



Middle States Commission on Higher Education  
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*Guidelines*

## **Follow-Up Reports and Visits**

Version 102215

The Commission may request follow-up as part of its action to ensure continued compliance with accreditation standards and requirements of affiliation or to provide more information to keep the Commission informed of institutional progress. The Commission may also request follow-up reports and activities any time that it has evidence that the institution may no longer meet requirements of affiliation or accreditation standards.

Follow-up activities may take the form of reports, visits, or both. The Commission may request any of the following types of follow-up reports, all of which are defined in these guidelines:

- Progress reports
- Monitoring reports
- Supplemental information reports
- Show cause reports

The Commission may also direct follow-up visits:

- Commission liaison guidance visits
- Small team visits

### **Commission Support during the Follow-Up Process**

Each institution is assigned a Commission liaison who is available to answer questions regarding all accreditation matters including follow-up reports and visits. Contact the Commission liaison by telephone or e-mail.

### **Commission Liaison Guidance Visits**

The Commission directs a Commission liaison guidance visit to provide information and guidance to the institutional community in understanding and addressing the Commission's expectations. During such visits, the Commission liaison may be accompanied by one or more Commissioners or other peer evaluators. Commission liaison guidance visits focus on the Commission's requirements of affiliation, accreditation standards, and expectations for reporting. These visits are not accreditation reviews and do not result in any Commission action other than to note that the visit has taken place.

The Commission liaison establishes the visit date and schedule in consultation with the institution's president. The schedule varies according to the issues at hand but usually includes meetings with key administrators and representative faculty, staff, and governing board members. The liaison may also request one or more open meetings. Once the visit schedule is established, the institution's president ensures that the meetings requested by the Commission liaison are scheduled.

The institution arranges accommodations for the Commission liaison and other visitors. The institution is also responsible for reimbursing the visitors' travel and meal expenses in accordance with the Commission's policy on *Travel Expenses*.

### **Progress Reports**

The Commission will request a progress report following any type of accreditation review when it needs assurance that the institution is carrying out activities that are being planned or are in the early stages of implementation. For example, an institution with a recently completed or revised financial plan might be asked to document that the plan is being carried out successfully. Requests for progress reports are compatible with the reaffirmation of accreditation.

### **Monitoring Reports**

The Commission requests a monitoring report under two sets of circumstances:

1. When an institution undergoes any type of accreditation review, the Commission will request a monitoring report because it has concerns about ongoing compliance with one or more of the requirements of affiliation or standards for accreditation. The Commission may also direct a small team visit following the submission of a monitoring report. In such cases, requests for monitoring reports are compatible with the reaffirmation of accreditation.
2. The Commission will always request a monitoring report when an institution is placed on warning or probation because of a lack of evidence that the institution is currently in compliance with one or more of the Commission's requirements of affiliation or standards for accreditation. In such cases, the Commission needs evidence that the institution has made appropriate improvements to meet the requirements of affiliation and accreditation standards. Submission of the monitoring report will always be followed by a small team visit.

### **Supplemental Information Reports**

The Commission requests a supplemental information report under the following circumstances:

1. The Commission postpones an accreditation decision and requests a supplemental information report because it has insufficient evidence to substantiate institutional compliance with one or more of the requirements of affiliation or standards for accreditation. A supplemental information report is requested to allow the institution to provide additional information, such as audited financial statements that were not complete at the time of an earlier review. Supplemental information reports are not intended to give the institution time to formulate plans or initiate remedial action. Therefore, the time the Commission allows for the preparation of a supplemental information report is relatively short.
2. When an institution is sanctioned by another quality assurance agency (state, other accreditor, etc.), the Commission requests a supplemental information report. In that report, the institution must describe its efforts to address the sanction, present relevant documentation, and explain the relationship between the sanction it has received and the Commission's own requirements of affiliation and standards for accreditation.
3. If an institution conducts its affairs in ways which generate public concern or raise questions about the institution's ability to meet the requirements of affiliation, accreditation standards, or Commission policies, the Commission will request a supplemental information report. Federal regulations require that the Commission monitor institutions throughout the period of accreditation and evaluate the institution's status. The institution must present evidence that it has addressed/is addressing the issue(s) at hand and explain the relationship between

the issues of concern and any relevant requirements of affiliation or standards for accreditation.

### **Show Cause Reports**

If the Commission determines that an institution does not meet one or more of the requirements of affiliation or standards for accreditation, the Commission may request a show cause report requiring the institution to demonstrate why its accreditation should not be withdrawn. Under such circumstances, the Commission needs evidence that the institution has made all necessary improvements and has resolved its non-compliance issue(s). The show cause report must include a teach-out plan and teach-out agreement(s) as appropriate (see the *Substantive Change Request Form for Institutional Closure or Institutional Status Requiring a Teach-out Plan*) and submission of the show cause report will always be followed by a small team visit.

### **Preparing an Effective Follow-Up Report**

The Commission requests follow-up reports and visits by sending an action letter to the institution's president. The request is also included in the Statement of Accreditation Status, which is posted on the Commission's website. Requests specify the type of report, the due date, and which specific requirements of affiliation, standards for accreditation, or other Commission policies must be addressed.

Institutional leaders need to read and understand the Commission's request; familiarize themselves with the relevant requirements of affiliation, standards for accreditation, or other issues the Commission has identified; and review all pertinent documentation. The institution must then undertake appropriate improvements, prepare a report to satisfy the Commission's concerns, and – if directed by the Commission – host a visit by the Commission's representatives.

In preparing an effective follow-up report, the institution should do all of the following:

- Address all of the relevant requirements of affiliation, standards for accreditation, or other issues the Commission has identified. Write the report so that it clearly documents compliance;
- Focus on accomplishments and outcomes, *not* on future intentions;
- Provide detailed action plans, specific timelines, accountabilities, and benchmarks;
- Provide documented evidence to substantiate all assertions. Ensure that evidence has been appropriately analyzed and summarized;
- Include *only* those documents that are necessary to substantiate institutional improvements. Avoid tangential or irrelevant documentation that may confuse or distract readers;
- If institutional progress has been slower than anticipated, explain why. Indicate how and when the work will be finished;
- Be forthright and honest – don't omit relevant information or report selectively;
- Be as concise and well-organized as possible. Adhere to page limits;

- Make sure the report is clearly written, organized, and easy to follow. Include a Table of Contents, use headings and bullets, and label all appendices;
- Follow Commission procedures for the *Electronic Submission of Materials and Reports*. Minimize the use of embedded links which, if broken or out-of-date, may confuse or distract reviewers and interfere with the Commission’s ability to archive the report;
- Make sure the report is submitted on time. If an institution fails to submit a follow-up report by the deadline stated in the Commission’s action, the Commission may consider the institution to have voluntarily allowed its accreditation to lapse (see the Commission’s policy on *Range of Commission Actions on Accreditation*).

### **Follow-Up Report Organization and Page Limits**

Follow-up reports are read and analyzed by Commission staff, peer evaluators, and/or Commissioner readers. It is the institution’s responsibility to prepare a follow-up report that is complete and concise, presenting its case in a manner that is easily accessible and understandable. The institution is obligated to make a full and honest disclosure in its reports.

The Commission may accept, document receipt of, or reject the institution’s accreditation report. The Commission “accepts” a report when its quality, thoroughness, and clarity are sufficient to respond to all of the Commission’s concerns. Rather than accepting a report, the Commission may, at its discretion, “document receipt of” a report that contains limited institutional responses to requested information or does not present evidence and analysis conducive to Commission review. The Commission “rejects” a report when its quality or substance are insufficient to respond appropriately to the Commission’s concerns or requires extraordinary effort on the part of the reviewer.

The institution should include the following sections in a follow-up report and should adhere to all page limits. Note that all page limits are maximums and that submissions are often shorter, especially in the case of progress reports and supplemental information reports.

- **Title page** – see *Template for Follow-Up Report Cover Page* under ([www.msche.org](http://www.msche.org) -> Publications -> Forms Online)
- **Introduction** – This section should include, verbatim, the Commission’s request for follow-up. It should also orient reviewers, through a brief institutional overview, to major institutional issues that provide appropriate context for the follow-up request. *Page limit: 5 pages maximum.*
- **Substantive narrative and analysis** – This section should offer an honest and forthright appraisal of the improvements the institution has put into place to address each relevant requirement of affiliation, standard for accreditation, or other Commission policy. It should also include evidence and documentation to support all assertions, with specific references to any evidence included in Appendices. *Page limit: 10 pages maximum per requirement of affiliation, accreditation standard, or other issue.*
- **Conclusion** – This section should describe how the improvements the institution has put into place will be sustained going forward to ensure continuing compliance with relevant requirements of affiliation, standards for accreditation, or other Commission policy. *Page limit: 5 pages maximum.*

- **Appendices** – The Appendices should include *only* the documentation necessary to substantiate the institution’s improvement and its capacity to sustain compliance. Each Appendix should be clearly referenced in the body of the report so that reviewers can easily locate the evidence that supports each assertion the institution offers. It is acceptable to include excerpts from existing documents as long as the information provided directly addresses the Commission’s concerns. *Page limit: 100 pages maximum for all appended materials.*

### **Submitting a Follow-Up Report**

The institution should follow the Commission’s procedures for the *Electronic Submission of Materials and Reports*. The institution will receive detailed written instructions from MSCHE Accreditation Services staff for uploading an electronic version of the follow-up report directly to the secure MSCHE portal. Only the Accreditation Liaison Officer (ALO) and the president have permission to upload documents into the MSCHE portal. Once uploaded into the MSCHE portal, documents are accessible to MSCHE staff, team members, Committee members, and Commissioners. Hard copies of the follow-up report are not required.

### **Small Team Visits**

The Commission directs a small team visit after submission of a follow-up report if verification of institutional status requires an on-site review. As explained in the Commission’s policy on *Range of Commission Actions on Accreditation*, small team visits are required when an institution has been placed on warning, probation or show cause. If the Commission has stated that a small team visit “may” follow submission of the follow-up report, the Commission will review the follow-up report shortly after it is submitted and determine whether the visit will proceed or be cancelled.

#### *Selection of Small Team Members*

The Commission staff is responsible for identifying the peer evaluator(s) who will conduct the small team visit, as explained in the Commission’s guidelines, *Selection of Peer Evaluators*. The number, background, and expertise of team members will vary according to the number and complexity of issues addressed in the follow-up report. If two or more peer evaluators conduct the visit, the Commission liaison names one as team chair. Under certain circumstances, the Commission liaison may accompany the team to provide interpretation and clarification of Commission policies and procedures.

#### *Setting the Date of the Visit*

The Commission liaison is responsible for establishing the date of the small team visit, and generally does so in consultation with the team chair and the institution’s president. Small team visits typically last for 1 – 2 days and are usually scheduled to ensure that the team report, institutional response, and chair’s confidential brief will be completed and submitted at least two weeks before the next scheduled meeting of the Committee on Follow-Up Activities. If this is not possible, consideration of the institution’s accreditation status may need to take place at the next scheduled meeting of the Committee on Follow-Up Activities.

#### *Preparation for the Visit*

A Commission staff member communicates with the team and the institution’s president to:

- Provide the full text of the Commission action that led to the visit;
- Confirm the date(s) of the visit;
- Share the names, titles, and contact information of the team members and the institution’s

- president;
- Ask the team chair and the institution's president to advise the team of the specific times when the visit will begin and when it will conclude, so that team members can make travel plans;
- Remind the institution's president that the institution is expected to make appropriate hotel reservations for team members and communicate this information to them, along with information regarding transportation arrangements;
- Remind the institution's president that the institution is expected to make appropriate arrangements for work space, technology and equipment for the team's use, both on- and off-campus;
- Provide access to the institution's Statement of Accreditation Status;
- Provide access to the requirements of affiliation, the standards for accreditation, and these guidelines;
- Provide instructions to the institution and the team members for posting and accessing all follow-up materials through the MSCHE portal;
- Provide the team members with a travel expense voucher to claim transportation and other out-of-pocket expenses at the conclusion of the visit;
- Remind the team members and the institution's president that they may contact the Commission liaison with any questions or concerns that may arise.

Team members access the follow-up report and supporting materials through the MSCHE portal. They study these materials and relevant Commission publications and keep detailed notes on their analysis so that, before arriving on campus, they will have identified major strengths and weaknesses, areas of concern, gaps in information, and other useful areas of inquiry. In most instances, the team chair will hold a pre-visit conference call with team members and the Commission liaison to discuss the report, the schedule, and the conduct of the visit.

#### *Schedule for the Visit*

The team chair sets the visit schedule in consultation with the institution's president, team members, and the Commission liaison. The schedule varies according to the issues at hand and usually includes time for the team members to confer together and to meet with key administrators, governing board members, and representative faculty, staff, and students. The schedule may also include, if needed, a limited amount of time to review onsite documents.

Once the visit schedule is established, the institution's president ensures that the meetings requested by the team chair will take place. The final schedule is shared with the institutional community, the team members and the Commission liaison.

#### *Drafting the Team Report*

At the end of the visit, the team drafts a report to the institution and the Commission. Both the institution and the Commission are best served by a report that is candid, honest, clear, and forthright in its appraisal of the institution's strengths and weaknesses and its compliance with relevant Commission requirements of affiliation and standards for accreditation. The institution has an opportunity to correct errors-of-fact before the team report is finalized.

#### *Oral Exit Report*

Before leaving campus, the team chair meets with the institution's president for a confidential discussion of key findings from the draft team report. The team then meets with institutional

representatives for an oral exit report during which the team chair conveys the substance of the draft team report. The president is encouraged to invite all members of the campus community to hear the oral exit report.

During the oral exit report, the team chair conveys the team's conclusions about the institution's compliance, noting accomplishments, suggestions, recommendations, and requirements. The oral exit report must not differ materially from the draft team report and should be equally candid, honest, clear, and forthright. ***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 Commission.*** The team's proposal for action is only the first step in the peer review process and is subject to modification.

#### *Setting the Due Dates for Submitting Post-Visit Materials*

The Commission liaison works with the team chair and the institution's president to set deadlines for the submission of all required materials after the visit. These materials include a final team report, a formal institutional response, and the team chair's confidential brief. In order to allow for appropriate review by the Committee on Follow-Up Activities and the Commission, post-visit materials will often require quick turnaround on the part of the team chair and the institution.

#### *Finalizing the Team Report*

Within the time frame established by the Commission liaison, the team chair completes the draft report and sends it to the institution's president. The draft report must not differ materially from the oral exit report. The report does not include the action that the team is proposing to the Commission.

The institution reviews the draft report and, within the timeframe established by the liaison, notifies the team chair *only* of any factual errors. The institution should not use this opportunity to influence the content of the team report or to suggest that the team alter the findings or the tone of the team report. The team chair decides whether or not to incorporate the institution's corrections of fact and then uploads the final team report directly to the secure MSCHE portal. The institution may download the team report from the MSCHE portal (it will not be sent to the institution separately).

#### *Institutional Response to the Final Team Report*

Within the time frame established by the liaison, the institution's president uploads a formal institutional response directly to the MSCHE portal. The response is in the form of a letter addressed to the president of the Middle States Commission on Higher Education.

The institutional response should be brief, thoughtful, and forthright. It is an opportunity for the institution to react to the team's findings and to acknowledge the team members for their time and expertise. If there are significant differences with the team's perceptions, interpretations, or major findings the institution should present them as honestly and openly as possible. Limited additional information or analyses that differ from those of the team may also be included, although the institutional response is not intended to be an opportunity for the institution to submit new materials or documentation. *The institutional response is typically between 1 and 5 pages in length, and should not exceed 25 pages.*

If the Commission does not receive the institutional response by the established due date, the Commission may decide, at its discretion, to delay action on the institution's accreditation status or to act without the institutional response.

### *Chair's Confidential Brief*

Immediately following completion of the team report, the team chair prepares a confidential brief (see template under "Forms Online" on the MSCHE website). The chair uploads the confidential brief directly to the MSCHE portal but does *not* share the brief with the institution. The brief, which should be no more than a few pages long, addresses only those requirements of affiliation or standards for accreditation that are under review by the team. The brief summarizes and interprets the team report and includes major findings; it cannot substantively alter the content or tone of the team report. The brief also proposes an action for consideration by the Commission (see the Commission's policy *Range of Commission Actions on Accreditation*, and Guidelines for Determining Recommendations, Requirements, and Proposed Commission Actions (formerly Summary of Actions a Team May Take). The team chair does *not* share the proposed action with the institution.

### **Commission Review and Action**

The proposal for Commission action will be placed on the agenda for consideration at the next scheduled meeting of the Committee on Follow-up Activities.

The Committee on Follow-up Activities deliberates and then formulates a proposal for Commission action. The committee's proposal is then considered at the full Commission's next regularly scheduled meeting. Actions taken by the Commission may endorse or modify team proposals or Committee recommendations within the full range of available Commission actions (see the Commission's policy, *Range of Commission Actions on Accreditation*).

Accreditation actions are communicated to the institution and made available to the public in accordance with the Commission's policies, *Notification of Accreditation Decisions* and *Public Communication in the Accrediting Process*.

### **Fees and Expenses**

Institutions pay the travel expenses of all Commission visitors (peer evaluators and staff members) who participate in follow-up visits (see the Commission's procedures on *Travel Expenses*). Institutions also pay a fee for liaison guidance visits and small team visits (see the Commission's policy, *Schedule of Dues and Fees*).

Institutions should not reimburse Commission visitors directly. Most institutions arrange to have hotel expenses billed directly to them. Immediately after a visit, Commission visitors submit an expense voucher to the Commission for all allowable expenses associated with the visit that are not billed directly to the institution. The Commission reimburses the visitors and submits an invoice to the institution.

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Related Documents: *Schedule of Dues and Fees*, *Range of Commission Actions on Accreditation*, *Selection of Peer Evaluators*; *Template for Follow-Up Report Cover Page*, *Template for Visiting Team's Follow-Up Reports*, *Template for Follow-Up Report Chair's Brief*, *Travel Expenses*, *Notification of Accreditation Decisions*, *Public Communication in the Accrediting Process*

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