Preparing for a Successful Reaffirmation of Accreditation Review

Survival Tips and Strategies

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USCB: Our Heritage, Our Future

A history of service to the region
Historic Beaufort, 1959

A vision for the future
Hilton Head Gateway, 2004

Compliance Certification
What is it? Why do it?

Accreditation is a Quality Audit meant to

• Improve the quality of education
• Ensure compliance with basic standards
• Protect the public from fraudulent practices
• Provide student benefits: ease of transfer, FA
• Improve our institutions
• Adds value to the institution
Compliance Certification
Presentation Overview

- Resources
- Leadership
- Preparation
- Getting started
- Conducting the readiness audit
- Writing the drafts
- Review and refine the narratives
- Submitting the report
- QEP

Compliance Certification
Resources

www.sacscoc.org

- Handbook for Institutions Seeking Reaffirmation 2011
- Principals of Accreditation 2010
- Resource Manual for Principals of Accreditation 2005
- Handbook for Reaffirmation of Accreditation 2004
- Handbook for Review Committees 2005

Leadership and Division of Responsibility

Leadership Team
Coordinates the internal review
Chief Executive Officer
Chief Academic Officer
Accreditation Liaison
Faculty Member

Compliance Certification Team
Knowledgeable group
Conducts compliance audit
Prepares compliance certification

Quality Enhancement Plan Team
Faculty driven
Broad-based involvement
Review of best practices
Writes QEP
Compliance Certification Preparation

- Choose the team
- Prepare and organize materials
- Decide how the team will work
- Develop a timeline
- Develop a responsibility matrix
- Review www.sacscoc.org for templates

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Timeline Track A
Undergraduate Degrees Only

**Year One:**
- Last Monday in January: Orientation of Leadership Teams, Institutional Summary Form

**Year Two:**
- March 15: Compliance Certification, Updated Institutional Summary Form
- May (2nd week): Off-site review conducted in Atlanta
- 4-6 weeks before On-site review: QEP, Focused Report (optional), Updated Institutional Summary Form
- September – November: On-Site review conducted

**Year Three:**
- Five months after visit: Response due, if required
- Third week in June: Review by SACSCOC Board of Trustees

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Timeline Track B
Undergraduate and Graduate Degrees, Graduate Only

**Year One:**
- 2nd Monday in June: Orientation of Leadership Teams, Institutional Summary Form

**Year Two:**
- September 10: Compliance Certification, Updated Institutional Summary Form
- November (1st full week): Off-site review conducted in Atlanta

**Year Three:**
- 4-6 weeks before On-site review: QEP, Focused Report (optional), Updated Institutional Summary Form
- January – April: On-Site review conducted
- Five months after visit: Response due, if required
- December (1st week): Review by SACSCOC Board of Trustees
Responsibility Matrix

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<th>No.</th>
<th>Compliance (C)</th>
<th>Partial (P)</th>
<th>Non-compliance (NC)</th>
<th>Sample Documentation as presented in SACS Resource Manual</th>
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<td>E</td>
<td>Degree Granting Authority</td>
<td>First Draft Prepared Final</td>
<td>Official documentation or enabling legislation authorizing the institution to grant degrees [Board of control bylaws containing references to degree-granting authority and outlining any conditions or restrictions on such authority]</td>
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Compliance Certification Getting Started

- Kick-off celebration
- Read the manuals
- Explain and complete the responsibility matrix
- Set the timeline and deadlines
- Review other accreditation websites
- Conduct the readiness audit
- Be good to your team

Compliance Certification Tips for Writing the First Drafts

- Work on shared, secure area (portal, scratch drive, share point)
- Use Resource Manual of the Principles of Accreditation
- Understand the questions-complicated, multiple parts
- Answer every segment of the question (and, or, if)
- Answer each CR, CS, or FR as if a stand alone response
- Embrace repetition
- Now is the time to correct problem areas
- New policy may need to be created and approved
- Integrity and honesty in responses
The Mantra

*If it isn’t written and documented, you didn’t do it*

**DOCUMENT – DOCUMENT – DOCUMENT**

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**Compliance Certification Review and Refine the Drafts**

- Transitioning from worker bees to leadership team
- Time to cut the cord – move away from shared area
- Revise responsibility matrix - release people from team
- Plan on many meetings – use laptop and projector
- Consistent reporting
- Put report into one voice
- Need excellent clerical support

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**Compliance Certification Submitting the Report**

- Decide how to present report
  - font, style, format
  - website – thumb drive – CD - paper
  - electronic versions with pdf’s, hyperlinks
  - paper copies (spiral bound, 3-ring binder)
  - need internal copies, copies for On/Off-Site teams
- Off-Site Team meets and sends report to COC liaison
- Conference call with COC Liaison
- Begin “optional” Focused Report and finish QEP
- Prepare institution for the on-site visit
Quality Enhancement Plan Overview

- What is it?
- Resources
- Leadership for the Development of the QEP
- CR 2.12
- CS 3.3.2
- QEP Checklist
- Tips for a Successful QEP
- What the On-Site Team Wants to Know
- What Happens Next?

QEP
What is it? Why do it?

The QEP describes a carefully designed and focused course of action that addresses a well-defined topic or issue(s) related to enhancing student learning and/or the environment supporting student learning. The QEP should complement the institution’s ongoing integrated institution-wide planning and evaluation process.


QEP
Definition of Student Learning

The Commission on Colleges broadly defines student learning as changes in:

- knowledge,
- skills,
- behaviors,
- or values.
QEP Resources

www.sacscoc.org

- Handbook for Institutions Seeking Reaffirmation 2011
- Principals of Accreditation 2010
- Resource Manual for Principals of Accreditation 2005
- Handbook for Reaffirmation of Accreditation 2004
- Handbook for Review Committees 2005

QEP Leadership and Division of Responsibility

Leadership Team
- Coordinates the internal review
- Chief Executive Officer
- Chief Academic Officer
- Accreditation Liaison
- Faculty Member

Compliance Certification Team
- Knowledgeable group
  - Conducts compliance audit
  - Prepares compliance certification

Quality Enhancement Plan Team
- Faculty driven
  - Broad-based involvement
  - Review of best practices
  - Write QEP

QEP CR 2.12 Reads

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

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


**QEP Tips for a Successful QEP**

- Based on evidence of student needs
- Designed to improve student learning, environment
- Faculty driven
- Wide discipline representation on Steering Committee
- Must accomplish the mission of the institution
- Commitment of resources from the administration
- Process for campus(es)-community involvement
- Must have goals and assessment activities
- Focus
- Effective marketing tools and communication
- The On-Site Team is your friend

Link to USCB QEP:
http://sacs.uscb.edu/QEP_Final_08-19-08.pdf
### QEP Checklist

In evaluating the QEP, the On-Site Review Committee will consider the following:

- Institutional Process (CR 2.12)
- Focus of the Plan (CR 2.12)
- Institutional Capability, Initiation, and Continuation of the Plan (CS 3.3.2)
- Broad-Based involvement of the Community (CS 3.3.2)
- Assessment of the Plan (CS 3.3.2)

QEP Handbook, 2007 Edition*

### QEP

#### What the On-Site Team Wants to Know

1. **Institutional Process.** The institution uses an institutional process for identifying key issues emerging from institutional assessment. [Part of CR 2.12]

2. **Focus of the Plan.** The institution identifies a significant issue that (1) focuses on learning outcomes and/or the environment supporting student learning and (2) accomplishes the mission of the institution. [Part of CR 2.12]

   - Has the institution provided a clear and concise description of the critical issue(s) to be addressed?
   - Has the institution described the relationship between the focus of the plan and student learning?
   - Has the institution provided relevant and appropriate goals and objectives to improve student learning?
   - Has the institution provided a comprehensive and clear analysis of the crucial importance of the Plan for improving the learning environment?
   - Has the institution identified the benefits to be derived from the QEP?

### QEP

#### What the On-Site Team Wants to Know

3. **Institutional Capability for the Initiation and Continuation of the Plan.** The institution provides evidence that it has sufficient resources to initiate, implement, sustain, and complete the QEP. [Part of CS 3.3.2]

   - Has the institution provided a time line for implementing and completing the QEP?
   - Has the institution assigned qualified individuals to administer and oversee its implementation?
   - Has the institution provided evidence of sufficient financial and physical resources to implement, sustain, and complete the QEP?
   - Has the institution allocated sufficient academic resources and systems to implement and sustain the outcomes of the Plan?
   - Has the institution established appropriate administrative processes to maintain the progress of its quality improvements?
QEP
What the On-Site Team Wants to Know

4 Broad-based Involvement of the Community. The institution demonstrates that all appropriate constituencies of its community were involved in the development and proposed implementation of the Plan. (Part of CS 3.3.2)

(1) Has the institution described the methods used for the development of the QEP?
(2) Has the institution demonstrated that all aspects of its community—faculty, staff, students, board members, and administrators—were involved in the development of the QEP?

5 Assessment of the Plan. The institution demonstrates that it has goals and a plan to assess their achievement. (Part of CS 3.3.2)

(1) Has the institution developed means for assessing the success of its QEP? 
(2) Has the institution identified relevant internal and external measures to evaluate the Plan? 
(3) Has the institution identified an internal system for evaluating the QEP and monitoring its progress? 
(4) Has the institution described how the results of the evaluation of the QEP will be used to improve student learning?

QEP
What Happens Next?

• Team deliberates
• Recommendations or issues erased
• Compliance Certification and QEP Report Draft
• Exit interview
• On-Site Team Chair discusses Compliance Certification
• QEP Lead Evaluator addresses QEP
• Q & A Session
• Final draft report sent to institution
• All documents sent to SACSCOC Board of Trustees

Tips for a Successful Reaffirmation of Accreditation

• Start early and be proactive
• Strong, effective leadership
• Need worker bees
• Understand what is being asked
• Write each response to stand alone
• Repetition is a wonderful thing
• Stay on timeline. Set final deadline a month early
• Remember readers know nothing about your institution
• Maintain a sense of humor and be flexible
• Chocolate helps

If it isn’t written and documented, you didn’t do it
USC Beaufort
Reaffirmation of Accreditation

2009

Post Conference Engagement

• Blog http://reaffirmationtips.wordpress.com/
• Sign up sheet or leave your card

Website and Contact Info

USCB SACS website:
http://sacs.uscb.edu

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