Building a Case for Compliance

Institute on Quality Enhancement and Accreditation, 2019

Dr. Crystal A. Baird
Vice President
In the next 90 minutes, we will...

• Explore the concept of building a case for compliance
• Discuss strategies for writing and presenting narrative
• Share good practices for supporting documentation
• Consider common challenges
• Address questions and share ideas
Participants should be able to...

• Identify the elements of an appropriate/sufficient case for compliance

• Use the Resource Manual & other tools to appropriately to guide the development of narrative

• Organize narratives that address the standard

• Select appropriate documentation to support your case for compliance
What brought you to this session?

A. I am new to SACSCOC/accreditation and want to learn all that I can.

B. I have been newly tasked with writing a portion of a SACSCOC report of some kind and am trying to pick up tips.

C. I have experience with writing SACSCOC reports, but I want to make sure my knowledge is current.

D. None of the above, but I did not bring my swimsuit.

E. Other
Explore the concept of building a case for compliance
What is this “Case for Compliance” business?

- **What:** The narrative and supporting document used by institution’s to assert and document its adherence to/alignment with SACSCOC standards.

- **Why:** To illustrate ongoing compliance with the *Principles of Accreditation*

- **Audience:** Peer evaluators, Members of the SACSCOC Board of Trustees, US Department of Education, Public
Building a Case for Compliance...

1. Understand the **standard**
2. Understand the relevant **facts** about your institution
3. Gather **documentation** that helps illustrate your key points
4. Lead the reader through to your **judgement** of compliance/partial compliance/non-compliance

**Bridge**: **Narrative that Links Documentation to Judgment**

**Assertion**
Focused on compliance components of the standard

**Evidence**
Identifying Source Documents
Answer the questions, before they are asked.

• What, How, Why?

• How do you know?

• Why are you telling me this?

• What evidence do you have to support what you are telling me?
1. Understand the standard

- *Resource Manual for The Principles of Accreditation*
Have you used the Resource Manual before?

A. Yes
B. No
C. Not sure
4.2.b The governing board ensures a clear and appropriate distinction between the policy-making function of the board and the responsibility of the administration and faculty to administer and implement policy. 

(Board/administrative distinction)

Rationale and Notes

Effective governance includes clearly defining the roles and responsibilities of the governing board, administration, and faculty and ensuring that each of these groups adheres to their appropriate roles and responsibilities. While it is important that the overall mission and overarching policies of the institution are approved by the board, the administration and implementation of the general direction set by the board are carried out by the administration and faculty in order to prevent the board from undercutting the authority of the president and other members of the administration and faculty, thereby creating an unhealthy and unworkable governance structure. To ensure a clear understanding of separate roles and responsibilities, the distinctions should be delineated in writing and disseminated to all appropriate constituents.

Questions to Consider

• Does the organizational structure of the institution reflect a distinction in lines of authority?
• Do board materials (bylaws, manuals, etc.) reflect the distinction in roles and responsibilities? Do administrative materials also reflect this distinction?
• Are there clear examples in practice of the distinction between the board setting direction and the administration and faculty implementing policies?
• If this board/administrative distinction has been blurred, what steps were taken to address concerns?
Sample Documentation

- Governing board bylaws, policy manuals, orientation materials, or other formal documents that can demonstrate that this distinction exists in writing.
- Administrative or faculty handbooks that demonstrate the distinction.
- Governing board minutes that reflect practice.
- Administrative minutes (e.g., CEO’s cabinet).
- Faculty meeting minutes.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

CR 4.1  (Governing board characteristics)
Standard 4.2.g  (Board self-evaluation)
Standard 5.2.a  (CEO control)
Standard 5.2.b  (Control of intercollegiate athletics)
Standard 5.2.c  (Control of fund-raising activities)
Standard 10.4  (Academic governance)
Standard 13.4  (Control of finances)
2. Understand the relevant facts about your institution

• Who would know these facts?
• What are the authoritative sources of information?
• Is this information current?
3. Gather documentation that helps illustrate your key points

• Consider your timeline if this documentation resides outside of the institution (e.g. Financial Audits, State Board documents)
4. Lead the reader through to your judgement of compliance/partial compliance/non-compliance

You should have made a determination—and readers should be able to tell what it is.
Strategies for writing and presenting narrative
Strategies for Writing and Presenting Narrative

• Address all of the compliance components of the standard
  • the compliance components are the discrete elements that must be addressed for each requirement and standard
Standard 8.2.a

8.2 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results in the areas below:

• 8.2.a student learning outcomes for each of its educational programs.  
  *(Student outcomes: educational programs)*
Core Requirement 4.1

The institution has a governing board of at least five members that: (a) is the legal body with specific authority over the institution. (b) exercises fiduciary oversight of the institution. (c) ensures that both the presiding officer of the board and a majority of other voting members of the board are free of any contractual, employment, personal, or familial financial interest in the institution. (d) is not controlled by a minority of board members or by organizations or institutions separate from it. (e) is not presided over by the chief executive officer of the institution. (Governing board characteristics) [CR]
Standard 4.2 The governing board...

a. ensures the regular review of the institution’s mission. (Mission review)

b. ensures a clear and appropriate distinction between the policy-making function of the board and the responsibility of the administration and faculty to administer and implement policy. (Board/administrative distinction)

c. selects and regularly evaluates the institution’s chief executive officer. (CEO evaluation/selection)

d. defines and addresses potential conflict of interest for its members. (Conflict of interest)

e. has appropriate and fair processes for the dismissal of a board member. (Board dismissal)

f. protects the institution from undue influence by external persons or bodies. (External influence)

g. defines and regularly evaluates its responsibilities and expectations. (Board self-evaluation)

<table>
<thead>
<tr>
<th>Review Stage I: OFF-Site Committee (n=75)</th>
<th>Rank</th>
<th>Requirement/Standard</th>
<th>% of Institutions in Non-Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>3.7.1 (Faculty Competence)</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>3.3.1.3 (IE - Educational Support)</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>3.3.1.2 (IE - Administrative Units)</td>
<td>51%</td>
<td></td>
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<tr>
<td>4.</td>
<td>3.3.1.5 (IE - Community/Public Service)</td>
<td>49%</td>
<td></td>
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<tr>
<td>5.</td>
<td>2.11.1 (Financial Resources)</td>
<td>44%</td>
<td></td>
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<tr>
<td>6.</td>
<td>3.8.1 (Faculty)</td>
<td>43%</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>3.9.7 (Faculty Evaluation)</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>3.4.1.1 (Academic Program Coordination)</td>
<td>32%</td>
<td></td>
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<tr>
<td>9.</td>
<td>3.5.4 (Terminal Degrees of Faculty)</td>
<td>32%</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Review Stage II: ON-Site Committee (n=76)</th>
<th>Rank</th>
<th>Requirement/Standard</th>
<th>% of Institutions in Non-Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>3.3.2 (Quality Enhancement Plan) / 7.2</td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>3.7.1 (Faculty Competence) / 6.2.a</td>
<td>33%</td>
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<tr>
<td>3.</td>
<td>3.3.1.1 (IE - Educational Programs) / 8.2.a</td>
<td>21%</td>
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</tr>
<tr>
<td>4.</td>
<td>3.3.1.3 (IE - Educational Support) / 8.2.c</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>3.3.1.2 (IE - Administrative Units) / 7.3</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>2.8 (Faculty) / 6.1, 6.2.b</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>3.10.1 (Financial Stability) / 13.3</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>2.11.1 (Financial Resources) / 13.1-2</td>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>

Key Descriptive Statistics (Number of Principles Cited Per Institution)

- **Mean** = 2.5 (sd=2.1)
- **Median** = 2
- **Range** = 1-7

<table>
<thead>
<tr>
<th>Review Stage III: Board of Trustees (n=76)</th>
<th>Rank</th>
<th>Requirement/Standard</th>
<th>% of Institutions in Non-Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>3.3.1.1 / 8.2.a (Student outcomes: educational programs)</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>3.10.1 / 13.3 (Financial responsibility)</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>3.3.1.3 / 8.2.c (Student outcomes: academic and student services)</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>3.3.2 / 7.2 (Quality Enhancement Plan)</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>3.7.1 / 6.2.a (Faculty qualifications)</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>3.3.1.2 / 7.3 (Administrative effectiveness)</td>
<td>≤3%</td>
<td></td>
</tr>
</tbody>
</table>

Key Descriptive Statistics (Number of Principles Cited Per Institution)

- **Mean** = 0.6 (sd=1.2)
- **Median** = 0
- **Range** = 0-7

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Strategies for Writing and Presenting Narrative

• Introduce your response for a standard
  • “Tell them what you are going to tell them--and then tell them.”

• Conclude your response with a summary of your case for compliance
  • “Then, tell them what you told them.”
Strategies for Writing and Presenting Narrative

• Use visual cues
  • Headers
  • Bold, italics, underscore, color
  • Images, graphs, charts, graphics
Evaluation of the faculty is the responsibility of the Deans and their designees (usually Program chairs). Because of our philosophy regarding the use of adjuncts to complement our full time faculty (described in the next section “Teaching”), we have a comprehensive evaluation system in order to ensure quality instruction. Full-time administrative faculty are evaluated in two ways: 1) through course evaluations completed by students at the conclusion of every course, and 2), through an annual performance review conducted by his/her supervisor, utilizing the Year End Performance Appraisal-Exempt Level Supervisor template. Evaluation of full-time teaching faculty is also carried out in two ways: 1) through course evaluations completed by students at the conclusion of every course, and 2) through the individual growth plan (IGP) process of performance review between each faculty member and the respective Dean. Deans who are full-time administrative faculty are responsible to oversee, execute, track, and make decisions based on the annual performance evaluation of full-time teaching faculty. Evaluation of adjunct faculty is carried out as described above in Section 5 "Adjunct evaluation." This system ensures that the number of full-time faculty that we have can manage the responsibility of ensuring high quality performance by all of our adjuncts. While a majority of observations and evaluations are done by FT instructional faculty, they are supported in this work by several FT administrative faculty (including the Academic Dean, the Online Dean, and the Associate Provost) who oversee the process, assist in getting the work done and ensure the maintenance of high quality standards.
Evaluation of Full-Time and Adjunct Faculty

Evaluation of the faculty is the responsibility of the Deans and their designees (usually Program chairs). Because of our philosophy regarding the use of adjuncts to complement our full time faculty (described in the next section “Teaching”), we have a comprehensive evaluation system in order to ensure quality instruction.

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Evaluation of adjunct faculty is carried out as described above in Section 5 "Adjunct evaluation."
Include images and graphs, if helpful
Strategies for Writing and Presenting Narrative

• Look at examples

• Be honest about your assessment of Compliance or Non-Compliance

• Don’t write alone
Strategies for Writing and Presenting Narrative

• Provide an analysis and an argument, not just an accounting

• Connect the dots for the reader

• Avoid jargon and limit the use of acronyms
Strategies for Writing and Presenting Narrative

• Engage readers outside the process, perhaps outside the institution to assure clarity.

*You do not always have to pay someone to get a quality review.
Strategies for Writing and Presenting Narrative

• Same voice is less important than consistency in content
  • In other standards
  • In the Institutional Profile
# ANALYZING A CASE FOR COMPLIANCE

**NOTE:** The information presented below is intended to assist the Committee in focusing and developing its analysis of the institution's case for its compliance with the Core Requirements and Standards in *The Principles of Accreditation*. The component parts of the matrix are not summative, nor are they necessarily of equal weight. Evaluators will need to weigh the issues when assessing the strength of the institution's compliance with the requirement.

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>UNACCEPTABLE</th>
<th>WEAK</th>
<th>ACCEPTABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The narrative includes a statement of the institution's perception of its compliance with the requirement</td>
<td>Either the narrative does not include a statement of the institution's perception of its compliance with the requirement, or it is not applicable to the specific accreditation requirement.</td>
<td>The narrative includes a general statement of the institution's perception of its compliance with the requirement but it does not address each of the components of the requirement.</td>
<td>The narrative includes a statement of the institution's perception of its compliance with the requirement that addresses each of the components of the requirement (as necessary). The statement is focused solely on the requirement.</td>
</tr>
<tr>
<td>The rationale for the assertion</td>
<td>The narrative provides no explanation of reason(s) for the assertions regarding compliance with all aspects of the requirement.</td>
<td>The narrative provides a limited discussion of the reason(s) for determining compliance with all aspects of the requirement.</td>
<td>The narrative provides a clear and concise statement of the reason(s) for the assertion regarding the institution's perception of compliance with the requirement.</td>
</tr>
<tr>
<td>The evidence supporting the assertion</td>
<td>Either no evidence is presented to support the institution's case or the evidence provided is unacceptable because of two or more of the following characteristics:  - It is not reliable  - It is not current  - It is not verifiable  - It is not coherent  - It is not objective  - It is not relevant  - It is not representative</td>
<td>Either the evidence provided is uneven in its support of the institution's case or it is deficient because of one of the following characteristics:  - It is not reliable  - It is not current  - It is not verifiable  - It is not coherent  - It is not objective  - It is not relevant  - It is not representative</td>
<td>The evidence provided sufficiently supports the institution's case because of at least three of the following characteristics:  - It is reliable  - It is current  - It is verifiable  - It is coherent  - It is objective  - It is relevant  - It is representative</td>
</tr>
<tr>
<td>COMPONENT</td>
<td>UNACCEPTABLE</td>
<td>WEAK</td>
<td>ACCEPTABLE</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>The evidence-based analysis of compliance</td>
<td>No analysis is offered.</td>
<td>The evidence-based analysis does not address all aspects of the requirement.</td>
<td>The evidence-based analysis addresses all aspects of the requirement.</td>
</tr>
<tr>
<td></td>
<td>The analysis is not based on the evidence presented.</td>
<td>The evidence-based analysis lacks coherency, clarity, and focus.</td>
<td>The evidence-based analysis is coherent, concise, and focused.</td>
</tr>
<tr>
<td></td>
<td>The analysis does not pertain to the requirement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall judgment of the case for compliance</td>
<td>The institution's case does not establish compliance because:</td>
<td></td>
<td>The institution's case establishes compliance because:</td>
</tr>
<tr>
<td></td>
<td>a. it does not adequately address the requirement</td>
<td></td>
<td>a. it directly addresses all aspects of the requirement</td>
</tr>
<tr>
<td></td>
<td>b. the evidence is either missing or lacking</td>
<td></td>
<td>b. the evidence provided is sufficient</td>
</tr>
<tr>
<td></td>
<td>c. the analysis is not grounded in data presented</td>
<td></td>
<td>c. the analysis provided is sufficient</td>
</tr>
<tr>
<td></td>
<td>d. it is not coherent, clear, nor focused</td>
<td></td>
<td>d. the case is coherent</td>
</tr>
</tbody>
</table>
Good practices for supporting documentation
Good Practices for Supporting Documentation

• Remember Goldilocks!
  • Not too much
  • Not too little
  • Just right

• You are seeking a balance between thorough and over-kill.
Good Practices for Supporting Documentation

• Documentation should be purposeful

• Direct the reader’s attention to what is important

From the “Reports Submitted for SACSCOC Review Policy Statement”
Which are okay to include?

A. Excerpts from documentation
B. Pictures
C. Videos
D. Links to live websites
Standard 13.7—Practice with Anatole College

The institution ensures adequate physical facilities and resources, both on and off campus, that appropriately serve the needs of the institution’s educational programs, support services, and other mission-related activities. (Physical resources)

1. Understand the standard
2. Understand the relevant facts about your institution
3. Gather documentation that helps illustrate your key points
4. Lead the reader through to your judgement of compliance/partial compliance/non-compliance
Consider common challenges
Common Challenges

• Overly dense narrative
• Light documentation
• Insufficient detail
• Not addressing approval, publication, and implementation/enforcement of policy in those standards that call for a policy or procedure. [See page 7 of the Resource Manual.]
The Requirement of a Policy

- “Implicit in every standard mandating a policy or procedure is the expectation that the policy or procedure is in writing and has been approved through appropriate institutional processes, published in appropriate institutional documents accessible to those affected by the policy or procedure, and implemented and enforced by the institution. At the time of review, an institution will be expected to demonstrate that it has met all of the above elements. If the institution has had no cause to apply its policy, it should indicate that an example of implementation is unavailable because there has been no cause to apply it. (See SACSCOC best practices, Developing Policy and Procedures Documents.) Appendix A contains a summary of standards calling for a policy or procedure. This will also be noted in the ‘Reference to SACSCOC Documents, if Applicable’ section of affected standards.”
Common issues

• Presenting dated information
  • Faculty Roster
  • Policy/Procedures
  • Agreements
  • Data

• Offering no analysis of data
Questions and “To Do”s when I get home

• Building a case for compliance
• Strategies for writing and presenting narrative
• Good practices for supporting documentation
• Common challenges
• Address questions and share ideas
Participants should be able to...

• Identify the elements of an appropriate/sufficient case for compliance
• Use the Resource Manual & other tools to appropriately guide the development of narrative
• Organize narratives that address the standard
• Select appropriate documentation to support your case for compliance
Thank you & Enjoy the rest of your day!