way to aggregate the realization of the College's philosophical commitment to scholarship, research, and contribution to the discipline among its faculty, Baker College records and publishes a list of all scholarly activity by the faculty each year. While Baker College's primary focus is not on scholarship and research, various

stakeholders engage in research efforts and subscribe to Boyer’s Model of Scholarship. The research and publications that do occur with the College are recognized in the [Faculty Scholarship Publication Brochure](#).

Baker College measures its processes in two ways. The first measures student realization of academic integrity principles through their curriculum. The data below show students appropriately cite research in constructing essays in which multiple sources are required. These measures are collected annually as a part of the College’s assessment plan.

Table 1.5.1 ENG 1020 Direct Measure – Percentage of Students Scoring Satisfactory or Higher

Component	AY15-AY16	AY16-AY17	AY17-AY18*
Content Development – Integrates research and distinguishes between sources and writer’s analysis of those sources.	89.20%	91.10%	95.90%
Writing Conventions -Correctly uses in-text citations for all sources	89.80%	90.30%	94.80%
N	2796	2549	1206

*The rubric changed between 2017 and 2018.

The other measure Baker College uses is tracking compliance with its IRB process. In 2018 there were six projects approved through the College’s IRB, nineteen projects approved in 2017, and eight projects approved in 2016. While 100% of IRB applications submitted were ultimately approved, several underwent a series of revisions for clarification and detail prior to approval. Research is not part of the Mission of the College and as such there are small numbers of projects conducted on behalf of the institution each year. That said, when research is occurring, the College tracks the progress of every application through to approval.

The College’s student information system allows tracking of academic integrity violations. For 2015-16 there were 9 violations recorded. That number decreased to 8 in 2016-17 and to 5 in 2017-18.

15Rb: Comparison of results with internal targets and external benchmarks

Once the AIR is fully integrated, external benchmark comparisons will be possible.

In addition, new data tracking systems will allow for the collection and disaggregation of honor code/academic integrity violations. At this time, the College utilizes the assessment of student research practice in the ENG 1020 course to set internal targets to improve performance. Finding meaningful targets and benchmarks in this area is an opportunity for the College.

15Rc: Interpretation of results and insights gained

Academic integrity has become an important focus at Baker College. The anticipated data collection should provide tools to benefit both students and faculty. The data from the student performance on research measures in ENG1020 indicates students are learning the foundational research skills needs to support the College's guidelines and expectation for student research practice. The IRB data shows compliance with the College's research practices and that all projects approved in the past three years were in full compliance with all of the College's research requirements before any research was conducted.

115: IMPROVEMENT

The adoption of the AIRS standards will be a substantial improvement. This will give the existing process objective benchmark measures through which to evaluate and improve student research practice. Improvements to the curriculum and instruction for undergraduate and graduate students continue in various departments as a part of the ALC process in the area of academic integrity and research practice. In 2016, the College added web-based resources through the virtual library to support student research practice. In 2017, Baker initiated an internal faculty conference which supports faculty in having an outlet for their research through the College. Finally, the College conducted a comprehensive review of its IRB policies in 2018 and improved the tools used, updated the manual, and improved the submissions process through the use of web-based tools.

Sources

- [2018 - 2019 Faculty Handbook](#)
- [2018 - 2019 Faculty Handbook AAUP](#)
- [Academic Honor Code](#)
- [Academic Integrity Philosophy](#)
- [Boyer Model](#)
- [Faculty Rankings Descriptions](#)
- [Faculty Scholarship Publication Brochure](#)
- [IRB Policy](#)
- [student-handbook](#)

2 - Meeting Student and Other Key Stakeholder Needs

2.1 - Current and Prospective Student Need

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

2P1: PROCESSES

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

- Identifying underprepared and at-risk students, and determining their academic support needs (3.D.1)
- Deploying academic support services to help students select and successfully complete courses and programs (3.D.2)
- Ensuring faculty are available for student inquiry (3.C.5)
- Determining and addressing the learning support needs (tutoring, advising, library, laboratories, research, etc.) of students and faculty (3.D.1, 3.D.3, 3.D.4, 3.D.5)
- Determining new student groups to target for educational offerings and services
- Meeting changing student needs
- Identifying and supporting student subgroups with distinctive needs (e.g., seniors, commuters, distance learners, military veterans) (3.D.1)
- Deploying non-academic support services to help students be successful (3.D.2)
- Ensuring staff members who provide non-academic student support services are qualified, trained and supported (3.C.6)
- Communicating the availability of non-academic support services (3.D.2)
- Selecting the tools, methods and instruments to assess student needs
- Assessing the degree to which student needs are met

2R1: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

2I1: IMPROVEMENT

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

Responses

[Glossary](#)

2P1a: Identifying underprepared and at-risk students, and determining their academic support needs (3.D.1)

Critical in serving the academic and non-academic needs of current students is identifying specific needs of various student populations. Specifically, the needs of students who are considered at risk. Multiple factors point to students who are at risk including but not limited to personal or health concerns, financial constraints and those risks that are academic or underprepared in nature.

As indicated in section 1.4 the College utilizes consistent academic standards ([Placement Chart](#)) as one of the first steps in the admissions process for incoming students to demonstrate college preparedness. As the chart illustrates, students can meet the admittance requirements in one of several ways. Incoming students identified as underprepared during the admissions process are required to complete remedial instructional modules provided by the College.

Students can self-identify the need for support services or once students are enrolled in college-level courses, faculty play a primary role in the process for identifying an at-risk student. Students with non-attendance or demonstrating poor performance on assignments are identified by faculty through the College's "Early Alert" process and assigned to support staff to reach out to assess the situation, offer support and provide advising. Prior to 2018, the College utilized a 'Notice of Concern' process where faculty members could identify at-risk students. In 2018, the College implemented a new early alert system as part of its BakerCares initiative to identify at-risk students. At-risk students can be identified by faculty or academic staff to trigger support to mitigate risk for students.

2P1b: Deploying academic support services to help students select and successfully complete courses and programs (3.D.2,)3.D.3)

In 2016, the College initiated a process to help students identify programs closely related to their career goals. A nationally normed career aptitude and interest survey was selected and piloted in fall 2016 and fully implemented winter 2017, to assist students with selecting programs. The 15-minute assessment is a required element of the admissions process for new students, and for a current student wishing to change their program major.

After completing the [admissions process](#), including the career aptitude and interest assessment and the Student Welcome Experience, students use the MyBaker portal to register for courses, review their degree audit, and create their academic plan for future course registration. New students are also invited to orientation events to review registration and support services and ensure they understand their academic plan. As students continue with their program of study, they can access OneStop advisors and Academic Advising Specialists for assistance in determining course selection or gain assistance in all aspects of navigating college.

Effective fall 2017, the College implemented a OneStop student services model. OneStop provides consistent and accessible academic, financial and disability services advising. Students have access to this advising either virtually or face-to-face. Additionally, students have access to an Academic Resource Center (ARC) located on every campus as well as virtually via the Internet. The ARC's primary purpose is to aid in scholastic success by providing library and tutoring resources both in undergraduate and graduate level coursework.

2P1c: Ensuring faculty are available for student inquiry (3.C.5)

The faculty is expected to respond to student questions via email, phone or posts with the learning management system (LMS) within 24 hours (online course delivery) and 48 hours (on ground course delivery). This expectation for availability for student inquiry is documented in the [Faculty Handbook](#) and in the faculty on-boarding and training process. Faculty are required to share contact information and are required to share their availability to students.

2P1d: Determining and addressing the learning support needs (tutoring, advising, library, laboratories, research, etc.) of students and faculty (3.D.1, 3.D.3, 3.D.4, 3.D.5)

Students can self-identify subject areas where they need tutoring support or assistance with course concepts and content. Faculty may also refer students to seek tutoring support based on academic performance. Academic Resource Center (ARC) personnel are available to assist students with determining individualized tutoring needs for students. In addition, advisors can identify a need and refer students to appropriate services. As noted earlier, students have access to both face-to-face and virtual tutoring options.

Faculty support needs are identified through a review of faculty evaluation data, professional development evaluation, program assessment, and requests directly from faculty. Gaps in instructional performance or metrics are addressed through our [Faculty Growth and Evaluation Process](#) which includes individualized goal planning, coaching and mentoring, and professional development provided as described in 3.3. The College also employs a team of instructional designers who support all faculty in developing and administering course content

Other support activities rely on input from various stakeholders in order to address their needs as part of the process. The library personnel relies on input from faculty, as well as program officials and deans, in addition to collecting data such as library presentations, the number of interlibrary loans processed, a number of items being checked out, resource access utilized, etc. Librarians review curriculum with content experts and help faculty and instructional designers plan for course activities. Requests for information can be submitted via email, phone, chat or face-to-face. Library staff also develop research guides for specific courses, providing students easy access to supporting resources.

2P1e: Determining new student groups to target for educational offerings and services

As referenced in 1P3, the College assessed its program portfolio offerings to

ensure alignment with the Mission, along with other key indicators such as geographic and overall job demand, outlook-job openings, wage-long term employment growth, and actual employment trends. Additionally, program report card data is collected and prepared for analysis. After this analysis, the College shifted some of its certificate and associate degree offerings to bachelor degree offerings. This adjustment directly impacted some of the previous target markets for recruiting of new students.

The College has a defined process for [New Program Development for Undergraduate Program](#). A new program idea to target new educational offerings can be initiated by College employees, including but not limited to Admissions/Enrollment Specialists and/or Outreach Coordinators, the Running Start Council (who focuses on our high school partnerships), Employer Relations Specialists (who work with employers), a campus administrator, a faculty member or requests from local community organizations. This process includes a feasibility study aimed at analyzing program/academic uniqueness, student demand, as well as employment outlook and demand. The entire process ensures that the new program aligns with the Mission of the College.

2P1f: Meeting changing student needs

The College's leadership team meets on a bi-annual basis to review data from student satisfaction surveys, exit surveys upon graduation, alumni surveys, employer surveys, enrollment data, and key performance indicators for primary departments to identify changing student needs. Based on a review of data, specialized committees and ad-hoc task forces are created and convene to investigate and identify strategies to address student needs.

Baker College has administered various student satisfaction surveys over the years. The College has also utilized the Community College Survey of Student Engagement (CCSSE) and the Ruffalo Levitz Adult Learning Inventory to measure student satisfaction, faculty perceptions of student needs, student behavior in the classroom, and varying adult learning expectations. Each of these tools has provided a variety of institutional strengths and opportunities for the College to develop strategic initiatives for continuous quality improvement. After review of our current and future strategies, the College chose to administer the Noel Levitz SSI inventory in fall of 2018 to give the institution the appropriate data points focusing on student priorities and satisfaction.

2P1g: Identifying and supporting student subgroups with distinctive needs (e.g., residence halls, disability services, distance learners, military veterans) (3.D.1)

Three examples of supporting student subgroups with distinctive needs include; 1) disability services, 2) residence halls, and 3) military.

Residence Hall campuses are staffed with personnel who provide residence life activities and opportunities. As an initial step to identify priorities, the College commissioned an ad-hoc committee to identify the needs of students regarding residence life activities and opportunities beyond the classroom. The ad-hoc

committee is currently working to integrate the Noel Levitz SSI deployed in fall of 2018 with internal survey data to develop a strategic plan to holistically support residence life.

Information, forms, and processes regarding disability services are available on the College's website. Additionally, the College employs dedicated Disability Services Specialists to serve students with special needs. These advisors maintain a [process](#) for ensuring accommodations are provided and support personnel are available.

A Military Education Service Center and advisor is maintained to provide dedicated services to veterans and active duty soldiers. These services are designed to meet the support services expectations as outlined by the Department of Defense. In addition to academic support, services include assistance with navigating military benefits, GI Bill applications, connecting veterans to community services, and health resources.

2P1h: Deploying non-academic support services to help students be successful (3.D.2)

Non-academic support services are introduced and outlined during the admissions process for new students. During New Student Orientation, students are shown how to access services both at physical locations and virtually through the College's website and the student portal. This standardized process allows for all students to be aware of financial aid and scholarship opportunities, campus safety assistance in order for students to feel safe, community resource availability for any personal or health concern, and access to OneStop advisors.

Academic and financial aid advising services are located in each campus OneStop Centers. If students are in need of special accommodations to support their learning, Disability Services Coordinators are available to meet with students and inform them of various options that are available. IT support, library resources, and tutoring can also be found in the Academic Resource Centers (ARCs) for ease of access is available at campus locations and virtually.

Campus Safety personnel are visible and available for student issues that require any issues that may arise that would require their assistance. All Campus Safety officers are armed to ensure that all students feel a sense of safety and security while on campuses.

2P1i: Ensuring staff members who provide non-academic student support services are qualified, trained and supported (3.C.6)

The College's recruiting and hiring processes ensure that all employees meet appropriate and identified qualifications, through established job descriptions, credential verification, training, and evaluation processes. More details regarding the hiring and on-boarding process of non-academic student support personnel detailed in Category 3.1.

College personnel have the opportunity to participate in a wide variety of

professional development activities. Staff are encouraged and financially supported to attend professional conferences and workshops in their areas of expertise. Staff can continually upgrade their skills by participating in seminars providing training in conflict resolution, diversity and inclusion, effective communication skills, safety and security techniques, and enhanced technology skills. All personnel have mandatory compliance training on an annual basis in Preventing Discrimination and Sexual Violence: Title IX, Violence Against Women Act (VAWA) and Clery Act, Bully Prevention, Unlawful Harassment Prevention for Higher Education Staff, Diversity Benefits for Higher Education, FERPA for Higher Education, Substance Abuse and the Drug Free Workplace Act.

2P1j: Communicating the availability of non-academic support services (3.D.2)

Enrollment specialists inform prospective students of the availability of non-academic support services. As students continue with the admissions process, they participate in new student orientation. This orientation introduces students to the learning management system, College policies and procedures, support services including residence hall services, financial aid advising, IT support, campus safety, services.

OneStop offices, the student portal, the College's website, social media, Learning Management System (LMS), course syllabi, campus signage, campus newsletters, and email are used to communicate the availability of non-academic support services to students.

2P1k: Selecting the tools, methods and instruments to assess student needs

The College seeks to use standardized tools and methods to assess student needs, and benchmark performance in meeting those needs. The College participates in nationally normed surveys such as the Community College Survey of Student Engagement (CCSSE), the Ruffalo Noel Levitz Adult Learning Survey, and the Ruffalo Noel Levitz Survey Student Satisfaction Survey. Results from these surveys provide historical and trend data to assess student needs.

In addition, the College utilizes an Early Alert system that allows faculty to send messages to advisors to address student needs that place the student at risk. The College is in the early stages of implementation, with the overall goal to have a predictive modeling tool to alert College personnel of at-risk students.

The College also utilizes internal surveys to identify student needs. For example, students accessing tutoring services complete surveys to identify other tutoring needs. The OneStop office collects data on the use of various service delivery modalities to determine when and where students need service.

2P1l: Assessing the degree to which student needs are met

Internal formative satisfaction surveys are utilized to determine if student needs are being met through the department assessment process. The surveys gather

information for continuous quality improvement initiatives and are reviewed by various councils. Students who seek academic support through the Academic Resource Center (ARC) complete a post-session evaluation survey. Students also have the opportunity to complete the end of course surveys and post-graduation surveys for further information. Also, evaluation of student performance in work experience courses by site supervisors provides information to program officials and Deans.

In response to recent changes, the College changed its satisfaction assessments to align with the new student profile. In 2014 the College utilized the Community College Survey of Student Engagement. After a review of this data and a strategic shift in program portfolio to favor bachelor and graduate programs, the College moved to utilize the Ruffalo Noel Levitz Adult Learner Inventory. In reviewing changes in the student demographic during this same timeframe the College observed a decline in mean and median student age. This prompted a change in Noel-Levitz Student Satisfaction Inventory which the College employs on a two-year cycle. These satisfaction survey results are reviewed by the President's Cabinet and Strategy Council to assess the extent to which we are meeting student needs.

2R1: RESULTS

What are the results for determining if current and prospective students' needs are being met?

1R1a: Summary results of measures (include tables and figures when possible)

The tables below are utilized as a key component in measuring success in the College's strategic plan. The College's institutional metrics and scorecard are presented and reviewed annually at the executive leadership retreat for administrators and key staff members. New initiatives are set after the review of this data to ensure targets and goals align with the success factors outlined.

Table [2.1.1 CPP ENG](#)

Table [2.1.2 CPP Math](#)

Students are surveyed to determine if; a) ARC services were beneficial, b) likelihood of seeking additional service, and c) likelihood of recommending services to fellow students.

Table [2.1.3- Student Evaluation of Tutorial Services](#) (WC Online Student Satisfaction Results)

Baker College Tutoring Service Survey Information from Students

In 2016, the College administered the Ruffalo Noel Levitz Adult Learner Survey (ALS). ALS data from fall 2016 indicates that Baker College compared in overall Student Support Systems relatively even with other National Four-Year Institutions for Adult Learners.

[Table 2.1.4](#)

The College submitted data to the National Community College Benchmark Project (NCCBP) in fall 2014, 2015, and 2016 to benchmark student success factors with other two-year institutions who had student demographics similar to Baker College. The tables below outline how the College compared to like institutions in student preparation and general education foundation courses.

[Table 2.1.5 Developmental ENG Retention](#)

[Table 2.1.6 Developmental Math Retention](#)

In 2018, the external instrument used was Ruffalo Noel Levitz Student Satisfaction Inventory (SSI). The [response rate and demographic of the student population of students](#) indicate that the data set provided to the institution is representative of the overall student composition.

The following tables outline student rating of importance and satisfaction with academic support services in advising, campus services, and student centeredness as compared to its national peer group.

[Table 2.1.7: Academic Advising Effectiveness](#)

[Table 2.1.8: Campus Services](#)

[Table 2.1.9: Student Centeredness](#)

2R1b: Comparison of results with internal targets and external benchmarks

After an analysis of undergraduate program change data that were outside the thresholds of predetermined targets set internally by the College, it was apparent that high numbers of students were changing majors. The College initiated a process to help students identify programs closely related to their career goals. The overall goal of this process was to reduce the number of program changes and to increase student retention and persistence. The data collected thus far indicates that the number of students changing their major has decreased since the inception of this process, but it is too early in the implementation of this strategy to determine the impact on student retention and persistence. ([See page 6 of Baker College Case Study -- MyMajors 2018](#)).

Additionally, the College reviews the internal survey information from students regarding their satisfaction with tutoring services. The Student Affairs Council reviews the tutoring satisfaction data and ensures that the ARC personnel address any gaps in the tutoring support services delivered to each student.

2R1c: Interpretation of results and insights gained

The results from the fall 2016 Ruffalo Noel Levitz Adult Learner Survey outlined areas in which the College could improve upon include strategies offered to help students cope with the multiple pressures of home, work, and studies; timely responses to requests and or information; and opportunities to connect with other adult learners.

The data presented in the NCCBP data sets indicated that the College was making positive progress in student retention and success rates in foundational coursework, the strategic decision was to change admittance criteria and ensure students were prepared prior to incurring debt and enrolling in college-level coursework. The CPP data regarding course pass rates in the fall of 2017 and 2018 indicates the change in criteria supported student success.

Students are utilizing our tutoring services for a variety of reasons and prefer a virtual visit over face-to-face. The data also indicates that students are satisfied with the tutoring services and that these services are meeting their needs.

The Ruffalo Noel Levitz survey results from fall 2018 suggest that strategies for improvement with academic advising services should be a priority for the institution. Currently, the key insights from the data confirm that the College has identified appropriate initiatives and priorities to assist students in completing their degree. Of note, the data sets are being utilized to drive decisions for the institution that will lead to increased outcomes for persistence, retention, and completion rates of our student population and student satisfaction.

2I1: Improvement

The College will continue to refine the new student admissions processes ensuring new nurturing campaigns and that student information is easily accessible on the College's portal and website. An analysis is underway regarding the entire admissions process to reveal any gaps that would cause barriers for students. Additionally, continued analysis of the data regarding placement scores will ensure students are placed appropriately for successful completion of coursework and degree completion.

The utilization of the proactive 'Baker Cares' will also be fully implemented in the upcoming semesters. This will allow for proactive advising and provide students with additional support from advisors who can assist students with removing barriers or risk factors.

Based on the timing of the results from the fall 2018 Noel Levitz student satisfaction survey, the College has disseminated the information to various Councils (described in category 4) to review the data for affirmation of strengths of the College and identify the significant opportunities for improvement. At the time of this submission, the Councils are strategically reviewing their data and aligning strategies and initiatives to further support the strengths outlined by our students and /or ensuring proactive measurable outcomes are initiated through continuous improvement processes. These improvement plans will be monitored and reviewed by the Strategy Council and Presidents' Cabinet throughout the next 18 months.

Sources

- [2.1.4 Table](#)
- [2.1.6 Table](#)

- [2.1.7 Table](#)
- [2.1.8 Table](#)
- [2018 - 2019 Faculty Handbook](#)
- [2018 - 2019 Faculty Handbook Page 17-18](#)
- [Admissions Flow Chart](#)
- [Baker College Case Study - MyMajors 2018](#)
- [Baker College CPP Readiness Process.docx](#)
- [Baker College System - SSI - 11-2018](#)
- [Baker College Tutoring Services Portal May 2018 to March 2019](#)
- [Cat 2 Table 2.1.5](#)
- [Cat 2 Table 2.1.6](#)
- [Disability Services ProcessMap](#)
- [FGEP Evaluation Process Map](#)
- [FGEP process chart](#)
- [FGEP Timeline Process](#)
- [Final Placement Chart for Academic Preparation](#)
- [Final Placement Chart for Academic Preparation](#)
- [Global Statistics](#)
- [Glossary](#)
- [New Program Development for Undergraduate Program](#)
- [Request for Proposal Policy and Procedure](#)
- [Table 2.1.1](#)
- [Table 2.1.2](#)

2.2 - Retention, Persistence, and Completion

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

2P2: PROCESSES

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

- Collecting student retention, persistence and completion data (4.C.2, 4.C.4)
- Determining targets for student retention, persistence and completion (4.C.1, 4.C.4)
- Analyzing information on student retention, persistence and completion
- Meeting targets for retention, persistence and completion (4.C.1)
- Selecting the tools, methods and instruments to assess retention, persistence and completion (4.C.4)

2R2: RESULTS

What are the results for student retention, persistence and completion? The results presented should be for the processes identified in 2P2. All data presented should

include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

2I2: IMPROVEMENT

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

Responses

2P2a: Collecting student retention, persistence and completion data (4.C.2, 4.C.4)

The College's process for the collection of data on student retention, persistence and completion rates is completed through reports generated from our Student Information System on a semester and annual (year to year) basis. Through 2016, the College utilized [program report cards](#) to outline retention and persistence for each program, which was reviewed annually by program officials and Deans. The information was also reviewed by executive leadership as part of the program sustainability and viability process.

On an annual basis, completion data is collected for various cohort student groups, including but not limited to, new full-time, first-time, new transfer, and new all degree-seeking. The data is consolidated by the Provost office, who presents this information to executive leadership. Historically, this data was reported on campus scorecards to benchmark internally, along with external reporting to the HLC, IPEDs, Specialized Accrediting Agencies, etc.

The [Persistence and Retention Committee](#) is charged with collecting and reviewing retention data. This Committee prepares two reports annually; 1) fall-to-fall retention, and 2) fall-to-spring persistence. Retention data is available to be analyzed and dissected in a multitude of ways including but not restricted to an academic college, program, degree level, campus location, and a variety of demographic indicators. This committee is responsible for synthesizing the data, identifying deficiencies, and proposing solutions for improvement.

As part of the process, a dashboard is prepared for each Dean and program official. The [dashboard](#) allows them to aggregate and disaggregate their student retention and persistence data in a variety of ways including but not restricted to college, program, degree level, home campus, and a variety of demographic indicators. The Steering Committee synthesize the data, highlight areas of improvement, and indicate areas of opportunity. The reporting and work of this committee and its subcommittees is shared widely with academic stakeholders,

faculty, and the College's executive leadership.

2P2b: Determining targets for student retention, persistence and completion (4.C.1, 4.C.4) (4C3?)

Historically, the retention data was utilized to determine the targets for budgeting enrollment goals for overall returning student numbers on an annual basis by the Finance department, specifically the Controller and Budget Director of the College. Although this process has worked historically for the College, the executive leadership concluded that retention data, which provides a foundation for fiscal forecasting, does not provide specific targets for retention, persistence, and completion rates.

To that end, as outlined previously, executive leadership commissioned a Persistence and Retention Committee charged with developing strategies, initiatives, and recommend targets for persistence, retention, and completion. In 2017, the Committee proposed specific targets based on a number of data sources which included historical and current completion data as well as national and state retention. These proposed targets were adopted as a function of the annual strategic planning review process.

2P2c: Analyzing information on student retention, persistence and completion (4C3?)

In 2015, the College commissioned a task force in 2015-16, comprised of various department directors, to review its admissions processes, underprepared student success data, retention, persistence and completion data and determined that a major overhaul of these processes needed to be enacted. The task force, College Preparation Committee (CPP), reviewed the data, processes, and strategies for recommended changes to improve retention, persistence, and completion rates.

Effective fall semester 2017, Baker College changed its new student [admissions process](#) from right to try/open door to accessible. One of the most impactful changes based on the analysis of the process was that prospective students must meet placement criteria outlined on the System Fall 2017 Placement Chart by demonstrating minimum entrance requirements through their high school GPA, ACT and/or SAT score, or transfer credits in the Math and English ([Placement Chart](#)) If students do not meet the criteria, they must successfully pass coursework, which demonstrates these foundational skills are met.

During this same timeframe (in 2015-16) the College reviewed its own business processes and determined that internal metrics, outcomes, and predictive models were not meeting the targets and benchmarks outlined by external agencies. The executive leadership began an in-depth metrics review process for program sustainability in February of 2015. As part of this review process, the College analyzed the metrics associated with program viability, including new student enrollments, retention and persistence data, completion data, and graduation rates. As previously stated, this process and associated analysis are supported by the Persistence and Retention Steering Committee.

2P2d: Meeting targets for retention, persistence and completion (4.C.1)

In 2016, the College responded to a survey sent by the HLC regarding four-year institutions that had not achieved the 25% graduation rates from its students. Based on this review process it was evident that the College's open admissions process significantly impacted retention and graduation rates.

As a function of this analysis, the College reviewed a ten-year historical perspective in various cohorts to identify trends and opportunities that would improve retention, persistence, and completion data. Additionally, the College outlined various challenges that needed to be addressed to achieve set targets, and hence, improve retention and completion rates.

2P2e: Selecting the tools, methods and instruments to assess retention, persistence and completion (4.C.4)

The College follows an outlined process for selecting tools, methods, and instruments: (1) Functional units are responsible for researching and proposing methods, tools, and instruments; (2) Proposals have a multi-level approval process; a) functional unit council approval, b) strategy council approval, and c) President's Council approval; and (3) Deploy pilot implementation, analyze pilot implementation, and determine if full adoption is appropriate.

As such in 2014, the Provost commissioned an ad-hoc committee consisting of Student Affairs personnel across the institution to address student retention, persistence, and completion and review the various tools and instruments available for surveying student engagement and satisfaction. Subsequently, the College deployed CCSSE instead of the Noel Levitz Student Satisfaction Survey. After analysis of the results, gaps identified, and strategies deployed, another review was conducted by this same committee and recommended that the College align its external benchmarking with Ruffalo Noel Levitz - Adult Learner Survey in fall 2016. The process for this selection included a comparison of the data sets and the strategic alignment with the College and the current student demographics at the time of deployment of this survey. In fall of 2018, the College deployed the Noel Levitz Student Satisfaction Survey and aligned its peer group with four-year private institutions.

2R2: RESULTS

What are the results for student retention, persistence and completion?

2R2a: Summary results of measures (include tables and figures when possible)

Student right-to-know graduation rates consist of first-time, full-time students who began certificate, associate, or bachelor degree programs at Baker College each fall. These statistics are representative of only part of the student body. Many students transfer from other colleges and universities. A large percentage of students are part-time rather than full-time students. Length of time to graduation and withdrawals are influenced by a variety of factors. Some students who begin their college careers as full-time students drop to part-time status as they balance college, family, and work. Many students "stop out" of college for a semester or

two. This extends the time for completion of their programs. Some students, particularly older, working students, withdraw from college once their career objectives have been met. There are three charts that outline the various cohort comparisons:

[Table 2.2.1 New Full-time, First-time Students](#)

[Table 2.2.2 New All Degree Seeking Students](#)

[Table 2.2.3 New All Transfer Students](#)

Table 2.2.4 Fall-to-Spring Retention

	Base Enrollment (- Graduates from Fall Semester)	Return Enrollment	Actual Return %	Target / Goal %
Fall15-Winter16	24,048	18,068	75.13%	80%
Fall16- Winter17	19,662	14,566	74.08%	81%
Fall17-Spring18	13,430	10,114	71.89%	77%
Fall18-Spring19	8,905	7,111	79.93%	78%
Fall19- Spring20			↑	80%
Fall20- Spring21			↑	80%

Table 2.2.5 Fall-to-Fall Retention Rate

Academic Year	Base Enrollment	Return Enrollment	Actual Return %	Target / Goal %
AY15-AY16	21,385	10,247	47.90%	50%
AY16-AY17	17,036	7,615	44.70%	50%

AY17-AY18	10,927	5.611	51.30%	51%
AY18-AY19			↑51.3%	52%
AY19-AY20			↑51.3%	54%
AY20-AY21			↑51.3%	55%

2R2b: Comparison of results with internal targets and external benchmarks

Prior to fall 2017, the College benchmarked against community college data due to the nature of the program portfolio. However, with the strategic change in admittance criteria, program portfolio offerings, and partnering with community colleges through articulation agreements, the College focused its external benchmarks to more ‘like’ institutions within Michigan. The tables below outline how the College compared to similar institutions in retention and graduation rates over the past year.

[Table 2.2.4](#) Four-year Colleges/Universities Comparisons

[Table 2.2.5](#) Community Colleges - Comparison with Associate/Certificate

2R2c: Interpretation of results and insights gained

Ensuring that initiatives are focused on ‘leading indicators’ and not ‘lagging indicators’ will continue to be a key focus for the executive leadership of the College. Analyzing the persistence data to identify new strategies to remove barriers to support student persistence will remain a key priority for the College.

The data confirms that student risk-factors, including but limited to unpreparedness, personal or health concerns, competing priorities, etc., of impacted persistence rates.

2I2: Improvement

In 2016, the College adjusted its admittance criteria in a deliberate attempt to ensure students were prepared for college-level coursework, could persist, and ultimately, graduation. From initial data analysis, it appears that this decision will produce the results intended.

The rallying cry of “15 to finish” is prominent in all literature regarding persistence. Based on this research, Institutional scholarships have been implemented to encourage and support full-time enrollment.

Furthermore, the work of the Persistence and Retention Committee provides

a consistent and dedicated team to oversee persistence data, analysis, strategy, and initiatives.

Internally, the College is implementing a retention management system through its Student Information System (Jenzabar) that will allow the College to use predictive analytics to identify students most likely to benefit from particular types of support services and interventions intended to increase completion, retention, and graduation rates. This 'early alert' system will allow the College personnel to predict through a process of 'at risk' factors that may cause students to stop out or drop out. The implementation of this tool will allow the College to develop processes and proactive measures to inform the appropriate stakeholders of barriers that may be able to prevent students from persisting

Sources

- [2.2.4 Table](#)
- [2.2.5 Table](#)
- [Admissions Flow Chart](#)
- [Business Division Program Report Card By Program](#)
- [Final Placement Chart for Academic Preparation](#)
- [New Full-time First-time Cohort Comparison](#)
- [Persistence and Retention Performance](#)
- [Process from the Retention and Completion Steering Committee - Future State](#)
- [Tabel 2.2.1](#)
- [Table 2.2.2](#)
- [Table 2.2.3](#)

2.3 - Key Stakeholder Needs

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

2P3: PROCESSES

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

- Determining key external stakeholder groups (e.g., alumni, employers, community)
- Determining new stakeholders to target for services or partnership
- Meeting the changing needs of key stakeholders
- Selecting the tools, methods and instruments to assess key stakeholder needs
- Assessing the degree to which key stakeholder needs are met

2R3: RESULTS

What are the results for determining if key stakeholder needs are being met? The

results presented should be for the processes identified in 2P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

2I3: IMPROVEMENT

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

Responses

2P3a: Determining key external stakeholder groups (e.g., alumni, employers, community)

Based on the College's mission, employers throughout the state are identified as key stakeholders. Program advisory groups are utilized to identify employer needs within the state. In addition, approved employers are eligible to post opportunities to students and alumni on the College's recruiting platform.

As a post-secondary institution, the College recognizes the need to serve secondary institutions within our communities. As a result, the College reviews student demographic and historical matriculation data in an effort to prioritize outreach efforts to potential partners. Additionally, secondary institutions contact Baker College to participate in college presentations, college fairs, and financial aid informational sessions.

The College utilizes a [Strategic Partnership Evaluation](#) process for determining potential partnerships which focus on resource allocation and potential benefits.

2P3b: Determining new stakeholders to target for services or partnership

Baker College Employer Relations Specialists propose employer partnerships through a [New Business Development Target](#) process. This process helps identify new employer partners for the purpose of work experience and graduate employment opportunities.

Because the College has had long-standing relationships with secondary school districts presenting College readiness information to high school students, along with financial aid information, the College expanded the partnership to deliver college courses to high school students through an initiative called Running Start. The [Running Start](#) initiative continues to expand and build even stronger relationships with educational partners.

Baker College maintains a [strategic framework regarding articulation](#)

[agreements](#) with other post-secondary institutions. The strategy focuses on targeting post-secondary institutions where coursework and program outcomes align with the College.

2P3c: Meeting the changing needs of key stakeholders

The College surveys employers hosting work experience students for feedback on student performance relative to employer needs. Survey data is analyzed and recommendations formulated regarding action steps for improvements.

Alumni needs for placement resources and career opportunities have lifetime access to Handshake, the online recruiting platform for the College.

2P3d: Selecting the tools, methods and instruments to assess key stakeholder needs

The College follows an outlined process for selecting tools, methods, and instruments: (1) Functional units are responsible for researching and proposing methods, tools, and instruments; (2) Proposals have a multi-level approval process; a) functional unit council approval, b) strategy council approval, and c) President's Council approval; and (3) Deploy pilot implementation, analyze pilot implementation, and determine if full adoption is appropriate.

As such, this process was utilized by the Career Services leadership after a gap was identified in collecting graduate survey information in a systematic, efficient, and effective manner. Career Services worked with the System Information Systems Governance committee to explore industry best practices for the collection of this data. The recommendation was made to executive leadership to select the First Destination graduate survey and deploy this survey through Qualtrics Research. In 2016, the pilot for this tool, method, and instrument was conducted. Additionally, the process for this selection also identified an enhanced feature of Vocalize, deployed through Qualtrics, as a way to present and distribute collected data more effectively.

As other key assessments of stakeholder needs are determined, the process and selection of this additional system, Qualtrics, continues to be deployed as a mechanism to collect data and survey results in order for internal stakeholders to efficiently collect, analyze, and implement strategies to address external needs identified.

2P3e: Assessing the degree to which key stakeholder needs are met

Baker College collects data from work experience site supervisors. Survey responses are analyzed to assess student performance levels as well as the overall needs of the employer/partner. Action steps and process recommendations are determined and communicated to internal process owners.

Additionally, the College annually surveys stakeholders to ensure there is a mutual alignment of expectations with outlined strategies and partnerships. These stakeholders include but not limited to alumni, employers, advisory boards,

secondary school partners and community members.

2R3: RESULTS

What are the results for determining if key stakeholder needs are being met?

2R3a: Summary results of measures (include tables and figures when possible)

Baker College interacts with key external stakeholders and ensures that overall satisfaction and expectations are being met that are mutually beneficial to both institutions. Even though the College had anecdotal data regarding meeting key stakeholder needs, it did not regularly survey its external partners in order to set thresholds, targets, and benchmarks for these stakeholders. As a result, the College deployed a survey in spring of 2018 to ensure that it was meeting the needs of the stakeholders in the presentations at the high schools. Results from these first surveys are presented below with 266 members responding to the college preparation information survey and 37 responses to the financial aid presentations. The summary of these results in two key areas for secondary school partnerships included: overall satisfaction with the presentation for college preparation and financial aid.

Effectiveness of College Preparation -- Outreach Presentations to High School Students

[College Preparation -- Outreach Overall Satisfaction](#)

[College Preparation -- Outreach Meeting Needs](#)

Effectiveness of Financial Aid Presentations to High School Students

[Financial Aid Presentation -- Overall Satisfaction](#)

[Financial Aid Presentation -- Meeting Needs](#)[Financial Aid Presentation -- Overall Meeting Needs](#)

2R3b: Comparison of results with internal targets and external benchmarks

As outlined in 2.3, the College surveys its work experience site supervisors as a means of assessing student performance in relation to institutional student learning outcomes. This data is utilized as an evaluation of student preparedness and performance at their work experience, internship, or clinical site. A key metric for the institution is would they (the employer) hire another Baker College graduate. The latest results from 2017-18 with 1,454 responses affirm that 98% of the employers would hire Baker College graduates. These results are shared with the Dean and program officials during the ALC process.

2R3c: Interpretation of results and insights gained

The data sets collected in outreach and financial aid presentations were first deployed as the benchmark data for 2017/18. Annually these surveys will be sent to external stakeholders in order to gain further insight for strengths and

opportunities to continuously modify and improve our external relationships. The data collected suggests a high level of satisfaction for outreach presentations to high school students in the areas of college preparation and financial aid information. This reinforces the commitment the institution has made to achieving beneficial partnerships.

The response from work experience site supervisors from the 2017/18 Experience Supervisor Survey to the question "Would you hire a Baker College student/graduate in the future?" reflects significant enthusiasm for the likelihood our students would receive consideration for employment opportunities. This is a positive indicator reflecting the College's ability to meet stakeholder needs.

2I3: IMPROVEMENT

Various action steps will be implemented to ensure sustainable metrics and partnerships are maintained. Those steps include:

- Annual outreach surveys will be adjusted to ensure needs are being met based on results. The previous data collection cycle was analyzed by departmental leadership and modified to better assess external stakeholder needs.
- Annual targets and initiatives will be deployed as part of the continuous quality improvement cycle for secondary institution presentations.

Additionally, the Dean's council has proposed increased alignment with the Career Services department to ensure Institutional Learning Outcome survey data is effectively utilized in an effort to promote quality work experience opportunities for students. This will include an analysis of existing survey questions and deliberate communication channels for all relevant stakeholders.

Sources

- [Articulation Strategy with Community Colleges August 10 2017](#)
- [Baker College Strategic Partnership Evaluation](#)
- [College Preparation -- Outreach Meeting Needs 2](#)
- [College Preparation -- Outreach Overall Satisfaction 2](#)
- [Financial Aid Presentation -- Overall Meeting Needs 2](#)
- [Financial Aid Presentation -- Overall Satisfaction 2](#)
- [New Business Development Target](#)
- [Running Start Process maps](#)
- [Standard ISLO Questions](#)

2.4 - Complaint Processes

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

2P4: PROCESSES

Describe the processes for collecting, analyzing and responding to complaints

from students and stakeholder groups. This includes, but is not limited to, descriptions of key processes for the following:

- Collecting complaint information from students
- Collecting complaint information from other key stakeholders
- Learning from complaint information and determining actions
- Communicating actions to students and other key stakeholders
- Selecting the tools, methods and instruments to evaluate complaint resolution

2R4: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

2I4: IMPROVEMENT

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

Responses

2P4a: Collecting complaint information from students

The following are considered formal student complaints: grade disputes, equal opportunity complaints, Americans with Disabilities Act complaints, and harassment complaints. To file formal complaints, students follow the procedures outlined in the [Baker College Student Handbook](#). Formal student complaints are logged; however, during 2014-2017 the College utilized an ad-hoc approach for troubleshooting miscellaneous student concerns that were not identified as such from above. In an effort to provide a consistent, measurable system for capturing and addressing these complaints the College developed and implemented a formalized [Complaint Tracking Process](#), beginning in 2018.

The complaint process utilizes a software system that tracks and sorts complaint type by department, campus, and root causes to identify trends that could inform future decision making. It also collects data regarding action steps taken and response time to evaluate internal service levels. Students are surveyed following the closure of their complaint to evaluate their experience. Reports are evaluated monthly and action step recommendations are made to process owners based on

the evaluation of the data.

2P4b: Collecting complaint information from other key stakeholders

The College provides an avenue for external stakeholders to report complaints and/or provide additional feedback through its website. Appropriate staff representatives receive complaints based on the information provided in the submission. Complaint Tracking Process Reports are collected and evaluated on a monthly basis. Action steps and recommendations, if necessary, are made to process owners based on the evaluation of the data.

2P4c: (Analyzing) Learning from complaint information and determining actions

The College documents formal complaints in its student information system. The following are considered formal student complaints: grade disputes, equal opportunity complaints, Americans with Disabilities Act complaints, and harassment complaints. Reports are generated through the system and available for review. These complaints are tracked and monitored by the Associate Provost of Student Affairs, who addresses any additional steps or actions that need to be taken prior to completing the final step.

For non-formal complaints collected through the Baker College complaint tracking system on the web site, process owners have been identified for each department and the complaint is sent to the owner for action. The process owner follows up with the student in order to resolve any issue or address any concern identified. Additionally, reports are collected and evaluated on a monthly basis by the Student Affairs Council to monitor any recurring complaints that need to be addressed. Action step recommendations, if necessary, are made to process owners of identified departments based on the evaluation of the data collected.

2P4d: (Responding) Communicating actions to students and other key stakeholders

Stakeholders are requested to include the desired resolution or action when completing the complaint survey for non-formal complaint types. Following a non-formal complaint submission, a student or other key stakeholder will receive communication from a College representative informing them of action steps towards resolution, if applicable, per the [Complaint Tracking Process](#). Formal complaint processes, including the process for communication of actions to students, are in the [Baker College Student Handbook](#).

2P4e: Selecting the tools, methods and instruments to evaluate complaint resolution

In 2016 the College formed an Administrative Systems Governance Group to review, analyze, and approve potential software tools and products for institutional use. The group is responsible for the selection of such tools that align with industry best practices, integrate with the current student information system, and provide effective and efficient end-user capability. The complaint process deployed during the 2018 academic year utilizes a software system (RemedyForce), which was

selected for its ability to track and sort complaint type by department, campus, and root cause. The same software system has been utilized by the College as a communication vehicle for other areas of this institution. It allows for the collection of action steps taken and response time towards resolution in an effort to evaluate internal service levels.

2R4: RESULTS

What are the results for student and key stakeholder complaints?

2R4a: Summary results of measures (include tables and figures when possible)

The College collects complaints through two channels. The formal student complaint process is tracked by College personnel in order to address the initial complaint and ensure that the process is followed consistently. As indicated those formal complaints that are documented include Grade Appeals, Equal Opportunity complaints, Harassment complaints, and Americans with Disabilities Act (ACA) complaints. Results for formal complaints are presented below:

Table 2.4.1 Formal Student Complaints

Complaint Type	2016-17	2017-18	2018-19
Sexual Harassment	3	4	0
Grade Disputes	17	6	2
Lawsuit	1	0	0
EEOC	0	0	0

The second channel to address other student complaints is gathered from student information through form submissions in the My Baker student portal, found on the Baker College website. Form submissions contain vital specifics that allow for internal process owners to be identified as a means of quickly and effectively troubleshooting concerns and complaints from external stakeholders.

Results for information complaints are presented below:

Table 2.4.2 Complaint and Concern Submissions (*MyBaker Portal*)

Semester	Total	Met Response Time Goal
Summer 2018	9	6

Fall 2018	20	16
Spring 2019	10	9

2R4b: Comparison of results with internal targets and external benchmarks

Formal complaints, outcomes and resolution timeframes, are evaluated monthly by the Student Affairs Council to ensure that timely turnaround times are adhered to by the process owners of the area in which the complaint was handled. Any deviations from the expected turnaround times are reviewed with the appropriate personnel.

The 2018 data collection cycle for informal complaints and concerns will provide benchmark data for comparison purposes. Key indicators that will be assessed include patterns in complaint type and evaluation of service level performance. Providing stakeholders with an avenue to share valuable information regarding the performance of the College is important to mitigating problem areas that affect satisfaction.

2R4c: Interpretation of results and insights gained

The College continues to assess all complaint issues through data that is collected at the end of an annual cycle to identify opportunities for process improvements. These findings will be shared with process owners of related departmental areas in an effort to improve any deficiencies or improvement opportunities. During the first semester of implementation, the response rate fell short of the target, which was meeting turnaround times to handle the compliant 100% of the time. After this semester, continued training and adherence to the response times were improved and will continue to be monitored.

2I4: IMPROVEMENT

Process improvements will continue to be identified through a structured data analysis conducted by the Student Affairs Council. Currently, this Council has been responsible for reviewing the student complaint data and continues to modify and implement initiatives for communicating strategic recommendations to departments. This strategy allows for consistent communication based on trends identified through the data collection process. The first improvement was to reduce the gap in turnaround times for responding to complaints. Being that the system is in its infancy of implementation, further data sets will be evaluated to improve any major process change that could impact stakeholder satisfaction.

Sources

- [Complaint Collection and Communication Process](#)
- [Studentt-handbook Page 34](#)

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

2P5: PROCESSES

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

- Selecting partners for collaboration (e.g., other educational institutions, civic organizations, businesses)
- Building and maintaining relationships with partners
- Selecting the tools, methods and instruments to assess partnership effectiveness
- Evaluating the degree to which collaborations and partnerships are effective

2R5: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

2I5: IMPROVEMENT

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

Responses

2P5a: Selecting partners for collaboration (e.g., other educational institutions, civic organizations, businesses)

Baker College pursues collaborative partnerships through a variety of means. Baker College utilizes a Strategic Partnership Evaluation process for determining potential new partnerships which focuses on resource allocation and potential benefits. Additionally, the College invites community members with relevant experience to participate in advisory boards through an outlined process detailed

in the [Quality Advisory Board Handbook](#).

To engage secondary education partners, Baker College disseminates information regarding the College's concurrent enrollment efforts in a variety of ways, including advisory board interaction, networking through secondary organizations, outreach presentations at high schools, posting on the Baker College website and the website of the accrediting body, the National Alliance of Concurrent Enrollment Partnerships. Upon contact by potential partners, Baker College Running Start specialists guide potential partners through review of the available options as delineated in the [Running Start](#) process.

Baker College pursues educational partnership with other educational institutions through an [articulation agreement framework](#). The strategy focuses on targeting post-secondary institutions where coursework and program outcomes align with the College to create local synergies and opportunities for transfer students.

2P5b: Building and maintaining relationships with partners

Employer Relations Specialists are responsible for building and maintaining employer relationships. A [Work Experience Site Visit Guide](#) contains a prescribed outline for pre-meeting research and recommended on-site discussion topics. Quarterly communication is suggested to keep advisory board members abreast of campus, program, and system updates.

The College annually deploys a [survey to key stakeholders](#) to assesses current and future needs. For example, the College surveys work experience supervisors for feedback on student performance. Survey data is analyzed and utilized to make improvements to better serve employers.

2P5c: Selecting the tools, methods and instruments to assess partnership effectiveness

The College follows an outlined process for selecting tools, methods, and instruments: (1) Functional units are responsible for researching and proposing methods, tools, and instruments; (2) Proposals have a multi-level approval process; a) functional unit council approval, b) strategy council approval, and c) President's Council approval; and (3) Deploy pilot implementation, analyze pilot implementation, and determine if full adoption is appropriate. As such in 2015, this process was utilized by the Career Services leadership after a gap was identified in the tool utilized for a student to employer interactions. The group presented a [selection process](#) to the executive leadership for implementing a new tool, method, and instrument that aligned to industry best practices. As a result of the evaluation process a new tool, Handshake was adopted.

2P5d: Evaluating the degree to which collaborations and partnerships are effective

Employment report data is compiled through the First Destination graduate survey and measures internships and other work experiences that lead to gainful employment for graduates. Data is collected annually and reported in compliance

with standards set by the National Association of Colleges and Employers (NACE). Employer information collected through the survey, including full-time and part-time status, related employment to program majors, and salary data, is utilized to evaluate the strength of graduate employment partnerships. Baker College also evaluates the percentage of graduates declaring post-graduation employment at their work experience site on an annual basis in an effort to measure the effectiveness of existing partnerships.

An annual survey is distributed to Running Start partners to assess if we are meeting the needs of this key stakeholder group. This information evaluates the degree to which schools and their entering into partnership agreements with Baker College are impacted in areas of academic understanding and performance. Unique surveys are sent to principals, guidance counselors, and instructors in an effort to capture specific information pertaining to each stakeholder group. This information is assessed internally in an effort to ensure that Baker College is effectively collaborating with partner schools.

2R5: RESULTS

What are the results for determining the effectiveness of aligning and building collaborations and partnerships?

2R5a: Summary results of measures (include tables and figures when possible)

Advisory Board members are surveyed in an effort to gather critical feedback regarding performance and expectations. This data is evaluated internally by key academic stakeholders including Deans and program officials to ensure that Baker College is meeting the needs of its members in a consistent manner across all divisional levels. The College deployed a survey in spring of 2018 to ensure that it was meeting the needs of the Advisory Board members. Results from the annual advisory board evaluation are presented below with 222 members responding:

[Advisory Board Survey -- Overall Program Direction](#)

[Advisory Board Survey -- Professional Development](#)

The College surveys its work experience site supervisors as a means of assessing student performance in relation to institutional student learning outcomes. This data is utilized as an evaluation of student preparedness and performance at their work experience, internship, or clinical site. A key metric for the institution is would they (the employer) hire another Baker College graduate.

The latest results from 2017-18 with 1,454 responses affirm that 98% of the employers would hire Baker College graduates. These results are shared with the Dean and program officials during the ALC process.

2R5b: Comparison of results with internal targets and external benchmarks

A key metric utilized reflecting the strength of work experience partnerships are graduates reporting employment at their career experience site (work experience, internship, clinical, etc.) Data is collected via an electronic survey of students

graduating from summer 2016-spring 2017 report 36.5% (N=570) of students were employed at their Career Experience site.

Employer partners are formally tracked through the College's recruiting platform, Handshake. The College is able to generate reports regarding new employer registration information and allows the department to cultivate these relationships in an effort to provide its students and alumni with quality work experience and career opportunities. In an evaluation of Handshake partner registrations during the 2017-18 academic year, Baker College had an overall total of 6,054 registered partners, including 1,215 added during the year. 3,808 of these partnerships were Michigan-based.

2R5c: Interpretation of results and insights gained

Data indicates the College has made satisfactory progress in building collaborations and partnerships. The results from employer partner surveys indicate a high level of satisfaction and a willingness to continue as partners of the institution. The responses to the 2017/18 Experience Supervisor Survey question "Would you hire a Baker College student/graduate in the future?" reflect significant consideration for employment opportunities.

A survey of advisory board members shows the experience consistently provides valuable professional development, indicating partners are satisfied in that area. The survey also shows strong confidence in the direction of our programs.

The College will continue to monitor for trends relating to students finding employment at their work experience site. The 2016-17 First Destination Survey cycle was the initial deployment aligning with the National Association of Colleges and Employers reporting practices. This data will act as a benchmark for future assessment cycles.

Employer registration information collected through Handshake will be monitored by geographic and industry type in an effort to maintain effective alignment that reflects both employer and student needs.

2I5: IMPROVEMENT

The College will continue to collect and analyze data in an effort to identify opportunities to effectively develop quality partnerships.

Advisory board surveys will continue to be deployed and assessed. These data sets are valuable for The College to evaluate relevant feedback provided by board members. Advisory boards are a critical endeavor for Baker College, and maintaining effective partnerships will remain a priority.

Employer data collected through Handshake has been utilized to inform geographic responsibilities for the Employer Relations team within the Career Services department. Data relating to the location of existing employer partners provides influence to regional responsibilities within this team in an effort to ensure effective resource allocation aimed at cultivating employer relationships. Preferred partners are also identified via the use of Handshake metrics.

Sources

- [Advisory Board Handbook](#)
- [Advisory Boards - Overall Professional Development](#)
- [Advisory Boards - Overall Program Direction](#)
- [Articulation Strategy with Community Colleges August 10 2017](#)
- [Career Services in Transition](#)
- [Complaint Collection and Communication Process](#)
- [ERS Work Experience Site Visit Guide Sheet](#)
- [External Partner Survey Process](#)
- [ISLO -- Hire Data](#)
- [Running Start Process maps](#)

3 - Valuing Employees

3.1 - Hiring

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

3P1: PROCESSES

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

- Recruiting, hiring and orienting processes that result in staff and administrators who possess the required qualification, skills and values (3.C.6)
- Developing and meeting academic credentialing standards for faculty, including those in dual credit, contractual and consortia programs (3.C.1, 3.C.2)
- Ensuring the institution has sufficient numbers of faculty to carry out both classroom and non-classroom programs and activities (3.C.1)
- Ensuring the acquisition of sufficient numbers of staff to provide student support services
- Tracking outcomes/measures utilizing appropriate tools

3R1: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

3I1: IMPROVEMENT

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

Responses

[Glossary](#)

3P1a: Recruiting, hiring and orienting processes that result in staff and administrators who possess the required qualification, skills and values (3.C.6)

Baker College recruits nationally, regionally, locally, and internally. The College leverages virtual hiring platforms and posts all jobs on its website to attract a diverse applicant pool. Recruiting begins with needs identification and a job requisition is initiated by a program official. Human Resources (HR) reviews all requisitions and determines an appropriate posting strategy based on the qualifications required of the position. HR coordinates the posting of positions, collects applications and validates the required posting qualifications, yielding a qualified applicant pool. In addition, the College also maintains open recruitment on its website for faculty candidates.

HR and hiring managers co-facilitate the [hiring process](#). HR reviews potential applicants and distributes preliminary interview questions. Hiring managers facilitate either face-to-face or virtual interviews with qualified candidates. Hiring decisions are documented in an Applicant Tracking Log and the hiring manager coordinates the completion of a series of required administrative items i.e. transcript verification, drug testing with the candidate. At the conclusion of the recruiting and hiring processes, managers complete a [survey](#) to evaluate process efficacy. HR collects, aggregates, and analyzes survey feedback for inclusion in its annual quality improvement planning.

New employees are required to attend an HR facilitated [orientation](#) within the first 30 days of their start date. The orientation includes policies and procedures regarding employment as well as employee benefits. HR requests new hires to complete a [New Hire Orientation and On-boarding survey](#) to gather feedback, which is done at 30 and 90 days after hire. This data is reviewed annually and used to inform process improvements. The faculty is recognized as a subset of the larger employee population with specialized needs. All faculty engages in the [First Year Faculty Experience \(FYFE\)](#), which includes completion of an initial orientation specific to delivery mode prior to teaching. Faculty Developers facilitate a week-long, asynchronous course for on-ground faculty and a [four-week-long asynchronous course](#) for online faculty that includes guided discussions, activities, application and reflection on items related to the Learning Management System,

best teaching practices, and the academic policies and procedures of the College. New faculty completes an end-of-course survey and a follow-up mid-semester survey that address components of the FYFE orientation. Annually, Faculty Developers review the surveys and make improvements to the FYFE.

3P1b: Developing and meeting academic credentialing standards for faculty, including those in dual credit, contractual and consortia programs (3.C.1, 3.C.2)

Academic credentialing standards and audits are critical to ensuring faculty expertise. In 2015-2016, the College confirmed the existing alignment between practice, policy, and the HLC published guidelines for faculty credentials. During this review, Deans and Program Directors revised the existing [Academic Faculty Credentials Policy and Guidelines](#) document which formalizes credential requirements for all courses. In this review process, curricular changes, industry feedback, technical needs, and knowledge, as well as a review of formal educational requirements were considered. The policy and guidelines document is reviewed and adjusted annually by the Deans Council. Revisions are communicated to hiring and staffing managers.

The College uses two mechanisms to ensure appropriate credentials, one during the hiring process and the other during audits of all returning faculty members for each term of instruction. Baker College does not participate in any consortia programs but does have an active dual credit and concurrent enrollment program. All faculty, whether teaching at a Baker College campus or through a concurrent enrollment partnership, are required to meet the credentials defined in the [Faculty Credentials Policy](#) and are subject to the same annual audit of credentials. During the hiring process, all faculty candidates are reviewed against the guideline document.

For every term of instruction, the Director of Academic Affairs (DAA) conducts a compliance audit demonstrating appropriately credentialed faculty in all courses. This information is included in the DAA performance dashboard and is reviewed annually by the President's Cabinet. Non-compliance is discussed and remediation plans are put in place as a part of this process. Additionally, the College conducts an annual internal audit as an added measure to ensure fidelity to the process.

3P1c: Ensuring the institution has sufficient numbers of faculty to carry out both classroom and non-classroom programs and activities (3.C.1)

Program officials consider multiple factors in ensuring sufficient numbers of faculty to carry both classroom and non-classroom activities. Compliance with specialized accreditation requirements of staffing and the [Faculty Workload Policy](#) are both leading considerations. The faculty workload policy is maintained through collaboration among Department Chairs, Deans, and other administrators who forecast, document, and communicate non-classroom needs. These needs include but are not restricted to, curriculum development, assessment development, specialized accreditation requirements, student life strategies, and institutional service/committee work. The Faculty Workload Policy is used as a

framework to ensure all needs are accommodated and that faculty members have sufficient time and bandwidth to support the identified work. This also serves as a needs assessment for the staffing process.

3P1d: Ensuring the acquisition of sufficient numbers of staff to provide student support services

Support Services Directors assess staffing needs based on best practices. This information is then considered within the budgeting process. The College’s budgeting process is central to ensuring the acquisition of sufficient numbers of staff to provide student support services. Staff levels and needs are reviewed and allocated annually each spring during the budget cycle. The budget process provides new and returning student enrollment forecasts which Baker compares with NACUBO like institutions to inform staffing decisions across student support services. Student support services include advising, admissions, financial aid, career services, student affairs, and OneStop (this model combines several department functions into one service function for students to access).

3P1e: Tracking outcomes/measures utilizing appropriate tools

The College tracks the outcomes and measures related to the recruitment, hiring, and orienting practices through surveys related to the new hire and First Year Faculty Experience processes. To assist with assessing faculty credentials the College monitors and tracks faculty credentials through an annual audit. To ensure the College has an adequate number of faculty and support staff, the College tracks measures related to student-faculty ratios. This data is reviewed annually within the budgeting process.

3R1: RESULTS

What are the results for determining if recruitment, hiring, and orienting practices ensure effective provision for programs and services?

3R1a: Summary results of measures (include tables and figures when possible)

New Hire Orientation is the foundation to ensure all employees adequately understand the policy, procedures, and cultural aspects of the College. Orientation feedback and data is collected by HR and reviewed on an annual basis to ensure the integrity of the process. This data is regularly shared with the Human Resources Strategy Council, which provides strategic oversight and direction to continuous improvement of HR processes and initiatives. The New Hire Orientation completion rate continues to meet expectations.

Table 3.1.1 New Hire Training

Fiscal Year	New Hires	Training Completion	Completion Rate	Target
FY15-FY16	588	588	100%	100%

FY16-FY17	600	600	100%	100%
FY17-FY18	345	345	100%	100%

Faculty completion of the First Year Faculty Experience has increased from 2015 to 2018. The College established an aspirational target of 100% starting in 2016 however, performance above the lower threshold of 90% is satisfactory. This data reflects both new full and part-time faculty. The completion data is tracked through the Learning Management System and is shared each term with Directors of Academic Affairs and Campus Presidents by the Director for The Center for Teaching Excellence. Faculty with a primary focus of online instruction completed the online specific FYFE at 100% for all years listed.

Table 3.1.2 FYFE Completion

Year	Total New Faculty	Total New Faculty Completing FYFE	Percent Completion
AY15-16		167	
AY16-17	342	291	85%
AY17-18	211	209	99%
Target			100%

*Lower Threshold 90%, Upper Threshold 100%

Faculty credential data is collected on an annual basis by the Directors of Academic Affairs and utilized to ensure integrity to the process as well as to drive continuous improvement of the process. The data is shared with the President's Cabinet and Human Resources. Historically, the College measured the faculty credential requirement by ensuring that 67 ⅔ % possessed a Masters' or Doctoral degree or higher. The table below outlines the overall percentage of faculty percentage requirement for the academic years 2014-15 and 2015-16:

Table 3.1.3 Faculty Meeting Degree Level Credential Requirements

Academic Year	Total Percent of Faculty Meeting Requirement	Target
AY 14-15	77.58% (n=5980)	67 ⅔ %
AY 15-16	79.30% (n=5338)	67 ⅔ %

As indicated above, prior to the fall of 2016 the College tracked the degree level percentage of the faculty. Beginning fall 2016, the College transitioned from tracking degree level percentage to percentage of faculty in compliance with HLC Assumed Practices using the Academic Faculty Credentials Policy and Guidelines document referenced above.

Table 3.1.4 Faculty Meeting HLC Assumed Practices Credential Requirements

Semester	Total Percent of Faculty Meeting Requirement*	Target
FA16	96% (n=1792)	100%
W17**	95% (n=1758)	100%
SP17	96% (n=1472)	100%
SU17	97% (n=683)	100%
FA17	97% (n=1369)	100%
SP18	98% (n=1295)	100%
SU18	99% (n=553)	100%
FA18	99% (n=1128)	100%

*Faculty on a credential plan are not included in these numbers

**Winter Quarter. The College was on the quarter-based system during the 16-17 academic year.

The College continues to balance faculty to student ratio with appropriate staffing to ensure both classroom and non-classroom programs and activities are effectively accomplished. This is evidenced through the lack of violations of the Faculty Workload Policy as well as in the student to faculty ratio which includes graduate faculty and students. The College utilizes its student information system to collect this data and is reported by IPEDS. For the academic year 2015-2016 the ratio reported was 16:1 and in 2016-2017 it was 15:1, and in 2017-2018 the College experienced an anticipated decrease reporting a ratio of 7:1. This information is shared with Human Resources, the Accreditation Council, and President's Cabinet biannually. It is also shared with specialized accrediting bodies at varied intervals dependent on the expressed needs of the accreditor.

3R1b: Comparison of results with internal targets and external benchmarks

The College uses historical data, institutional policies, external agencies, and Noel Levitz Survey data where appropriate to identify internal targets and for external benchmarking.

When available and appropriate, internal targets were cited within the results section above. Specifically, for both “Meeting Faculty Credential Requirements” and “New Employee Orientation Completion,” the College continues to meet the established targets. The College used IPEDS peer institutions as an external benchmark for student-to-faculty ratios, and the College compared favorably among these comparisons. The College continues to identify relevant targets and appropriate benchmarks.

3R1c: Interpretation of results and insights gained Requirements

Both the New Hire Orientation and the First-Year Faculty Experience results reflect a high level of completion. In reference to the changes in the student-to-faculty ratio from fall 2015 to fall 2017, as indicated by IPEDs data, the change is a result of reduced student enrollment not commensurate with changes to the overall number of faculty retained. Relative to faculty credentials the College has maintained compliance within the defined thresholds. Finally, as noted above, the College maintains a policy for maximum teaching loads which allows for additional programmatic or college work to be completed without compromising faculty workloads. These data point to the stability and overall integrity of these processes.

3I1: IMPROVEMENT

Historically, the College did not engage in centralized hiring or recruiting process, instead deferring to the decisions of individual campuses across the Baker System. In order to maintain consistency and recover lost efficiencies, processes were centralized under the Human Resources Department (HR). In 2018, HR initiated manager and participant (new hires) satisfaction data collection through electronic surveys. The College will continue to gather data regarding these two processes to ensure stakeholder satisfaction. In fall 2018, the manager’s survey response rate was too low for analysis therefore, efforts are being placed to increase the response rates.

The College also has contracted with APLnextED to provide a central database system to track employees. This will assist in tracking new hires, monitoring new faculty training, storing data on professional development, faculty credentials and maintaining data relevant to compensation and advancement. Additionally, the College now uses NACUBO data to compare staffing levels.

Sources

- [2.15.19 Academic Faculty Credentials Policy and Guidelines - FINAL](#)
- [30 Day New Hire Survey - Google Forms](#)
- [Annual Schedule Build Process](#)
- [AQIP- FYFE Academic Faculty Hiring Deadlines 2018-2019](#)
- [AQIP- Hiring Results from Noel-Levitz](#)
- [AQIP- Recruiting Hiring Orienting Processes](#)

- [Faculty Teaching and Workloads Policy 2017](#)
- [First Year Faculty Experience](#)
- [First Year Faculty Experience FYFE Welcome to Baker College](#)
- [Glossary](#)
- [Hiring Manager Requisition and Hiring Survey - Google Forms](#)
- [New Employee Orientation](#)
- [Pass Rates 2013 - 2017 DATA](#)

3.2 - Evaluation and Recognition

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

3P2: PROCESSES

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

- Designing performance evaluation systems for all employees
- Soliciting input from and communicating expectations to faculty, staff and administrators
- Aligning the evaluation system with institutional objectives for both instructional and non-instructional programs and services
- Utilizing established institutional policies and procedures to regularly evaluate all faculty, staff and administrators (3.C.3)
- Establishing employee recognition, compensation and benefit systems to promote retention and high performance
- Promoting employee satisfaction and engagement
- Tracking outcomes/measures utilizing appropriate tools

3R2: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

3I2: IMPROVEMENT

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

Responses

3P2a: Designing performance evaluation systems for all employees

Historically, the College has supported a long-standing process of employee evaluations however, in 2017, a formal process for review and potential new systems adoption was employed. This process consisted of three phases: Phase 1) Discovery Phase included a review of external research to identify best practice in higher education. Phase 2) Voice of the Customer, employee perspectives regarding evaluations and benefits were collected via an electronic survey. Phase 3) These results were synthesized and aligned to the College's Strategic Plan. Finally, in phase three, the Human Resources (HR) Council designed strategies to improve, maintain, or change the existing evaluation system(s). As a result of this process, the College made a motion to adopt a new system.

The College is piloting the new evaluation system which is an [ongoing coaching and feedback model](#). The Performance Coaching Steering Committee reports to the HR Council is lead in facilitating the pilot implementation, review of initial results, preparation, and training.

While the College recognizes there is some nuance to evaluating faculty instruction, the process for designing performance evaluation systems is consistent with the process noted above with a couple of distinctions. First, Faculty Developers contribute to the Discovery Phase described above. This includes input from a standing committee charged to evaluate and continually improve the Faculty Growth and Evaluation Process (FGEP). Performance data from the FGEP becomes an important part of the discovery and design aspects of the process described above for the faculty evaluation process.

3P2b: Soliciting input from and communicating expectations to faculty, staff and administrators

The College communicates expectations through job descriptions, employee handbooks, and supervisor coaching. As cited in 3.1, the College administers a New Hire Orientation for all employee groups through HR as well as the First Year Faculty Experience (FYFE), specifically for the faculty subgroup, to orient new employees to organizational expectations.

All employees are required to review the Employee Handbook and sign a verification each fall. This process ensures that each year all employees have been notified of formal changes to employee policy and practice. To supplement this annual review, the College uses two structures. The first structure for communicating expectations is the Baker College councils. Every functional area of the College has a council, and managers and key stakeholders hold monthly council meetings. During these meetings, the member to receive updates on HR policy and practice. The council structure allows managers to return to their respective campuses or area to disseminate information consistently.

Passive communication tools to supplement and support these processes include the Human Resources web page, which contains all job descriptions detailing job duties and expectations. This page also contains the link to the current employee handbook and a number of other faculty and employee resources. Additional passive tools like the HR pulse Newsletter are deployed regularly.

Outside of the institutional processes for communicating expectations, there are processes occurring at the individual level. The faculty receives performance feedback on a three-year cycle through the [FGEP](#). This includes discussion of performance excellence and areas of improvement. These conversations are documented and each employee develops a Personal Growth Plan (PGP) giving them a specific and unique plan to meet all expectations identified in coaching conversations. Until 2017, all employees participated in annual evaluations, where goals and expectations for the coming year were established through a collaborative conversation between manager and employee. In the new coaching model, employees are in weekly conversation with their supervisor about performance expectations.

The College evaluates its success in communicating expectations using items on the Noel Levitz College Employee Satisfaction Survey and the StandOut assessment. The Noel Levitz tool is administered every two years while the StandOut tool provides an annual evaluation. The HR Council reviews feedback and insights gained through these assessments and integrates into strategic planning to improve communication.

Another formal mechanism for soliciting input is the annual councils reporting process. Each year, councils, representing the functional areas of the College, prepare an Institutional Progress Report (IPR). The IPR requires each council to review KPI and related data. Following the data review, all councils submit initiative updates and recommendations for continued improvement. This process creates the conditions where those closest to their respective processes are providing strategic counsel to leadership. This input is collected, analyzed, and integrated into the [Annual Strategic Plan Process](#).

3P2c: Aligning the evaluation system with institutional objectives for both instructional and non-instructional programs and services

The College reviews the alignment of institutional objectives for instructional and non-instructional programs and services as a part of the annual IPR process. Each functional area of the College has KPIs and performance goals. Councils complete and present their IPR between September and November each calendar year. Each council's report presents progress on prior year objectives and recommends opportunities for future consideration. These inputs are synthesized and aggregated through the [Strategic Planning Gap Analysis process](#) in January of the following year.

New institutional objectives are integrated into annual planning for each of the departmental councils. These councils cover all functional areas of the College including instructional and non-instructional areas. The Human Resources Council coordinates with each functional area to determine how the evaluation system can

support each council in achieving the institutional objectives. HR Council then works on two levels. The first is institutionally to review the evaluation system and its ability to provide the needed structure to support managers and employees in attaining institutional goals. The second level is to work with individual councils to implement the evaluation system and performance coaching strategy.

An example can be seen in the recent Strategic Planning Gap Analysis process for Academic Affairs. This generated specific institutional objectives related to teaching and learning. The Strategy Council communicated institutional objectives to faculty supervisors through the Academic Affairs Council. Examples of these objectives have included training and development for the 2017 LMS transition from Blackboard to Canvas, the Academic Improvement Model (AIM) - teaching and learning model, as well as for more general goals for increased virtual discussion, the inclusion of different learning technologies, and developing understanding of the faculty role in the College's assessment model. Human Resources worked to assist Academic Affairs in utilizing the [Faculty Growth and Evaluation Process](#) (FGEP) to develop appropriate goals and measures for these objectives aligning the FGEP to institutional goals.

3P2d: Utilizing established institutional policies and procedures to regularly evaluate all faculty, staff and administrators (3.C.3)

Until 2017, employees engaged in an annual performance review per College policy. This review occurred during the summer and was aligned to the fiscal year. This process incorporated the following steps. In early June, supervisors would share prior year goals with the subordinate and ask them to complete an employee reflection. Supervisors would then complete the employee evaluation. Prior to the close of the fiscal year in August, the employee and supervisor would meet. The employee would present their annual reflection and the supervisor would present the evaluation. Consensus would be achieved on both documents, and the two would work together to develop a new set of performance goals for the coming year. Both parties would comment following the meeting and the signed documentation would be submitted to Human Resources.

Officers of the College including Campus Presidents, Executives, and campus Vice Presidents had two additional components to their review. Each of these positions had a 360 evaluation including feedback from subordinates, peers, and related colleagues included in their evaluation. The final evaluations for all Officers were presented to the respective campus Board of Regents during the spring board meeting. Board approval was required to renew the officer's contract and approve any change in salary.

During the twelve months between July 2017 to July 2018, the College's strategic planning process identified a need for a more contemporary and supportive institutional evaluation model. Informal feedback and evaluations continued during this year while the Human Resources Council also conducted an RFP to find a model that would support employee engagement. Operationally and philosophically, the decision was made to transition to a framework of formative evaluation. In spring 2018, an ad hoc committee selected Standout from ADP through which managers engage employees in regular conversations with employees about short and long term goals. Managers are required to have

regular meetings with all subordinates. In fall 2018 the College began the transition to this new model of staff evaluation.

3P2e: Establishing employee recognition, compensation and benefit systems to promote retention and high performance

Baker College has evolved in the area of employee recognition. Until 2017, the process for employee recognition consisted of an annual evaluation of years of service. Employees were identified for recognition based on 5-year increments of service, given an award, and then recognized at a campus event. While the process did provide a cyclical mechanism for recognition, the process did not create a feedback loop to leadership.

To acknowledge the value of faculty and their critical role in student persistence and engagement, in 2018 the College initiated a [Faculty Rankings System](#). The primary goals of this rankings system are to promote retention, performance, satisfaction, and engagement. Faculty and Program Directors begin as instructors and have the opportunity to achieve [Assistant Professor, Associate Professor, and Professor status](#) through credentialing, professional development, teaching effectiveness, professional activities, and scholarship and service to the program. Faculty are able to apply for the rankings advancement during the annual application cycle and receive a stipend for each advancement. As a new system, the College is monitoring the implementation and soliciting feedback from faculty through post-application surveys.

In 2017, Baker College expanded and solidified historical processes through a one-time, comprehensive employee engagement survey to ensure the relevancy and current level of sustainability of the employee recognition, compensation, and benefit systems. This process included a collaboration with Bersin by Deloitte, formerly Bug Insights, which included a two-part series of employee surveys. The surveys captured the preferences around the rewards and benefits full-time employees receive. The survey allowed the HR Department to obtain a better understanding of employees' needs and opinions regarding recognition, compensation, and the current benefits package offered by Baker College.

Historically, salaries and wages were employee-focused and not position or market-based. Transparency and compensation bandwidths did not exist, which hindered the ability to attract and retain talent. In 2017, research was conducted to begin the process to establish a compensation strategy. The College partnered with PayScale to develop a modern compensation strategy that included market data, analytics, pay grades, and pay ranges for each position.

The HR Department meets quarterly with benefit services partners and consultants in order to evaluate the current benefits package or review potential changes reflective of the Bersin survey or other survey data collected. The annual process to review the current benefits package, or make recommended plan changes, as outlined in the [Benefit Process Map](#).

3P2f: Promoting employee satisfaction and engagement

The process of promoting employee satisfaction and engagement is one that the College identified as an area of improvement. Historically, the College used merit increases, annual bonuses, tuition waivers, and outside tuition reimbursements as modes to promote employee satisfaction. Individual campuses utilized a variety of staff and faculty awards, including the employee of the term, faculty of the year, and other recognition awards, to assist in promoting employee satisfaction and engagement. Consistent with the move to a more centralized HR role, the College has moved toward a more systems-based approach.

This process led to the inclusion of People Care and Development as a strategic theme in the 2017-2021 Strategic Plan. In support of this goal, the College affirmed its suspicion that the previous engagement and recognition model was not meeting employee needs. The analysis and subsequent planning process identified a need for a model that engages its employees, expands communication between supervisor and subordinates, and increases levels of satisfaction. The resulting model, described above, focuses on engagement pulse surveys embedded in the StandOut performance platform. These surveys and interactions create a structure within which the College can promote employee engagement, implement strategies to improve employee engagement, and review trends over time, as outlined in the [Engagement Assessment Process map](#).

The College also leverages the College Employee Satisfaction Survey (CESS), administered by Ruffalo Noel Levitz, which is used to capture issues most important to our employees, attitudes toward missions and goals, and effective ways to keep employees satisfied and productive. (Satisfaction Assessment Process map) The use of this external tool allows the College to have external benchmarks and provides data to triangulate internal measures.

3P2g: Tracking outcomes/measures utilizing appropriate tools

The College assesses its processes related to employee evaluation and satisfaction on a regular cycle using internal and external tools. Employee Satisfaction is assessed on a two-year cycle using the Ruffalo Noel Levitz CESS. The two-year cycle and use of a normed and benchmarked third-party tool allow the College to have a comparative institutional data set as well as benchmark itself against national norms and peer institutions. Similarly, the College employs the Bersin Survey and the consultant group Total Benefits System to conduct reviews of all benefit programs on a three-year cycle. As needed, the College utilizes additional surveys to provide data related to specific aspects of employee engagement and experience. This is evidenced in the 2018 administration of the Deloitte Bugs Insights survey and the Deloitte survey of benefits. The College also tracks progress on employee experiences in the areas of diversity, inclusion, and equity through the annual administration of the Global Diversity and Inclusion Benchmarks institutional survey. These tools in concert with one another provide external benchmarks, tools for internal target setting, and important external perspectives to guide internal actions.

3R2: RESULTS

What are the results for determining if evaluation processes assess

employees' contributions to the institution?

3R2a: Summary results of measures (include tables and figures when possible)

The College is committed to continuous improvement in employee satisfaction. These efforts are reflected in the College's survey and collection of overall employee satisfaction survey from Deloitte. Results from the most recent employee benefits satisfaction survey documented higher than industry peer employees with the satisfaction of benefits but highlighted a disconnect between value and satisfaction of work-life balance. Additional results pointed to the satisfaction employees held in the existing pension plan. Related, data revealed the concern of employees to have the ability to retire and manage debt. With debt ranking as a leading unmet need, base salary is the biggest driver of preference for 50% of respondents. Through open-ended comments, the priority of increased compensation was identified as an employee priority. When presented with the idea of pay-for-performance, nearly 60% of respondents would support this model.

Results from the College Employee Satisfaction Survey (CESS), administered by Ruffalo Noel Levitz, assessed several areas including employee communication and engagement. The survey was distributed to 2,806 employees, including both part- and full-time, with 1,173 respondents for an overall 42% response rate. Results were articulated through CESS regarding overall communication efforts and employee engagement [CESS- Communication Results](#) and [CESS- Engagement Results](#).

3R2b: Comparison of results with internal targets and external benchmarks

Both CESS and Deloitte are nationally benchmarked further assisting the College in understanding over employee satisfaction in comparison to other institutions. This data is used to determine internal targets.

3R2c: Interpretation of results and insights gained

The Deloitte employee satisfaction survey results yielded the desires of employees specifically, the desire to feel well-compensated and recognized for their efforts. With low satisfactory levels for the current recognition structure and employee service awards, the College is reevaluating current processes to extend appreciation to employees and recognition.

As a whole, employees are significantly more satisfied than peer institutions on nearly all items surveyed. Specific to employee engagement and satisfaction, employees are proud to work at Baker. Employees take pride in their work and feel it is valuable to the College. Employees value communication and being involved in the planning process where their suggestions are heard and used.

3I2: IMPROVEMENT

As stated above, HR is overseeing the implementation of a new evaluation system for employees along with several new policies and initiatives related to employee satisfaction and recognition. The College will be assessing these new processes to guide future changes and modification.

To assist with increased employee satisfaction and a strong work-life balance, the College implemented soft benefits beginning in 2017. The benefits included the option of a flexible work schedule, holiday pay for part-time employees, and a shift to a flexible dress code.

Deloitte Benefit Survey results drove additional paid holidays that were implemented to employees for 2018. In addition, to support employees with their concerns around the ability to retire and debt, HR developed and implemented an educational experience to help employees with their overall financial wellness; including campus-based meetings focused on providing employees with tools and resources, both internally and externally, to help with planning around becoming more financially stable. The rollout of the financial wellness, campus-based meetings began in summer/fall 2018 and continues on an annual basis, with content being tailored as appropriate.

With the implementation of a compensation structure through PayScale, the College gained transparency around pay and is better suited to attract and retain talent. The formalized compensation structure paves the movement to a performance-based compensation model, which will enable the College to tie compensation directly to measurable and controllable Key Performance Indicators (KPI).

The College implemented the Marcus Buckingham Standout system through ADP as a process and strategic improvement for evaluation to assess employee engagement and performance. This improvement implements close term goals reviewed through frequent coaching and feedback touch points to increase professional development and engagement.

Sources

- [AQIP HR- Benefits Process Map](#)
- [AQIP- Tuition Reimbursement Process](#)
- [Benefit Survey Results- Deloitte](#)
- [CESS- Communication Results](#)
- [CESS- Engagement Results](#)
- [CESS- Overall Satisfaction](#)
- [Engagement Assessment Process](#)
- [Faculty Rankings Descriptions](#)
- [Faculty Rankings process map](#)
- [FGEP process chart](#)
- [Gap Analysis Process](#)
- [Implementing a Quality Assurance Framework Table of Contents](#)
- [Satisfaction Assessment Process Map](#)
- [Spring 2019 Edition HR Pulse](#)
- [Standout Technology Executive Summary Tech r01v07](#)
- [StandOut White Paper Series TMBC](#)
- [Strategic Planning Process](#)
- [Year Month Council Name IPR Template](#)

3.3 - Development

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

3P3: PROCESSES

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

- Providing and supporting regular professional development for all employees (3.C.4, 5.A.4)
- Ensuring that instructors are current in instructional content in their disciplines and pedagogical processes (3.C.4)
- Supporting student support staff members to increase their skills and knowledge in their areas of expertise (e.g. advising, financial aid, etc.) (3.C.6)
- Aligning employee professional development activities with institutional objectives
- Tracking outcomes/measures utilizing appropriate tools

3R3: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

3I3: IMPROVEMENT

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

Responses

3P3a: Providing and supporting regular professional development for all

employees (3.C.4, 5.A.4)

The process for providing and supporting regular professional development for all employees is directed by multiple factors, including regulatory compliance requirements, departmental needs, and industry best practices. Specifically, regulatory training and industry best practice begins with the Human Resources Department (HR) who identifies and confirms the training requirements. HR identifies external partners to provide regulatory/compliance training.

Depending on the nature of the department, training needs are driven by a combination of industry standards and best practices. The College annually budgets financial resources for employees to attend industry conferences and training. Employees have the opportunity to request financial support through the Conference Approval Request process. Additionally, the College hosts an annual faculty conference.

3P3b: Ensuring that instructors are current in instructional content in their disciplines and pedagogical processes (3.C.4)

The College utilizes several processes to ensure instructors are current in instructional content, both pedagogical and discipline-specific. From the onset, new faculty are required to complete a two-part series of professional development called the First Year Faculty Experience (FYFE). The first segment of this experience begins with faculty participating in an asynchronous, applied, learning experience. This is done prior to their first teaching assignment with a focus on such topics as learner-centered instruction, curriculum, and assessment of student learning. The second segment is completed over the course of the remainder of the first year. This experience is intended to expose faculty to higher levels of the College's teaching and learning philosophy/model.

Additional assurance exists through the approximately 40 programs who hold a specialized accreditation. This includes annual budget support to send faculty and academic leaders to discipline-specific conferences and training as required by the accrediting body. Faculty in areas not supported with an external accreditation also can request support to attend industry conferences.

As detailed in the [Annual PD Process](#), pedagogical and discipline-specific professional development is ongoing. The Center for Teaching Excellence publishes a calendar of offerings every September, where faculty determine what sessions are most relevant and attend either face-to-face or virtually. The calendar includes two pedagogical and discipline-specific sessions each month. A standard post-participant survey is completed after each session. This data is reviewed after each session, shared with the facilitator, and then aggregated with all of the session data on a biannual cycle. Like other faculty development processes, the Faculty Developers spearhead this continuous improvement process.

These offerings are also extended to dual credit faculty. The process begins with the [faculty liaison](#) who is a College employee from their content area (typically Program Directors or full-time Faculty). Faculty liaisons communicate with instructors and share curricula and assessment information, best practices, and

upcoming professional development opportunities. Participation is tracked and reviewed annually by the Running Start Coordinator.

Finally, the College supports a [tuition reimbursement](#) process to faculty for advancing their skill and knowledge through certifications and/or additional degrees. The process is initiated by the faculty completing an Advanced Degree Form and is either approved or denied by the Campus President. If approved, the faculty member is reimbursed in part for their tuition costs. The Business Office tracks the amount of degree reimbursement for employees on an annual basis. This budget item is reviewed by the Campus President. Recently, the College funded all full-time nursing faculty in their doctoral degrees.

3P3c: Supporting student support staff members to increase their skills and knowledge in their areas of expertise (e.g. advising, financial aid, etc.) (3.C.6)

Baker College supports ongoing professional development and training opportunities for all support staff members. There are two primary processes through which this occurs. It is either employee initiated or initiated by the department manager. Employee initiated is 3 step process: 1) employee applies for advanced degree funding; 2) supervisor provides a recommendation for approval or denial; 3) campus president provide a recommendation for approval/denial: 4) President's cabinet approves/denies funding.

The process for the second pathway begins with the department manager. The department manager conducts an informal needs assessment of staff members. Based on the results of the needs assessment, the department manager plans the nature and frequency of department training.

For example, OneStop advising provides numerous training opportunities related to its core functions: academics, finance, degree programs, and career services (see section 2.1). In addition, training is conducted for new staff on the phone system, CashNet (payment technology company), virtual enrollment center, Jenzabar, and customer service. The College also utilizes a mentor program for new OneStop staff members to further support their development and frequency of needs. Trainings are conducted in both face-to-face and virtual meetings. All trainings are evaluated by the System Coordinator of Academic Resources and Operations on an annual cycle. This information, in conjunction with the voice of the customer data, are used to determine additional opportunities for future trainings.

The ongoing training efforts of the Financial Aid Department illustrates how this process is operationalized. To ensure Financial Aid staff maintain knowledge and skills relevant with federal, state, and institutional compliance issues related to financial aid, numerous training and communication processes are on an ongoing cycle. Leaders of the Financial Aid Department attend the National Association of Student Financial Aid Administrators (NASFAA) conference and the Federal Student Aid (FSA) conference, annually. Financial aid specialists also attend state events provided by department leaders, such as conferences, webinars, and in-service sessions, when appropriate. Their performance is monitored to ensure knowledge and compliance. New Financial Aid Specialists receive extensive

training prior to reviewing students files and awarding financial aid. There is extensive training for each process, as well as the use of stepped training and an implementation approach, which includes a review of all work by senior specialists.

Additional training is conducted as needed. The work will continue to be reviewed until the senior specialist and leadership are confident that the new specialist is completing work without errors. In addition to monitoring the work of a new financial aid specialist, the financial aid staff conducts internal compliance reviews each semester as well as a formal, internal audit conducted annually. The results of the reviews are provided to the financial aid leadership and any issues discovered are addressed immediately to ensure compliance.

The College utilizes a coordinated student learning support model for tutoring staffed by professional consultants and student consultants. Professional consultants typically have credentials in the specific area where they provide student support. To support professional consultants, the College invites them to participate in discipline-specific training offered through the academic department. For the student consultants, the College requires each tutor to complete a tutor training program.

3P3d: Aligning employee professional development activities with institutional objectives

Aligning employee professional development with institutional objectives begins with the [Strategic Planning Process](#). This maps the institutions' council initiatives and metrics to the Strategic Plan. The council initiatives highlight the most relevant development opportunities for employees within their respective units of operation. As an illustration, the College's Strategic Plan contains a "Diversity and Inclusion" theme. This is owned by the Diversity and Inclusion Council responsible for initiatives related to increasing diversity and inclusion awareness. To that end, the Diversity and Inclusion Council facilitated a series of events and opportunities for faculty, staff, and students. Initiatives like these are assessed and the data is reviewed at the determination of the council to inform future planning.

3P3e: Tracking outcomes/measures utilizing appropriate tools

The College employs SafeColleges to track and deliver several core, required training items. SafeColleges tracks timing and renewal of training, compliance and completion information, as well as the level of mastery on training outcomes. Professional development, specifically aimed towards faculty, is tracked through a web-based system that is managed by the Center for Teaching and Learning staff. As stated above, outcome measures in the form of faculty post-professional development surveys are tracked by Faculty Developers. All of the other employee training and professional development is tracked by both the department manager and the College's Business Office.

3R3: RESULTS

What are the results for determining if employees are assisted and supported in their professional development?

3R3a: Summary results of measures (include tables and figures when possible)

The College maintains a high level of completion for both regulatory and new employee training completion, meeting established targets from 2015-2018 at 100%. In regard to supporting employees' pursuit of advanced degrees, the College has provided over \$2 million in financial support over the last three academic years.

The data in Table 3.3.1 and 3.3.2 are electronically collected by the Business Office and are reviewed in the annual budgeting cycle by the President's Cabinet. The previous year's awards are used to project for the next budget.

Table 3.3.1 Undergraduate Employee Scholarships

Fiscal Year	Participating Full-Time Employees	Award	Part-Time Employees	Award
FY15-FY16	70	\$235,247	132	\$419,574
FY16-FY17	68	\$172,872	103	\$277,300
FY17-FY18	30	\$71,048	25	\$78,860

As detailed above, the College supports regular professional development for all employees through a variety of means. Table 3.3.2 displays the total number of full-time employees awarded the Graduate Employee Scholarship and the total sum awarded for all scholarships within the listed years.

Table 3.3.2 Graduate Employee Scholarships

Fiscal Year	Participating Full-Time Employees	Award
FY15-FY16	34	\$317,115
FY16-FY17	30	\$263,250
FY17-FY18	30	\$73,670

Tuition reimbursement is evidence of a process the College's supports to ensure instructors remain current in their respective disciplines and pedagogy. In the fiscal year 2015-2016, the College awarded nine scholarships with \$98,500 in financial

award, this fell in 2016-2017 to only two awards totaling \$30,000 in scholarship monies. In 2017-2018, the number of scholarships increased to ten at \$141,000 in award monies. This data is collected by the Controller's Office and is shared with the President's Cabinet each year.

Faculty completion of the First Year Faculty Experience has increased from 2015 to 2018. The College established an aspirational target of 100% starting in 2016 however, performance above the lower threshold of 90% is satisfactory. This data reflects both new full and part-time faculty. The completion data is tracked through the Learning Management System and is shared each term with Directors of Academic Affairs and Campus Presidents by the Director for the Center for Teaching Excellence.

Table 3.3.3 FYFE Completion

Year	Total New Faculty	Total New Faculty Completing FYFE	Percent Completion
AY15-16		167	
AY16-17	342	291	85%*
AY17-18	211	209	99%*
Target			100%

*Lower Threshold 90%, Upper Threshold 100%

As detailed above, ensuring instructors are current in instructional content in their disciplines and pedagogical practices bears importance to the College. To that end, the number of professional development offerings continues to increase year over year. In 2018, the College established targets for the quantity of offerings. The targets are being revisited as the quantity offerings exceeded initial targets. This data is manually and electronically tracked by the Faculty Developers and shared each term with the Directors of Academic Affairs, Campus Presidents, the College's Strategy Council as well as the Deans.

Table 3.3.4 Professional Development Opportunities

Year	PD Discipline Specific	PD Pedagogical	Target
AY15-16	34	33	
AY16-17	31	32	
AY17-18	1	17	36

*Targets for offerings were established in 2017

Supporting student support staff to increase their skills and knowledge in their respective areas of expertise is critical to ensuring high quality and accuracy in working with students. In 2017-2018, 394 staff members participated in 26 sessions. As an example, the College sends Directors of Campus Safety to Clery training seminars and provides Title IX training to Student Affairs/Life staff on an annual basis.

3R3b: Comparison of results with internal targets and external benchmarks

As noted above, when available and appropriate, targets are established based on historical performance and or budgeted amounts. Where appropriate and available, external benchmarks are identified by the department lead(s). Regulatory training completion met the identified target year over year. As noted above, faculty completion of the First Year Faculty Experience has increased from 2015 to 2018, meeting established targets as of 2017-2018.

3R3c: Interpretation of results and insights gained

The College continues to support processes to ensure all employees, including faculty, have the opportunity to engage in training and professional development in order to maintain regulatory requirements, develop existing skills, and to advance knowledge relevant to their respective body of work. Key departments will continue to monitor the evaluation and participation data from the processes that are in place for training and professional development. This data will continue to provide potential insight relative to revisions, participation, and completion.

3I3: IMPROVEMENT

Over the next two years, the College will implement a professional development catalog for all employees. The professional development training classes are to be offered in two tracks, management and employees. The leadership track will include such topics as management/HR responsibilities 101, hiring practices and new hire orientation, handling difficult conversations and conflict resolution, coaching, and feedback. The employee track will include, being a brand ambassador, being an engaged employee, teamwork and collaboration, personal development, and career advancement. The College will continue to track completions but is in the process of implementing satisfaction surveys to better drive the content of the development.

The College will also review the established professional development offering targets that were established in 2018 in order to publish relevant targets. Additionally, the College will continue to collect quality data on each professional development session in order to further inform quality improvement efforts.

Sources

- [AQIP- Tuition Reimbursement Process](#)
- [FGEP process chart](#)
- [PD Process](#)
- [RS Faculty Liaison Expectations](#)
- [Strategic Planning Process](#)

4 - Planning and Leading

4.1 - Mission and Vision

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

4P1: PROCESSES

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

- Developing, deploying, and reviewing the institution's mission, vision and values (1.A.1, 1.D.2, 1.D.3)
- Ensuring that institutional actions reflect a commitment to its values
- Communicating the mission, vision and values (1.B.1, 1.B.2, 1.B.3)
- Ensuring that academic programs and services are consistent with the institution's mission (1.A.2)
- Allocating resources to advance the institutions mission and vision, while upholding the institution's values (1.D.1, 1.A.3)
- Tracking outcomes/measures utilizing appropriate tools (e.g. brand studies, focus groups, community forums/studies and employee satisfaction surveys)

4R1: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

4I1: IMPROVEMENT

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

Responses

4P1a: Developing, deploying, and reviewing the institution's mission, vision and values (1.A.1, 1.D.2, 1.D.3)

Baker College explicitly states and disseminates its mission and values through two documents; 1) Mission Statement and 2) Guiding Principles. An extensive review of the Mission and Guiding Principles is conducted as part of the College's annual Strategic Planning Process as detailed in 4.2. This process includes the aggregation of input from all of the College's supporting departmental Councils, Regents, and additional stakeholders. Changes to the mission require approval from the President's Cabinet with subsequent approval by the Board of Trustees. The mission is reaffirmed by the President's Cabinet, campus Board of Regents, and the Board of Trustees.

The mission statement was officially documented and articulated in the early 1980s and includes seven supporting purposes. The Mission remained the same into the 1990s however, the "seven supporting purposes" were extrapolated and expanded into the College's Guiding Principles. During the 2017-2021 Strategic Planning Process slight changes, revisions, and consolidations to the Guiding Principles were adopted and implemented.

In 2017, the College embarked on a brand study in order to better ascertain internal and external brand perceptions. The College contracted consultants to conduct this analysis which included both internal and external stakeholders. The results reinforced the mission with identified opportunities to improve brand positioning.

4P1b: Ensuring that institutional actions reflect a commitment to its values

The strategic plan articulates the high-level institutional aspirations, goals, initiatives, and actions. A function of the strategic plan development process is mapping the alignment of initiatives to the College's Guiding Principles and/or accreditation standards. Baker also includes criteria for mission fit and alignment structurally in a number of its processes. The ALC process, RFP process, New Program Development Process, Request for Partnership Process, and Request for Capital Expenditure Process are all examples of how the College has placed a formal check for fit and alignment to the mission into its institutional planning. Additionally, as a private not-for-profit, the College continually invests in facilities and programs. Baker believes that campus, technology and classroom facilities must provide exemplary opportunities to learn and explore. Facilities and

resources available to programs are consistently ranked high when any of our 38 programmatic accreditors. visit locations.

4P1c: Communicating the mission, vision and values (1.B.1,1.B.2, 1.B.3)

The Mission and Guiding Principles are well-known and widely disseminated. For example, the Mission is presented in the [Faculty and Student Handbook](#) and on the [website](#) and regularly referred to during meetings. Additionally, it is the standard operating procedure for committees to start their work by reaffirming the Mission as reflected in minutes. The Guiding Principles are also available on the Baker College website. Furthermore, these documents are presented to new employees as part of the onboarding process.

4P1d: Ensuring that academic programs and services are consistent with the institution's mission (1.A.2)

Ensuring academic programs are consistent with the College's Mission is achieved through two processes: 1) [New Program Development Process](#) and 2) [program review process](#) encompassed within the Academic Learning Communities (ALC) Annual Report Process. The new program approval process requires an analysis of four broad categories: 1) student demand, 2) employment opportunities, 3) competitive intensity and 4) mission fit. New program proposals follow a defined process and are handled on a rolling basis. The Feasibility Study requires proposed programs to demonstrate alignment to key aspects of the mission including career availability and the College's ability to provide a high-quality education. These components are verified and affirmed through numerous review and approval sub-processes including an outsourced environmental scan.

As previously stated, existing programs engage in comprehensive program review during the ALC Annual Report Process. This process ensures programs maintain alignment to the mission and program goals are achieved. Both internal and external assessments are utilized to monitor and evaluate programs, allocate resources, create professional development and update processes as part of the continuous quality improvement cycle. Specifically, the program review process is designed to evaluate data from three areas: 1) direct measures of student learning outcomes, 2) indirect measures of student learning and 3) key performance indicators. The direct measures of student learning follow the College's [assessment plan](#) and are one subcomponent of the larger program review. Program specific KPIs provide data for analysis and evaluation on metrics beyond teaching and learning. These metrics provide the primary data necessary for evaluating the stability of the program as well as for planning, budgeting, high-level assessment of operations and how the program contributes to the mission and guiding principles. Programmatic KPIs include a) employment rates of graduates, b) graduation rates, c) retention rates, d) faculty credentials, and e) enrollments.

Each spring program directors, department chairs and academic deans work together to synthesize this information into an Annual Assessment Plan. Annual Assessment Plans are first reviewed by a committee of faculty peers and then by the academic deans. Once approved, the Annual Assessment Plans are then presented to the President's Cabinet. It is important to note that the Annual Assessment Plan is not only the report on assessment results of student

outcomes, but it is also a comprehensive and holistic report of the programmatic health.

4P1e: Allocating resources to advance the institutions mission and vision, while upholding the institution's values (1.D.1, 1.A.3)

Developing fiscal budgets is a cornerstone to the annual planning process. The budgeting process starts at the beginning of the calendar year with input from strategic councils, campus leaders, system executives, unit directors, and academic program officials. Capital requests, those above \$10,000, are tied to specific program needs, one or more of the strategic plan goals or critical campus infrastructure needs to further student experiences. Examples include allocating funds to support strategic initiatives regarding a) inclusion and diversity training, b) implementing a commercial employee performance management system, and c) implementing an academic welcome experience for new students.

The College's centralized annual budgeting process is facilitated by both the Budget Director and Controller and engages multiple key stakeholders including Department Chairs and campus leadership. Each January the Strategy Council requests potential budget items. In February and March, the Controller prepares preliminary student retention, new student enrollment forecast, and revenue. Campus leadership works with department managers to document anticipated expenditures, as well as any campus capital project requests. These anticipated changes and capital project requests are submitted to the Budget Director and Controller in March. Proposed budgets are advanced to the Finance Council and eventually, to the Board of Trustees in May. The campus Board of Regents review the proposed budget in June. Based on Fall enrollments, a revised budget is developed by the Budget Director and Controller and is submitted to the campus Board of Regents in October for final approval.

4P1f: Tracking outcomes/measures utilizing appropriate tools (e.g. brand studies, focus groups, community forums/studies and employee satisfaction surveys)

As previously noted, the College engaged in a [brand study](#) in 2016. To this end, data collected from both internal and external stakeholders was conducted by a contracted consultant. Additionally, the College launches employee satisfaction surveys on a regular basis. Most recently, and in conjunction with the brand study, the employee satisfaction survey (detailed in Category 3) was collected electronically through a contracted third party. Strands of this survey aimed at gathering employee perception of the College, employees job clarity and its overall alignment with the achievement of the Mission.

4R1: RESULTS

What are the results for developing, communicating and reviewing the institution's mission, vision and values?

4R1a: Summary results of measures (include tables and figures when possible)

Realization of the Mission is operationalized through the strategic planning

process. Results of departmental Council work are monitored and shared on regular intervals with key stakeholders including the President's Cabinet, Strategy Council, and Councils chairs. The details of this process and governance structure are cited in 4.2. Foundational to this process is the mapping of Council initiatives to institutional goals and priorities. This [map](#) is reviewed and updated on an annual cycle and is shared with Council Chairs.

4R1b: Comparison of results with internal targets and external benchmarks

[Table 4.1.1](#) shows the results of an employee survey relative to the mission, vision, planning, and communication. While there are gaps in importance and satisfaction, the results show that the gap is statistically significant in two areas when compared to national benchmarks: reputation and respect.

4R1c; Interpretation of Results and insights gained

The 2016 brand study revealed students and employees held higher perceptions of the College that aligned with the mission when compared to peer institutions. Additionally, the results of the study demonstrated that students possessed a high awareness of the programs offered. Findings from former students included the value proposition of time and money invested in their degree. Additionally, this study provided information that community members, educators, and others with a cursory relationship with the College had a neutral or negative impression of the College.

4I1: IMPROVEMENT

Based on feedback from the brand survey and after careful review of the alignment to strategic priorities Baker College plans to define and implement improvement initiatives in the following areas:

- Improving the structures of communication between departments and functional units of the College
- Improving opportunities for employees to participate in planning for the future
- Carefully planning for the future
- Create purposeful and structured mechanisms to include employee suggestions to improve our institution
- Continue to implement initiatives that solidify a position of respect in the local communities served by the College
- Sharing pertinent information regularly with faculty and staff

The results from the brand survey produced gaps in community stakeholder knowledge and perception of the College. Future work on branding what Baker College is and does will be reviewed, planned, discussed and implemented over the next several years.

Sources

- [2018 - 2019 Faculty Handbook - Mission and GP](#)
- [4.1.1 Table](#)
- [Assessment Communities Process 92F18](#)
- [Baker Competitive Research FINAL](#)

- [Baker-Catalog](#)
- [Glossary](#)
- [Guiding Principles](#)
- [Metrics - Councils ver2017-09-25](#)
- [Mission Statement](#)
- [New Program Development for Undergraduate Program](#)
- [Strategic Planning Process](#)
- [student-handbook](#)
- [student-handbook - Mission](#)
- [Website - Guiding Principles](#)
- [Website - Mission Statement](#)

4.2 - Strategic Planning

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

4P2: PROCESSES

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

- Engaging internal and external stakeholders in strategic planning (5.C.3)
- Aligning operations with the institution's mission, vision and values (5.C.2)
- Aligning efforts across departments, divisions and colleges for optimum effectiveness and efficiency (5.B.3)
- Capitalizing on opportunities and institutional strengths and countering the impact of institutional weaknesses and potential threats (5.C.4, 5.C.5)
- Creating and implementing strategies and action plans that maximize current resources and meet future needs (5.C.1, 5.C.4)
- Tracking outcomes/measures utilizing appropriate tools (e.g. achievement of goals and/or satisfaction with process)

4R2: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

4I2: IMPROVEMENT

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

Responses

4P2a: Engaging internal and external stakeholders in strategic planning (5.C.3)

2P5 details how the College engages various stakeholders including advisory boards, employers, K-12 partners, and graduates. The College includes feedback from each of these groups in the strategic planning process which ensures broad institutional ownership and performance. The [strategic planning process](#) is comprised of four phases. In Phase 1, Foundational Underpinnings, the Institution's Mission and Guiding Principles are reviewed, revised or affirmed by executive leadership. In Phase 2, Strategy Development, a SWOT analysis is conducted with input solicited from internal and external stakeholders. This includes Council Chairs who represent functional units across the Institution: a) Academic Affairs, b) Campus Safety, c) Academic Deans, d) Diversity and Inclusion, e) Facilities, f) Financial Aid, g) Human Resources, h) Marketing, i) Student Affairs, j) Enrollment Management and k) Information Technology. External stakeholders include Campus Board of Regents and Board of Trustees. In Phase 2, strategic themes and long-term goals are developed, performance metrics are determined and the strategic plan is published. Phase 3 is the four-year Execution Cycle. Initiatives are identified/updated/revised, short-term initiatives are deployed, and annual performance evaluation is conducted (performance report and gap analysis). Phase 4 is preparation for the next strategic cycle.

4P2b: Aligning operations with the institution's mission, vision, and values (5.C.2)

Foundational to the strategic planning process is institutional alignment. As stated above, actions in Phase 1 of the process solidifies the College's mission and guiding principles (values) and vision. Phase 2 of the strategic planning process ensures alignment of operations and the published plan serves as a means of articulating the direction intended to drive the College over a three to five-year timeframe. Operational alignment is achieved through the Institutional Performance Reports.

4P2c: Aligning efforts across departments, divisions, and colleges for optimum effectiveness and efficiency (5.B.3)

The College's [governance structure](#) coupled with the strategic planning process supports strategic alignment of efforts across units and divisions which ensures optimum effectiveness and efficiency. As detailed in the strategic planning process, the Strategy Council maintains responsibility for the stewardship of the strategic planning process, including identification, implementation, review,

analysis, and oversight of the College's strategic initiatives. The council chairs which represent all units across the College previously identified, manage the respective strategies, operations, and performance specific to their units within the College.

While the process of alignment of strategic efforts is realized through the governance structure and strategic planning process, it is evidenced in the annual Institutional Progress Report at the unit council level. This begins and concludes with the [Institutional Performance Report](#) (IPR). The IPR includes the Key Performance Indicators (KPI), annual performance data, historical performance data, external performance comparison, and progress on each of the initiatives identified within the strategic plan. The IPR articulates achievement of strategic themes, goals, and initiatives detailed in the strategic plan relative to the council/unit level initiatives.

4P2d: Capitalizing on opportunities and institutional strengths and countering the impact of institutional weaknesses and potential threats (5.C.4, 5.C.5)

As previously indicated, Phase 2 of the strategic planning process involves conducting a SWOT analysis with various stakeholder participation. This is initiated by the Strategy Council every three years. This coupled with the annual Institutional Performance Report process informs appropriate and timely budget forecasts. Additionally, the [annual program review process](#) provides insight and capital forecasts relative to program needs and expenditures.

4P2e: Creating and implementing strategies and action plans that maximize current resources and meet future needs (5.C.1, 5.C.4)

The annual Institutional Progress Report process, a component of the larger strategic cycle, is the primary mechanism for implementing initiatives designed to maximize current resources and meet future needs. This process includes Council Chairs representing the various functional units presenting their initiatives on an annual basis to the Strategy Council. The IPR includes annual summary data on short-term initiatives, performance measures, outstanding opportunities, recommendation for future initiatives in addition to the need for resource allocation. The Strategy Council and Council Chairs discuss the data, recommendations and conclude with affirmation or adjustments of priorities as it relates to the current strategic plan.

4P2f: Tracking outcomes/measures utilizing appropriate tools (e.g. achievement of goals and/or satisfaction with process)

The College tracks outcomes related to planning, implementing and reviewing the institution's operational plans on an on-going basis using key performance indicators. The College uses an internally developed dashboard to document these performance indicators. Council Chairs have varying reporting deadlines determined by the nature of their departments. The performance dashboard is reviewed quarterly by the Strategy Council.

4R2: RESULTS

What are the results for communicating, planning, implementing, and reviewing the institution’s operational plans?

4R2a: Summary results of measures (include tables and figures when possible)

Aligning efforts across departments, division, and colleges is evidenced in the council metrics, these serve as performance indicators relative to the College’s achievement of its mission and vision through the strategic planning process. Data is reported by council chairs on varying cycles depending on the nature of the department. The type of data reported is dependent on the department. The data is informally reviewed quarterly by the Strategy Council for the purpose of ascertaining council performance. A formal review is done annually during the IPR process. For example, the Academic Affairs Council reports on faculty credentials, average class size, number of professional development sessions and faculty evaluations. These performance indicators are post-term and reported as aggregate numbers reflecting the performance across all locations and delivery methods. However, the data can be disaggregated for detailed analysis by campus, delivery method or academic college.

Table 4.2.1 is available in more detail to all internal stakeholders on a College web site titled Council Metrics. This table documents the number of metrics and initiatives identified by each Council; a reduction in both metrics and initiatives illustrates a greater focus and alignment on priority initiatives in order to maximize resources and accomplish strategic goals.

Table 4.2.1 Council KPI's

Council	Metrics (FY17-18)	Initiatives (FY17-18)	Metrics (FY18-19)	Initiatives (FY18-19)
Academic Affairs	4	8	5	5
Campus Safety	3	6	3	6
Career Services	8	14	5	14
Deans	10	23	10	9
Diversity & Inclusion	4	4	4	4
Enrollment Management	5	18	5	9
Facilities	3	5	3	5
Finance	5	22	6	14
Financial Aid	4	18	3	20

Human Resources	6	23	6	22
Information Technology	6	18	2	13
Marketing	5	7	5	4
Running Start	4	12	4	9
Student Affairs	5	21	4	12
Student Affairs	5	21	4	12

4R2b: Comparison of results with internal targets and external benchmarks

As stated above, key performance indicators and reporting cycles vary by department. These data are used to establish internal targets and/or use for performance comparisons when external benchmarks are available and appropriate. For example, the Marketing Council documents how the institution uses data to determine internal targets as well as external benchmarks. The Marketing Council reports on cost per inquiry and because the College has monitored this key performance indicator over time, an internal target is established. This target is also compared and externally benchmarked against the market standard. The Career Services Council uses the National Association of Colleges and Employers (NACE) group to externally benchmark performance indicators. Additionally, the HR Department utilized NACUBO to externally benchmark. In the case when external benchmarks are not available the College Council's use historical data to identify appropriate performance targets.

4R2c: Interpretation of results and insights gained

Data collected varies across departments, largely dependent on the historical duration of respective key performance indicators. For example, the Academic Affairs Council is in their fourth cycle of data collection on the same data points while the Diversity and Inclusion Council was newly formed in 2018 and therefore the council has only one cycle of data. Considering this variation across councils there are no universal interpretation and insights regarding the data.

4I2: IMPROVEMENT

The College continues to operationalize the process for data collection, presentation, closure, and commencement of new initiatives within each unit. Based on the variation in the maturity of each council's data collection and analysis, changes informed by data are in place. The Strategy Council is reviewing the due date presentation of each council's Institutional Progress Report (IPR) based on the nature of the work within each unit. Additionally, the Strategy Council is gathering feedback from council leads regarding the IPR to ensure the value of each component outlined within the IPR.

Sources

- [Assessment Communities Process 92F18](#)
- [Baker College Organizational Charts](#)
- [College Prep Outreach Survey - Meeting Needs](#)
- [College Prep Outreach Survey - Overall Satisfaction](#)
- [Financial Aid Presentation - Meeting Needs](#)
- [Financial Aid Presentation - Overall Satisfaction](#)
- [ISLO Data -Grad Hire Response](#)
- [Strategic Planning Process](#)
- [Year Month Council Name IPR Template](#)

4.3 - Leadership

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

4P3: PROCESSES

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

- Establishing appropriate relationship between the institution and its governing board to support leadership and governance (2.C.4)
- Establishing oversight responsibilities and policies of the governing board (2.C.3, 5.B.1, 5.B.2)
- Maintaining board oversight, while delegating management responsibilities to administrators and academic matters to faculty (2.C.4)
- Ensuring open communication between and among all colleges, divisions and departments
- Collaborating across all units to ensure the maintenance of high academic standards (5.B.3)
- Providing effective leadership to all institutional stakeholders (2.C.1, 2.C.2)
- Developing leaders at all levels within the institution
- Ensuring the institution's ability to act in accordance with its mission and vision (2.C.3)
- Tracking outcomes/measures utilizing appropriate tools

4R3: RESULTS

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

These results might include:

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

- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

4I3: IMPROVEMENT

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

Responses

4P3a: Establishing appropriate relationship between the institution and its governing board to support leadership and governance (2.C.4)

Baker College is a 501(c)(3) nonprofit institution comprised of multiple campuses located across Michigan. Each campus is a separate subsidiary 501(c)(3) nonprofit organization of Baker College. The [governing structure](#) is comprised of an individual Board of Regents for each campus. Board of Regents members are community representatives that provide fiscal and strategic oversight to the local campus. Campus Regents approve campus budgets, major capital expenditures, and executive leadership. Finally, the Campus Regents provide a voice and insight for Baker in the community.

The Board of Trustees for the Baker College System provides fundamental oversight for College. Regents from each sit on the System Board of Trustees providing a holistic organizational perspective in decision-making and communication between Trustees and Regents. The Trustees ultimately maintain responsibility for the overall well-being of the Institution such as approving consolidated budgets, system capital expenditures, executive leadership, and ensuring the College is fulfilling its Mission through its actions.

The Board of Trustees for the Baker College System appoints board members to the Jewell Educational Foundation (JEF) Board. Although board members are appointed and approved by the Board of Trustees, the JEF Board operates under its own 501(c)(3) nonprofit institutional status. The JEF oversees the self-funded quasi-endowment monies of the institution. The Board meets on a quarterly basis to review the investment strategies and recommendations from the investment committee and third-party financial investment company.

4P3b: Establishing oversight responsibilities and policies of the governing board (2.C.3, 5.B.1, 5.B.2)

Each Board of Regents maintains fiduciary responsibility relative to budget approval, capital expenditures and community ventures for their respective

campus as defined in the [bylaws](#). Regents' oversight of the campus includes analyzing campus reports, approving financial statements, adopting annual budgets and approving any property decisions. Campus Presidents and the System Executive Committee share the responsibility to meet operational expectations as defined by the Institutional Strategic Plan, System President and, Board of Trustees. Trustees maintain oversight of broad financial and operational concerns, ensuring the College maintains focus on the mission, operates in a manner consistent with the College's non-profit status, and continues sustainable of operation.

4P3c: Maintaining board oversight, while delegating management responsibilities to administrators and academic matters to faculty (2.C.4)

Regents members are constituents of the communities in which the College operates, representative of local employers and community leaders, the regents use their knowledge of internal needs, goals, the external environment, and stakeholder groups when making governance decisions. Trustees rely on the System President to manage daily operations and recognize the role of the Provost, Deans, and Faculty in making academic decisions and ensuring the quality of educational services provided to students. These commitments are evident in the [Board of Trustee meeting minutes](#). The Board operates independently and along with all officers of the Institution, must file annual disclosure statements that detail any relationship that may create a [conflict of interest](#).

4P3d: Ensuring open communication between and among all colleges, divisions and departments

Baker College Professional Services is a centralized division that provides overall institutional leadership. "The System," as it is referred, maintains an organizational structure designed to capitalize on operational economies of scale and ensure academic standards, outcomes, and quality instruction are maintained and communicated at the individual campuses and identified stakeholders.

It is the standard operating procedure of specific Council Chairs and other managers to communicate vertically and across the institution after each monthly meeting. These groups/units include Academic Affairs and Student Affairs Directors, Campus Safety, Career Services, Deans, Enrollment Management, Finance, Financial Aid, Information Technology and Presidents. For institution-wide communication from the CEO and the Human Resources Department, centralized communication is standard.

4P3e: Collaborating across all units to ensure the maintenance of high academic standards (5.B.3)

The College's governance structure serves as the foundation for collaboration across units within the institution. As detailed in 4.2, Council Chairs present annual [Institutional Performance Reports](#) and Deans presenting annual programmatic assessment results to the President's Cabinet. These presentations contain overall program achievements as well as opportunities for program continuous improvement. Achievements and opportunities consist of program student learning

outcomes including pass rates, opportunities for curriculum revision etc. Recommendations for improvements are verified and then facilitated by the Dean and Program Directors to engage in continuous improvements.

4P3f: Providing effective leadership to all institutional stakeholders (2.C.1, 2.C.2)

System leadership consists of six executive administrators; 1) System President/CEO, 2) Chief Operating Officer, 3) Provost, 4) Vice President of Human Resources, 5) Vice President of Financial Aid and 6) Corporate Controller. These administrators are responsible for leadership and communication within their respective units with the System President taking responsibility for the overall fitness of the institution. The Provost works directly with Deans and campus-based Directors of Academic and Directors of Student Affairs Directors, collectively ensuring the integrity of initiatives as well as maintaining policy and process fidelity. In addition to the campus-focused leadership, the Provost works with System Directors of Assessment, Instructional Design and the Center for Teaching Excellence. The Center for Teaching Excellence Director is responsible for fostering excellence within the faculty. Campus Presidents provide leadership on their respective campuses. This line between System leadership to campus leadership is duplicated across all units of the College. Coordination and collaboration of these efforts are evidenced within the College's council structure, strategic planning process and in academics within the [Assessment Learning Communities](#).

4P3g: Developing leaders at all levels within the Institution

The College recognizes the critical need to develop leaders at all levels of the organization. In response to this, the College relies on managers to engage in foster informal leadership development. Managers have the autonomy to support conference training attendance, identify personnel to participate in various organizational work that may extend beyond their subordinates core duties as a vehicle for development. Annually, the College identifies key stakeholders to attend the Annual Higher Learning Commission Conference with the intention to further bolster knowledge and strategic leadership across the College. The College supports a more formal process for leadership development and succession at the executive level, this was initially kicked off with Right Management, engaging 60 potential leaders across the College to engage in a leadership evaluation process.

4P3h: Ensuring the Institution's ability to act in accordance with its mission and vision (2.C.3)

The Strategic Planning Process and Council structure (President's Cabinet, Strategy Council, and functional unit councils) fosters and drives mission and vision alignment of efforts across the Institution's campuses, functional units and academic colleges. This structure is based upon the charter, responsibilities, and objectives of each Council. Each Council ensures membership consists of both campus and system personnel.

4P3i: Tracking outcomes/measures utilizing appropriate tools

Through 2017, the College embraced a long-standing and annual review process of those in leadership roles, inclusive of intermittent check-ins which were documented through paper files. The process documented both supervisor and subordinate reflections of overall performance based on key job description outcomes and identified action goals to be accomplished the next year. In an effort to move to a more contemporary process, the College made advancements to identify a relevant system of employee performance, development, and succession.

4R3: RESULTS

What are the results for ensuring long-term effective leadership of the Institution?

4R3a: Summary results of measures (include tables and figures when possible)

Broad leadership is evidenced in the 70 employees who serve on a council. Ensuring open communication between and among all colleges, divisions, and departments is documented priority in the 300 council meetings since 2017.

As a result of feedback from our 2014 portfolio, the College responded to an opportunity regarding formal leadership succession. Over 60 emerging leaders from across the Institution engaged in a succession planning which was facilitated by a third party. As an outcome of this process, the College identified qualified personnel to make advancement within the College. Specifically, individuals participating in this process are now in key leadership positions including Director of Academic Affairs, Campus President, Dean, and Provost.

4R3b: Comparison of results with internal targets and external benchmarks

Unit council IPR's provide annual communication with the Strategy Council on the council's performance on expected metrics. In addition to evaluating the past year's performance, unit councils provide updated future metrics to provide a compass for the next years efforts.

4R3c: Interpretation of results and insights gained

Currently, there are many seasoned executives leaders across the College and in consideration of the impending strategic organizational changes, the College is in a position to clearly define future succession.

4I3: IMPROVEMENT

The College is in the process of deploying a performance system which includes the development of employees at all levels of the organization. A pilot implementation is to be launched in March 2019 with full implementation in Spring 2020. With this performance system in place, the College aims to place considerable energy into employee/ leadership development.

Sources

- [2018 - 2019 Employee Handbook](#)

- [Assessment Communities Process 92F18](#)
- [Baker College Organizational Charts](#)
- [Board of Trustees Minutes](#)
- [Bylaws - Baker College](#)
- [Conflicts of Interests](#)
- [Year Month Council Name IPR Template](#)

4.4 - Integrity

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

4P4: PROCESSES

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

- Developing and communicating standards
- Training employees and modeling for ethical and legal behavior across all levels of the institution
- Operating financial, academic, personnel and auxiliary functions with integrity, including following fair and ethical policies and adhering to processes for the governing board, administration, faculty and staff (2.A.)
- Making information about programs, requirements, faculty and staff, costs to students, control, and accreditation relationships readily and clearly available to all constituents (2.B.)

4R4: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

4I4: IMPROVEMENT

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

Responses

4P4a: Developing and communicating standards

Baker College understands it is entrusted by society with great resources and commensurately great responsibilities for the creation, dissemination, and preservation of knowledge. The faculty, staff and governing boards play a key role in assuring that high standards of ethical practice attend to the custody and use of these resources. The faculty, staff and governing boards' personal and professional conduct reflects the Institution, the collective profession and the higher education enterprise at large. To that end, the College supports and promulgates a [Code of Ethics](#) based upon those recommended by the National Association of College and University Business Officers. The College embraces the values expressed in this Code and fosters their observance by all faculty, staff and governing boards.

In addition to the Code of Ethics, the College articulates integrity as part of its long-standing Guiding Principles. This Guiding Principle specifically highlights that the College is Accountable for Mission, Values and Public Trust. Further stated that Baker College accepts full accountability for its Mission and takes responsibility for the trust and faith placed in the Institution by its internal and external stakeholders.

As detailed in Category 3, all new employees engage in an orientation as part of the Human Resources' on-boarding process. A specific section of this orientation focuses on communicating the Mission, Guiding Principles, College culture, Code of Ethics and expected employee behavior.

The office of Human Resources (HR) is the custodian of these and all employee policies, which are articulated in the [Employee Handbook](#). Employee policies are revised, updated and distributed on an annual cycle. In addition to the Employee Handbook, HR includes the integrity and code of conduct as criteria within the annual evaluation of each employee.

From a teaching and learning perspective, the College maintains policies on academic integrity, research compliance, and related behavior. Policies apply to both employees and students. These policies are publicly available in the [College-Student Handbook Catalog](#) and the [Faculty Handbook](#).

All employees, and members of governing boards, also sign a [conflict of interest](#) statement to reinforce standards of acceptable behavior. Outside audits of the College's financial activities are conducted annually to ensure best practices are followed and compliance needs are met.

4P4b: Training employees and modeling for ethical and legal behavior across all levels of the Institution

HR is responsible for employee training and development initiatives, specifically regarding ethical and legal behavior and ongoing training on a variety of topics like

discrimination awareness in the workplace, sexual harassment, Clery Act and workplace violence. The College uses a third party to facilitate and track completion of this trainings. In compliance with federal regulations, most of these training are required on an annual basis.

Additionally, the College recognizes the need to provide training regarding ethical and legal research. The Institutional Review Board (IRB) provides oversight for research that meets federal criteria for human subjects research. Through a contract with a service provider, all faculty and staff have access to research ethics training and are required to complete this training prior to submission of any application to the IRB. This training is also used and required by students who are involved in human subjects research and specific programs at both the undergraduate and graduate level.

4P4c: Operating financial, academic, personnel and auxiliary functions with integrity, including following fair and ethical policies and adhering to processes for the governing board, administration, faculty and staff (2.A.)

Baker College operates within institutional established policies as well as any external governing bodies as applicable. The College utilizes a combination of internal audits, external audits, accrediting organizations, and governing boards to ensure adherence to processes, laws and ethical policies.

The College's internal auditor operates on a special projects basis, independently auditing various processes and departments. Internal audits are used both for compliance and improvement. In specific areas, internal audits are conducted annually. This includes Career Services reporting, Financial Aid awarding, and Return of Title IV. Internal audit reports are presented to administrative leadership as well as governing boards.

External auditors are utilized on an annual basis for the following:

- Financial accounting and reporting
- Facility, Operations, and Safety Audit
 - Fire and Live Safety
 - Premises liability
 - MIOSHA Compliance
 - Laboratory safety
 - Cooking and dining
- Workers compensation loss control audit

In addition to overall College accreditation, individual academic programs seek and receive relevant accreditation from field-specific accreditors. Currently, the College maintains 38 discipline-specific accreditations.

4P4d: Making information about programs, requirements, faculty and staff, costs to students, control and accreditation relationships readily and clearly available to all constituents (2.B.)

Baker College utilizes multiple avenues to communicate expectations to both new and returning students as well as other communities of interest. A key tool in communication is the [College's website](#). Available to anyone with interest in the

College or academic programs and services, the College strives to maintain current and accurate information on our website at all times. Through the website, anyone with interest can obtain detailed information about programs, requirements for admission, accreditation relationships, costs and other information of importance. The College website contains a Cost Estimator that students can access to fully understand the cost of attendance, as well as to obtain additional information about financial aid. Additionally, the College uses other opportunities to communicate program information directly to students through such means as meetings with admissions advisors and or academic advisors, new student orientations and new student on-boarding.

Admissions advisors not only introduce potential new students to the offerings and culture of Baker College but advising meetings are also intended to provide an opportunity for the students to connect with someone at the College and to communicate overall expectations to students. Advisors also provide specific information about programs of interest and help to clarify specific academic standards, student code of conduct and performance expectations that will assist students in being successful.

Once students have been admitted to the College, previous discussions of expectations as well as outcomes and policies are reinforced throughout the onboarding process. This is done through a freshman orientation process, the new student experience, printed documents and advising meetings. Advising meetings help to further prepare students to move into their coursework through the development of an individualized Degree Plan. The Degree Plan provides an academic roadmap so students are aware of the courses needed to complete their program, as well as when the courses are expected to be offered. Furthermore, ongoing student support services are available to provide clarity, answer questions and assist students throughout their academic career.

4R4: RESULTS

What are the results for ensuring institutional integrity?

4R4a: Summary results of measures (include tables and figures when possible)

- [Financial accounting and reporting](#)
 - [Management Letter](#)
- [The Marsh Audit](#)
 - Fire and Live Safety
 - Premises liability
 - MIOSHA Compliance
 - Laboratory safety
 - Cooking and dining
- [ASU- Workers compensation loss control audit](#)
- Internal Audits
 - [Financial Aid](#)

4R4b: Comparison of results with internal targets and external benchmarks

New hire orientation is the foundation to ensure all employees are adequately

exposed to policies including ethical and legal behaviors, procedures and cultural aspects of the College. Completion data is collected by Human Resources and reviewed on an annual basis. This department utilizes this data to ensure the integrity of the process. The New Hire Training completion rate and required additional regulatory employee training continues to meet the internal targets of 100%. Since the College's last portfolio, from year-to-year, for both regulatory and new hire training completion, the College has performed at 100% from 2015-2018.

The College continues to use internal audit results to drive performance targets relative to external audits on various processes relative to finances and auxiliary functions.

4R4c: Interpretation and Insights Gained

In looking at the most recent audits, the financial audit has no major findings and that financial operations at the College are from a regulatory perspective clean and appropriate. The 2018 audit did indicate one area of opportunity in the reconciliation of credit card transactions and the College has already implemented a change in SOP and monitoring.

The Marsh Risk Assessment cited the following:

Common Strengths

- Significant overall improvement
- Staff dedication and desire to improve safety
- Facility Department hazard assessment implemented
- Culinary Institute of Michigan program consistency efforts across campuses

Common Deficiencies - Most Missed Points (Missed at 3 or More Campuses)

- Chemical Handling – All chemical containers are properly labeled (3 campuses)
- SDS (safety data sheets) are available, inventory established (3 campuses)

The risk assessment indicates that the College maintains a culture of safety and that staff are knowledgeable and dedicated to improvement. Baker acknowledges that there needs to be a continued focus on some aspects of laboratory management.

Finally, the ASU workers' compensation audit revealed that the College as a whole has reduced the number of reported instances and "days away". The report cites development and training as a strength that the College will continue to improve. The audit did not cite suggested improvements in affirming compliance and acumen in this area.

4I4: IMPROVEMENT

The College continues to perform at expected targets and within the design of the processes relative to communication, training, and completion. Overall, the College is committed to continuing with these processes as they currently exist. This is also true for the internal audit process. The College continues to maintain

ongoing updates to the program information, costs and accreditation relationships.

The College and specific unit councils will focus on deficiencies from audits. Unit councils will analyze the reports and develop appropriate responses to improve performance.

Specific improvements over the past few years include web-based MSDS sheets, ladder safety, a single Annual Security Report and preparing three Form 990's instead of 13.

Sources

- [2018 - 2019 Employee Handbook](#)
- [2018 - 2019 Faculty Handbook](#)
- [2018 - 2019 Faculty Handbook - Code of Ethics](#)
- [ASR - Baker College - Annual Security Report](#)
- [ASU Baker College-Muskegon February 2018](#)
- [Conflicts of Interests](#)
- [Financial Aid and R2T4 Audit F17](#)
- [Financial Audit - Baker Final SAS letter 8 31 18](#)
- [Financial Audit 2 - Baker Financial AUDIT 8 31 18](#)
- [Marsh - Baker College Presidents Meeting 12-3-18](#)
- [NACUBO Code of Ethics as amended November 10-07](#)
- [student-handbook](#)
- [Website - Program Offerings](#)
- [Website](#)
- [Website - Accreditations](#)
- [Website - Faculty Directory](#)
- [Website - Tuition and Costs](#)

5 - Knowledge Management and Resource Stewardship

5.1 - Knowledge Management

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

5P1: PROCESSES

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

- Selecting, organizing, analyzing and sharing data and performance

- information to support planning, process improvement and decision making
- Determining data, information and performance results that units and departments need to plan and manage effectively
- Making data, information and performance results readily and reliably available to the units and departments that depend upon this information for operational effectiveness, planning and improvements
- Ensuring the timeliness, accuracy, reliability and security of the institution's knowledge management system(s) and related processes
- Tracking outcomes/measures utilizing appropriate tools (including software platforms and/or contracted services)

5R1: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

5I1: IMPROVEMENT

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

Responses

[Glossary](#)

5P1a: Selecting, organizing, analyzing and sharing data and performance information to support planning, process improvement and decision making.

The College's shared governance structure, as detailed in 4.2 and 4.3, includes key stakeholders from various units across the institution; each Council Chair is responsible for selecting, analyzing and sharing performance data to support planning and continuous improvement within each respective unit. While the data utilized within each unit is specialized relative to the nature of work, the process for selection, analysis, planning and overall continuous improvement is similar. The process is launched through the Strategic Planning Process which is detailed in 4.2.

Each Council conducts an annual review of progress on its performance metrics using an [Institutional Progress Report](#) (IPR) as a guide for review, reflection, closure, and identification of proposed future initiatives. The IPR includes a gap analysis which allows Councils to examine and finalize their data analysis and planning. During this analysis, each Council reviews its performance metrics not only for progress but also for fit and relationship to institutional strategic objectives. Councils propose the addition or removal of initiatives and performance metrics. Each fall in advance of the start of the budget process, Council Chairs present their key findings and recommendations for improvement to the Strategy Council. Through these presentations, College leadership is able to gain an aggregate perspective of strategic challenges allowing for the most efficient allocation of both human and capital resources. Once Council initiatives are defined and affirmed by the Strategy Council, the Council Chairs work with the College's Data Integrity Reliability Team (DIRT) to identify relevant metrics. Council chairs work to ensure data availability and to document existing performance data. In an effort to advance the quality of the data utilized by each council, the council leads work through the College's [Stages of Data Maturity](#) which was an outcome of a 2017 AQIP project. In February, at the conclusion of the IPR presentations, the College makes available the Strategic Plan, IPRs and Council Charters.

5P1b: Determining data, information and performance results that units and departments need to plan and manage effectively.

As noted above, the College's strategic planning process coupled with the College's shared governance structure guides the process of selecting relevant data. This process ensures strategic alignment allowing Council metrics to roll up into institutional key performance indicators (KPIs). At the Council level, data is analyzed and benchmarked against industry standards (when available), on predetermined cycles, to assess performance and identify gaps. The cycles are determined by the nature of the Council work. For example, the Career Services Council who benchmarks against NACE, reviews its employment data biannually to align with graduation. Additionally, the College supports a specialized reporting team whose efforts focus on institutional level reports. These reports are shared and consumed by a variety of stakeholders throughout the year. Overall, the College continues to advance its sophistication in identifying relevant performance data that is considered within both departmental and institutional level management.

5P1c: Making data, information and performance results readily and reliably available to the units and departments that depend upon this information for operational effectiveness, planning and improvements.

Through the student information system, departmental managers have the ability to utilize predefined reports for essential business functions as well as the ability to customize reporting to meet specific needs. Enrollment Management, Advising, Finance, and Financial Aid all have unique report suites they can access through the SIS. Custom reporting and changes to standardized reporting are developed in partnership with the IT reporting specialist, DIRT, and the identified Council Chairs. Reports and data can be retrieved at the convenience of various

stakeholders throughout the College and across all departments. Stakeholders can also submit unique data requests for data sets or reports through the College's IT website.

Additional systems support the collection and dissemination of data related to academic operations. Faculty evaluation data is made available to faculty through Campus labs and are distributed after the close of each term by the Office of Assessment. Direct measure assessment data is also captured through this Campus Labs system and made available to faculty and program leadership to support planning during the ALC process.

5P1d: Ensuring the timeliness, accuracy, reliability and security of the institution's knowledge management system(s) and related processes

The College and the Department for Information Technology allocate significant resources to ensure not only timeliness, accuracy, and reliability, but also overall security of the institution's knowledge management system. Several processes are in place to uphold this, including an annual IT security and penetration test where an external auditing firm verifies internal security protocols. Our Enterprise Resource Planning (ERP) vendor is required to provide an annual Service Organization Control (SOC) report that certifies security protocol of our data that's housed at their location. The College hosts Active Directory and various connectivity pieces, with contractually backed managed host agreements with core services, such as the College's Learning Management System, student information system and the student learning assessment tool thus supporting the College's 99.9% Service Level Agreement (SLA).

Whenever possible, Baker College has worked to establish process cycles that include regular and structured periods of assessment and evaluation. Through the establishment of a clear calendar of needs, the College is able to leverage reporting, data dissemination, and the statistical support of the Data Integrity Reliability Team (DIRT) committee to promote timely, reliable, and actionable data. Positioning the College to provide accurate information to stakeholders in need. For example, DIRT and the Persistence and Retention Steering Committee prepare retention reports biannually. The spring reports support the needs of the ALC process and the fall report supports the annual strategic planning and budgetary process. The Office of Assessment works with DIRT to prepare direct measures reporting also to support the ALC. Through the IPR process, every unit council follows a reporting calendar where they collect and analyze KPI performance. The net result is a proactive system of data collection, analysis, and dissemination that is done in coordination with the College's reporting and data teams. This system provides stakeholders with the needed technical and data support to reliably and accurately access the College's information systems.

5P1e: Tracking outcomes/measures utilizing appropriate tools (including software platforms and/or contracted services)

The College leverages several tools to track measures relative to knowledge management and overall performance. When available, the College secures tools that are built into the existing student information system in order to secure accurate and timely data access and analysis. Specifically, tools that support

student learning are secured as part of the initial contract negotiation when selecting systems partners. This is also true for other systems like payroll, to ensure the tool provided allows stakeholders to access, analyze and publish reliable reports.

5R1: RESULTS

What are the results for determining how data, information and performance results are used in decision-making processes at all levels and in all parts of the institution?

5R1a: Summary results of measures (include tables and figures when possible)

IT calculates systems uptime through availability and reliability as displayed in Table 5.1.1 this calculation includes both hosted and non-hosted systems.

Table 5.1.1: SLA

	Target SLA	2017	2018
Availability & Reliability	99.90%	99.99%	99.85%
Serviceability	95%	96.28%	97.50%

Within the IPR process, data for each council is analyzed and presented to the Strategy Council on an annual cycle. With 14 total councils, data collected and presented are aligned to the council’s respective departmental work. Documentation of these [IPRs](#) illustrates how performance results are not only communicated but utilized for consideration in decision-making specific to strategic initiatives across all departments in the College. In the last quarter of 2018, the College reviewed their first cycle of council IPRs.

5R1b: Comparison of results with internal targets and external benchmarks

The College seeks to advance the metrics to include where available and relevant both internal targets and external benchmarks this is accomplished through the council’s working through the [Data Maturity Stages](#). Currently, over 50% of the council metrics are documented at stage 3 or 4 in the [Council Data Maturity Stages](#).

5R1c: Interpretation of results and insights gained

As noted above, the College hosts Active Directory and various connectivity pieces, the College is satisfied with a 99.9% Service Level Agreement (SLA). Additionally, the College is in the process of advancing data maturity across all units within the College with intentions to ensure data maturity. This is evidenced through benchmark comparisons, internal targets, clear channels of

communication as well as of data utilization in decision-making. DIRT works directly with councils to monitor and support the development towards the above-stated goal of advancing data maturity. Data identified, analyzed, and utilized for continuous improvement is accessible to broad stakeholders including the council chairs. Chairs are responsible for the communication of the data to relevant stakeholders across the institution. Reports, initiative completion and performance results are documented, analyzed and utilized for initiative continuous improvement through the Institutional Performance Report.

As noted above, data identified, analyzed, and utilized for continuous improvement is accessible to broad stakeholders including the council chairs. Chairs are responsible for the communication of the data to relevant stakeholders across the institution. Reports, initiative completion and performance results are documented, analyzed and utilized for initiative continuous improvement through the Institutional Performance Report.

5I1: IMPROVEMENT

To date, the College is entering its second cycle of Council data collection and analysis. This coupled with the continued refinement and authentication of data reports, allows the College to continue to strive toward more mature data selection and alignment. The Strategy Council aims to provide support to the Council chairs and their extended stakeholders to ensure high-quality data is utilized at all levels to assess performance, identify performance gaps, and to drive overall continuous improvement. Additionally, in an effort to bring greater coherence to the process and increased data reliability and validity, the College is centralizing a data reporting team to facilitate leadership and oversight of data across the College.

Sources

- [Council Data Maturity Stages Tracking - For PDF](#)
- [Data Maturity Stages](#)
- [Glossary](#)
- [IPR Examples](#)
- [Year Month Council Name IPR Template](#)

5.2 - Resource Management

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

5P2: PROCESSES

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

- Maintaining fiscal, physical and technological infrastructures sufficient to

- support operations (5.A.1)
- Setting goals aligned with the institutional mission, resources, opportunities and emerging needs (5.A.3)
- Allocating and assigning resources to achieve organizational goals, while ensuring that educational purposes are not adversely affected (5.A.2)
- Tracking outcomes/measures utilizing appropriate tools

5R2: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

5I2: IMPROVEMENT

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

Responses

5P2a: Maintaining fiscal, physical and technological infrastructure sufficient to support operations.

The College's centralized annual budgeting process is facilitated by both the Budget Director and Controller and engages multiple key stakeholders including Council Chairs and campus leadership. Each January the Strategy Council requests potential budget items. In February and March, the Controller prepares preliminary student retention, new student enrollment forecast, and revenue. Campus leadership works with department managers to document anticipated expenditures, as well as any campus capital project requests. These anticipated changes and capital project requests are submitted to the Budget Director and Controller in March. Proposed budgets are advanced to the Finance Council and eventually, to the Board of Trustees in May. If approved by the Trustees in May, the campus Board of Regents reviews the proposed budget in June. Based on Fall enrollments, a revised budget is developed by the Budget Director and Controller and is submitted to the campus Board of Regents in October for final approval.

The Information Technology Council provides oversight for technological infrastructure improvements. In an effort to maintain operational efficiency, reliability, and contemporary practice, all major systems have been updated including both hardware and software since the College's last portfolio. The [IT Strategic Plan](#) guides these continued initiatives.

Physical plant and physical infrastructure are managed through system-wide

preventative maintenance system, Accruent FAMIS. The new system allows the College to forecast future expenditures with greater precision. The use and integration of this system are yet to be fully realized; however, the system is currently being integrated into the budget process whereby data results will be reviewed on a monthly basis by the Controller and President's Cabinet. In this review, major shifts, positive or negative, along with a summary and proposed actions are discussed.

5P2b: Setting Goals aligned with the institutional mission, resources, opportunities and emerging needs.

Goal alignment is facilitated through the [strategic planning process](#) which is facilitated by the Strategy Council in conjunction with the unit councils. Goals are established within the Councils and approved by the Strategy Council. The Council goals and initiatives must align with the strategic plan and mission of the College. Emerging needs are determined by both the Councils and the Strategy Council and resources are allocated through the budget process. All major initiatives are approved by the Strategy Council and eventually by the President's Cabinet.

5P2c: Allocating and assigning resources to achieve organizational goals while ensuring that educational purposes are not adversely affected.

Baker College is a private not-for-profit institution. The College's fiscal resources are dedicated almost exclusively to the support of the educational endeavors of the students. Baker College does not offer athletics nor does it support a formal research structure that might be common at other institutions. As detailed above, the budgeting process along with the comprehensive view of all proposals by the Strategy Council ensures resource allocation is prioritized and aligned with institutional goals, placing priority on educational programs and the human and capital resources to support them.

5P2d: Tracking outcomes/measures utilizing appropriate tools, fiscal, physical and technological infrastructure

Using Jenzabar CX, the Controller's office monitors the College's overall fiscal status monthly through key performance measures. These measures are reviewed monthly by the Finance Council and the President's Cabinet. As noted above, FAMIS provides reliable data to accurately forecast and plan for physical infrastructure expenditures. IT tracks reliability, availability, serviceability, and infrastructure, as well as the budget to spend ratio. BMC RemedyForce is used to handle IT ticketing, formal complaints, SLA reporting, and constituent survey feedback. An IT metric framework is used in conjunction with WhatsUp Gold to measure IT service availability and vendor performance. These tools assist with tracking and analysis, which are leveraged to make adjustments and establish goals and initiatives to foster continuous improvement.

5R2: RESULTS

What are the results for resource management?

5R2a: Summary results of measures (include tables and figures when

possible)

Table 5.2.1 summarizes the primary financial indicators the College monitors to evaluate its financial health. This gives a holistic picture of the College's financial performance and includes the management of the JEF Fund.

Table 5.2.1 Financial Ratios

Fiscal Year	Target	FY15-FY16	FY16-FY17	FY17-FY18
Cash Flow	N/A	\$17.6M	\$18.2M	\$3.9M
Budget to Actual	N/A	\$13.4M	\$9.0M	\$15.3M
JEF	7.00%	4.00%	8.90%	9.30%
Wage & Benefit to Tuition Ratio	60.00%	59.80%	72.00%	83.40%
Working Capital	10%	11.07%	13.66%	4.24%

Table 5.2.2 highlights the metrics used to evaluate the performance of the IT infrastructure and the associated internal targets for performance.

Table 5.2.2 Remedy Force

	Target SLA	2017	2018
Availability & Reliability	99.90%	99.99%	99.85%
Serviceability	95%	96.28%	97.50%

Table 5.2.3 provides utilization statistics for the College's Technology Solution Center that provides service both students and employees and 5.2.4 shows the cost to revenue ratio.

Table 5.2.3 Remedy Force Tickets

Year	Tickets Received	Tickets Closed	Percent Target
2017	41,315	41,315	99.90%

2018	22,791	22,791	99.90%
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Finally, Table 5.2.4 demonstrates one metric the College uses to demonstrate its investment and contribution to ensuring the IT infrastructure. The cost to revenue ration is calculated annually following the fiscal year and shown with and without wages to allow for comparisons of the expenditure on hardware and software infrastructure and then with the corresponding human capital to support that infrastructure.

Table 5.2.4 Percent of IT Costs compared to Revenue

Fiscal Year	Without Wages	With Wages
2015-2016	4.65%	8.43%
2016-2017	5.26%	9.57%
2017-2018	6.25%	11.96%

While FAMIS is in its early stages of implementation, in 2018, the College collected 4,511 service requests with a 98.5% closure rate. As for preventive maintenance, the College received 1,805 tickets with a 95.5% closure rate.

5R2c: Comparison of results with internal targets and external benchmarks

For the past several years the post-secondary education industry has experienced significant disruption resulting in financial challenges for a large number of institutions. Although the College has experienced significant shifts in operational cash flow over the last two years, its overall financial position has the strength to handle this temporary financial challenge. The financial ratios tracked include cash flow, budget to actual, Jewell Education Fund (JEF) performance. The JEF Fund is a self-funded quasi-endowment to support student aid, capital improvements, and operations. The Controller’s Office is responsible for financial data and monthly reporting presented to the President’s Cabinet and quarterly reporting presented to the Campus Board of Regents.

5R2c: Interpretations and Insights Gained

The College continues to regularly monitor its financial position to maintain high-quality operations and to accurately forecast future demands. The SLA for IT services continues to result in favorable uptime for the College’s given applications and services. Table 5.2.2 indicates the high performance of the College’s reliability, availability, and serviceability of systems utilized including Internet connectivity across the system and core components (LMS, JZ, Active Directory, file servers, SSO, printers, WiFi, etc.).

The data in 5.2.3 demonstrates a high rate of service response from the College's Information Technology Solution Center who serves both students and employee. Collectively the data indicates that despite significant challenges in the industry, Baker College maintains a strong financial position and has provided adequate resource and infrastructure to maintain operations and provide a high-quality educational experience for students and staff.

5I2: IMPROVEMENT

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

As part of all the Council Charters' roles and responsibilities, operational effectiveness was a key component of all department goals in relation to financial and operational stewardship. The executive leadership of the College ensured that all Councils, departments, and managers reviewed priorities and initiatives to align with effective and efficient practices and processes. As is evidenced in the results above, the College continues to evaluate all its operational functioning areas. The executive leadership oversees proactive strategies and initiatives to support the Council initiatives through monitored key performance indicators throughout the year. The College continues to implement and operationalize several processes and systems relative to overall knowledge management including FAMIS, which will situate the College to better forecast preventative maintenance expenditures. Additionally, Councils continue to make progress with their data maturity in order to increase their intentional decision making and to better understand overall performance.

Thoughtful analysis of the College's financials especially the year-over-year trends since the 2014 portfolio revealed an increasing priority to assert change in order to ensure long term financial sustainability. In response to these financial metrics, in January 2019, after two years of analysis and research, the College announced its pathway forward to consolidate select campus locations. Primary to this consolidation was to ensure operational efficiencies and overall quality commitment in its ability as an organization to accomplish the Mission. A campus consolidation of three proximal campuses, Allen Park, Auburn Hills, and Clinton Township, into a new Metro Detroit location. Additionally, the executive leadership recommended and was approved by the Board of Trustees to merge the Flint Campus with the Owosso Campus. The campus consolidations are expected to take place in the fall of 2020. While these consolidations will deliver a significant decrease in overall expenditures, the College continues to balance operational cost savings with ensuring high-quality facilities at sustained campuses. The College continues to act on capital improvement projects including building the aforementioned state of the art facility in Metro Detroit as well as major renovations in Owosso and Muskegon to accommodate expanded programs offerings.

Sources

- [IT Strategic Plan 2013 - 2018](#)
- [Strategic Planning Process](#)

5.3 - Operational Effectiveness

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

5P3: PROCESSES

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

- Building budgets to accomplish institutional goals
- Monitoring financial position and adjusting budgets (5.A.5)
- Maintaining a technological infrastructure that is reliable, secure and user-friendly
- Maintaining a physical infrastructure that is reliable, secure and user-friendly
- Managing risks to ensure operational stability, including emergency preparedness
- Tracking outcomes/measures utilizing appropriate tools

5R3: RESULTS

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

- Summary results of measures (include tables and figures when possible)
- Comparison of results with internal targets and external benchmarks
- Interpretation of results and insights gained

5I3: IMPROVEMENT

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

Responses

5P3a: Building Budgets to accomplish institutional goals

As detailed in 5P2, the College engages multiple stakeholders from all departments across the institution to engage in a comprehensive budgeting process to ensure institutional goals are realized. As previously detailed, goals are aligned through the strategic planning process.

5P3b: Monitoring financial position and adjusting budgets

The College's centralized annual budgeting process, facilitated by both the Budget Director and Controller, engages multiple key stakeholders including Council Chairs and campus leadership. Each January, the Strategy Council requests potential budget items and in February/March, the Controller prepares preliminary student retention, new student enrollment forecast, and revenue.

Campus leadership works with department managers to document anticipated changes from the current budget for campus expenditures, as well as any campus capital project requests. These anticipated changes and capital project requests are submitted to the Budget Director and Controller in March. All capital projects go through a prioritization process; the Strategy Council ultimately makes the final decision. Proposed budgets are advanced to the Finance Council and eventually, to the Board of Trustees in May. The campus Board of Regents reviews the proposed budget in June. Historically, fall enrollment is the catalyst for a revised budget, at which point the Budget Director and Controller make the necessary adjustments. The revised budget is submitted to the campus Board of Regents in October for final approval.

Monthly the controller's office prepares, analyzes and presents accrual financial statements which include all expenses, providing a month to month variance against the fiscal year's total budget. This process allows for adjustments to the overall budget.

5P3c: Maintaining a technological infrastructure that is reliable, secure and user-friendly

As detailed in 5.2, IT maintains reliable service via hosting contracts with many systems including the College's Learning Management System and the Student Information System. These and all other IT infrastructure elements are governed by the IT Council. Within the IT Council, governance is realized through an executive team that meets monthly to discuss strategy and review performance results. These meetings are facilitated by the Chief Operating Officer (COO) and include three IT department leads. Separately and in preparation of the monthly review, the three IT department leads to meet with their respective teams on a monthly basis to review project progress, results, and plan for future initiatives.

Security, cyber and physical, is a priority for the College. The College adheres to government standards and regulations to ensure critical data is secure. In meeting these standards and regulations the College supports processes of both internal

and annual security tests to identify vulnerabilities as a way to mitigate and resolve risks. The IT Department also ensures that hardware and software are patched weekly and/or monthly. Many of the College's systems are hosted, so vendor-relationship management is central to holding partners accountable for system key performance indicators (KPI) and security-related contract agreements. KPIs are also reviewed by the Strategy Council to ensure alignment with institutional goals.

The Enterprise Resource Planning (ERP) system and Learning Management Process (LMS) are governed by business governance groups providing ongoing oversight of the systems business processes and practices thus ensuring systems level of user-friendliness.

5P3d: Maintaining a physical infrastructure that is reliable, secure and user-friendly

The Facilities Council recently implemented a new facilities management system, FAMIS, and the facilities team and campus leadership support the like new to ensure the College's campuses are reliable, secure, and user-friendly. The Facilities Council works in partnership with the campus leadership regarding the physical plant and grounds, taking a preventive and proactive approach to maintenance and repairs. The College also contracts with an external entity to audit College's policies, procedures, and preparedness. Additionally, this firm audits the facilities, lab environments, and physical safety of the campuses. These results are shared with the President's Cabinet and appropriate unit councils.

Each campus maintains an active Campus Safety presence. Campus Safety deploys a variety of tactics to ensure the safety and security of the campuses. This includes camera surveillance, active foot, and vehicle patrols. Additionally, the offices operate with a service-centric mentality and therefore provide assistance including escorts, vehicle concerns and door unlocks to stakeholders as needed.

5P3e: Managing risks to ensure operation stability, including emergency preparedness

The College engages in several processes to manage operational risks as well as to ensure emergency preparedness. [Title IX](#) investigations are centralized with two trained investigators for the College. Student Affairs, Residence Life Directors and Campus Safety officials engage in annual Title IX training, these are coordinated by the College's attorney. In the event of potential danger or threat, a centralized and standardized communication tool is utilized to communicate to all stakeholders. The Campus Safety Council provides leadership and guidance for the submission and publication of the Annual Security Report (Clery) which is published for both internal and external stakeholders on the Baker College website.

The College also engages with [Marsh Risk Management](#) to annually review potential risks at each campus location. Marsh reports generates discussion and action on a multitude of safety issues. For example, as a result of a recent Marsh audit, the College fully digitized its Material Safety Data Sheets (MSDS).

The College also participates in an annual review from workman's compensation

insurance through The ASU Group [reports](#) are presented to the campus Board of Regents and addressed through the Facilities and Campus Safety Councils. Additionally, the College deploys Ruffalo Noel Levitz (RNL) biannually to capture student perception of value and satisfaction of Campus Safety and Facilities. The results of this survey are evaluated by the Councils representing Campus Safety and Facilities with appropriate and timely action documented through the Council initiative identification process detailed in 4.2.

5P3f: Tracking outcomes/measures utilizing appropriate tool

The College collects outcome data through the Council Metrics Dashboard and as stated above, relies on the Council Chairs to track, report, and measure outcomes. While Finance is governed by a Council, the Controller and Budget Director also monitor financial results and any fluctuations to the budget using the Jenzabar CX system.

Likewise, the IT department uses industry-standard software to monitor the network, perform regular scans and maintenance, distribute security patches, and ensure data is governed and accessible to be used for reliable reporting and analytics.

5R3: RESULTS

What are the results for ensuring effective management of operations on an ongoing basis and for the future?

5R3a: Summary results of measures (include tables and figures when possible)

The budget process, inclusive of many stakeholders, monthly monitoring through systems like FAMIS, juxtaposed to the Strategic Planning process, ensures effective ongoing management of operations. Financial and initial FAMIS metrics are detailed in 5.2 results.

IT calculates systems uptime through availability and reliability as displayed in 5.2, this calculation includes both hosted and non-hosted systems. Table 5.3.1 documents a favorable uptime for the College’s systems.

Table 5.3.1 Systems Uptime

Academic Year	Availability & Reliability	Target SLA
2017	99.99%	99.90%
2018	99.85%	99.90%

Table 5.3.2 Remedy Force

	Target SLA	2017	2018
Availability & Reliability	99.90%	99.99%	99.85%
Serviceability	95%	96.28%	97.50%

Information Technology security is handled in a holistic manner. A third party performs annual penetration tests on both internal and external websites, which helps to identify any vulnerabilities that may exist in the environment. Best practices are followed to ensure data is secure across the data lifecycle. Data in transit is encrypted while data at rest is protected by limiting elevated account access via a least privilege methodology. Further, accounts are audited each quarter to ensure only the access that is needed is granted. In ensuring systems are secure from external threats and are patched regularly, and remaining diligent about account access, the college is able to follow a continuous improvement model that continues to protect the technological assets of the organization.

Annual Security Reports are also summarized for Regents, Trustees, and Executive Leadership. This report allows for a condensed singular view to reportable crimes that happen across the System.

The College's 2017 student satisfaction survey, Ruffalo Noel Levitz results reinforced the results stated above in table 5.3.2 specifically, students placed priority and satisfaction with safety and security. Results indicated Baker students are more satisfied with the safety and security when compared to peer institutions. The table also shows evidence that student feels the campus is well-maintained.

[Table 5.3.3: Ruffalo Noel Levitz Student Satisfaction Results](#)

5R3b: Comparison of results with internal targets and external benchmarks

IT systems exceeded Service Level Agreements in all categories. These targets are external benchmarks that provide the College with the ability to review results and services meeting defined expectations.

Safety and security audits performed by Marsh and ASU provide Baker with an external audit of process, procedures and a workman's compensation review.

These external providers bring an unfiltered lens into the facilities and safety at the College while also providing an opportunity to compare best practices and potential process improvements across campus locations.

The Campus Safety Council additionally collects ASR data from Michigan Higher Education Institutions to gain a perspective on the safety of the College's campuses based on reported Clery Crimes. Generally speaking, Baker College campuses are very safe compared to other institutions.

5R3c: Interpretation of results and insights gained

Monthly monitoring and forecasting the College's financial position each year allows for adjustments and financial allocation to support the strategic initiatives of the College. As noted the College is in its initial implementation of FAMIS, this should prove helpful in operational forecasting within the budgeting process. The IT metrics, as well as the Annual Security results, indicate favorable results compared to institutional goals and external benchmarks.

5I3: IMPROVEMENT

The College continues to carefully monitor and improve its budgeting process with adoptions of systems like FAMIS. The College's Facilities Council is working to develop a deferred maintenance program for all campuses, to include high-value long-term assets such as roofing, HVAC and boilers. IT will advance its strategic plan and continue to carefully monitor metrics related to the total uptime of systems. The College continues to monitor campus safety including emergency preparedness through the above-stated metrics.

Sources

- [2019 Title IX Reporting for MTG eligibility \(MCL 388\).docx](#)
- [5.3.3 Table](#)
- [Annual Security Report - Executive Summary](#)
- [ASU Baker College Muskegon February 2018](#)
- [Marsh - Baker College Presidents Meeting 12-3-18](#)

6 - Quality Overview

6.1 - Quality Improvement Initiatives

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

6P1: PROCESSES

Describe the processes for determining and integrating CQI initiatives, and identify

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

- Selecting, deploying and evaluating quality improvement initiatives
- Aligning the Systems Portfolio, Action Projects, Comprehensive Quality Review and Strategy Forums

6R1: RESULTS

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

6I1

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

Responses

[Glossary](#)

6P1a: Selecting, deploying and evaluating quality improvement initiatives

6P1b: Aligning the Systems Portfolio, Action Projects, Comprehensive Quality Review and Strategy Forums

Historically, executive leadership informally identified performance gaps critical to the College's Mission and Guiding Principles, Key Performance Indicators, and Higher Learning Commission Core Components. Potential projects were identified, evaluated, prioritized and selected using an informal process. For example, the 2017 AQIP project title "College Preparation Program" aligned with the HLC Core Competency of Meeting Student and Other Key Stakeholder Needs, particularly components 2:1 and 2:2 but was identified through the informal process. Institutional data indicated that an insufficient number of students were successfully completing developmental education requirements and retention and persistence rates were below Department of Education standards. Therefore, the "College Preparation Program" was created, which involved redeveloping developmental education resources and revising admissions standards for the College.

In 2018, Baker College recognized the need to formalize this [process](#) and implemented an AQIP project for the identification, evaluation, and selection of

AQIP projects to ensure alignment with the College’s Strategic Plan, KPIs, and HLC Criteria. The AQIP project also created a method for assessing the selection process.

Members of the Accreditation Council, including the Provost, Associate Provost, Director of Assessment, campus Presidents, Deans, and campus Directors of Academic Affairs are responsible for selecting AQIP projects. Council members are responsible for proposing and deploying projects. Members of the Accreditation Council historically participated in the AQIP Strategy Forums (discontinued by HLC in 2018) and participated in the Comprehensive Review Process.

6R1: RESULTS

What are your results for continuous quality improvement initiatives?

The AQIP College Preparation Program was implemented in Fall 2017. By providing developmental education opportunities prior to acceptance, and revising admissions standards, the College positively impacted fall-to-fall retention. This data is analyzed and reviewed biannually by the College Preparation Committee, President’s Cabinet and the Strategy Council.

Table 6.1.1 New Student Fall-to-Fall Retention

Academic Year	Base Enrollment	Return Enrollment	Return %
AY15-AY16	3,470	1,375	39.60%
AY16-AY17	1,577	692	43.90%
AY17-AY18	1,576	752	47.70%
AY18-AY19	TBD		

* Goal: YOY Increase

The AQIP Quality Assurance Framework project resulted in the creation of a method for monitoring achievement of council initiatives, metrics, and benchmarks. This process includes the submission of an annual [Institutional Performance Report](#) by each Council. In addition, the project resulted in a [dashboard](#) for reporting and sharing progress toward the Strategic Plan goals, initiatives and KPIs.

The 2017-2021 [Strategic Plan](#), (Theme - Program Portfolio and Market Position) included an initiative to diversify enrollment strategies, specifically to increase the percentage of traditional versus non-traditional students. By adjusting the program portfolio, shifting marketing focus, and revising enrollment management practices,

new traditional students rose from 10.2% in fall 2016 to 27.5% in fall 2018. Strategic adjustments such as this reflect the College's growing level of maturity relative to the tightly aligned selection of strategic priorities.

6I1 : Improvements

While the Higher Learning Commission is in the process of concluding AQIP as a pathway the College maintains a high commitment to its focus on continuous quality improvement. The College continues to further operationalize its [strategic planning process](#) which incorporates broad stakeholders in initiative identification, strategic mapping, and overall performance. AQIP Action Projects have been an important part of the College's CQI culture and in the past few years, the College has been able to leverage this process to achieve institutional improvements in the areas of strategic planning, new student developmental education success, improved definition of metrics in the governance model, career preparation for students, and financial literacy.

Sources

- [AQIP Action Project Selection Process Map](#)
- [Dashboard - Institutional Performance Reports](#)
- [Glossary](#)
- [Strategic Plan 2017-2021 ver 2017-08-15](#)
- [Strategic Planning Process](#)
- [Year Month Council Name IPR Template](#)

6.2 - Culture of Quality

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

6P2: PROCESSES

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

- Developing an infrastructure and providing resources to support a culture of quality
- Ensuring continuous quality improvement is making an evident and widely understood impact on institutional culture and operations (5.D.1)
- Ensuring the institution learns from its experiences with CQI initiatives (5.D.2)
- Reviewing, reaffirming and understanding the role and vitality of the AQIP Pathway within the institution

6R2: RESULTS

What are the results for continuous quality improvement to evidence a culture of quality? The results presented should be for the processes identified in 6P2. All

data presented should include the population studied, the response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared.

6I2: IMPROVEMENT

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

Responses

6P1a: Developing an infrastructure and providing resources to support a culture of quality

6P1b: Ensuring continuous quality improvement is making an evident and widely understood impact on institutional culture and operations (5.D.1)

The AQIP project completed in June 2017, “Developing an Institutional Quality Assurance Framework to Measure Institutional Effectiveness and Drive Continuous Quality Improvement Efforts,” was designed to ensure that there was an infrastructure to support a culture of quality and continuous improvement. As a result of this project, the College created a Strategy Council, which is responsible for all matters pertaining to the identification, implementation, review, analysis, and oversight of the College’s strategic initiatives.

Functional unit councils were created for all departmental areas including; Academic Affairs, Deans Council, Campus Safety, Diversity and Inclusion, Enrollment Management, Facilities, Finance, Human Resources, Information Technology, Institutional Effectiveness, Marketing, and Student Services, detailed in 4.2. Councils were charged with establishing a charter, initiatives and performance metrics designed to support the [Strategic Plan](#) and allow for benchmarking.

6P1c: Ensuring the institution learns from its experiences with CQI initiatives (5.D.2)

6P1d: Reviewing, reaffirming and understanding the role and vitality of the AQIP Pathway within the institution

The [annual continuous improvement cycle](#) begins and concludes with the Institutional [Performance Report \(IPR\)](#). The IPR includes the Key Performance Indicators, annual performance data, historical performance data, external performance comparison and progress reports on each of the initiatives identified in the Strategic Plan. Fundamentally, the IPR articulates achievement of strategic themes, goals, and initiatives detailed in the strategic plan as well as identifies performance gaps. Councils complete the IPR and present their progress to the

Strategy Council on an [annual basis](#).

6R2: RESULTS

What are the results for continuous quality improvement to evidence a culture of quality?

The College continues to foster a culture of continuous quality improvement largely evidenced across the institution through the council's IPRs. These reports coupled with the strategic planning process tightly maps initiatives to the strategic plan. This process itself reflects over 65 employees who are or have recently been involved in the development of continuous quality improvement initiatives and direct assessment of those initiatives.

Through the aforementioned AQIP project, the College solidified its process of selecting projects. The quality improvement infrastructure consistently involves a large number of stakeholders, ensuring initiatives are formally documented with identified and measurable goals to support institutional KPIs and HLC Core Components. Table 6.2.1 reflects the overall advancement in council initiatives and metrics specifically documenting a reduction in initiatives and metrics in order to better leverage human and capital resource in each respective area.

Table 6.2.1 Council KPI

Council	Metrics (FY17-18)	Initiatives (FY17-18)	Metrics (FY18-19)	Initiatives (FY18-19)
Academic Affairs	4	8	5	5
Campus Safety	3	6	3	6
Career Services	8	14	5	14
Deans	10	23	10	9
Diversity & Inclusion	4	4	4	4
Enrollment Management	5	18	5	9
Facilities	3	5	3	5
Finance	5	22	6	14
Financial Aid	4	18	3	20
Human Resources	6	23	6	22
Information Technology	6	18	2	13

Marketing	5	7	5	4
Running Start	4	12	4	9
Student Affairs	5	21	4	12

For example, the Campus Safety Council completed an initiative related to moving the institution to a single Annual Safety Reports (ASR). Until 2018 Baker College produced an (ASR) for each location. The Council discussed moving towards a singular ASR and investigated other institutions with multiple locations. As a result of this work, the Council transitioned to a singular ASR, which reduced the duplication of presenting institutional policies and procedures and organized all reportable data into one document. It significantly reduced the number of pages produced and gave the stakeholders a single location to review Clery data.

6I2: Improvements

The College continues to foster a culture of continuous quality improvement specifically through project identification, use of data to inform decision making, alignment of efforts and resource as well as its infrastructure development. These efforts are evidenced in the College’s Strategic Planning process, council governance as well as through the Assessment Learning Communities.

Sources

- [2018 and 2019 Council IPR Schedule](#)
- [AQIP Action Project Selection Process Map](#)
- [BC Institutional Continuous Improvement Process](#)
- [Dashboard - Institutional Performance Reports](#)
- [Strategic Plan 2017-2021 ver 2017-08-15](#)
- [Year Month Council Name IPR Template](#)