

Follow-Up Reports Guidelines

Effective Date: February 1, 2021

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I. Purpose

The Middle States Commission on Higher Education (MSCHE or the Commission) seeks to ensure that institutions are provided with adequate guidance to meet Commission expectations for written follow-up reports. Additional information about reviews and related proceedings can be found in *Accreditation Activities Guidelines*.

II. Types of Follow-Up Reports

The Commission makes use of several types of follow-up reports depending on the nature and severity of its concern. These include supplemental information reports (SIR), focused reports, monitoring reports, monitoring reports following reaffirmation, and show cause reports.

A. Supplemental Information Reports (SIR)

A supplemental information report (SIR) is requested when the institution is in compliance with all standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements but the Commission has determined that some additional oversight is needed and the institution should demonstrate the sustainability of implemented corrective measures and/or further evidence of sustained, ongoing institutional compliance. Supplemental information reports do not denote non-compliance.

In addition, a SIR will be requested following a complex substantive change as a mechanism to monitor the implementation of a complex substantive change and ensure the submission of all required approvals. A SIR may be requested following a substantive change action if the Commission determines that additional oversight is needed to demonstrate continued compliance after the change is implemented.

A supplemental information report may be followed by a follow-up team visit conducted by peer evaluators. The Commission staff liaison may accompany the team of peer evaluators. The purpose of the visit is to verify the information provided in the SIR and determine if the institution appears to demonstrate ongoing compliance.

B. Focused Reports

A focused report is requested when a serious concern about the institution's ongoing compliance with the Commission's standards for accreditation, requirements of affiliation, policies and

procedures, and applicable federal regulatory requirements arises from the Mid-Point Peer Review (MPPR).

A focused report is always accompanied by a focused team visit conducted by peer evaluators. The Commission staff liaison may accompany the team of peer evaluators. The purpose of the visit is to verify the information provided in the focused report and determine if the institution appears to be in compliance. If this review determines that the institution does not appear to be in compliance, the Commission will take a non-compliance action.

C. Monitoring Reports

A monitoring report is required when the institution is found out of compliance with one or more standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements and the institution is placed on warning or probation. The institution should make necessary improvements and address all non-compliance issues.

A monitoring report is always accompanied by a follow-up team visit conducted by peer evaluators. The Commission staff liaison may accompany the team of peer evaluators. The purpose of the visit is to verify the information provided in the monitoring report and determine if the institution appears to be in compliance. A Commission liaison guidance visit will occur with all non-compliance actions and as directed by the Commission.

D. Monitoring Reports Following Reaffirmation

A monitoring report is required when the institution is reaffirmed following a non-compliance action. The institution must prepare a written report and evidence that focuses on the sustainability of corrective measures that have been implemented to maintain ongoing compliance with the identified Commission's standards for accreditation, requirements of affiliation, policies and procedures, and/or federal regulations.

A monitoring report following reaffirmation is always accompanied by a follow-up team visit when the institution is reaffirmed following probation or show cause actions. A follow-up team visit may or may not occur for reaffirmation after warning actions, at the discretion of the Commission.

E. Show Cause Reports

A show cause report is required when an institution is required to show cause why its candidate for accreditation status or accreditation should not be withdrawn. The institution should continue to undertake appropriate improvements to address the Commission's non-compliance concerns and demonstrate why the institution's candidate for accreditation status or accreditation should not be withdrawn. A teach-out plan and if applicable, teach-out agreement(s) are required to be submitted in conjunction with the show cause report.

A show cause report is always accompanied by a show cause visit conducted by peer evaluators. The Commission staff liaison may accompany the team of peer evaluators. The purpose of the visit is to verify the information provided in the monitoring report and verify the institution's compliance. A Commission liaison guidance visit will occur with all non-compliance actions and as directed by the Commission.

III. Follow-Up Report Contents and Organization

All written follow-up reports should include the following sections:

Title page– This page should include the institution’s name, type of report, name of President (CEO), and the due date.

Table of Contents – Include a table of contents that designates the sections of the report.

Introduction – This section should include, verbatim, the Commission’s accreditation action with the request for follow-up. It should also orient peer evaluators, through a brief institutional overview, to major institutional issues that provide appropriate context for the follow-up report. *Page limit: 5 pages maximum.**

Substantive narrative and analysis – This section should offer an honest and forthright appraisal of the institution’s compliance with each relevant standard for accreditation, requirement of affiliation, policy and procedure, and/or applicable federal regulatory requirements. The narrative should include specific references to evidence to support all assertions. *Page limit: 10 pages maximum per standard for accreditation, requirement of affiliation, or other issue.**

Evidence Inventory – The Evidence Inventory is an organizational tool that allows an institution to collect evidence and document compliance with the Commission’s standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. The institution may access the Evidence Inventory in the secure MSCHE portal and should upload concise and relevant evidence supporting the assertions made in the narrative.

Conclusion – This section should describe how the institution will sustain compliance with relevant standards for accreditation, requirements of affiliation, policies and procedures, and/or applicable federal regulatory requirements going forward. *Page limit: 5 pages maximum*.*

** Note that all page limits are maximums and that some submissions may often be shorter.*

IV. Preparing an Effective Follow-up Report

The institution will prepare a follow-up report that addresses all of the relevant standards for accreditation, requirements of affiliation, policies and procedures, applicable federal regulatory requirements that the Commission has identified.

- A. The institution should write the report so that it clearly documents compliance, and focuses on accomplishments and outcomes, current policies and procedures, *not* on future intentions.
- B. The institution should provide detailed action plans, specific timelines, accountabilities, and benchmarks. If institutional progress has been slower than anticipated, explain why and indicate how and when the work will be finished.

- C. The institution should be forthright and honest – do not omit relevant information or report selectively.
- D. The institution should be as concise and well-organized as possible. Make sure the report is clearly written, organized, and easy to follow. Include a Table of Contents and use headings and bullets.
- E. The institution should provide evidence to substantiate all assertions made in the written report and ensure that evidence has been appropriately analyzed and summarized.
 - 1. Evidence should directly relate to the Commission’s standards for accreditation, requirements of affiliation, policies and procedures, and/or applicable federal regulatory requirements.
 - 2. Evidence should be labeled clearly.
 - 3. The institution should include only evidence that is necessary to substantiate institutional improvements and compliance.
 - 4. The institution should avoid tangential or irrelevant documentation that may confuse or distract readers.
- F. The institution should adhere to all page limits. Quality, not quantity, will assist Commission representatives in the decision-making process. All submissions must be a PDF document.
- G. The institution should make sure the report is submitted on the due date by the close of business at 4:30 p.m.

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Related Documents: *Accreditation Actions Policy; Accreditation Actions Procedures; Accreditation Activities Guidelines; Accreditation Review Cycle and Monitoring Procedures; Communication in the Accreditation Process Policy; Communication in the Accreditation Process Procedures; Follow-Up Reports Guidelines; Maintenance and Retention of Commission Records Policy; Maintenance and Retention of Commission Records Procedures; Third Party Comments*