Accreditation 101: Fitting the pieces together

Dr. Patricia Donat
Senior Vice President

History of Accreditation

- Created by institutions over 125 years ago
- Private, nongovernmental, based on peer review
- Mission-centered; institution-based
- Sets minimum standards and recommends areas of needed improvement
- Linked to federal financial aid in 1952 through “recognition” process
Higher Education Regulatory “Triad”

Accrediting Agencies
△ Institutional quality and continuous improvement
△ Accountability
△ “Gate-keeper” function

State Governments
△ Authorize institutions to operate within the state
△ Consumer protection
△ Varying range of regulatory requirements

Federal Government
△ Focus on administrative and fiscal integrity of federal financial aid programs
△ “Recognize” accreditation agencies

Oversight of Accreditation Activities

Review by U.S. Department of Education (USDE) staff based upon recognition standards

Recommendation by USDE to National Advisory Committee on Institutional Quality and Integrity (NACIQI)
△ Appointed group of educators and public members

Recommendation by NACIQI to U.S. Secretary of Education

Recognition decision by U.S. Secretary of Education
Types of Accrediting Agencies

Institutional Accreditors
- Seven largest agencies accredit all aspects of an institution of higher education in specific regions; formerly called “regional” accreditors; all have now decided to accept applications from institutions in other regions
- Other national accrediting agencies accredit institutions of higher education anywhere in the country; usually they have a single focus

Specialized or Professional Accreditors
- Accredit programs within institutions; some can also function as “institutional” accreditors for institutions with programs in the same academic area (like law, medicine, and theology)

Formerly “Regional” Institutional Accreditors

Institutional Accreditors:
- Six largest agencies accredit all aspects of an institution of higher education in specific regions:
  - WASC (Western Association of Schools and Colleges) – 231
  - AACJC (Association of American Junior Colleges) – 137
  - NWCCU (Northwest Commission on Colleges and Universities) – 164
  - HLC (Higher Learning Commission) – 974
  - SACSCOC (Southern Association of Colleges and Schools Commission on Colleges) – 781
  - NECHE (New England Commission on Higher Education) – 216

Specialized or Professional Accreditors:
- Accrediting programs within institutions; some can also function as “institutional” accreditors for institutions with programs in the same academic area (like law, medicine, and theology).
Why Institutions Seek Institutional Accreditation

- Quality Assurance for Public/Students
- Process of Continuous Improvement
- Institutional Accreditation
- Ease of Transferability of Credits
- Essential for Participation in Federal Student Aid Programs

SACS/COC
SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS
COMMISSION ON COLLEGES
SACSCOC
Accredited and Candidate Institutions by State

As of June 2022

Know Your Institution

- Your Institution’s Level

<table>
<thead>
<tr>
<th>Level</th>
<th>Degree Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>I:</td>
<td>Associate Degree</td>
</tr>
<tr>
<td>II:</td>
<td>Baccalaureate Degree</td>
</tr>
<tr>
<td>III:</td>
<td>Master’s Degree</td>
</tr>
<tr>
<td>IV:</td>
<td>Educational Specialist</td>
</tr>
<tr>
<td>V:</td>
<td>≤ 3 Doctoral Degrees</td>
</tr>
<tr>
<td>VI:</td>
<td>≤ 4 Doctoral Degrees</td>
</tr>
</tbody>
</table>

- Track A (Level I-II)
- Track B (Levels III-VI)
- Your reaffirmation year
Core Values

INTEGRITY  CONTINUOUS QUALITY IMPROVEMENT  PEER REVIEW/SELF-REGULATION

ACCOUNTABILITY  STUDENT LEARNING  TRANSPARENCY

Accreditation Standards

All institutions are evaluated using the same process and standards

Membership articulates requirements to merit public trust for accredited institutions

Accreditors include learning outcomes and student success as central elements
Principles of Accreditation: Foundations of Quality Enhancement


- Organizational Structure
- Content
- Core Requirements and Standards

Characteristics of the Review Process

Institutional responsibility
- Ongoing compliance with standards
- Persuasive case for compliance with supporting documentation

Institutional review conducted in the context of institutional mission
- Reviews and decisions by peer evaluators; not professional staff
SACSCOC Structure

- **College Delegate Assembly**: CEOs of Member Institutions
- **Board of Trustees**: 77 Members
- **Appeals Committee**: 12 Members
- **Executive Council**: 13 Members
- **Committees on Compliance and Reports**: 64 Elected and Other Appointed Members

**College Delegate Assembly**

Member institutions each have one vote on:
- Electing Trustees
- Electing Appeals Committee & hearing officers
- Electing SACSCOC rep to SACS Board
- Changes to accrediting standards
- Changes to dues structure

CEO of a member institution has the vote

Meets once per year at the Annual Meeting in December
SACSCOC Board of Trustees

Board of Trustees: 77 members
- Three representatives from each state (33)
- One public member from each state (11)
- 33 at-large representatives
  - Including one international representative

Meets two times a year

Executive Council

Executive Council: 13 members
- One Trustee from each state
- One public member
- Chair, SACSCOC Board of Trustees

Meets three times a year
Appeals Committee

- Appeals Committee: 12 members
  - Former members of the SACSCOC Board of Trustees
- Hears appeals of adverse actions

Process of Institutional Accreditation

- Planning and Self-Evaluation
- Continuous Improvement
- Peer Review
- Follow-Up and Monitoring
- Board Evaluation
- Continuous Improvement
Self Evaluation

- Deep inquiry into strengths and weaknesses
- Documents compliance with standards and requirements
- Documents success with respect to student learning and student success
- Campus-wide focus on institutional quality

Peer Review

Peer Review Committees:

<table>
<thead>
<tr>
<th>Review</th>
<th>Visit</th>
<th>Recommend</th>
<th>Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review institution’s compliance document</td>
<td>Visit campus, conduct interviews and engage the campus community</td>
<td>Recommend action to SACSCOC Board of Trustees</td>
<td>Assess compliance (binary determination)</td>
</tr>
</tbody>
</table>
SACSCOC Board Evaluation

SACSCOC Board of Trustees:

- Receives peer review team recommendations
- Considers report and recommendations
- Considers institutional response to the report
- Makes final decision

Monitoring

SACSCOC Board of Trustees:

- Requests Monitoring Report
- Reviews institutional response
- Makes final decision on accreditation status pending any appeals

*Note: The SACSCOC Board may place an institution on sanction if it does not meet core requirements or has come to the end of its monitoring period. At that time, an institution may only be continued in accreditation for Good Cause.*
SACSCOC Peer Review Processes

Reaffirmation Process (Decennial Review)

<table>
<thead>
<tr>
<th>Institution</th>
<th>SACSCOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance Certification</td>
<td>Off-Site Committee</td>
</tr>
<tr>
<td>Focused Report,* QEP</td>
<td>On-Site Committee</td>
</tr>
<tr>
<td>Response Report,**</td>
<td>C&amp;R Committee, Board of Trustees</td>
</tr>
</tbody>
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* If required to respond to non-compliant standards
** If required to respond to recommendations
Differentiated Decennial Review

Eligible Institutions identified by SACSCOC staff

- Has been accredited by SACSCOC for at least ten (10) years.
- Within the last five (5) years, has NOT:
  - Been placed on sanction (Warning or Probation)
  - Submitted a Monitoring Report
  - Had a significant number of substantive changes

Institutional applications reviewed by peers

- Within the last five (5) years, has NOT experienced:
  - Constant change in institutional CEO position
  - Significant (20% or more) increase/decrease in enrollment
  - Demonstrated issues with board/administrative distinction
  - Monitoring for its institutional finances
  - Has not been placed on sanction from a programmatic, professional or national athletic association or accreditor.

Compliance Certification includes a reduced number of standards

Off-Site Reaffirmation Process

- Committee Structure
- “Cluster” of Institutions
- Timeline
  - Materials submitted
    - March for review in April (Track A)
    - September for review in November (Track B)
  - 3 or more “Zoom” meetings
  - SharePoint collaborative writing
  - Virtual meeting over 1.5 days to finalize reports
  - Preliminary report sent to institution
On-Site Reaffirmation Process

- Committee Structure
- Focused Report and QEP
- Timeline
  - Materials submitted 6 weeks prior to visit
    - Fall: Track A
    - Spring: Track B
  - 1 or more “Zoom” meetings
  - On-Site visit
  - Committee completes draft
  - Draft report sent to institution to identify errors of fact
  - Final report transmitted formally to institution

Tips from Evaluators

- Ensure that all compliance components in the standard are addressed.
- Provide relevant, curated evidence to illustrate and support statements made in the narrative.
- Prepare your report so that it is easily navigated, with a clear, focused organizational structure to guide reviewers to essential information required to confirm compliance.
- Use narratives to provide context and align linked evidence to standard requirements.
Institution

Fifth-Year Interim Report*
QEP Impact Report

SACSCOC

Fifth-Year Review Committee (off-site)

C&R Committee, Board of Trustees

Fifth-Year Review Process

Required

Depends upon number of new OCIS since reaffirmation

Interim OCIS Committee (on-site)

C&R Committee, Board of Trustees

* Selected standards
** If required to respond to non-compliant standards
*** If required to respond to recommendations

Substantive Change Review Processes

Notifications
- Accepted by SACSCOC Staff

Prospectuses
- Approved by SACSCOC Executive Council (meets every two weeks)
- Approved by SACSCOC Board of Trustees (meets twice per year)

Authorization of Substantive Change Committees (on-site peer review)
- Institutional-level changes (i.e., governance change, merger/consolidation, level change)
- New off-campus instructional sites (i.e., international sites or one of first three locations)
- Other changes, as needed (i.e., program expansion, competency-based direct assessment program)
Substantive Change Policy and Procedures

The policy includes procedures and specific requirements for each type of substantive change.

The Appendix provides a summary chart followed by instructions regarding what to submit for those changes requiring submission of a prospectus.

Accreditation: Institutional Resources

Reaffirmation: Documents, Policies, and Timelines
- Compliance Certification Document
- Handbook for Institutions Seeking Reaffirmation
- Institutional Summary Form
- Faculty Roster Form (Plus Faculty from Prior Review Form and directions for completion)
- Timelines for Reaffirmation Tracks

Reaffirmation of Accreditation and Subsequent Reports (Policy)
Observers on Reaffirmation On-Site Review Committees (Policy)
Quality Enhancement Plan (Policy and framework)
Quality Enhancement Plan

It’s about student learning and success
Topic Identification and Focus: What is your goal?

How will you know the project has been successful?
Provide a clear, concise statement of intent

Topic Identification and Focus: Why this goal?

Strategic Plan
Institutional initiatives
Institutional metrics and key performance indicators
Assessment data
Trends and peer comparisons
Feedback from constituent groups
What intervention will be implemented?

What is your operational plan?

Planning and Assessment: How will you monitor success?

Outcomes are specific, measurable, and clearly related to student learning or student success

Baseline data and targets for improvement

Authentic, appropriate assessments
- aligned with plan goals and outcomes
- consider both formative and summative assessments
- are not limited to indirect measures
Tips from Evaluators

Connect the topic to institutional plans and provide the evidentiary support.
Focus the topic to support feasibility and provide a clear implementation plan.
Ensure that the intervention and operational plan is thorough and clearly aligned with the plan goals and outcomes.
Define outcomes that are specific and measurable, and include mechanisms for establishing a baselines, monitoring progress, and achieving targets.
Ensure that assessment is an integral part of the plan and aligned with the plan goals and outcomes.
Avoid an assessment plan that focuses primarily on measuring implementation of intervention strategies rather than student achievement or learning outcomes.