

Accreditation Review Cycle and Monitoring Procedures

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I. Purpose

The Middle States Commission on Higher Education (MSCHE or the Commission) seeks to ensure that institutions are reevaluated and monitored on a regular and consistent basis. The purpose of these procedures is to implement the Commission's *Accreditation Review Cycle and Monitoring Policy* and describe the procedures for each component of the accreditation review cycle and monitoring activities. Additional information about reviews, reports, and visits can be found in *Accreditation Activities Guidelines*.

II. Self-Study Evaluation and On-Site Evaluation Visit

- A. Institutions will conduct a Self-Study Evaluation in accordance with the assigned accreditation review cycle. Self-study will require that the institution engage in an in-depth, comprehensive, and reflective assessment process to identify institutional priorities as well as opportunities for improvement and innovation. Through this process, the institution must provide evidence and document compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements.
- B. The institution will participate in the *Self-Study Institute*, which is training on the self-study evaluation process and how to write an effective Self-Study Design. Self-Study Chairpersons of the Steering Committee will attend the Commission's *Self-Study Institute* approximately two years prior to the On-Site Evaluation Visit.
- C. The institution will craft and submit a Self-Study Design which serves as a guide for the self-study process and enables the Steering Committee and Working Groups to conceptualize and organize relevant tasks. The Self-Study Design communicates important information to three audiences: the campus, the Commission staff liaison, and the Team Chair. See the Self-Study Design Template.
- D. The Commission staff liaison must accept the Self-Study Design before an institution may proceed with self-study. The institution will engage in self-study in accordance with the timeline established in the Self-Study Design.
- E. The institution will host a Self-Study Preparation Visit from the Commission staff liaison approximately two years in advance of the self-study. The purpose of the visit is to discuss the Self-Study Design, answer questions about Commission policies and procedures, and meet with institutional constituencies.

- F. The Commission staff will assign a team of peer evaluators in accordance with *Peer Evaluators Policy* and *Peer Evaluators Procedures*.
- G. The institution will host a Chair's Preliminary Visit from the Team Chair. The purpose of the visit is to ensure that the institution is ready to host the on-site evaluation visit and to determine if the Self Study Report is adequate to support the work of the team.
 - 1. The Team Chair will conduct the visit to the institution's main campus approximately four-to-six months prior to the On-Site Evaluation Visit.
 - 2. The Team Chair will schedule this visit with the institution's President, make travel arrangements, and handle all logistics with the institution.
- H. The institution will write a Self-Study Report and compile Evidence which documents the institution's compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements.
- I. The institution will upload the Self-Study Report and all Evidence to the secure MSCHE portal no later than six weeks prior to the On-Site Evaluation Visit.
- J. Peer evaluators will review the Self Study Report and Evidence prior to the scheduled On-Site Evaluation Visit.
- K. Peer evaluators may request additional evidence prior to arriving on-site to clarify information or verify compliance.
- L. In accordance with federal regulation *34 CFR §602.22(c)(2)* and *(d)*, as part of the self-study evaluation, peer evaluators will conduct Self-Study Site Visits to all geographic locations designated as branch campuses and one-third of active additional locations if the institution has more than three active additional locations. The purpose of these visits is to verify information about the locations and ensure continued compliance for additional sites.
 - 1. These visits may be conducted by the Team Chair or a designated team member, who will schedule the visit(s), make travel arrangements, and handle all logistics with the institution.
 - 2. The peer evaluator's findings are incorporated into the Team Report.
- M. The institution will host an On-Site Evaluation Visit by peer evaluators. During the visit, peer evaluators will clarify the information provided in the Self-Study Report and verify evidence submitted by the institution by interviewing campus constituencies (including key administrators, governing board members, faculty, staff, and students).
- N. Peer evaluators may request additional evidence while they are on-site to clarify information or verify compliance.
- O. The institution will provide additional evidence that has been requested and upload it to the secure MSCHE portal. Institutions may only upload additional evidence for a set period of time, which begins seven days after the original evidence was submitted up until seven days following the On-Site Evaluation Visit.

- P. The team of peer evaluators will develop a draft Team Report that summarizes the team's findings.
1. The team of peer evaluators will use the Team Report Template.
 2. The Team Report will provide collegial advice to the institution.
 3. The Team Report will identify team recommendations.
 4. The Team Report will describe whether the institution is in compliance with standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements.
 5. If the team is unable to verify compliance or has confirmed non-compliance, the team report must identify specific standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements, and must issue *requirements* describing actions the institution must take to demonstrate compliance.
 6. The Team Report does not include the action that the team is proposing to the Commission.
- Q. The team will meet with institutional representatives for an oral exit report. The institution's President (CEO) is encouraged to invite all members of the campus community to hear the oral exit report.
1. During the oral exit report, the Team Chair conveys the team's findings about the institution's compliance, noting team recommendations and requirements as well as collegial advice.
 2. The oral exit report must not differ materially from the draft Team Report and should be equally candid, honest, clear, and forthright.
 3. Under no circumstances does the Team Chair or any other team member share with the institution the action that the team will propose for consideration by the Committee and the Commission. The team's findings represent only the first step in the multi-level decision-making process.
- R. The institution has the opportunity to identify factual inaccuracies in the draft Team Report and report them to the Team Chair.
- S. The Team Chair will finalize the Team Report and upload it to the secure MSCHE portal.
- T. The institution has the opportunity to respond to the final Team Report in writing through an Institutional Response.
- U. The Team Chair submits a Chair's Confidential Brief to the Commission summarizing the Team Report and conveying the team's proposal for action. The Chair's Confidential Brief is not made available to the institution.
- V. The Commission, through its multi-level decision making process, will analyze all of the accreditation materials and any other appropriate information available to it.
- W. The Commission will take an accreditation action in accordance with its *Accreditation Actions Policy* and *Accreditation Actions Procedures*.

III. Mid-Point Peer Review (MPPR)

- A. The Commission will conduct the Mid-Point Peer Review (MPPR) midway through the accreditation review cycle to review five years of accumulated financial data, student achievement data, and responses to Commission recommendations (if requested) submitted by the institution through a series of Annual Institutional Updates (AIU).
- B. The Commission staff will assign peer evaluators in accordance with the *Peer Evaluators Policy* and *Peer Evaluators Procedures*.
- C. Peer evaluators will analyze the data report and confirm that trends observed in the data do not raise concerns about the institution's financial health and student achievement. If an institution was directed by the Commission to provide Recommendations Responses, peer evaluators will review the submitted Recommendations Responses and determine if the institution is responding appropriately.
- D. Peer evaluators will develop a report that will indicate whether there are any concerns resulting from the MPPR. This report is shared with the institution.
- E. The institution has the opportunity to respond to the final Team Report in writing through an Institutional Response.
- F. The Commission, through its multi-level decision making process, will analyze all of the accreditation materials and any other appropriate information available to it.
- G. The Commission will take an accreditation action in accordance with its *Accreditation Actions Policy* and *Accreditation Actions Procedures*.

IV. Monitoring Activities

The Commission will employ a number of approaches to monitor institutions throughout the accreditation cycle.

A. Annual Institutional Update (AIU)

1. The Commission will collect and analyze key data indicators on an annual basis, including but not limited to, enrollment data, financial information, and measures of student achievement.
2. Institutions will submit or verify institutional data and upload required documents on an annual basis. A designated individual from the institution will certify that the data have been reviewed and are accurate.
3. If required in a prior Commission action, the institution will submit Recommendations Responses in conjunction with each AIU until the next MPPR or Self-Study Evaluation, whichever comes first. The institution will have the opportunity to provide narrative updates but cannot upload documents as evidence until its next self-study.

B. Follow-Up Reports and Visits

1. The Commission may request written follow-up reports and follow-up visits in an accreditation action. The accreditation action will specify the type(s) of follow-up

reports and visits. Descriptions of reviews, reports, and visits can be found in *Accreditation Activities Guidelines*.

2. The institution will submit written follow-up report(s) as directed in the accreditation action. Guidance related to follow-up reports can be found in *Follow-Up Reports Guidelines*.
3. The institution will host follow-up visits as directed in the accreditation action. Information about hosting a visit can be found in *Follow-Up Visits Procedures*.
4. The Commission, through its multi-level decision making process, will analyze all of the accreditation materials and any other appropriate information available to it.
5. The Commission will take an accreditation action in accordance with its *Accreditation Actions Policy* and *Accreditation Actions Procedures*.

C. Out of Cycle Monitoring

1. The Commission will conduct out of cycle monitoring if it has concerns about the institution's ongoing compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements.
2. The Commission may obtain and utilize information from the institution or external sources such as media reports, other accreditors, other publicly available data, complaints or third-party comments, or substantive change to identify areas of concern.
3. The Commission will request an Out of Cycle Supplemental Information Report (SIR). The request will describe the Commission's concern(s) and assign a due date for submission.
4. The institution will submit a response that addresses the Commission's concern(s) and explains the relationship between the concerns and any relevant standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements.
5. The Commission may conduct an on-site visit after the submission of the institution's response if compliance with standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements requires on-site review and verification.
6. The Commission, through its multi-level decision making process, will analyze all of the accreditation materials and any other appropriate information available to it.
7. The Commission will take an accreditation action in accordance with its *Accreditation Actions Policy* and *Accreditation Actions Procedures*.

V. Changes to the Accreditation Review Cycle

- A. When impacted by extraordinary circumstances, the institution may request a delay in the due date of a required accreditation activity within the institution's accreditation review cycle.
- B. In accordance with the Commission's *Accreditation Actions Policy* and *Accreditation Actions Procedures*, the Commission, or staff acting on behalf of the Commission, will grant or reject the request for a delay, which will be noted in the institution's accreditation action history.
- C. A delay in the due date will not alter the institution's assigned accreditation review cycle (assigned cohort) and the institution must continue to adhere to the established schedule.
- D. The Commission may, in extraordinary circumstances, change the due date or change an institution's assigned accreditation review cycle based on circumstances.

VI. Definitions

- A. **Accreditation Materials** –Reports, documents, evidence, information, correspondence, and proposals for action relative to all phases of accreditation activities.
- B. **Annual Institutional Update (AIU)** –A mechanism for ongoing monitoring used by the Commission. Institutions submit and verify key data indicators and upload required documents on an annual basis.
- C. **Mid-Point Peer Review (MPPR)** – A review of accumulated financial data, student achievement data, and responses to Commission recommendations (if requested) submitted by the institutions through a series of Annual Institutional Updates (AIU).
- D. **Recommendations Response** –Submission by the institution of responses to Commission recommendations in conjunction with the AIU each year until the next MPPR or Self-Study Evaluation.

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Related Documents: *Accreditation Actions Policy*; *Accreditation Actions Procedures*; *Accreditation Activities Guidelines*; *Follow-Up Reports Guidelines*; *Follow-Up Visits Procedures*; *Verification of Compliance with Accreditation-Relevant Federal Regulations*; *Peer Evaluators Policy*; *Peer Evaluators Procedures*;