



November 8, 2021

BY CERTIFIED MAIL

Michael Geoghegan, President  
Eastern Gateway Community College  
4000 Sunset Blvd.  
Steubenville, OH 43925

Dear President Geoghegan:

This letter is formal notification of action taken by the Higher Learning Commission (HLC) Board of Trustees (“the Board”) concerning Eastern Gateway Community College (“the Institution”). This action is effective as of the date the Board acted, November 4, 2021. In taking this action, the Board considered materials from the most recent comprehensive evaluation, including, but not limited to: the Assurance Filing the Institution submitted, the report from the comprehensive evaluation team, the report of the Institutional Actions Council (IAC) Hearing Committee, and the institutional responses to these reports.

**Summary of the Action:** The Institution has been placed on Probation because it is out of compliance with the Criteria for Accreditation. The Institution meets Core Components 1.C, 2.A, 2.B, 5.A, 5.B, and 5.C with concerns. The Institution does not meet Core Components 3.C, 3.D, 4.A, 4.B, and 4.C. The Institution is out of conformity with Assumed Practices A.6, B.2.a, B.2.d.iv, C.6, C.7, and D.4. The Institution is required to host a comprehensive evaluation no later than April 2023 to determine whether the Institution has ameliorated the findings that led to the imposition of the sanction.

**Institutional Disclosure Obligation:** HLC policy<sup>1</sup> requires that an institution inform its constituencies, including Board members, administrators, faculty, staff, students, prospective students, and any other constituencies about the sanction and how to contact HLC for further information. The policy also requires that an institution on sanction disclose this status whenever it refers to its HLC accreditation. HLC will monitor these disclosures to ensure they are accurate and in keeping with HLC policy. The Institution must submit drafts of its planned disclosures to these various audiences to its HLC Staff Liaison in advance of transmission and provide the staff liaison with a link to relevant information on its website. At a minimum, an institution must: i) provide a copy of this Action Letter to its governing board, administration, and faculty, ii) provide a copy of the enclosed Public Disclosure Notice to its currently enrolled students, and iii) prominently display the Mark of Accreditation Status where accreditation status is described on its website. Once disclosures have been made, the Institution must submit copies of its disclosure documents as a single .pdf file to [www.hlcommission.org/upload](http://www.hlcommission.org/upload) (by selecting “Information about Institutional Disclosures”) no later than seven (7) business days following receipt of this Action Letter. HLC will retain this information as part of the Institution’s record.

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<sup>1</sup> INST.E.20.010, Probation.

**Provisional Plan:** HLC policy also requires that the Institution file a Provisional Plan with HLC for review and approval by the Institutional Actions Council according to HLC's substantive change procedures. This Provisional Plan must comport with HLC's requirements for Provisional Plans.<sup>2</sup> The Institution must submit its Provisional Plan within 90 calendar days of this letter.

**Substantive Change:** HLC policy<sup>3</sup> states that while an institution may file one or more applications for substantive change during the probation period, such applications will be subject to strict scrutiny and are likely to be denied or deferred until after the probationary period. HLC policy also requires that an institution placed on Probation be subject to additional requirements for substantive change during the probationary period and for three (3) years following the removal of Probation.<sup>4</sup>

**Notification Program:** HLC policy<sup>5</sup> states that an institution on probation is not eligible to apply for the Notification Program for Additional Locations until it has completed ten (10) years in good standing as required for access.

### **Board Rationale**

The Board based its action on the following findings made with regard to the Institution as well as the entire record before the Board:

The Institution meets, but with concerns, Criterion One, Core Component 1.C, "the institution provides opportunities for civic engagement in a diverse, multicultural society and globally connected world, as appropriate within its mission and for the constituencies it serves," for the following reasons:

- A discrepancy exists between enrollment requirements for online versus on-campus student populations and is presently under evaluation.
- The policy regarding placement testing only for on-campus students creates barriers for the population. Online students have been exempted from placement testing since 2015.
- Information regarding course requirements for gateway English and Math courses is not uniform or published clearly. While the Institution has indicated that modifications to placement testing would be made, such modifications are not scheduled to occur until spring 2022.
- Few co-curricular options are provided for the online student population and this group of students has indicated interest in opportunities for greater connection, which can lead to improved retention and persistence.

The Institution meets, but with concerns, Criterion Two, Core Component 2.A, "the institution establishes and follows policies and processes to ensure fair and ethical behavior on the part of its governing board, administration, faculty and staff," for the following reasons:

- Policies in the Institution's Policy Manual were outdated or, in some cases, inaccurate. Few of the policies have been updated since 2013, which indicates that they are not reviewed and updated regularly to guarantee institutional integrity.

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<sup>2</sup> FDCR.B.10.010, Commission Approval of Institutional Teach-Out Arrangements.

<sup>3</sup> INST.E.20.010, Probation.

<sup>4</sup> INST.F.20.040, Substantive Change.

<sup>5</sup> INST.E.20.010, Probation.

- The Institution is working with a consultant to continue with a plan to revise fiscal and business policies and update human resources policies, but the process has not been completed and 35 policies are scheduled for review over the next year.
- The Human Resource Department is conducting a review of all personnel files to ensure the accuracy of the documents. Verification of faculty credentials has not been provided so it cannot be determined whether faculty meet HLC requirements.

There is insufficient data to conclude that the Institution is in conformity with Assumed Practice B.2.a (faculty qualified primarily by credentials; equivalent experience), for reasons noted above under Core Component 2.A.

The Institution meets, but with concerns, Criterion Two, Core Component 2.B, “the institution presents itself clearly and completely to its students and to the public,” for the following reasons:

- Conflicting statements regarding requirements for admission to the Institution are posted in the College Catalog.
- Students expressed dissatisfaction with lack of clarity concerning the Institution's transfer credit policies and practices and staff could not articulate a rationale for current practice. A revised process for acceptance of earned prior college credit, prior to enrollment, is under development.
- Minimal information about the Free College Benefit program is available on the Institution's website and staff were not able to respond effectively to basic questions about the program. This information should be readily available in order for potential students to make informed decisions about enrolling in the program.
- The Institution has established committees to review the accuracy of information on its website and has committed to examine up to 10 web pages per month for clarity of message, consistency of statements, and necessary informational updates.
- The Institution claims to have 10 program-specific accreditations, yet only six are posted on the web page regarding accreditation. Pass rates for several of the programs are not publicly available.
- Survey response rates regarding alumni employment and satisfaction are minimal (n=361), which makes it challenging for the Institution to holistically understand the wants, needs and expectations of the various student populations.

The Institution does not meet Criterion Three, Core Component 3.C, “the institution has the faculty and staff needed for effective, high-quality programs and student services,” for the following reasons:

- An Assessment Committee was established in late spring 2021 but is not fully implemented. Although an Assessment Coordinator has been hired to begin in fall 2021, there was no person in charge of assessment as recently as the time of the Institutional Actions Council (IAC) Hearing.
- An institution-wide assessment plan is anticipated to be approved by the full-time faculty in fall 2021, but minimal evidence of assessment outcomes or improvements to programs since 2018 was provided by the Institution in its Assurance filing or response to the team report.
- The most recent HLC Institutional Update filed by the Institution posted 67 full-time and 1,223 part-time faculty for 38,613 students. Online enrollment constitutes

approximately 90% of the student population according to institutional reports. The student-to-faculty ratio reported by the Institution is presently 46:1 until a new collective bargaining agreement is ratified. The Institution is budgeted to hire eight new faculty for FY 2022.

- At the time of the IAC Hearing, nine academic programs did not have full-time faculty assigned. Therefore it is not clear who is responsible for completing a thorough review of course quality and academic program review.
- While full-time faculty have defined office hours per collective bargaining agreements, no evidence has been presented indicating that part-time faculty are available to meet with students beyond responses posted in the learning management system.
- As indicated under Core Component 2.A, evidence of qualified faculty has not been provided.
- Each lead faculty member for online courses is assigned to review 30 to 50 sections that are taught by the online adjunct faculty. The Institution has reported that the lead faculty check to see if adjunct faculty have logged in on a regular basis, posted weekly announcements, responded to students, and taken attendance. While the Institution intends these activities to constitute regular and substantive interaction, students reported minimal interaction with online faculty. Changes to the processes for oversight of online instruction are planned, but they have not been fully implemented.
- A review of faculty evaluation forms indicated several variances between on-campus adjunct and online adjunct faculty. The form for the online adjunct faculty does not cover issues related to rigor of the course, assessment of the course or delivery. The form is used for more than 1,000 faculty yet it does not evaluate key elements to determine if high-quality programs are being delivered regardless of the modality and to inform assessment processes.
- The Institution budgets for professional development but excludes allocations for adjunct faculty and other part-time employees. The amount spent in recent years is minimal given the number of general fund employees (e.g., \$10,602 in FY 2019, \$16,358 in FY 2020, and \$1,038 in FY 2021 during the COVID-19 pandemic). In those years, less than 50% of what was budgeted was spent by qualified employees, raising concerns about qualified, trained personnel that are current in their profession. A significant increase is budgeted for FY 2022, but it has not been clearly articulated who will be encouraged to apply to utilize the funds.

The Institution is out of conformity with Assumed Practice D.4 (effective systems for collecting and analyzing data) for reasons noted above under Core Component 3.C.

The Institution does not meet Criterion Three, Core Component 3.D, “the institution provides support for student learning and resources for effective teaching,” for the following reasons:

- The institution has launched several training initiatives for its staff and for its partner, Student Resource Center (“SRC”), but there is minimal evidence available to determine the effectiveness of these efforts.
- The ability for students to receive adequate, timely advising has been uneven. The Institution indicated that on-campus students are required to submit transcripts and complete placement testing prior to academic advising. However, online students reported that no placement tests are required and they meet with their academic advisors

prior to any transcript evaluation, which makes it difficult to plan because they do not know what courses will be accepted as transfer credit.

- Students reported that they are not assigned an advisor but instead have to schedule a timed appointment and must engage with any advisor assigned to the appointment. At times, the number of appointments scheduled may exceed the number of appointments available. In August 2020, there were 16,303 appointments scheduled but only 13,480 appointments were available. When this occurs, the Institution offers academic advisors overtime hours, which creates a significant challenge if there are not enough people willing to work additional hours to meet the demand.
- The Institution employs a small number of advisors for the two campuses, while SRC employs 36 full-time and 4 part-time advisors. Both the Institution and SRC employ academic advisors who have the same job description and must hold a bachelor's degree as a minimum qualification. All training and some onboarding is provided by the Institution but it is unclear whether the Institution is informed of the evaluations of SRC advisors.
- A pilot project of two health science programs will provide a dedicated advisor for students enrolled in the program and is in its initial stages. One advisor will be available for 800 to 1,100 students.
- A student support plan detailing how all students, regardless of modality, are afforded equal access to advising, tutoring, disability services, financial aid assistance and other services is not presently available, nor is an evaluation of the effectiveness of these services.
- To meet the needs of students, several new positions were budgeted for FY 2022, including two full-time student success coaches and part-time positions related to accessibility, institutional diversity, student activities, and instruction for a program known as Bridge. Evidence of improvement based on engagement by the new personnel is not yet available.
- A new student government has been implemented for fall 2021, but evidence of engagement within the Institution's governance structure is not yet available.

The Institution does not meet Criterion Four, Core Component 4.A, "the institution ensures the quality of its educational offerings," for the following reasons:

- Because several academic programs lack full-time faculty, it is unclear how faculty would substantially participate in program review.
- The revised program review process was in its first year in FY 2021 and results of its effectiveness are not yet determined. In its Assurance Filing, the Institution provided only one example of a program review, and it holds a programmatic accreditation that requires reporting of continuous quality improvement.
- Evidence that assessment data and analysis is utilized during program review is limited since assessment initiatives are inconsistently applied across all programs and modalities. Few of the completed reviews noted actual results and action plans for the future.
- The Institution's transfer policies and processes are not clearly available and understandable for prospective students. Depending on the program, some transfer credits may only be accepted if they have been earned within 2, 5, 10 or 20 years of completion. Documentation of this practice is not readily available to the public, and

with enrollment occurring prior to transcript evaluation, students have had to retake courses for which they previously earned credits, or even a degree.

- A matrix has been developed that outlines the faculty credentials required for every course and while complete review of all faculty files is underway, evidence has not been provided that faculty meet the HLC requirements.
- The Institution has not provided a plan to determine the satisfaction and success of all graduates, regardless of location and modality of learning, and how it will make improvements as needed. The Career Development division is limited in its ability to serve students across 50 states and some Canadian provinces in order to assist in the success of the graduates.
- Data regarding the graduation rate by year is focused on a very small population of first-time students and does not represent the majority of the population.

The Institution does not meet Criterion Four, Core Component 4.B, “the institution engages in ongoing assessment of student learning as part of its commitment to the educational outcomes of its students,” for the following reasons:

- An interim report on assessment of degree programs and general education outcomes was submitted and accepted in 2018, but there is no evidence that those efforts continued leading up to the 2020 evaluation. The Institution does not disaggregate evidence of learning across all locations and modalities.
- The Institution has not conducted ongoing, regular reviews of courses, cocurricular programs or general education outcomes. The Assurance Filing contained only one program review for a program that maintains programmatic accreditation. When requested, evidence of four additional program reviews was provided but they were quite outdated. For example, one review was dated “prior to 2014-15” and another “2018-19.” Three of the four reviews were for health science programs.
- While a new Assessment Coordinator has only recently been hired, work began in spring 2021 to begin a review of three academic programs. Rubrics are in development and will be linked to outcomes within the learning management system. In spring 2022, the Institution plans to begin assessing general education and course learning outcomes across all programs. A Course Learning Outcomes Review Committee was created in March 2021 with plans to identify one general education outcome when the faculty returns in fall 2021.
- A draft assessment plan has been developed and is expected to be reviewed by faculty in fall 2021. Policies and procedures are needed to outline specific expectations regarding the review of institutional, program and course outcomes.
- There were no cocurricular stated learning goals at the time of the team evaluation. A Cocurricular Assessment Committee was subsequently formed and first met in May 2021.
- For programs without full-time faculty, there is no formal plan outlining how evidence of student learning is collected and analyzed or what actions are taken to improve learning.

The Institution is out of conformity with Assumed Practices B.2.d.iv (faculty role in analysis of data and appropriate action on assessment of student learning and program completion) and C.6

(institutional data on assessment of student learning), for reasons noted above under Core Component 4.B.

The Institution does not meet Criterion Four, Core Component 4.C, “the institution pursues educational improvement through goals and strategies that improve retention, persistence and completion rates in its degree and certificate programs,” for the following reasons:

- In fall 2021, the Institution expects to begin working on a Strategic Enrollment Plan, including all departments and stakeholders in the activity. Time will be needed to evaluate its effectiveness.
- The Institution has experienced significant enrollment growth over the past four years, expanding from 8,530 students in fall 2017 to 38,613 students by fall 2020, according to the annual HLC Institutional Updates that call for IPEDS numbers to be reported. By contrast, Associate degrees awarded increased at a more limited rate, from 351 to 1,807 over the four years ended June 2020. Certificates awarded rose from 111 to 233 over the same period.
- Completion rates are calculated by the Institution on a 3-, 5-, and 7-year schedule. As reported, the 7-year completion rate for the fall 2013 cohort of first-time students was 18%. Use of a 7-year completion rate is well beyond the typical 150% or 200% metric used by most two-year institutions.
- An equity scorecard was launched in summer 2020 and the metrics provide a rolling 3-year trend basis. The institution is in the early stages of using the data to identify and close equity gaps initially focused on African American and Hispanic student populations. A comprehensive dashboard linking student success data and course completion and financial aid information is to be launched by December 2021.
- The Institution indicated it was working to join the Postsecondary Data Partnership (PDP) with the National Student Clearinghouse in order to benchmark against participating institutions and utilize metrics that are more consistent in methodology, but work on this initiative is in the initial stages.

The Institution is out of conformity with Assumed Practices A.6 (accuracy of published data) and C.7 (institutional data on student persistence, retention and completion), for the reasons noted above under Core Component 4.C.

The Institution meets, but with concerns, Criterion Five, Core Component 5.A, “through its administrative structures and collaborative processes, the institution’s leadership demonstrates that it is effective and enables the institution to fulfill its mission,” for the following reasons:

- The Institution recently developed a student governance committee that will commence in fall 2021 with the intention for students to serve on several institutional committees and have a role in the Institution’s collaborative processes.
- Several decision-making structures and processes are in the midst of development or are being redesigned. Clarification of a shared governance structure is necessary, as many of the groups have not yet determined the collaborative processes that will support these new structures.
- Because new technology is being introduced to provide more timely data, the Institution needs an increased emphasis on data analysis to support planning and decision-making with a focus on effective assessment of curricular and cocurricular learning.

- The Institution has indicated the launch of several new initiatives and must demonstrate their effectiveness. The first evaluation of the strategic plan is scheduled to start in fall 2021 and will begin to inform changes that may be necessary.

The Institution meets, but with concerns, Criterion Five, Core Component 5.B, “the institution’s resource base supports its educational offerings and its plans for maintaining and strengthening their quality in the future,” for the following reasons:

- Following several years of ongoing leadership changes, it appears that the Institution’s organizational structure may be stabilizing, yet many significant initiatives undertaken in recent months are not yet tested.
- The Institution has increased its student enrollment significantly since fall 2018 due to the partnership with SRC, and revenues have increased due to this growth. However, the institution presented no evidence to support that the present business model provides a high-quality educational experience for students. Concerns have been raised about faculty and staff hiring and development; the number of full-time faculty for several academic programs; lead faculty to adjunct faculty ratios; student dissatisfaction with the quality of advising and engagement with adjunct faculty; lack of ongoing, consistent review of learning outcomes; and low long-term completion rates.

The Institution meets, but with concerns, Criterion Five, Core Component 5.C, “the institution engages in systematic and integrated planning and improvement,” for the following reasons:

- With the goal of 100,000 students by 2025, the Institution has not used its substantial financial base to proactively develop a resource and deployment plan that outlines a scalable model of services to support the expanding population. In several instances, evaluation of and modifications to operations is lagging behind the rapid enrollment growth pattern.
- The Institution’s planning efforts do not closely align with the changing student population both in terms of growth and disaggregation of the student population, and an enrollment management plan is in developmental stages.
- Assessment of learning plans are just being implemented and not yet tested. The plan will need to outline an ongoing cycle of continuous quality improvement.
- Evidence is lacking as to how processes and investments function as anticipated.
- The institution is in the second year of its 2020-2025 Strategic Plan, with the first evaluation scheduled for fall 2021, and a pattern of success in meeting key performance indicators has not yet been established.

The Board of Trustees of the Higher Learning Commission has determined based on the preceding findings and evidence in the record that the Institution is not in compliance with the Criteria for Accreditation or the cited Assumed Practices and should therefore be placed on Probation.

### Next Steps in the HLC Review Process

**Assurance Filing:** The Board required that the Institution submit an Assurance Filing no later than February 1, 2023, or at least eight weeks prior to the comprehensive evaluation, providing evidence that the Institution has ameliorated the findings of noncompliance identified in this action that resulted in

the imposition of Probation and the findings of Met with Concerns, and providing evidence that the Institution meets the Criteria for Accreditation, Federal Compliance Requirements, and the cited Assumed Practices.

**Comprehensive Evaluation:** The Institution will host a comprehensive evaluation no later than April 2023 to enable a team of peer reviewers to determine whether the Institution has ameliorated the findings of noncompliance that led to the imposition of Probation and whether the Institution otherwise meets the Criteria for Accreditation, and to make a recommendation about whether the Board should remove Probation or take other action.

**Board Review:** The Board will review the documents associated with the evaluation at its November 2023 meeting to determine whether Probation shall be removed, or if the Institution has not provided sufficient evidence of amelioration as noted above, whether other action should be taken, up to and including withdrawal of accreditation.

### HLC Disclosure Obligations

The Board action resulted in changes that will be reflected in the Institution's Statement of Accreditation Status as well as the Institutional Status and Requirements Report. The Statement of Accreditation Status, including the dates of the last and next comprehensive evaluation visits, will be posted to the HLC website.

In accordance with HLC policy,<sup>6</sup> information about this action is provided to members of the public and to other constituents in several ways. This Action Letter and the enclosed Public Disclosure Notice will be posted to HLC's website not more than one business day after this letter is sent to the Institution. Additionally, a summary of Board actions will be sent to appropriate state and federal agencies and accrediting associations. This summary also will be published on HLC's website. The summary will include this HLC action regarding the Institution.

On behalf of the Board of Trustees, thank you in advance for your cooperation. If you have questions about any of the information in this letter, please contact your HLC Staff Liaison, Dr. Karen J. Solomon.

Sincerely,



Barbara Gellman-Danley  
President

Enc: Public Disclosure Notice

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<sup>6</sup> COMM.A.10.010, Notice of Accreditation Actions, HLC Public Notices and Public Statements

Cc: Chair of the Board of Trustees, Eastern Gateway Community College  
John Crooks, Senior Vice President of Academic Affairs, Eastern Gateway Community College  
Evaluation Team Chair  
IAC Hearing Committee Chair  
Karen J. Solomon, Vice President and Chief Transformation Officer, Higher Learning  
Commission  
Anthea Sweeney, Vice President of Legal and Regulatory Affairs, Higher Learning Commission  
Tom Sudkamp, Vice Chancellor, Academic Affairs, Ohio Department of Higher Education  
Herman Bounds, Director, Accreditation Group, Office of Postsecondary Education, U.S.  
Department of Education