

#### General Information

# **Important Information**

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| Submitter's First Name:         | Jon   |
|---------------------------------|---|
| Submitter's Last Name:          | * Holland   |
| Submitter's Email:              | * jholland@gwc.cccd.edu   |
| Submitter's ID                  |   |
| Submitter's Phone Number:       | •   |
| Type of review?                 | Administrative  Administrative  Instruction (Please note: Library and Counseling should submit individual Program Reviews: One for Instruction and one for Student Services))  Student Services   |
| Who is your<br>Dean/Supervisor? | C Robyn Brammer C Joseph Dowling Rick Hicks C Janet Houlihan C Danny Johnson C Claudia Lee C Alice Martanegara C Carla Martinez Alex Miranda Kay Nguyen Meridith Randall C Christina Ryan Rodriguez Matthew Valerius Tim Vu C Chris Whiteside |
| Are you the Department Chair?   | <ul><li> e Yes</li><li> No</li><li> Not applicable</li></ul>  |
| Who is your Vice President?     | * C Lee, Claudia C Houlihan, Janet Randall, Meridith  |

If you experience any technical difficulties completing this form, please contact Damien Jordan.

# Program Review **Purpose**

"Program review is the process through which constituencies (not only faculty) on campus take stock of their successes and shortcomings and seek to identify ways in which they can meet their goals more effectively. It is important to note here that the task of identifying evidence-based successful practices, and sharing these practices college-wide, is far more important than the negative perspective of trying to ferret out ineffective practices" -Academic Senate for California Community Colleges, 2009-

# Program Review **Data Driven Decision Making**

- · Continual improvement
- · Evaluation of program resource needs
- · Fiscal stewardship and transparency
- · Culture of evidence

# Program Review Reporting Cycle

- 1. Program Review will be conducted every two years beginning Fall semester 2021.
- 2. Department Chair/Originator will be given feedback at each step in the process.
- 3. Data provided by ORPIE, including statewide data for success given to departments the first week of October (October 8, 2021).

  Originator: The originator owns this information (usually the Department Chair). The document is "locked" unless sent back (October 22, 2021).
- 4. Department Chair: If the Department Chair did not submit the document, it will go to the Department Chair for general feedback (November 1, 2021).
- 5. Dean/Supervisor: The Dean/Supervisor provides feedback in a single text box. The Dean/Supervisor may send back to the Department Chair if something needs to be changed. (November 8, 2021).
- 6. IEC: IEC provides feedback for a technical review. (November 15, 2021).
- 7. CCD: provides feedback on curriculum or instruction section. (November 22, 2021).
- 8. Vice President: The identified VP provides feedback and can send the document back for edits (December 1, 2021).
- 9. Review: The Department Chair incorporates the feedback and resubmits. The Dean/Supervisor can send back if there is still something missing (January 31, 2022).
- 10. Submission: Once the originator (Department Chair) submits the document, it will be locked (February 11, 2022).
- 11. Committee Reviews: Requests for funding will be sent to committees for their review (February 11, 2022). Reviews by committees must be submitted to Planning and Budget by March 15, 2022.
- 12. Hiring Deadline: Approved requests for faculty positions will be provided by the Executive Team (February 25, 2022).
- 13. Hiring Deadline: Ratings for classified professional positions will be provided to the Executive Team by April 22, 2022.
- 14. Funding Deadline: Planning and Budget will make determinations on Categorically funded requests (April 22, 2022).
- 15. General Funds and Classified positions: Items funded through general funds and available Classified Professional Positions will be determined (October 7, 2022).

# **Important Update**

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## Program Information

|   | should be listed per discipline  | e)  |  |
|---|--|---|--|
| Cosmetology   |  |   |  |
| Please provide a brief description and any  | y significant change in your p   | program since the last program review cycle.  |  |
| We are in PVR, we were put back into it modifications for the betterment.   | to see how we can improve o  | our department with the updates and   |  |
| We have lost full-time faculty due to retir<br>not been filled. We also due to budget of  |  |   |  |
| We lowered the number of levels offered   | d and discontinued a summe   | r start, which brought up our enrollment.   |  |
| Before Covid-19 we had so many new st starts that ran successfully until the pand   |  | ade simultaneously two Level I class  |  |
| We were forced to put the Esthetics prog  | gram on hiatus until spring 20   | 022 due to Coved-19.  |  |
| Cosmetology building has had a needed   | d updating with the inside fac   | cilities, which should be up and running  |  |
| by spring 2022.   |  |   |  |
| What are your program's strengths?  |  |   |  |
| * Cosmetology has well-qualified Instructo  | ors with extensive knowledge   | e in the industry.  |  |
| We have a stellar reputation within the In  | dustry.  |   |  |
| We have produced excellent stylists.  |  |   |  |
| Our pass-fail rate has always been above no students went to state board due to C   |  | vas 97%, 2019 pass rate 88%, and 2020   |  |
|   |  | requirements for your program that require a  | additional support, please note those here.)   |
| *We are regulated by the California State<br>Education and each has competing requ  |  |   |  |
| Recent changes due to legislation will ta<br>of records as well as minimum requirem<br>existing Cosmetology and Esthetics pro   | ents for completion. These   | t will significantly alter our course outline changes require an overhaul of our  |  |
|   | INSTRU   | JCTIONAL PROGRAMS   |  |
| Do any of the courses in your program b   | have a CTE TOP code?   |   |  |
| O No  |  |   |  |
|   |  |   |  |
| What was the date of your last advisory of  | committee meeting?* 10/12/2  | 2020  |  |
| What was the date of your last advisory of what type of awards does your program  | ,  | 2020  |  |
|   | ,  | 2020  |  |
| What type of awards does your program Certificates AA/AS Degree   | ,  | 2020  |  |
| What type of awards does your program  Certificates   | ,  | 2020  |  |
| What type of awards does your program  ✓ Certificates  ✓ AA/AS Degree  ☐ Associate Degree for Transfer  Please provide the information for the  | n offer? e number awards for Associ  | 2020<br>iate Degrees (CCI-approved), Associate De<br>n area is not applicable for your program.   | grees for Transfer (State-approved), and   |
| What type of awards does your program  ✓ Certificates ✓ AA/AS Degree  ✓ Associate Degree for Transfer  Please provide the information for the Certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for this program is a second of the certificates of Achievement for the certificates of Achieve | n offer? e number awards for Associ  | iate Degrees (CCI-approved), Associate De<br>n area is not applicable for your program.<br>2-years ago  | 1-year ago   |
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| What type of awards does your program  Certificates AA/AS Degree Associate Degree for Transfer  Please provide the information for the Certificates of Achievement for this process.  Certificates Associate Degrees Associate Degrees for Transfer   | e number awards for Associ<br>rogram. Please put N/A if an<br>3-years ago<br>100<br>12   | iate Degrees (CCI-approved), Associate Den area is not applicable for your program.  2-years ago  121  16  NA   | 1-year ago<br>* 62<br>* 27   |
| What type of awards does your program  Certificates  AA/AS Degree  Associate Degree for Transfer  Please provide the information for the Certificates of Achievement for this process.  Certificates  Associate Degrees  Associate Degrees for Transfer  Please comment on the trends for the   | e number awards for Associ<br>rogram. Please put N/A if an<br>3-years ago<br>100<br>12   | iate Degrees (CCI-approved), Associate Den area is not applicable for your program.  2-years ago  121  16  NA   | 1-year ago  * 62  * 27  * NA   |
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| What type of awards does your program  ✓ Certificates  ✓ AA/AS Degree  Associate Degree for Transfer  Please provide the information for the Certificates of Achievement for this process.  Certificates  Associate Degrees  Associate Degrees for Transfer  Please comment on the trends for the Planning, and Institutional Effectivenes.  *NA  For the below questions, please provide your rates from four years ago, two years ago the process for Transfer  *Please note: For programs with earned to the programs with earned to the process for the programs with earned to the process from 1 years ago to the process for Transfer  *Please rote: For programs with earned to the process from 1 years ago to the process from 2 years ago to the process from 3 years ago to the process from 2 years ago to the process from 3 years ago to the 3 years ago to the process from 3 years ago to the 3  | e number awards for Associrogram. Please put N/A if an 3-years ago 100 12 NA e number of awards. You make so (ORPIE).  e your FTES (full-time-equivars ago, and this year.  credit, please use FTESr/FTE | iate Degrees (CCI-approved), Associate Den area is not applicable for your program.  2-years ago  121  16  NA  ay then comment on any other relevant info | 1-year ago    62   27   NA  rmation provided by the Office of Research,  EF (full-time-equivalent faculty). Please submit  hts Program, please use FTESm/FTEF. |

Using the data received from Office of Research, Planning, and Institutional Effectiveness (ORPIE), what strategies has your department implemented over the past two years to be more inclusive of the distinct student populations you serve?

Faculty have participated in different functions and training such as Puente Club, LGBTQ+ Equity, and

Intercultural Program events on campus.

Going forward we will partner with the office of Student Support and Success and invite them to train on inclusive language for Syllabi and instruction

Identify challenges and successes with respect to mode of delivery and/or technology. For instructional programs, address any differences between oncampus and distance education.

The challenges that Cosmetology faced during the pandemic was that we had to modify a program that is designed to be hands-on face to face for optimum learning, to a different modality online Zoom face to face. Regardless of the faculty's background or training with this modality style of teaching.

### **Program Review** Curriculum

After a thorough review of your courses, provided by CCI...

Do you have any courses that have not been updated to CCI within the required timeframe (6 or more years for a transfer-level-course; 3 or more years for a CTE course)?

○ Yes

No

Do any of your SLOs use the exact wording as the course objectives?

(SLOs should be written to reflect and encompass the course objectives while not using the exact same language as the course objectives)

○ No

SLOs must use different wording than the Course objectives. SLOs should reflect the objectives without mirroring the language. You indicated that one or more of your courses needs to have a revision submitted to CCI within the next two academic years.

Are there courses in your Program (Degree/Certificate) that have not been successfully offered since the last Program Review? (Please note, classes that were cancelled, they were not successfully offered).

\* 

Yes

○ No

CCI will be providing a list of all courses not successfully offered within 2 years. These classes should be suspended or retired through CCI prior to the next Program Review. If there are extenuating circumstances, please provide those here

Esthetics Department was not offered due to Covi-19.

Do you have active courses that are not part of a degree or certificate?

No

Please indicate the name of the course(s) and the name(s) of the certificate(s) or degree(s) you intend to connect it to when you submit your revision to CCI.

Once we finalize the above, we will make multiple options available for faculty to complete.

How are you using your Program SAOs/SLOs to improve your program outcomes? (If you are not actively using SAOs/SLOs to improve program outcomes, discuss how you plan to do so in this coming Program Review Cycle.)

We use SLO's to improve our program and student outcomes. We should probably review the SLO's for our program to make sure none are also used for Course Objectives

## **Program Review** Goals and Requests for Funding

Requests - If you are requesting any of the following, they MUST be addressed within your Department goals.

- Faculty
- · Equipment, Facilities, Technology

(When you click that you need any of the above (Faculty, Equipment, Facilities, Technology or Support Staff) you will be provided the appropriate form on subsequent pages of this document)

#### Vision 2030 Goals Legend

- 1. Enrollment: GWC will increase credit and noncredit enrollment while providing efficient academic programs and student services.
- Equity and Success: GWC will support, enhance, and develop equity-minded services and academic programs that lead to student success.
- Completion: GWC will ensure students' timely completion of degrees and certificates by providing high quality academic programs and student services.
- Workforce Preparation: GWC will support student success by developing and offering academic programs and student services that maximize career opportunities.
- 5. Facilities: GWC will provide flexible, accessible, and sustainable learning environments that support the success of students, faculty, staff, and communities.
- Professional Development: GWC will support the success of all employees by providing professional development opportunities that focus on the achievement of College Goals.
- Communication: GWC will effectively communicate and collaborate within the College and its communities.

### **Goals from Previous Program Review Cycle**

Please refer back to the goals from your previous Program Review cycle and summarize all outcomes for each goal.

Summary and Outcomes of Previous Goals (from the last Program Review), including resource requests and if they were funded or not.

Developed new curriculum for Esthetics GO71 and GO72.

# Goals for Current Program Review Cycle

Current goals should be connected to Vision 2030.

# Goal 1 (Required)

| D 10 10 1   |
|---|
| Description of Program's Goal   |
| Both the Cosmetology and Esthetics program's schedules were revised with the input of faculty and staff to  |
| mprove the program's viability long-term for the college.   |
| The Cosmetology program has seen a decline in overall enrollments, approximately 100 students per term up   |
| to 2016 to 80 students per term in 2017. The track initiating in the summer term was consistently low enrolled and due to attrition became unsustainable. The average enrollment for the start of the summer track was  |
| fifteen students and decreased in the summer of 2016 and 2017 to less than eight students. It is important to   |
| note once a track is initiated the college commits to offering all five courses in the track, as a result, the  |
| program was offering less than eight students five courses totaling just over 1600 hours of instruction.  |
| To increase the viability of the Cosmetology program a new schedule layout was proposed with the following  |
| key features; no tracks initiating in the summer term, a titration of the five tracks to two that initiate at the first   |
| term of the fall and spring semester capable of serving at a minimum of sixty students, and higher utilization of   |
| full-time faculty to meet the demands of the program. The proposed schedule also allows for the opportunity based on demand to add back two tracks one at the second term in fall and one at the second term in spring.   |
|   |
| The Esthetics program schedule was also adjusted to accommodate the student's and colleges' needs by  |
| eliminating the counterintuitive rotating schedule and providing a predictable offering of the program. This schedule features two esthetic programs a year each contained within the Fall and Spring semesters in a  |
| predictable manner.   |
| With the above schedule proposals and current implementation, program efficiency has increased and the  |
| department is well-positioned for sustained growth based on demand with additional options for non-credit   |
| and credit weekday, weekend, and evening offerings.   |
| What actions will the program take to accomplish this goal?   |
| Review current GWC cosmetology curriculum offerings and other campuses to identify scheduling and   |
| curriculum changes. Implement the Master Calendar and evaluate its effectiveness after first-year   |
| implementation.   |
| What metric will you use to measure your goal?  |
| Student enrollment  |
| Nhich of the College's missions and goals does this goal support? (Vision 2030)   |
| ✓ Enrollment  |
| ☐ Equity and Success  |
| □ Completion  |
| ☐ Workforce Preparation   |
| □ Facilities  |
| □ Professional Development  |
| ✓ Communication   |
|   |
| Requests: What do you need to accomplish this goal? (Mark any or all that apply)  |
|   |
| Please note: Indicating one of the following will create a form to appear on a subsequent page.   |
| Please note: Indicating one of the following will create a form to appear on a subsequent page.  Faculty  |
|   |
| ▼ Faculty ▼ Facilities  |
| <ul><li>✓ Faculty</li><li>✓ Facilities</li><li>✓ Technology</li></ul>   |
| <ul> <li>✓ Faculty</li> <li>✓ Facilities</li> <li>✓ Technology</li> <li>✓ Equipment</li> </ul>  |
| <ul> <li>✓ Faculty</li> <li>✓ Facilities</li> <li>✓ Technology</li> <li>✓ Equipment</li> <li>☐ Professional Development (funding request)</li> </ul>  |
| <ul> <li>▼ Faculty</li> <li>▼ Facilities</li> <li>▼ Technology</li> <li>▼ Equipment</li> <li>□ Professional Development (funding request)</li> <li>▼ Support Staff (permanent classified)</li> </ul>  |
| <ul> <li>✓ Faculty</li> <li>✓ Facilities</li> <li>✓ Technology</li> <li>✓ Equipment</li> <li>☐ Professional Development (funding request)</li> </ul>  |
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| <ul> <li>✓ Faculty</li> <li>✓ Facilities</li> <li>✓ Technology</li> <li>✓ Equipment</li> <li>☐ Professional Development (funding request)</li> <li>✓ Support Staff (permanent classified)</li> <li>☐ None of the above</li> </ul>   |
| <ul> <li>✓ Faculty</li> <li>✓ Facilities</li> <li>✓ Technology</li> <li>✓ Equipment</li> <li>☐ Professional Development (funding request)</li> <li>✓ Support Staff (permanent classified)</li> <li>☐ None of the above</li> </ul> Goal 2 (Required)   |
| <ul> <li>✓ Facilities</li> <li>✓ Technology</li> <li>✓ Equipment</li> <li>☐ Professional Development (funding request)</li> <li>✓ Support Staff (permanent classified)</li> <li>☐ None of the above</li> </ul> Goal 2 (Required) Description of Program's Goal  |
| <ul> <li>✓ Faculty</li> <li>✓ Facilities</li> <li>✓ Technology</li> <li>✓ Equipment</li> <li>☐ Professional Development (funding request)</li> <li>✓ Support Staff (permanent classified)</li> <li>☐ None of the above</li> </ul> Goal 2 (Required) Description of Program's Goal Implement the new cash handling procedure and evaluate after the first year of implementation to determine  |
| <ul> <li>✓ Faculty</li> <li>✓ Facilities</li> <li>✓ Technology</li> <li>✓ Equipment</li> <li>☐ Professional Development (funding request)</li> <li>✓ Support Staff (permanent classified)</li> <li>☐ None of the above</li> </ul> Goal 2 (Required) Description of Program's Goal Implement the new cash handling procedure and evaluate after the first year of implementation to determine where the new procedure meets the auditor's recommendation.  |
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| ☐ Facilities  |   |
|---|---|
| ✓ Technology  |   |
| Equipment   |   |
| Professional Development (funding request)  |   |
| Support Staff (permanent classified)  |   |
| ☐ None of the above   |   |
|   |   |
| Goal 3 (Required)   |   |
|   |   |
| Description of Program's Goal  *The current shallows relating to the Feaulty Assignment is the persention that feaulty assignments are not  | 7 |
| The current challenge relating to the Faculty Assignment is the perception that faculty assignments are not balanced. To address the perception, master course calendars, semester assignment planning sheets, and  |   |
| posting of the actual assignments have been developed and implemented to aid in the transparency of faculty   |   |
| assignments.  | J |
| What actions will the program take to accomplish this goal?   | 1 |
| Implement the master course calendar and semester assignment planning sheet and evaluate them after the first year of implementation.   |   |
| What metric will you use to measure your goal?  | - |
| Faculty surveys.  | ] |
| Which of the College's missions and goals does this goal support? (Vision 2030)   |   |
| ☐ Enrollment  |   |
| ☐ Equity and Success  |   |
| Completion  |   |
| ☐ Workforce Preparation   |   |
| Facilities  |   |
| ☐ Professional Development  |   |
| Communication   |   |
| Requests: What do you need to accomplish this goal? (Mark any or all that apply)  |   |
| ☐ Faculty   |   |
| ☐ Facilities  |   |
| ☐ Technology ☐ Equipment  |   |
| Professional Development (funding request)  |   |
| ☐ Support Staff (permanent classified)  |   |
| □ None of the above   |   |
|   |   |
| Notice of the above   |   |
|   |   |
| Goal 4 (Optional)   |   |
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|   |   |
| Goal 4 (Optional)  Description of Department's Goal  To enhance the Cosmetology program offerings, it was recommended that the department explores opportunities for non-credit professional development and continued licensure courses. This task is assigned.  |   |
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| Description of Department's Goal  To enhance the Cosmetology program offerings, it was recommended that the department explores opportunities for non-credit professional development and continued licensure courses. This task is assigned to the department chair who will coordinate with full-time and part-time Cosmetology faculty to determine which aspects of the program would benefit from additional non-credit offerings. Thus far, the department has identified the following areas that could be developed into non-credit courses for continuing education.  Advanced Clipper Cutting Classes?  Graphic Design Hair Cutting Classes?  Beard Trimming and Design Classes?  Braiding and Design Classes?  Up Do Hair Design Classes?  Makeup Advanced Classes??  Product Knowledge Classes??  Product Knowledge Classes??  What actions will the program take to accomplish this goal?  Finalize non-credit proposal and timeline by end of Calendar year 2022. Identify specific topics from the proposed list for the department to develop the curriculum.  What metric will you use to measure your goal?  Community participation and enrollment in the non-credit classes.  Which of the College's missions and goals does this goal support? (Vision 2030)                                 |   |
| Description of Department's Goal  |   |
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| ☐ Communication   |                                     |
|---|-------------------------------------|
| Requests: What do you need to accomplish this goal? (Mark any or all that apply)  |                                     |
| □ Faculty   |                                     |
| □ Facilities  |                                     |
| ☐ Technology  |                                     |
| ☐ Equipment   |                                     |
| ☐ Professional Development (funding request)  |                                     |
| ☐ Support Staff (permanent classified)  |                                     |
| □ None of the above   |                                     |
|   |                                     |
| Goal 5 (Optional)   |                                     |
| Description of Department's Goal  |                                     |
|   |                                     |
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| What actions will the program take to accomplish this goal?   |                                     |
| Utilize facilitator to address communication styles and challenges within the department and develop group norms. Seek different funding sources to fund this activity.   |                                     |
| What metric will you use to measure your goal?  |                                     |
| An additional survey in one year to evaluate if the recommendations of a facilitator worked.  |                                     |
|   |                                     |
| Which of the College's missions and goals does this goal support? (Vision 2030)   |                                     |
| □ Enrollment  |                                     |
| ☐ Equity and Success  |                                     |
| ☐ Completion  |                                     |
| ☐ Workforce Preparation   |                                     |
| ☐ Facilities  |                                     |
| ☐ Professional Development  |                                     |
| ✓ Communication   |                                     |
| Requests: What do you need to accomplish this goal? (Mark any or all that apply)  |                                     |
| □ Faculty   |                                     |
| ☐ Facilities  |                                     |
| ☐ Technology  |                                     |
| ☐ Equipment   |                                     |
| ☐ Professional Development (funding request)  |                                     |
| ☐ Support Staff (permanent classified)  |                                     |
| ☐ None of the above   |                                     |
|   |                                     |
| OTHER INFORMATION   |                                     |
|   |                                     |
| What additional information would you like to share about your program?   |                                     |
| ^   |                                     |
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| <b>∀</b>  |                                     |
|   |                                     |
| Optional file upload (if desired)   |                                     |
| Optional file upload (if desired)   |                                     |
| 180 1   |                                     |
| Which of the following apply to any of the goals mentioned above? (Skip if none are applicable.)  |                                     |
|   |                                     |
|   | on or workforce preparation course) |
| Attainment of 9+ credit CTE units or a noncredit workforce milestone (completed a noncredit CTE or workforce preparation course or had 48 or more contact hours in a noncredit career educated Attainment of CTE degrees/certificates   | on or workforce preparation course) |
| Attainment of 9+ credit CTE units or a noncredit workforce milestone (completed a noncredit CTE or workforce preparation course or had 48 or more contact hours in a noncredit career educat  Attainment of CTE degrees/certificates (i.e., AA/AS/AD-T, Chancellor's Office approved certificates, Noncredit certificates of at least 48 contact hours)   | on or workforce preparation course) |
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#### Faculty Hiring Criteria:

DDOGDAM NAME & CONTACT

The primary sources of information for ranking/rating program/department needs are:

- · Faculty Request Form
- · Program Review Reports
- · Program Vitality Reports (PVR) if applicable
- Data tables summarizing key program measures

All data listed will be provided by the Office of Research, Planning and Institutional Effectiveness (ORPIE). NOTE: All analysis of data is trend over the past 4 to 6 years (3 PR cycles = 1 SP cycle)

| Program Review Unit/Department: |                        |  |  |  |  |
|---------------------------------|------------------------|--|--|--|--|
|                                 |                        |  |  |  |  |
| How many faculty requests wou   | ld you like to submit? |  |  |  |  |

| 1   |
|---|
| First Faculty Request - Position Information  |
| Position title and area of specialization (if applicable).  Instructor of Cosmetology   |
| Please post your job description (or upload below)  |
|   |
| If desired, please upload your job description  |
| Program Classification (Check all that apply).  |
| ☐ Instructor (Transfer-level classes)  ☑ Instructor (CTE classes) ☐ Instructor (ELL/ESL or Non-Credit) ☐ Counselor ☐ Librarian ☐ Other  |
| Does this faculty request meet the criteria for <i>Extenuating Circumstances</i> beyond the department/program control since the last 2 PR cycles? (Check all that apply and describe or leave all blank if none apply)   |
| Untimely death or loss of faculty member due to health conditions   |
| Sudden unexpected retirement or resignation   |
| ☐ Failed Search since last PR cycle (i.e., the position was approved by the executive but not filled for any reason).   |
| ✓ Loss of Tenure-track faculty  |
| Legal/Mandatory requirements  |
| Please describe what you checked above.   |
| We had 3 instructors retirein the last 6 years due to early incentive and years of service  |
| Respond fully to each of the following two prompts. Your responses to the listed criteria and data parameters are the basis from which Senators apply the criteria to determine the rating/ranking of this request. Be as specific as possible in your responses. |
| PROGRAM/DEPARTMENT NEEDS (1 – 10 points)  |
| • 1 - 4 points: Little or no contribution or impact   |
| • 5 - 7 points: Some contribution or impact   |

• 8 - 10 points: Significant contribution or impact

#### How does this request for a faculty position meet the following criteria?

Important considerations in this prioritization process are conditions unique to the program/department which support the need for additional full-time faculty, such as: (Check all that apply and describe)

- Programs/departments with no or few full-time faculty to teach high demand area or for maintaining on-going (sequential) majors or certificates.
- ▼ Programs/departments with no or few full-time faculty
- Negative impact created by the loss of full-time faculty due to retirement or non-replacement of full-time positions.

| There is not sufficient full-time faculty to develop and maintain current curriculum for the program/department.   |
|--|
| ▼ The program/department cannot maintain a stable core of FT to PT ratio to provide a quality program or program growth.   |
| ☐ There are substantial problems of coordination/supervision of the program's/department's PT faculty.  (There are not enough FT faculty to coordinate, train, and supervise the PT faculty.)  |
| ▼ There is difficulty in finding and keeping qualified PT faculty.   |
| Relevant, necessary courses are not taught or are cancelled because of the absence of qualified full or part-time faculty.   |
| New developments and/or trends in the service area that would influence a determination of need for the position.  |
| ☐ Supervision is required to reduce health and safety hazards.   |
| ☐ Preparation for careers/employment in fields with strong current and future prospects.   |
| Please describe what you checked above.  |
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| What program/department conditions (such as cutbacks, lack of offerings, no replacements, facilities, coordination of part-time faculty, new program requirements, etc.) support the need for additional full-time faculty?                        |
| In the past 6 years, we have had 3 full-time faculty retire, with no replacements. The previous president had  |
| guaranteed to maintain 8 full-time faculty due to the workload of 5 running levels, multiple Cosmetology and   |
| Esthetics programs, and their related lass schedules. Cosmetology classes run from 8:00 am to 4:30 pm  Monday through Friday. The written contractual agreement solidifying the number of Full-time faculty has not                                |
| been enforced since President Bryan retired. Since then, we have lost 3 full-time faculty with the most recent   |
| being in 2020.   |
|  |
| COLLEGE-WIDE NEEDS (1 – 10 points)   |
| 1 - 4 points: Little or no contribution or impact  |
| 5 - 7 points: Some contribution or impact 8 - 10 points: Significant contribution or impact  |
|  |
| How does this request for a faculty position meet the following criteria?  Where other considerations are relatively equal, does the request for this position contribute/impact the operations of other college programs such as: (Check all that |
| apply and describe)?   |
|  |
|  |
| Coursework required or recommended for several degree/certificate programs,  |
| ☐ Significant general education requirements  ✓ Serve substantial numbers of the student population  |
|  |
| Serve a special population of students not served by other programs  |
| Application to Statewide Community College Goals of serving students in Transfer, Degree and CTE programs  |
| New programs the college wants to develop and support through resources, facilities  |
| Contributions to college and district goals including student equity   |
| ▼ Negative fiscal impact to college created by the lack of full-time faculty due to retirement or non-replacement of full-time positions   |
| Please describe what you checked above.  |
| Enrollment: An additional full-time faculty member will help us to maintain the high-quality, Theoretical, and   |
| practical instruction our Cosmetology Department is known for. This position will also be responsible for the coordination, training, and supervision of part-time faculty, with whom we often team teach throughout the                           |
| multiple levels of our program. High-quality instruction will attract new students and retain current  |
| undergraduates, providing additional needed support with the rigorous demands of our programs.   |
| Equity and Success: An additional full-time faculty member will have the time and longevity to support, enhance, and develop equity-minded instruction that leads to student success in the Cosmetology industry.                                  |
|  |
| Upload additional information (if desired)   |

If there are any licenses, certificates, or degrees required for this faculty position, please describe them here. We are required to hold a California State license for Cosmetology and multiple licenses in the industry are

Advisory board recommendations or requests.

The students are taught more soft skills in relation to interacting with clients in the salon setting. Additional faculty can also keep students updated with the latest trends in the industry.

How does this position address stated long-term college plans and Vision 2030 Goals?

Enrollment: An additional full-time faculty member will help us to maintain the high-quality, Theoretical, and practical instruction our Cosmetology Department is known for. This position will also be responsible for the coordination, training, and supervision of part-time faculty, with whom we often team teach throughout the multiple levels of our program. High-quality instruction will attract new students and retain current undergraduates, providing additional needed support with the rigorous demands of our programs.

Equity and Success: An additional full-time faculty member will have the time and longevity to support, enhance, and develop equity-minded instruction that leads to student success in the Cosmetology industry. Completion: An additional full-time faculty member will help ensure students' timely completion of certificates by allowing us to maintain our high-quality academic program which is very demanding for our students who are in class 40 hours a week Monday through Friday.

Workforce Preparation: An additional full-time faculty member will ensure will bolster the departments' capacity to teach the needed theoretical and practical skills necessary to be ready for advanced positions in the industry. Our graduates will be immediately marketable to the Cosmetic industry at large and salons and other parlors locally, such as An additional faculty member will ensure that communication between the fulltime instructor leading a Cosmetology course and the several part-time faculties instructing in that course is ongoing, collegial, and effective. This full-time faculty member will participate in our department outreach activities such as career day at local high schools and college preview day on campus, communicating the good work done at GWC to the outside community.

You have more than 1 faculty request.

<u>Please rank this request against your others</u>. For example, if you are requesting 3 faculty for this discipline, you could put a "2" in this box, a "1" in the next box, and a "3" in the final request box. This will help later reviews better understand the needs of your program and your preference for hiring. If you only have 1 request,

| lease put a "1" here.  |   |  |
|--|---|--|
| 1  |   |  |
| Supervisor's Review  |   |  |
| As the supervisor of this program, I have reviewed this request.  O No concerns  I have concerns |   |  |
| C I have concerns Comments:  |   |  |
| support this request.  | ] |  |
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How many Classified Professional Requests would you like to submit?

1

#### 1st Classified Position Request

#### POSITION REQUESTED

- Replacement Position (Previously funded/ not currently funded)
- New Position (Never been funded/newly created)

| Previously Approved Job Description (Please note that an approved job description from our District HR office is required in order to complete the request form. You may not proceed with the request without the job description.)  * Office Facilitator |            |
|---|------------|
| When did this position become vacant (i.e., last day the employee worked)  * 12/20/2019   | Years ago: |
| 12/20/2019  | 1.8        |
| What was the history of this position and how was it funded?  |            |
| *Cosmetology Office Service Assistant/Front Desk Operations   |            |
| SALARY REQUESTED (Click here to see the salary schedules)   | _          |
| Salary Schedule (e.g., EE) 46,778 Range (e.g., 116) 113   |            |
| Job Title (should match description below)* Office Srevice Assistant  Please use a mid-level step for salary: 56,58 Salary (e.g., \$50,000)   | 95         |

#### Contract

- 12 month
- 11 month
- 10 month
- 100% FTE
- Other FTE %

#### JOB DESCRIPTION SUMMARY

For reference, please see the current Organizational Chart for the campus.

Please provide the job title and description-URL for your proposed position. You may find a list of approved job descriptions from the CCCD Position Description

For example, Accessible Media Specialist. URL: https://navigator.cccd.edu/district/hr/classification and compensation study/Documents/Classified% 20Specifications%20A/Accessible%20Media%20Specialist.pdf

If the job description is not listed above, you may copy and paste your job description here

Provides generalist clerical support connected with the processing of customer service-oriented transactions of enterprise, business, and/or student support nature and performs general clerical support, data entry, and reception to a functional area following well-established policies, procedures, and methods.

What are the essential duties this position will fulfill?

Office support and work front desk.

#### **JUSTIFICATION**

What is the compelling need for the position? Please include any consequences if this position is not filled?

Cosmetology Department had Office Facilitator and 2 hourly positions that helped run the front desk. The office facilitator was a necessity to our daily running of the office and helped the coordinator with auditing all timecards and filling out State Board applications. There are only 2 people authorized to fill out paperwork for State Board.

One was our Office Facilitator(who passed away) and the other was our Department Coordinator/Instructor. The Coordinator position was also taken away, so the Instructor that signed State Board paperwork has been gracious enough to still do all State Board paperwork, without compensation.

If the full-time position is approved, will there be a request for funding for short-term temporary position during the hiring process?

- · Yes
- No

#### Program Needs (50 points):

Explain the conditions that are unique to the program/department which support the need for additional full- time classified staff and how this position addresses those needs. If this position is not filled, explain the consequences on the program/department that will result. Please use information from program review Click here to enter text

The office facilitator was a necessity to our daily running of the office and helped the coordinator with auditing all timecards and filling out State Board applications. There are only 2 people authorized to fill out paperwork for State Board.

One was our Office Facilitator(who passed away) and the other was our Department Coordinator/Instructor

#### College-Wide Priority (30 points):

How does this request align and directly support the Strategic Plan? How does this position address stated long-term college priorities identified by Vision 2030.

For Cosmetology it will help with the overall expansion of our program.

## Contributions to Other College Operations (20 points):

To what extent would the position requested benefit or serve other departments, programs, or plans?

Cosmetology is a very respected program at GWC rated #4 in the state of California which will bring students to our campus, which in turn benefits the campus.

You have more than 1 classified professional request

Please rank this request against your others. For example, if you are requesting 3 classified professionals for this program, you could put a "2" in this box, a "1" in

| next box, and a "3" in the final request box. This will help later reviews better understand the equest, please put a "1" here. | ne needs of your program and your preference for | hiring. If you only have |
|---|--|--------------------------|
| Addist, picase put a 1 net.   |  |                          |
| ervisor's Review  he supervisor of this program, I have reviewed this request.  No concerns I have concerns                     |  |                          |
| omments: support this request.  |  |                          |
| support this request.   |  |                          |
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| How | many | funding | requests | bluow | vou | like | to | submit? |
|-----|------|---------|----------|-------|-----|------|----|---------|
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\* © 1 © 2 © 3 © 4 © 5

0 6

#### 1st Equipment/Technology/Facilities/Professional Development Request

TYPE OF FUNDS REQUESTED (Note: This form CANNOT be used for any personnel requests, including faculty, classified, and hourly positions.) Please only select one type of request.

- Equipment (Technology)
- Equipment (Non-Technology)
- Facilities (e.g., improvements/repairs to classrooms, offices, and spaces)
- Other (e.g. conferences, funding for professional development)

Please note that all requests will need the following information:

- · Sales tax
- · Installation fee
- · Training fee
- · Service life agreement/maintenance/fee

Approved requests over \$10,000 will need 3 quotes before purchase.

Total dollar amount for this request:

\$ 9,500

Does this request address a clear health and safety issue?

No

Program Needs: What program conditions support the need for the requested funds, and how does this request address those needs? Please provide data to support the need for this request.

Chrome books in the Cosmetology Department for Student learning/success.

The State Board of Barbering and Cosmetology Exam for licensure has changed to computer written exam only. The use of Chrome books in our department will help the overall success of our students.

Support of College Goals: How does this request align and directly support the College's Goals? Please cite the college goal or strategic priority that the requests will support. Please describe how this request (if funded) will lead to the improvement of Key Performance Indicators associated with the College goals.

This request meets the following:

ENROLLMENT

GWC will increase credit enrollment while providing efficient academic programs and student services.

EQUITY AND SUCCESS

GWC will support, enhance, and develop equity-minded services and academic programs that lead to student success.

GWC will ensure students' timely completion of degrees and certificates by providing high-quality academic programs and student services.

WORKFORCE PREPARATION

GWC will support student success by developing and offering academic programs and student services that maximize career opportunities.

Contributions to Other College Operations: Will the item requested benefit and/or serve other departments, programs, or plans? If so, how?

Yes, it will help overall:

Environment Access, Equity, and Inclusiveness Excellence in Teaching and Learning Innovation and Technology Leadership Guided by Collaboration Stewardship and Sustainability

Demonstrates long-term cost savings or improves program efficiency or effectiveness: If funded, how will this contribute to long-term cost savings for the college or improve program efficiency and effectiveness?

It will support GWC Mission Statment:

Our values are the ideals that guide us in our commitment to student learning and to the vitality of our community.

Welcoming Campus Environment Access, Equity, and Inclusiveness Excellence in Teaching and Learning Innovation and Technology Leadership Guided by Collaboration Stewardship and Sustainability

Please rank this request against your others. For example, if you are requesting 3 equipment/facility/professional development requests for this program, you could put a "2" in this box, a "1" in the next box, and a "3" in the final request box. This will help later reviews better understand the needs of your program and your preference for hiring. If you only have 1 request, please put a "1" here.

#### Supervisor's Review

As the supervisor of this program, I have reviewed this request.

- No concerns
- C I have concerns

Comments

I support this request.

#### **General Information**

You have finished your Program Review! Your supervisor, IEC, and (possibly) CCD will review your submission and provide feedback.

Please note, you will only be able to edit this form again if it is returned to you from your supervisor or your VP. Please stay in touch with your supervisor, if you receive feedback that you wish to incorporate.

| Signature                            | Date                        |                 |
|--------------------------------------|-----------------------------|-----------------|
|                                      |                             | Review Feedback |
| Dean/Supervisor: Please provide feed | back on this Program Review |                 |
|                                      |                             | ^               |
|                                      |                             | V               |

Deans/Supervisors - If you would like to return this document to the originator, prior to IEC's review, please DO NOT CLICK NEXT here.

Instead, please click on "Return for Revision" (bottom of page) to send the document to the originator.

If you sign the document, it will go forward to IEC.

You will get another chance to review the document after IEC, CCD (if instructional), and the Vice President have provided comments.

| IEC: Please provide feedback on this Program Review  |   |  |
|--|---|--|
| *Missing - Summary of trends in Certificates and AA Degrees. Limited infomation provided for previous goals. Goal 1 - This goal seems like it is an existing or previous Program Review cycle goal. Goal 2 does not connect to Vision 2030. Goal 5 is missing a description. " |   |  |
| Dean's Second Review   |   |  |
|  | ^ |  |
|  | ~ |  |
| Superuser final check  |   |  |

#### **CCD** Reviewer

- 1. Once you click the checkbox button below, scroll to the bottom and
- <sup>2</sup> Click on "Return for Revision" to send the document to the originator. DO NOT CLICK NEXT. When you click on Return for Revision, you will be given a page to provide your feedback.

\* ✓ I have completed the CCD Review

Vice Presidents - If you would like to return this document to the originator, prior to the Dean's 2nd review, please DO NOT CLICK NEXT here. Instead, please click on "Return for Revision" to send the document to the originator. If you want to see the document again, please remove any comments from this page and add your comments on the email page that appears after you return the document.

If you sign the document, it will go back to the dean for a final review. If the dean forwards

| the document without returning it, the document will be locked, and the originator will not able to incorporate the feedback from the reviewers. |   |   |  |  |
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| Please provide fe  | edback here. When finished, click on "Return for Revision"  | ' at the bottom of this page.               |  |  |
| Vice President: Please   | e provide feedback on this Program Review   |   |  |  |
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|  | DEAN'S ASSESSMENT OF POTENTIAL F  | FUNDING METRICS                             |  |  |
| Which of the following   | n might be a potential funding source for any of your requests? (Mark all that a  | pply - or skip if not applicable)           |  |  |
| to either come to complete their de  | roportionately impacted students outside the classroom the college (access), stay in college (retention), complete transfer-level mattegree/certificate, or transfer to a 4-year institution. | n or English,                               |  |  |
|  | n Emergency Relief Fund (HEERF II):<br>mpacted by the COVID-19 pandemic   |   |  |  |
| Lottery:   | ructional materials to be used by students in the classroom.  |   |  |  |
| State Funded Eq  | uipment:  |   |  |  |
| Any equipment c  Workforce Devel   | considered that will last more than a year and costs more than \$5,000 that is  | used within the classroom.                  |  |  |
|  | iopment:<br>ess, retention, or degree/certificate/career attainment for students in non-cred  | it, Career Education, or career development |  |  |
|  |   |   |  |  |
| Submitter Signature  |   | vate:                                       |  |  |
| Dean / Supervisor  | Electronically signed by Rick Hicks on 10/25/2021 5:01:15 PM  |   |  |  |
| Signature IEC Signature  | Electronically signed by Robyn Brammer on 11/15/2021 10:46:33 AM  |   |  |  |
| ico digitature   | Electronically signed by Nobyli Braninier on 11/15/2021 10:40:30 Avi  |   |  |  |
| Revision Email Se  | ent Monday, February 7, 2022 10:32 AM   |   |  |  |
| From   | Robyn Brammer   |   |  |  |
| To   | Jon Holland   |   |  |  |
| Subject  | Program Review - Revision reminder! CCD notes   |   |  |  |
| <i></i>  | 11091011110101111011110011100111001110011100111001110011100111001110011100111001110011100111001110011100111001  |   |  |  |
|  | ent: schedule more tracks 2. New method of handling payment for narrow to 2 merchants 3. Build rapport among faculty:   |   |  |  |
| Please complete this   | section and resubmit.   |   |  |  |
| Click here to complete   | e your section of the form.   |   |  |  |
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