

Preparing the Compliance Certification




DR. CRYSTAL A. BAIRD

VICE PRESIDENT

DECEMBER 2022

During this session, we will...

Review the purpose and components of the Compliance Certification



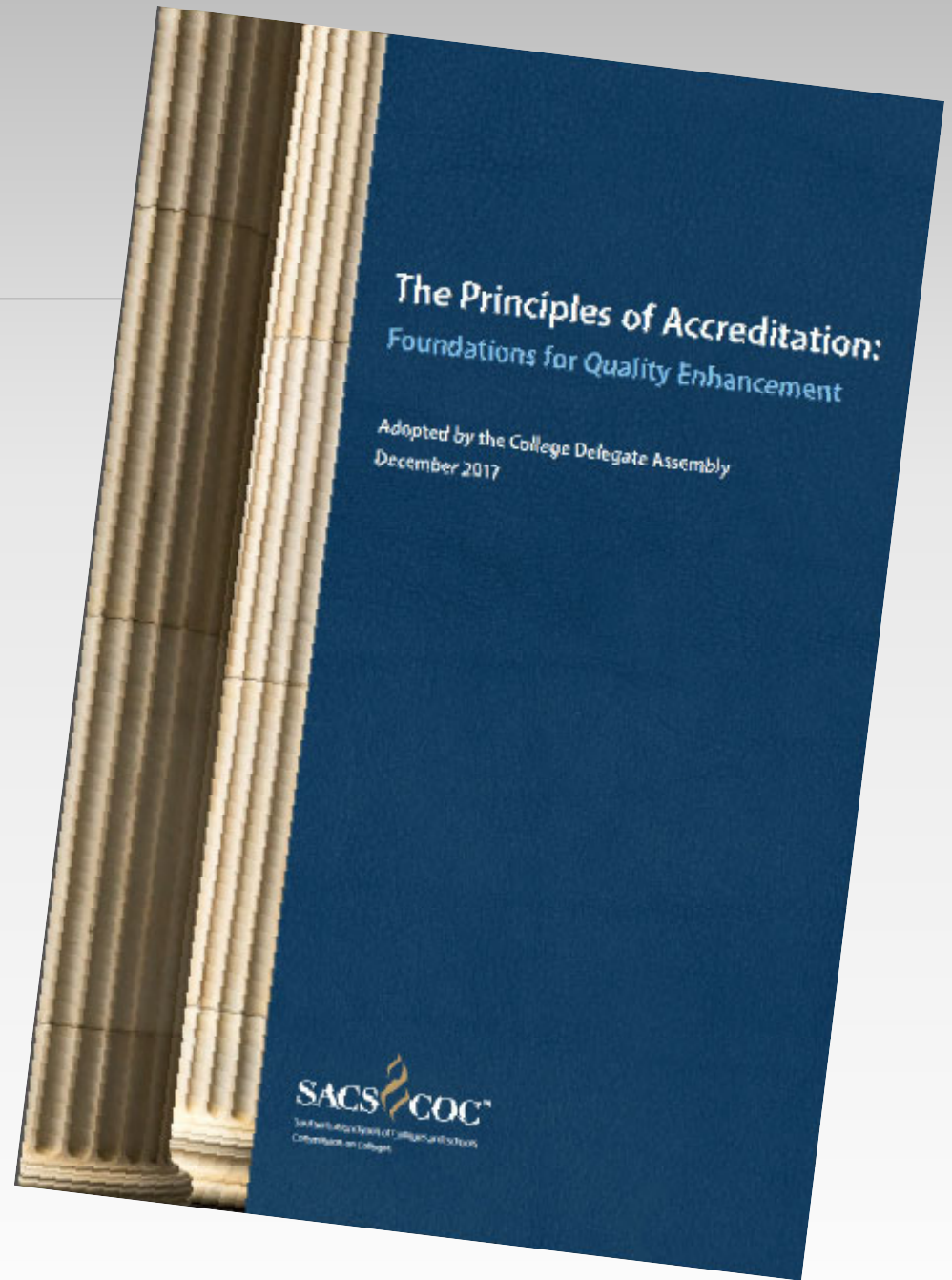
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graph TD; A[Review the purpose and components of the Compliance Certification] --> B[Explore resources and strategies]; B --> C[Discuss how to avoid common issues]; C --> D[Q & A];
```

Explore resources and strategies

Discuss how to avoid common issues

Q & A

Principles of Accreditation



Effective **January 1, 2018.**

Principles Review Process Underway

**TENTATIVE
TIMELINE**

Principles Review Committee underway

Draft sent to CEOs for feedback

Executive Council in March 2023

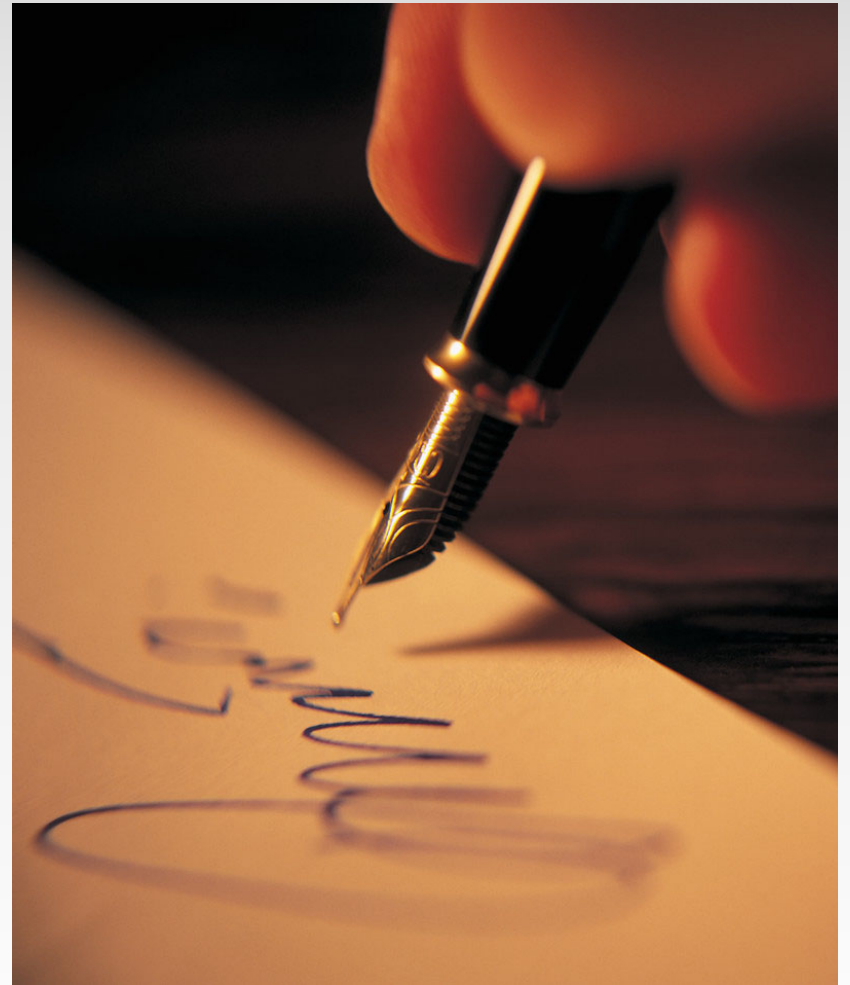
Board of Trustees in June 2023

On to the Membership (College Delegate Assembly) for a vote in 2023

The Compliance Certification is...

The report and supporting documentation used by the institution in attesting to its determination of the extent of its compliance with each of the Principles of Accreditation.

The signatures of the CEO and the Liaison are the “bond of integrity”



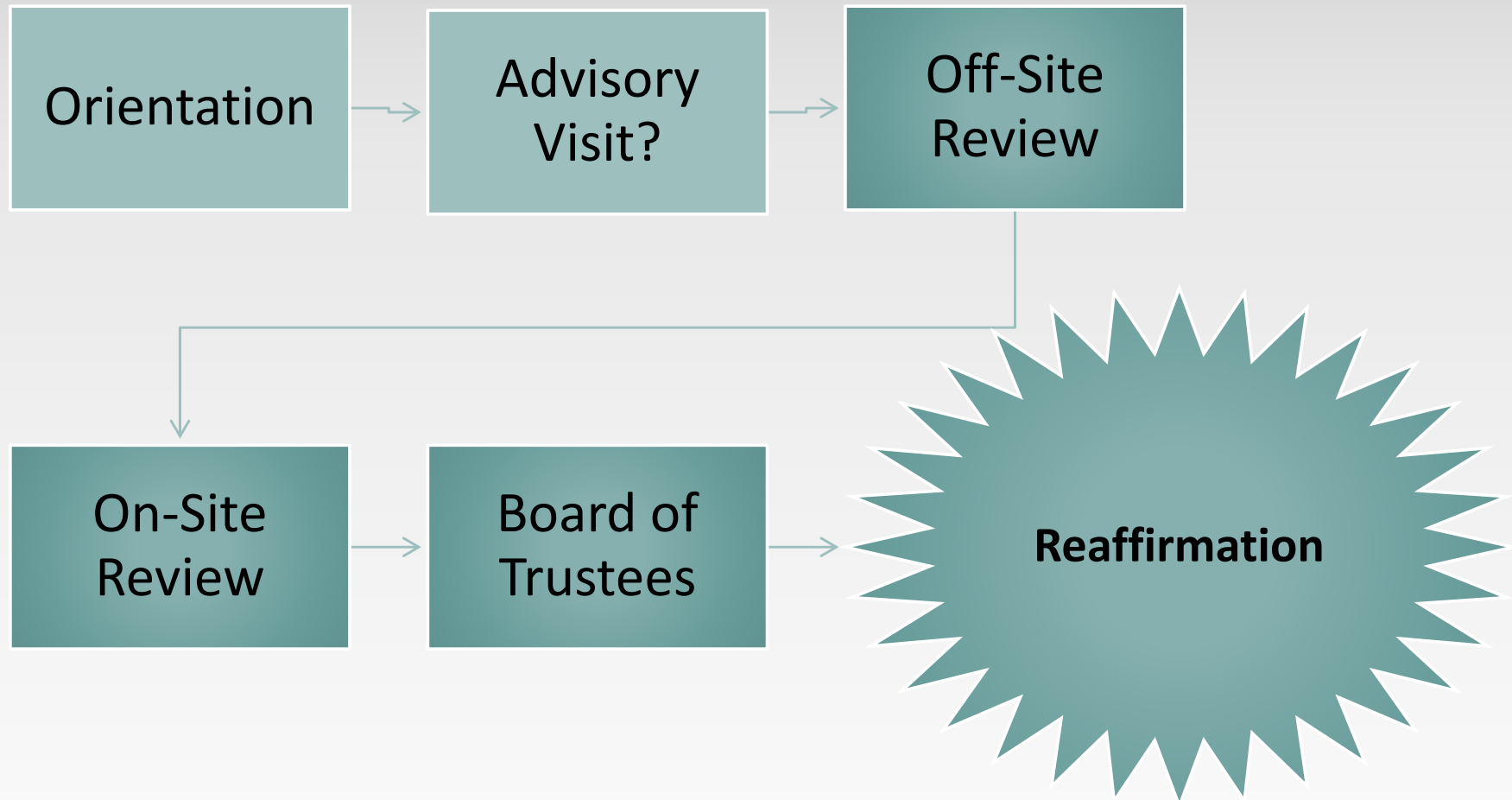
The Compliance Certification consists of four parts:

The Compliance Certification consists of four parts:

- Part 1** **Signature Page** for the institution's chief executive officer and the accreditation liaison
- Part 2** List of all **substantive changes** that have been reported and approved by the Commission since the institution's last reaffirmation as well as the date of approval
- Part 3** The institution's **assessment of compliance** with the *Principles of Accreditation*
- Part 4** An attached and updated "**Institutional Summary** Form Prepared for Commission Reviews" that (a) lists all locations where coursework toward a degree, certificate, or diploma can be obtained primarily through traditional classroom instruction and (b) describes distance education credit offerings that can be obtained primarily through electronic means.

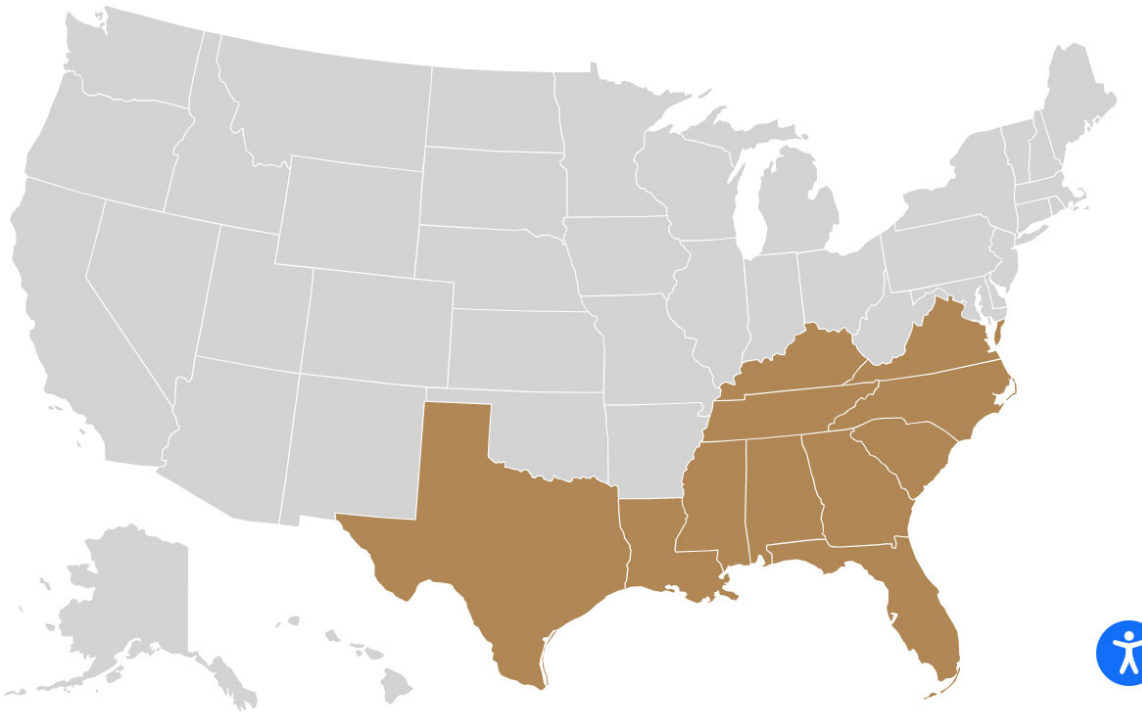
For each Part, please follow the directions provided. For Part 2 above, if there have been no institutional changes that required reporting or approval since the institution's last comprehensive review, please indicates it as well.

The Reaffirmation Process



Our Institutions

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0:25 PM

Don't know
your
reaffirmation
year?



Home

FAQs

Search...

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Results

Please click on the Institution's Name for additional information.

Abraham Baldwin Agricultural College

Former Name: Abraham Baldwin College
(1953 - 1955)

+ View Website

City: Tifton
State: GA
ZIP: 31793

Country:
United States
Status: Accredited
Level: II ⓘ

Agnes Scott College

+ View Website

City: Decatur
State: GA
ZIP: 30030-3770

Country:
United States
Status: Accredited
Level: III ⓘ

Institution Search

Institution Name

Search...

State

Georgia

Highest Degree Offered

Any Degree

Next Reaffirmation Year

Accreditation Information

+ **Status**

Accredited

+ **Public Sanctions**

+ **Candidacy Date**

+ **Accreditation Granted**

12/03/2017

+ **Reaffirmation**

+ **Distance Education Approval Date**

06/19/2007

+ **Next Reaffirmation**

2027

+ **Next Fifth-Year Review**

2022

+ **Degree Level**

II ⓘ

+ **Control**

Public

View Full Accreditation History



Accreditation History

12/03/2017 – Abraham Baldwin Agricultural College, Tifton, GA (accredited by SACSCOC in 1953), merged with Bainbridge State College, Bainbridge, GA (accredited by SACSCOC in 1975). The newly-merged institution retained the name of Abraham Baldwin Agricultural College, Tifton, GA.

SACSCOC Staff Member

Crystal Baird

(404) 994-6576

[Email](#)

In-Progress Reviews

2022 Fifth-Year Interim Report

Off-campus Instructional Sites (Additional Locations)

Types

- **Approved $\geq 50\%$:** Site is approved to offer any portion of a program. Additional programs may be offered with no further site notification or approval. Only sites offering 50% or more of a program require approval.
- **Approved Branch $\geq 50\%$:** Site is approved as a branch campus to offer any portion of a program. Additional programs may be offered with no further site notification or approval.
- **Approved Cert $\geq 50\%$:** Site is approved to offer any portion of a certificate program only. Additional certificate programs, or up to 50% of non-certificate programs, may be offered with no further site notification or approval.
- **Notified 25-49%:** Less than 50% of a program may be offered at the site. Less than 50% of additional programs may be offered with no further site notification.
- Sites offering less than 25% of a program do not require notification or approval.

Status

- **Open:** Instruction may be offered at the site consistent with the site type defined above.
- **Closed:** Closed sites are not shown. A site is closed when (1) the institution has stopped admitting students to the site and (2) SACSCOC has approved the site teach-out plan. Therefore, instruction may continue at a site under the teach-out plan after the site is closed.

+ Bainbridge Center

2500 East Shotwell Street
Bainbridge, GA 39819
United States
Type: Approved $\geq 50\%$
Status: Open

+ Cairo High School

455 5th Street, S.E.
Cairo, GA 39828
United States
Type: Notified 25-49%
Status: Open

+ Pataula Charter Academy

18637 Hartford Street East PO Box 332
Edison, GA 39846
United States
Type: Notified 25-49%
Status: Open

+ Pelham High School, Pelham City Schools

720 Barrow Avenue
Pelham, GA 31779
United States
Type: Notified 25-49%
Status: Open

Timeline for Reaffirmation Tracks

Reaffirmation Year: 2022

Track A: Institutions offering only undergraduate programs

Track B: Institutions offering graduate and undergraduate programs or only graduate programs

	Track A	Track B
	<u>2019</u>	<u>2019</u>
Orientation of Leadership Teams	December 7-10	December 7-10
	<u>2021</u>	<u>2021</u>
Compliance Certification Due	March 1	September 8
Off-Site Peer Review Conducted	April 20-23	November 2-5
	<u>2021</u>	<u>2022</u>
Quality Enhancement Plan Due (and optional Focused Report)	4-6 weeks in advance of On-site Review	4-6 weeks in advance of On-site Review
On-Site Peer Review Conducted	Sept. 13 – Nov. 12	Jan. 18 – April 14
	<u>2022</u>	<u>2022</u>
Review by the SACSCOC Board of Trustees	June 13-16	Dec. 1-4

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The Communication Flow

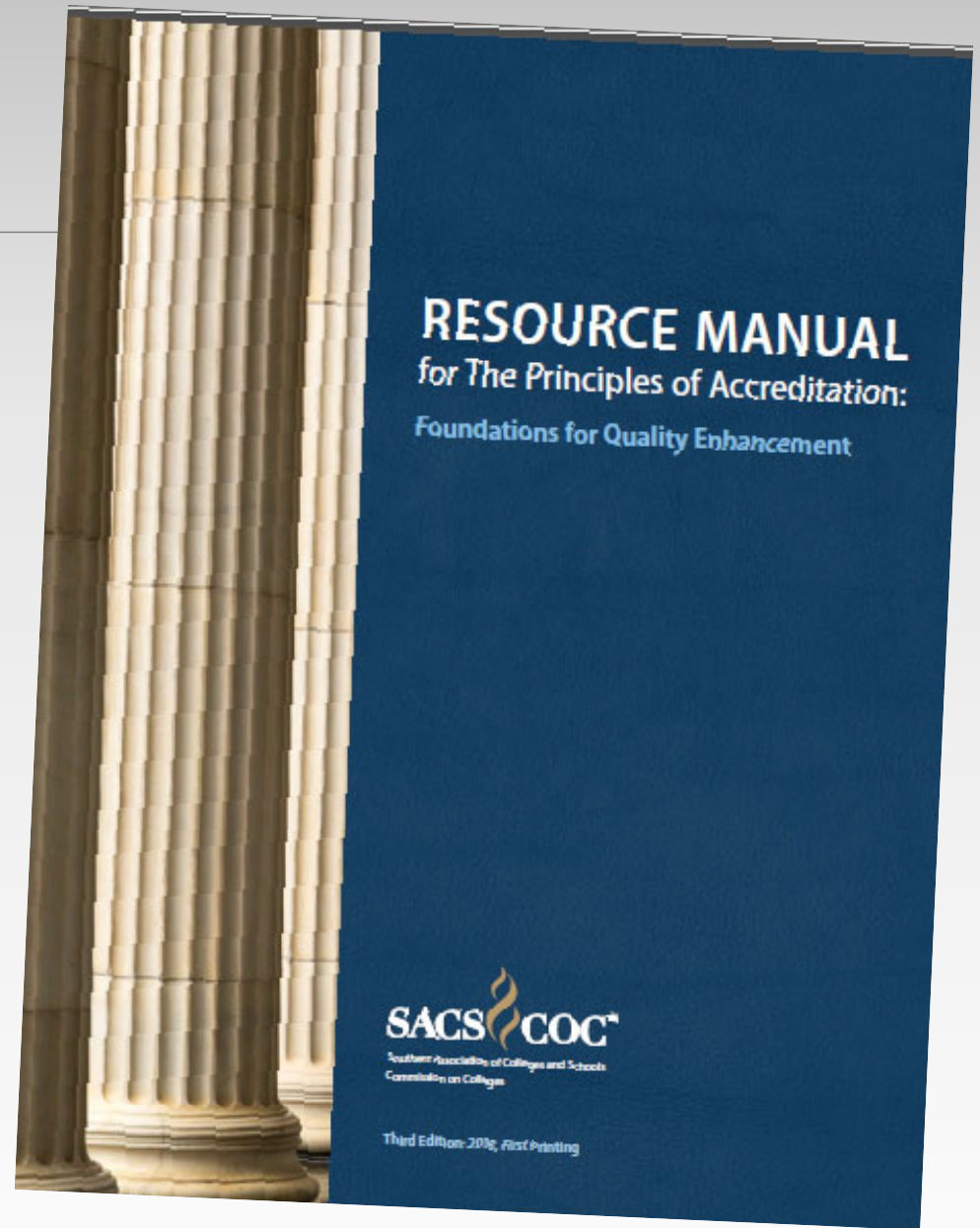


Multiple Opportunities to Demonstrate Compliance



Resources

- *The Principles of Accreditation*
- SACSCOC website
- *The Resource Manual for the Principles of Accreditation*



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

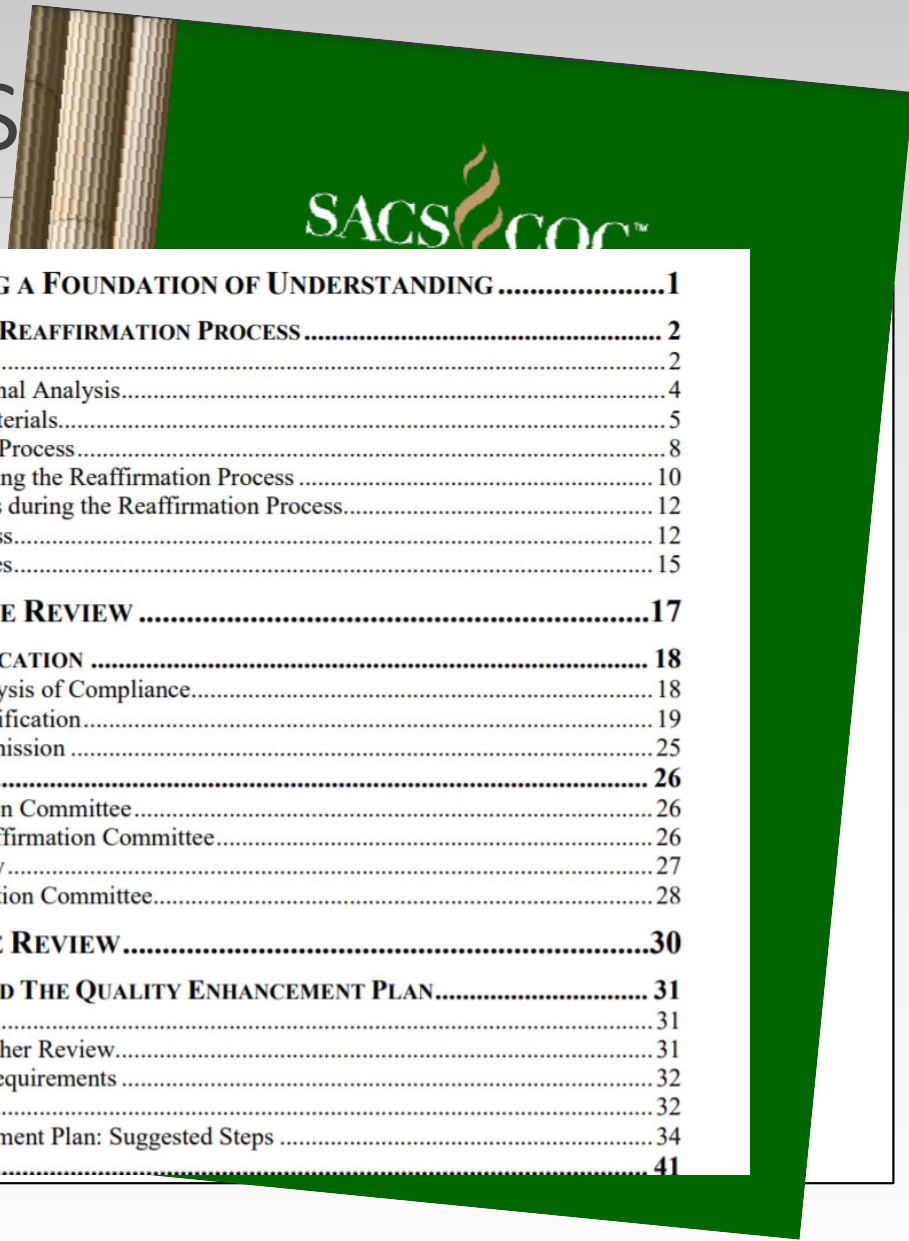
CR 4.1 (*Governing board characteristics*)
Standard 4.2.g (*Board self-evaluation*)
Standard 5.2.a (*CEO control*)
Standard 5.2.b (*Control of intercollegiate athletics*)
Standard 5.2.c (*Control of fund-raising activities*)
Standard 10.4 (*Academic governance*)
Standard 13.4 (*Control of finances*)

Other Helpful Res

Policy Statement “Rep
Submitted for SACSCO
Review” --> “Documen
Submitted for SACSCO
Review”

Handbook for Institut
Seeking Reaffirmation

Handbook for Institut
Seeking Initial Accredit



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Faculty Roster

- Are faculty members qualified to teach the courses to which they have been assigned?
- Avoid listing the same faculty multiple times.
- See the separate directions.

Faculty Roster Form **Qualifications of Full-Time and Part-Time Faculty**

Name of Institution:

Name of Primary Department, Academic Program, or Discipline:

Academic Term(s) Included:

Date Form Completed:

1	2	3	4
NAME (F, P)	COURSES TAUGHT Including Term, Course Number & Title, Credit Hours (D, UN, UT, G)	ACADEMIC DEGREES & COURSEWORK Relevant to Courses Taught, Including Institution & Major List specific graduate coursework, if needed	OTHER QUALIFICATIONS & COMMENTS Related to Courses Taught

Optional Faculty Form

For faculty found to be qualified at the last reaffirmation or initial accreditation and are currently teaching the same courses.

Faculty from Prior Review
(Reaffirmation review only)

Name of Institution: _____

Academic Term(s) Included: _____ **Date Form Completed:** mm/dd/yyyy

We attest that the following current faculty members were actively teaching during this institution's last SACSCOC reaffirmation or initial accreditation review, and they were considered qualified at that time. Each faculty member on this form is teaching courses with the same content and on the same level as taught at the time of the prior review, and the curriculum has not changed significantly since that review.

Chief academic officer

Date

Accreditation liaison

Date

1	2
NAME (F, P)	PRIMARY TEACHING DEPARTMENT OR DISCIPLINE

Guidelines

Faculty Credentials Guidelines:

<https://sacscoc.org/app/uploads/2019/07/faculty-credentials.pdf>

Full-Time Faculty Guidelines (6.1 & 6.2.b):

https://sacscoc.org/app/uploads/2019/08/Full-time-Faculty_Guideline.pdf

Guidelines for Addressing Distance and Correspondence Education:

<https://sacscoc.org/app/uploads/2020/01/Guidelines-for-Addressing-Distance-and-Correspondence-Education.pdf>

Interpretations

- [Standard 6.2.a \(Faculty qualifications\)](#)
- [Core Requirement 8.1 \(Student achievement\)](#)
- [Standard 8.2.a \(Student outcomes: educational programs\)](#)
- [Sampling](#)
 - Relevant Standards:
 - Standard 7.3 (Administrative effectiveness)
 - Standard 8.2.a (Student outcomes: educational programs)
 - Standard 8.2.c (Student outcomes: academic and student services)

Interpretations

- Core Requirement 9.3 (General education requirements)
- Standard 13.8 (Institutional environment)
 - Each of these are located at:
<https://sacscoc.org/documents/?type=interpretation>
- Standards 7.3 (Administrative effectiveness)
- Standard 8.2.b (Student outcomes: general education)
- Standard 8.2.c (Student outcomes: academic and student services)

Position Statements

- Economic Impact During Pandemic
- Educational Quality During Pandemic
- Institutional Planning and Assessment During Pandemic
 - Each of these are located at:
https://sacscoc.org/documents/?type=position_statements
- Diversity, Equity, and Inclusion

Institutional Resources

<https://sacscoc.org/accrediting-standards/institution-resources/>

Analyzing a Case for Compliance: https://sacscoc.org/app/uploads/2019/08/ANALYZING-A-CASE-FOR-COMPLIANCE_SEPT2010-2_.pdf

COMPONENT	UNACCEPTABLE	WEAK	ACCEPTABLE
The narrative includes a statement of the institution's perception of its compliance with the requirement	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.	<p>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.</p> <p>The narrative is not clear, concise, nor focused.</p>	<p>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).</p> <p>The statement is focused solely on the requirement.</p>
The rationale for the assertion	The narrative provides no explanation of reason(s) for the assertions regarding compliance with all aspects of the requirement.	The narrative provides a limited discussion of the reason(s) for determining compliance with all aspects of the requirement.	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.
The evidence supporting the assertion	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:	<p>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:</p> <ul style="list-style-type: none"> • It is not reliable 	<p>The evidence provided sufficiently supports the institution's case because of at least three of the following characteristics:</p> <ul style="list-style-type: none"> • It is reliable • It is current • It is verifiable

The Compliance Certification is not a solo act.

- People are your most valuable resource.
- Start with your president and leadership team.
- Build your Team!
- Internal “experts”



The Compliance Certification is not a solo act.

- Others from your reaffirmation class
- Those you meet at SACSCOC events
- ACCSHE Listserv
- Consultants?



*Resource Room at the Annual Meeting

- Examples of Compliance Certifications, QEPs, Fifth-Year Interim Reports, and substantive changes that have been recently reviewed.
- Documentation should be viewed as illustrative only.
- ***Registration Hall B**



Strategies for involving others

- Establish generous timelines.
- Provide clear expectations for what you want done, by whom, and by when.



Strategies for involving others

- Use your knowledge of colleagues' strengths and talents to guide recruitment.
- Don't feel bound to a core team--not everyone has to play a formal role.



Serve as an Evaluator or Observer

- <https://sacscoc.org/app/uploads/2020/01/How-to-Become-an-Evaluator.pdf>



New Evaluator Training

<https://sacscoc.org/evaluator-training-program/>

Evaluator Training Program

The purpose of the SACSCOC evaluator training program is to ensure credibility, consistency, and confirmability in peer reviews. By participating in various training activities, evaluators learn about the intent and structure of the *Principles of Accreditation*; develop, calibrate, and apply professional judgment to determine the strength of institutional cases for compliance; and critique and practice drafting committee report narratives. A hallmark characteristic of the Commission's training program for peer evaluators is extensive use of real case-studies and practical mini-scenarios.

Peer review is the backbone of the SACSCOC accreditation processes. The Commission is committed to taking proactive, data-informed steps in order to continuously develop and manage its core asset – peer evaluators. Having articulated Strategic Goal 3.1 –“Reimagine how to best deliver training and professional development to institutional representatives, peer evaluators, SACSCOC board members, and SACSCOC staff and revise training experiences for those”– the Commission employs several strategies to ensure the quality of peer evaluation-based accreditation reviews.

Training materials are collaboratively developed by the Commission staff with the input from experienced peer evaluators. The Office of Training and Research (OTR) coordinates and facilitates the following training / orientation activities for Commission Trustees, Committee Chairs, and peer evaluators:

- Web-Based Evaluator Training Modules
- New Trustees Orientation
- Committee Chair Training Sessions
- Committee Member Training Workshops

News & Events

- General News
- Coronavirus and the Commission
- Annual Meeting
- Evaluator Training Program
- Events
- Institute on Quality Enhancement and Accreditation
- Latest Research
- Legislative Activities
- President's Communique
- Recent Changes

Avoiding Common Trouble Spots

- Not addressing all parts of the standard
- Lack of evidence/documentation
- Lack of understanding of the Standards
- Technical Issues



Quality of the Response

- Address all parts of the standard—and provide documentation of your assertions

- 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]*

Quality of the Response

- Provide guideposts: headings, bold, italics, underscore, color
- Images, graphs, charts, graphics
- Connect the dots—especially for graphs and charts



Evaluation of the faculty is the responsibility of the Deans and their designees (usually Program Chairs). All faculty, full-time and part-time, are regularly evaluated through a comprehensive evaluation system to ensure quality instruction. The evaluation process is described in detail in HR Policy 4590 and published in the Faculty Handbook and within the Employee Portal. Full-time faculty are evaluated through course evaluations completed by students at the end of each course and through an annual performance review conducted by the faculty person's supervisor using a standard template that includes sections for self-evaluation, supervisor evaluation, and classroom observation. Classroom observations are conducted annually for those faculty within the first three years of employment with the institution and as needed for those with an Individual Growth Plan.

Faculty Evaluation Process

Evaluation of the faculty is the responsibility of the Deans and their designees (usually Program Chairs). All faculty, full-time and part-time, are regularly evaluated through a comprehensive evaluation system to ensure quality instruction. The evaluation process is described in detail in [HR Policy 4590](#) and published in the Faculty Handbook and within the Employee Portal.

Full-Time Faculty

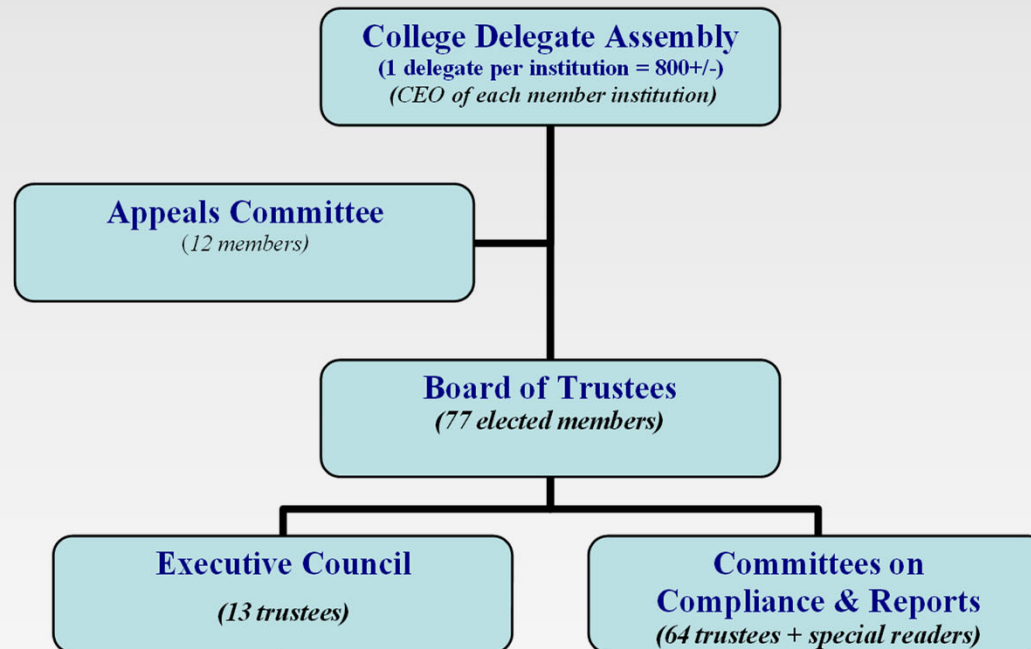
Full-time faculty are evaluated through course evaluations completed by students at the end of each course and through an annual performance review conducted by the faculty person's supervisor using a [standard faculty evaluation template](#) that includes sections for self-evaluation, supervisor evaluation, professional goals, and classroom observation. Classroom observations are conducted annually for those faculty within the first three years of employment with the institution and as needed for those with an Individual Growth Plan.

Part-Time Faculty

Part-time faculty are also evaluated through student end-of-course evaluations and supervisor reviews at the end of each contract period, using an abbreviated version of the standard faculty evaluation template.

Quality of the Response

Figure 1: SACSCOC Structure



Board of Trustees (BOT). The 77 elected members of the SACSCOC Board of Trustees are primarily administrators and faculty from member institutions; however, eleven (one from each state in the region) are public members from outside the academy. Each state has at least four

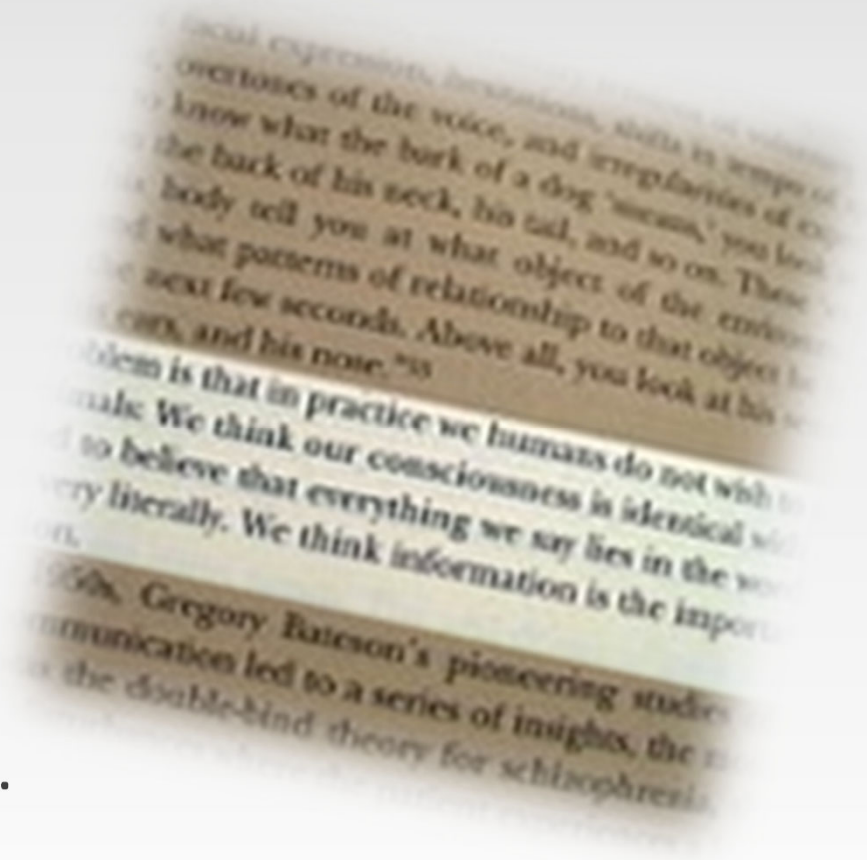
Quality of the Response

- Tell your story—build your case for compliance (or describe your plan for coming into compliance).
- Provide an analysis and an argument, not just an accounting
- **Provide evidence to support your assertions.**



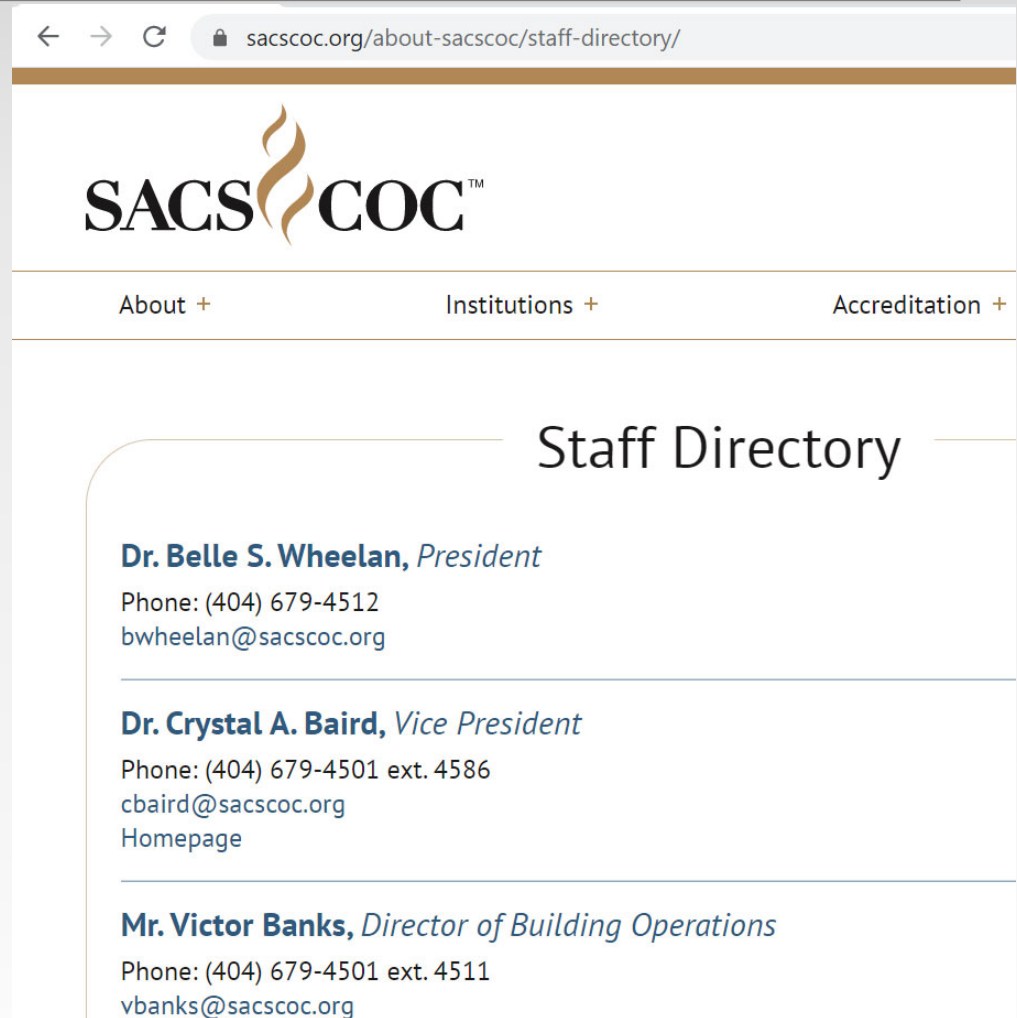
Quality of the Response

- Write the narrative to stand alone; link supporting documentation.
- Consider including key excerpts with links to full documentation.
- Imagine yourself as the reader--and/or get someone else to read.



Interpretation of Standards

- Remember your resources
- Resource Manual
- When in doubt ask!



The screenshot shows a web browser window with the address bar displaying sacscoc.org/about-sacscoc/staff-directory/. The page features the SACS COC logo at the top, which consists of the text "SACS" and "COC" in a serif font, separated by a stylized flame icon. Below the logo is a navigation bar with three links: "About +", "Institutions +", and "Accreditation +". The main content area is titled "Staff Directory" and lists three staff members, each with their name, title, phone number, and email address.

Staff Member	Title	Phone	Email
Dr. Belle S. Wheelan	<i>President</i>	(404) 679-4512	bwheelan@sacscoc.org
Dr. Crystal A. Baird	<i>Vice President</i>	(404) 679-4501 ext. 4586	cbaird@sacscoc.org
Mr. Victor Banks	<i>Director of Building Operations</i>	(404) 679-4501 ext. 4511	vbanks@sacscoc.org

Latest Research

Top 10 Most Frequently Cited Principles in Decennial Reaffirmation News

These tables presents basic descriptive statistics on findings of non-compliance at the three stages of reaffirmation reviews

- [2021 Reaffirmation Class \(Preliminary Data\)](#)
- [2020 Reaffirmation Class \(Preliminary Data\)](#)
- [2019 Reaffirmation Class](#)
- [2018 Reaffirmation Class](#)
- [2017 Reaffirmation Class](#)
- [2016 Reaffirmation Class](#)
- [2015 Reaffirmation Class](#)
- [2014 Reaffirmation Class](#)
- [2013 Reaffirmation Class](#)

Be aware of
standards
often found
in non-
compliance.

Most Frequently Cited *Principles* in Decennial Reaffirmation Reviews: Class of **2021** [N=80]

Review Stage I: OFF-Site Committee			INSTITUTIONAL FOCUSED REPORT	Review Stage II: ON-Site Committee			INSTITUTIONAL RESPONSE REPORT	Review Stage III: Board of Trustees		
Rank	Requirement/Standard	% of Institutions in Non-Compliance		Rank	Requirement/Standard	% of Institutions in Non-Compliance		Rank	Requirement/Standard	% of Institutions in Non-Compliance
1.	6.2.a (Faculty Qualifications)	94%		1.	7.2 (Quality Enhancement Plan)	43%		1.	13.3 (Financial Responsibility)	10%
2.	13.2 (Financial Documents)	46%		2.	6.2.a (Faculty Qualifications)	21%		2.	8.2.a (Student Outcomes: Ed Programs)	3%
3.	8.1 (Student Achievement)	45%		3.	13.3 (Financial Responsibility)	14%		3.	13.1 (Financial Resources)	
4.	6.3 (Faculty Appointment & Evaluation)	43%		4.	8.2.b (Student Outcomes: Gen Ed)	8%		4.	13.4 (Control of Finances)	
5.	6.2.b (Program Faculty)	41%		5.	13.1 (Financial Resources)			5.	13.6 (Federal and State Responsibilities)	
6.	8.2.a (Student Outcomes: Ed Programs)	36%		6.	11.2 (Library & LIR Staff)	6%		<3%		
7.	13.7 (Physical Resources)	35%		7.	6.2.b (Program Faculty)	5%				
8.	13.8 (Institutional Environment)			8.	6.2.c (Program Coordination)					
9.	8.2.b (Student Outcomes: Gen Ed)	34%		9.	8.2.a (Student Outcomes: Ed Programs)					
10.	12.4 (Student Complaints)			<5%						
Selected Descriptive Statistics (Number of Principles Cited Per Institution)				Selected Descriptive Statistics (Number of Principles Cited Per Institution)				Selected Descriptive Statistics (Number of Principles Cited Per Institution)		
Mean=13.9 (SD=8.1) Median=12.5 Range=41				Mean=1.7 (SD=1.9) Median=1 Range=7				Mean=0.3 (SD=0.7) Median=0 Range=4		

Most Frequently Cited *Principles* in Decennial Reaffirmation Review

Review Stage I: OFF-Site Committee			INSTITUTIONAL FOCUSED REPORT	Review Stage II: ON-Site Committee		
Rank	Requirement/Standard	% of Institutions in Non-Compliance		Rank	Requirement/Standard	% of Institutions in Non-Compliance
1.	6.2.a (Faculty Qualifications)	94%		1.	7.2 (Quality Enhancement Plan)	43%
2.	13.2 (Financial Documents)	46%		2.	6.2.a (Faculty Qualifications)	21%
3.	8.1 (Student Achievement)	45%		3.	13.3 (Financial Responsibility)	14%
4.	6.3 (Faculty Appointment & Evaluation)	43%		4.	8.2.b (Student Outcomes: Gen Ed)	8%
5.	6.2.b (Program Faculty)	41%		5.	13.1 (Financial Resources)	
6.	8.2.a (Student Outcomes: Ed Programs)	36%		6.	11.2 (Library & LIR Staff)	6%
7.	13.7 (Physical Resources)	35%		7.	6.2.b (Program Faculty)	5%
8.	13.8 (Institutional Environment)			8.	6.2.c (Program Coordination)	
9.	8.2.b (Student Outcomes: Gen Ed)	34%		9.	8.2.a (Student Outcomes: Ed Programs)	
10.	12.4 (Student Complaints)			<5%		
Selected Descriptive Statistics (Number of Principles Cited Per Institution)			Selected Descriptive Statistics (Number of Principles Cited Per Institution)			
Mean=13.9 (SD=8.1) Median=12.5 Range=41			Mean=1.7 (SD=1.9) Median=1 Range=7			
% of the Total			% of the Total			

Principles in Decennial Reaffirmation Reviews: Class of 2021 [N=80]

INSTITUTIONAL FOCUSED REPORT	Review Stage II: ON-Site Committee			INSTITUTIONAL RESPONSE REPORT	Review Stage III: Board of Trustees		
	Rank	Requirement/Standard	% of Institutions in Non-Compliance		Rank	Requirement/Standard	% of Institutions in Non-Compliance
	1.	7.2 (Quality Enhancement Plan)	43%		1.	13.3 (Financial Responsibility)	10%
	2.	6.2.a (Faculty Qualifications)	21%		2. 3. 4. 5.	8.2.a (Student Outcomes: Ed Programs)	3%
	3.	13.3 (Financial Responsibility)	14%			13.1 (Financial Resources)	
	4.	8.2.b (Student Outcomes: Gen Ed)	8%			13.4 (Control of Finances)	
	5.	13.1 (Financial Resources)				13.6 (Federal and State Responsibilities)	
	6.	11.2 (Library & LIR Staff)	6%			<3%	
	7.	6.2.b (Program Faculty)	5%				
	8.	6.2.c (Program Coordination)					
	9.	8.2.a (Student Outcomes: Ed Programs)					
	<5%						
Selected Descriptive Statistics (Number of Principles Cited Per Institution)			Selected Descriptive Statistics (Number of Principles Cited Per Institution)				
Mean=1.7 (SD=1.9) Median=1 Range=7			Mean=0.3 (SD=0.7) Median=0 Range=4				

Most Frequently Cited *Principles* in Decennial Reaffirmation Reviews: Class of 2020 [N=73 (off-site), N=72 (on-site and Board) difference is due to mergers]

Review Stage I: OFF-Site Committee			INSTITUTIONAL FOCUSED REPORT	Review Stage II: ON-Site Committee			INSTITUTIONAL RESPONSE REPORT	Review Stage III: Board of Trustees		
Rank	Requirement/Standard	% of Institutions in Non-Compliance		Rank	Requirement/Standard	% of Institutions in Non-Compliance		Rank	Requirement/Standard	% of Institutions in Non-Compliance
1.	6.2.a (Faculty Qualifications)	81%		1.	7.2 (Quality Enhancement Plan)	40%		1.	8.2.b (Student Outcomes: Gen Ed)	14%
2.	13.2 (Financial Documents)	59%		2.	8.2.b (Student Outcomes: Gen Ed)	19%		2.	8.2.a (Student Outcomes: Ed Programs)	13%
3.	6.2.b (Program Faculty)	48%		3.	6.2.a (Faculty Qualifications)	18%		3.	13.3 (Financial Responsibility)	8%
4.	5.4 (Qualified Officers)	47%		4.	8.2.a (Student Outcomes: Ed Programs)	14%		4.	8.2.c (Student Outcomes: Academic & Student Services)	7%
5.	8.2.b (Student Outcomes: Gen Ed)	45%		5.	8.2.c (Student Outcomes: Academic & Student Services)	11%		5.	7.2 (Quality Enhancement Plan)	4%
6.	8.2.c (Student Outcomes: Academic & Student Services)	44%		6.	13.3 (Financial Responsibility)	8%		6. 7. 8.	7.3 (Administrative Effectiveness) 13.4 (Control of Finances) 13.6 (Federal & State Responsibilities)	3%
7.	13.8 (Institutional Environment)			7.	13.4 (Control of Finances)	7%				
8.	6.3 (Faculty Appointment & Evaluation)	40%		8. 9. 10. 11. 12. 13.	5.4 (Qualified Officers)	6%				
9.	8.2.a (Student Outcomes: Ed Programs)	38%			6.3 (Faculty Appointment & Evaluation)					
10.	5.5 (Personnel Appointment & Evaluation)	34%			7.3 (Administrative Effectiveness)					
					8.1 (Student Achievement)					
					13.1 (Financial Resources)					
					13.6 (Federal & State Responsibilities)					
Selected Descriptive Statistics (Number of Principles Cited Per Institution)				Selected Descriptive Statistics (Number of Principles Cited Per Institution)				Selected Descriptive Statistics (Number of Principles Cited Per Institution)		
Mean=14.2 (SD=8.6) Median=12 Range=39				Mean=1.9 (SD=2.2) Median=1 Range=10				Mean=0.7 (SD=1.4) Median=0 Range=6		

Most Frequently Cited *Principles* in Decennial Reaffirmation Reviews: Class of 2020

Review Stage I: OFF-Site Committee			INSTITUTIONAL FOCUSED REPORT	Review Stage II: ON-Site Committee				
Rank	Requirement/Standard	% of Institutions in Non-Compliance		Rank	Requirement/Standard	% of Institutions in Non-Compliance		
1.	6.2.a (Faculty Qualifications)	81%		1.	7.2 (Quality Enhancement Plan)	40%		
2.	13.2 (Financial Documents)	59%		2.	8.2.b (Student Outcomes: Gen Ed)	19%		
3.	6.2.b (Program Faculty)	48%		3.	6.2.a (Faculty Qualifications)	18%		
4.	5.4 (Qualified Officers)	47%		4.	8.2.a (Student Outcomes: Ed Programs)	14%		
5.	8.2.b (Student Outcomes: Gen Ed)	45%		5.	8.2.c (Student Outcomes: Academic & Student Services)	11%		
6.	8.2.c (Student Outcomes: Academic & Student Services)	44%		6.	13.3 (Financial Responsibility)	8%		
7.	13.8 (Institutional Environment)			7.	13.4 (Control of Finances)	7%		
8.	6.3 (Faculty Appointment & Evaluation)	40%		8. 9. 10. 11. 12. 13.	5.4 (Qualified Officers) 6.3 (Faculty Appointment & Evaluation) 7.3 (Administrative Effectiveness) 8.1 (Student Achievement) 13.1 (Financial Resources) 13.6 (Federal & State Responsibilities)	6%		
9.	8.2.a (Student Outcomes: Ed Programs)	38%						
10.	5.5 (Personnel Appointment & Evaluation)	34%						
Selected Descriptive Statistics (Number of Principles Cited Per Institution)					Selected Descriptive Statistics (Number of Principles Cited Per Institution)			
Mean=14.2 (SD=8.6) Median=12 Range=39					Mean=1.9 (SD=2.2) Median=1 Range=10			

Decennial Reaffirmation Reviews: Class of 2020 [N=73 (off-site), N=72 (on-site and Board) difference is due to mergers]

INSTITUTIONAL FOCUSED REPORT		Review Stage II: ON-Site Committee		INSTITUTIONAL RESPONSE REPORT		Review Stage III: Board of Trustees			
		Rank	Requirement/Standard			% of Institutions in Non-Compliance	Rank	Requirement/Standard	% of Institutions in Non-Compliance
		1.	7.2 (Quality Enhancement Plan)			40%	1.	8.2.b (Student Outcomes: Gen Ed)	14%
		2.	8.2.b (Student Outcomes: Gen Ed)			19%	2.	8.2.a (Student Outcomes: Ed Programs)	13%
		3.	6.2.a (Faculty Qualifications)			18%	3.	13.3 (Financial Responsibility)	8%
		4.	8.2.a (Student Outcomes: Ed Programs)			14%	4.	8.2.c (Student Outcomes: Academic & Student Services)	7%
		5.	8.2.c (Student Outcomes: Academic & Student Services)			11%	5.	7.2 (Quality Enhancement Plan)	4%
		6.	13.3 (Financial Responsibility)			8%	6. 7. 8.	7.3 (Administrative Effectiveness) 13.4 (Control of Finances) 13.6 (Federal & State Responsibilities)	3%
		7.	13.4 (Control of Finances)			7%			
		8. 9. 10. 11. 12. 13.	5.4 (Qualified Officers) 6.3 (Faculty Appointment & Evaluation) 7.3 (Administrative Effectiveness) 8.1 (Student Achievement) 13.1 (Financial Resources) 13.6 (Federal & State Responsibilities)			6%			
Selected Descriptive Statistics (Number of Principles Cited Per Institution)			Selected Descriptive Statistics (Number of Principles Cited Per Institution)						
Mean=1.9 (SD=2.2) Median=1 Range=10			Mean=0.7 (SD=1.4) Median=0 Range=6						

Standard 14.1 (Publication of accreditation status)

Representation of status with SACSCOC

The institution is expected (1) to be accurate in reporting to the public its status with SACSCOC and (2) to publish the name of its primary accreditor and its contact information in accordance with federal requirements. In order to meet these requirements, the institution publishes the appropriate one of the following statements in its catalog or website:

Statement for Accredited Institutions

(Name of member institution) is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award (name specific degree levels, such as associate, baccalaureate, masters, and doctorate). Questions about the accreditation of (name of member institution) may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

- All forms of print and electronic communications officially representing the institution are consistent with catalog content and accurately portray the conditions and opportunities available at the institution. (See also SACSCOC's policy [Advertising and Student Recruitment](#).)
- The institution publishes the locations and programs available at branch campuses, and other off-campus instructional

Standard 14.1 (Publication of accreditation status)

(Name of member institution) is accredited by the **Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)** to award (name specific degree levels, such as associate, baccalaureate, masters, and doctorate). Questions about the accreditation of (name of member institution) may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or **by using information available on SACSCOC's website (www.sacscoc.org)**.

A New Tweak is Coming!



Not all standards are equal

- Core Requirements are “big ticket” items.
- Institutional Effectiveness and Finance
- Standards related to federal regulations are reviewed by both Off-Site and On-Site Committees



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Compliance Certification form

- DO look at the actual, current form.

Part 3. INSTITUTIONAL ASSESSMENT OF COMPLIANCE

Directions: For each of the Core Requirements, Comprehensive Standards, and Federal Requirements listed below, the institution should place an “X” before the judgment of compliance and then add narrative in support of its judgment in accordance with directions requested in the category description.

- Compliance The institution meets the requirement and provides a convincing argument in support of its determination and provides documents or a sampling of documents (or electronic access to the documents) demonstrating compliance.
- Partial Compliance The institution meets some, but not all, aspects of the requirement. For those aspects meeting the requirement, the institution provides a convincing argument in support of its determination and provides a list of documents or sampling of documents (or electronic access to the documents) demonstrating compliance. For those aspects not meeting the requirement, the institution provides the reason for checking partial compliance, a description of plans to comply, and a list of documents that will be used to demonstrate future compliance.
- Non-Compliance The institution does not meet the requirement and provides the reason for checking non-compliance, a description of plans to comply, and a list of documents that will be used to demonstrate future compliance.

Note 1: *Several of the standards/requirements require that an institution provide a policy. When developing policies and procedures addressing the requirement outlined in a standard, an institution may want to refer to a best practice statement approved by the SACSCOC Board of Trustees that outlines criteria for a functional policy and procedures for implementation. See “Developing Policy and Procedure Documents.” In addition, those standards which require an institutional policy also require that the institution demonstrate that such policies are appropriately approved, published, and implemented. Institutions which have not had cause to implement a policy (e.g., dismissing a board member) should affirm so in their narrative for the standard.*

Note 2: *Core Requirements are printed in bold and marked as [CR]. All standards marked with [Off-Site/On-Site Review] will be reviewed by both the Off-Site Reaffirmation Committee and the On-Site Reaffirmation Committee regardless of the judgment rendered at the time of the off-site review.*

Section 8: Student Achievement

- 8.1 The institution identifies, evaluates, and publishes goals and outcomes for student achievement appropriate to the institution's mission, the nature of the students it serves, and the kinds of programs offered. The institution uses multiple measures to document student success.

(Student achievement) **[CR; Off-Site/On-Site Review]**

[Note: Each member institution has chosen a specific metric with SACSCOC for measuring graduation rate and analyzing that measure of student success. As part of its response to this standard, the institution should identify its chosen metric; provide appropriate data regarding its performance as measured by that metric (including its baseline data, goals, and outcomes); and discuss any changes it has made based on its analysis of this graduation-rate data. Institutions are also required to disaggregate their graduation data in appropriate ways; they should discuss that disaggregated data and any changes made as a result of analyzing that data.]

___ Compliance ___ Non-Compliance ___ Partial Compliance

Narrative:

- 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) **[Off-Site/On-Site Review]**

___ Compliance ___ Non-Compliance ___ Partial Compliance

Narrative:

CR 8.1 (Student achievement)

Evolved expectations:

- **One** of the measures of student achievement will be graduation/completion rate.
- The institution will discuss its current graduation/completion rate in relation to the benchmark established with SACSCOC in 2018.
- The discussion should include the steps the institution has taken, is taking, will take to try bring about improvement in completion rates.
- As of January 1, 2020, there should be a disaggregation by one or more equity factor, as appropriate to the mission and student population of the institution (gender, ethnicity, socioeconomic level, etc.).

If Approved for Differentiated Review



COMPLIANCE CERTIFICATION FOR DIFFERENTIATED REVIEW (Updated May 2020)

Name of Institution

Date of Submission

In order to be accredited by SACSCOC, an institution is required to conduct a comprehensive compliance audit prior to the filing of the Compliance Certification. The comprehensive compliance audit includes an assessment of all programs and courses offered by the institution on-campus and off-campus, and those offered through distance learning. The Compliance Certification, signed by the institution's chief executive officer and accreditation liaison, attests to the institution's honest assessment of compliance with the accreditation requirements of the Commission on Colleges (including all Standards in the *Principles of Accreditation*) as applied to all aspects of the institution.

**40 vs 74
standards**

Basic Eligibility Standards

See the Notes in the *Resource Manual*

SECTION 3: Basic Eligibility Standard

SACSCOC accredits degree-granting institutions in the southern region of the United States and those operating in select international locations. To gain or maintain accreditation with SACSCOC, an institution is a continuously functioning organization legally authorized to grant degrees and other academic credentials, and able to demonstrate compliance with SACSCOC standards and policies.

- 1. An institution seeking to gain or maintain accredited status**
 - a. has degree-granting authority from the appropriate government agency or agencies.** (*Degree-granting authority*) [CR]
 - b. offers all coursework required for at least one degree program at each level at which it awards degrees.** (For exceptions, see SACSCOC policy [Documenting an Alternative Approach.](#)) (*Coursework for degrees*) [CR]
 - c. is in operation and has students enrolled in degree programs.** (*Continuous operation*) [CR]

Basic Eligibility Standards

See the Notes in the *Resource Manual*

Section 3: Basic Eligibility Standard

[Note: A member institution is not required to provide a comprehensive narrative and supporting documentation for the standards in Section 3 unless something has changed since its last comprehensive review. Institutions should, however, affirm in writing that no changes have occurred that would warrant providing a response to these standards.]

3.1	An institution seeking to gain or maintain accredited status
3.1.a	has degree-granting authority from the appropriate government agency or agencies. (Degree-granting authority) [CR] <input type="checkbox"/> Compliance <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Partial Compliance Narrative:
3.1.b	offers all course work required for at least one degree program at each level at which it awards degrees. (For exceptions, see SACSCOC policy Core Requirement 3.1.b: Documenting an Alternative Approach.) (Course work for degrees) [CR] <input type="checkbox"/> Compliance <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Partial Compliance Narrative:

Standard 14.5 (Policy Compliance)

- Look to the Compliance Certification for the applicable policy statements.

14.5.a “Reaffirmation of Accreditation and Subsequent Reports”

Applicable Policy Statement. If an institution is part of a system or corporate structure, a description of the system operation (or corporate structure) is submitted as part of the Compliance Certification for the decennial review. The description should be designed to help members of the peer review committees understand the mission, governance, and operating procedures of the system and the individual institution’s role within that system.

Documentation: The institution should provide a description of the system operation and structure or the corporate structure if this applies.

___ Compliance ___ Non-Compliance ___ Partial Compliance

Narrative:

14.5.b “Separate Accreditation for Units of a Member Institution”

Applicable Policy Statement. If the Commission on Colleges determines that an extended unit is autonomous to the extent that the control over that unit by the parent or its board is significantly impaired, the Commission may direct that the extended unit seek to become a separately accredited institution. A unit which seeks separate accreditation should bear a different name from that of the parent. A unit which is located in a state or country outside the geographic jurisdiction of the Southern Association of Colleges and Schools and which the Commission determines should be separately accredited or the institution requests to be separately accredited, applies for separate accreditation from the regional accrediting association that accredits colleges in that state or country.

Implementation: If, during its review of the institution, the Commission determines that an extended unit is sufficiently autonomous to the extent that the parent campus has little or no control, the Commission will use this policy to recommend separate accreditation of the extended unit. No response is required by the institution.

___ Compliance ___ Non-Compliance ___ Partial Compliance

Optional Feedback on QEP Topic during the Off-Site Review

- Institution submits an executive summary with the Compliance Certification for the consideration of the Off-Site Reaffirmation Committee and the Committee provides non-binding commentary on the concept.



Evidence/documentation of your assertions

- Documents
- Handbooks
- Redacted examples
- Screenshots of webpages
- Links
- Photos
- Videos



Evidence of Implementation

- 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.
 - 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 Appendix A of the *Resource Manual*



(1) Standard Number	(2) Descriptor	(3) Core Requirement?	(4) Fifth-Year Report?	(5) Application for Candidacy?	(6) Reviewed On-Site?	(7) Published Institutional Policy?	(8) SACSCOC Policy?
1.1	Integrity	✓		✓	✓		✓
2.1	Institutional mission	✓		✓			
3.1.a	Degree-granting authority	✓		✓			
3.1.b	Coursework for degrees	✓		✓			✓
3.1.c	Continuous operation	✓		✓			
4.1	Governing board characteristics	✓		✓			✓
4.2.a	Mission review						✓
4.2.b	Board/administrative distinction					✓	
4.2.c	CEO evaluation/selection			✓			
4.2.d	Conflict of interest			✓		✓	
4.2.e	Board dismissal					✓	
4.2.f	External influence						
4.2.g	Board self-evaluation					✓	
4.3	Multiple-level governing structure					✓	✓
5.1	Chief executive officer	✓		✓			✓
5.2.a	CEO control						
5.2.b	Control of intercollegiate athletics						
5.2.c	Control of fund-raising activities						
5.3	Institution-related entities					✓	
5.4	Qualified administrative/academic officers		✓	✓	✓		
5.5	Personnel appointment and evaluation					✓	

Submission Format?

- Online Submission? YES!
 - Uploading compressed files to Box
- ***CS-130 Preview of SACSCOC Institutional Portal—4:15pm, A-315**
- Service Provider?



Technical Tips

- Double check links
- Submission must be self-contained—not linked out to a live website
- Count clicks
- Try to access your materials outside of your network



Timelines

- How soon can we begin writing?
- Reaffirmation timelines:
<https://sacscoc.org/app/uploads/2019/08/Time-Lines-for-Reaffirmation-Tracks.pdf>



Biggest challenge for your team related to the Compliance Certification?



Common challenges related to the Compliance Certification

- Inadequate number of people assigned to the task
- Inadequate level of experience and/or expertise
- Inadequate amount of time
- Inadequate administrative support.
- Inadequate organizational stability

What questions do you have?

<https://sacscoc.org/crystal-baird/>

