

Conducting a Compliance Audit

Dr. Julia Pet Armacost
Associate Dean for Planning and Knowledge Management
College of Medicine, University of Central Florida

**The 2012 Institute on Quality Enhancement
and Accreditation
July 31, 2012**



Overview

- Background on accreditation process
- Schedules and timelines
- Purpose of a compliance audit
- Process for conducting the audit
- Compliance issues
- Tips on document preparation



What Is Your Position?

1. Faculty member
2. Student
3. Administrator
4. Staff member
5. Other



What is Your Primary Role in the Reaffirmation Process?

1. Accreditation Liaison
2. Compliance Certification (CC) Chair
3. Accreditation Liaison and CC Chair
4. Accreditation Liaison, CC Chair, and QEP Chair
5. CC Editor
6. CC Team Member
7. Don't Know Yet
8. Other

July 31, 2012

Compliance Audit



4

SACS-COC Reaffirmation Requirements: *Principles of Accreditation*

- Principle of Integrity
- Core Requirements
 - Comprehensive Standards
 - Institutional mission, governance, and effectiveness
 - Programs
 - Resources
 - Institutional responsibility for Commission policies
 - Federal Requirements

July 31, 2012

Compliance Audit



5

Sample Core Requirement

- Core Requirement 2.5
 - The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that (1) incorporate a systematic review of institutional mission, goals, and outcomes; (2) result in continuing improvement in institutional quality; and (3) demonstrate the institution is effectively accomplishing its mission. (**Institutional Effectiveness**)

July 31, 2012

Compliance Audit



6

Sample Comprehensive Standard

- 3.3.1 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas: **(Institutional Effectiveness)**
 - 3.1.1.1 educational programs, to include student learning outcomes
 - 3.1.1.2 administrative support services
 - 3.1.1.3 educational support services
 - 3.1.1.4 research within its educational mission, if appropriate
 - 3.1.1.5 community/public service within its educational mission, if appropriate

July 31, 2012

Compliance Audit



7

Development of Compliance Certification Document

- SACS standard format

2.4. The institution has a clearly defined and published mission statement specific to the institution and appropriate to an institution of higher education, addressing teaching and learning and, where applicable, research and public service.

Compliance Partial Compliance Non-Compliance

Narrative:

You have to "make your case" and provide "evidence"

2.5. The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that incorporate a systematic review of programs and services that (a) results in continuing improvement, and (b) demonstrates that the institution is effectively accomplishing its mission.

Compliance Partial Compliance Non-Compliance

Narrative:



8

July 31, 2012

Compliance Audit

Development of the Compliance Document is Primarily

1. A creative writing activity
2. A faculty-driven activity
3. An administrative activity
4. A last minute activity
5. A long, drawn out activity

July 31, 2012

Compliance Audit



9

Development of Compliance Certification

- Pre-requisite—must have evidence of compliance
 - Find it
 - Make your case in narrative
 - Transform the evidence
 - Ensure accessibility



- Lots of work—primarily administrative



July 31, 2012

Compliance Audit

10

Stages, Documents, and Results

- Off-site review
 - Institution submits Compliance Certification Document
 - Off-site Committee issues "Preliminary Findings"
 - (Compliance/Non-compliance)
- On-site review
 - Institution Submits Focused Report(s) and QEP
 - On-site Committee issues "Report of the Reaffirmation Committee"
 - (Recommendations/No recommendations)
- Commission review
 - Institution submits Response to Report to SACS
 - Commission issues "Action Letter"
 - Reaffirm/Deny reaffirmation
 - Sanctions
 - No monitoring/Monitoring



July 19, 2012

Compliance Audit

11

Schedule for Class of 2014

Track A: Time line for institutions offering only associate and undergraduate programs
 Track B: Time line for institutions offering graduate and undergraduate programs or only graduate programs

	Track A	Track B
	2012	2012
Orientation of Leadership Teams	January 30	June 4
	2013	2013
Compliance Certification Due	March 17	September
Off-Site Peer Review Conducted	May 7 - 10	Nov. 5 - 8
	2013	2014
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. 9 - Nov. 15	Jan. 20 - ...
	2014	2014
Review by the Commission on Colleges (the year of your class)	June 17 - 19 (tentative dates)	Dec. 5 - 9 (Atlanta, GA)

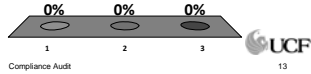


July 31, 2012

12

What Track Are You?

1. Track A
2. Track B
3. Don't know



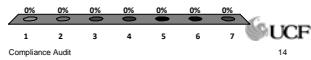
July 31, 2012

Compliance Audit

13

What Class Are You?

1. 2013 or earlier
2. 2014
3. 2015
4. 2016
5. 2017
6. 2018 or later
7. Not sure



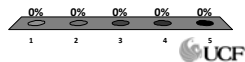
July 31, 2012

Compliance Audit

14

Which Standard Had the Greatest Issues at the Off-site Review Stage?

1. 3.5.1 College-level Competencies
2. 3.7.1 Faculty Competence
3. 2.11.1 Financial Resources
4. 3.1.1 Institutional Effectiveness
5. 2.12 Quality Enhancement Plan



July 31, 2012

Compliance Audit

15

Track 2010 A (47 Institutions)

- Off-site Review (27 standards with >25% noncompliance)
 - 3.7.1 Faculty Competence—94%
 - 3.5.4 Terminal Degree of Faculty—80%
 - 3.3.1 I.E. Any Section—79%
- On-site Review (12 standards with >10% recommendations)
 - 2.12 QEP—64%
 - 3.7.1 Faculty Competence—47%
 - 3.3.1 I.E. Any Section—43%
- C&R Review (11 standards with >5% monitoring)
 - 3.3.1 I.E. Any Section—21%
 - 3.3.1.1 I.E. Educational Programs—17%
 - 3.10.1 Financial Stability—15%

July 31, 2012

Compliance Audit



16

Track 2010 B (44 Institutions)

- Off-site Review (33 standards with >25% noncompliance)
 - 3.3.1 I.E. Any Section—89%
 - 2.11.1 Financial Resources—82%
 - 3.7.1 Faculty Competence—80%
- On-site Review (14 standards with >10% recommendations)
 - 3.3.1 I.E. Any Section—59%
 - 2.12 QEP-CS—48%
 - 3.3.1.1 I.E. Educational Programs—45%
- C&R Review (14 standards with >5% monitoring)
 - 3.3.1 I.E. Any Section—34%
 - 3.3.1.1 I.E. Educational Programs—23%
 - 3.3.1.5 I.E. Community/Public Service—14%

July 31, 2012

Compliance Audit



17

Common Reasons for Noncompliance

- Insufficient evidence
 - Doesn't exist
 - Doesn't exist yet—recently implemented
 - Couldn't find it
 - Didn't document it
- Poor narrative
 - Didn't clearly make your case
- Real issues
 - Insufficient faculty, no I.E. process, financial instability, issues with faculty qualifications,...

July 31, 2012

Compliance Audit



18

Purpose of Compliance Audit

- Gain deep understanding of core requirements and comprehensive standards
- Identify problem areas (no surprises)
 - Potential compliance issues
 - Lack of documentation to provide evidence of compliance
- Implement solutions
- Have all technology and database support in place
- Identify the right people to do the work
- Be completely ready to start preparing the narratives

July 31, 2012

Compliance Audit



19

Your Audit Should Start _____ Before Your Reaffirmation Decision

1. One year
2. Two years
3. Three years
4. Four years
5. Five years

July 31, 2012

Compliance Audit



20

Timeline For Compliance Audit

Track A

Planning Activities	Starting Readiness Audit Process	Formation and Training of Leadership Team	Start Preparation of Compliance Certification Narratives and Supporting Documentation	Orientation of Leadership Teams in Atlanta	Work on Compliance Certification	Continue Work on Compliance Certification	Compliance Certification Due	Off-Site Peer Review Conducted	Quality Enhancement Plan and Focused Reports Due	On-Site Peer Review Conducted	Review by the Commission on Colleges
January, or earlier if possible	March	July	Nov-Jan	January	Feb - Dec	Jan - Feb	March	March-May	Six weeks in advance of on-site visit	Sept-Nov	June
20____			20____			20____			20____		
Three Years Prior to Reaffirmation			Two Years Prior to Reaffirmation			One Year Prior to Reaffirmation			Year of Reaffirmation		

Track B

Planning Activities	Starting Readiness Audit Process	Formation and Training of Leadership Team	Start Preparation of Compliance Certification Narratives and Supporting Documentation	Orientation of Leadership Teams in Atlanta	Work on Compliance Certification	Continue Work on Compliance Certification	Compliance Certification Due	Off-Site Peer Review Conducted	Quality Enhancement Plan and Focused Reports Due	On-Site Peer Review Conducted	Review by the Commission on Colleges
June, or earlier if possible	August	December	April-June	June	July-Dec	Jan - Aug	Sept	Sept-Nov	Six weeks in advance of on-site visit	Feb-April	December
20____			20____			20____			20____		
Three Years Prior to Reaffirmation			Two Years Prior to Reaffirmation			One Year Prior to Reaffirmation			Year of Reaffirmation		

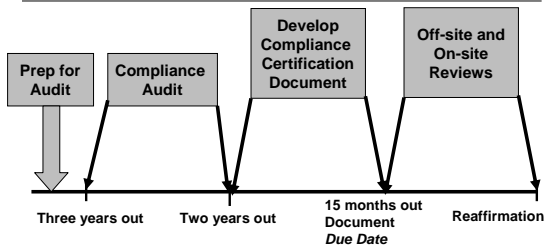
July 31, 2012

Compliance Audit



21

Multi-step Process for Compliance Certification and Reaffirmation



July 31, 2012

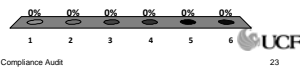
Compliance Audit



22

What Year Should You Start Your Readiness Audit?

1. We should already be working on it
2. 2013
3. 2014
4. 2015
5. 2016
6. 2017 or later



July 31, 2012

Compliance Audit



23

Fifth-Year Report

- Includes 2 Core Requirements, 6 Comprehensive Standards, and 7 Federal Requirements
- Compliance audit is also appropriate
 - Start at least 1.5 years out from document submission
 - Identify areas where documentation is lacking or corrective action may be required
 - Assessment of educational programs (student learning outcomes)
 - Sufficient full-time faculty
 - Qualified administrators
 - Qualified program coordinators
 - Financial aid audits
- "Preparation equals performance"

July 31, 2012

Compliance Audit

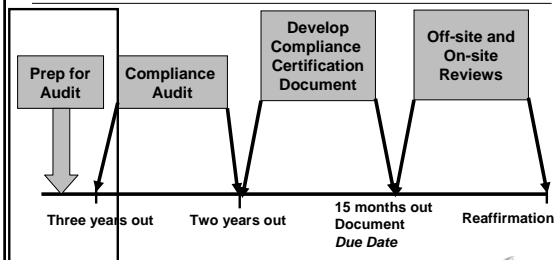


24

Snapshot of Areas that 2015 Track A Institutions (39) Were Cited (in 2010)

Standard	# of Institutions	% of Institutions
CS 3.3.1.1 Institutional Effectiveness	28	72%
CR 2.8 Sufficient Faculty	19	49%
FR 4.4 Program Length	16	41%
CS 3.4.11 Academic Program Coordination	12	31%
CS 3.10.3/FR 4.7 Control of Finances/Title IV	9	23%
FR 4.5 * Student Complaints	7	18%
CS 3.2.8 Qualified Admin Officers	5	13%
FR 4.3 Publication of Policies	4	10%
FR 4.6 Recruitment Materials	4	10%
CR 2.10 Student Support Services	3	8%
FR 4.1 Student Achievement	2	5%
FR 4.2 Program Curriculum	1	3%
CS 3.4.3 Admissions Policies	0	0%
CS 3.11.3 Physical Facilities	0	0%
QEP Impact Report	13	33%

Preparing for the Audit



Who Should Manage the Audit Process?

1. President
2. Provost/Academic VP
3. Accreditation Liaison
4. Other

Getting Started

- Someone has to “take charge”
 - SACS liaison
 - Compliance Certification chair
 - Small “planning” group

Self-appointed team (UCF)

- SACS liaison
- Compliance Certification Team Chair
- QEP Planning Team Chair
- Coordinator



July 31, 2012

Compliance Audit

28

Small Planning Group [PG]

- Possible Activities
 - Coordinate compliance audit activities
 - Plan for Compliance Certification
 - Plan for QEP
 - Plan for on-site visit
- Composition
 - Small working group (2-3 individuals)
 - Knowledgeable of university operations
 - Respected and action oriented
 - Informed on SACS reaffirmation



July 31, 2012

Compliance Audit

29

Preparation for Compliance Audit

1. Do your research
2. Develop a plan
3. Establish leadership team structure
4. Identify compliance audit team members
5. Prepare for “Kick-off”



July 31, 2012

Compliance Audit

30

Step 1. Do Your Research [PG]

- Attend conferences
 - QE Institute, SACS COC Annual Meetings, SAIR
- Review materials on SACS COC Web site
- SACS handbooks and resources at <http://sacscoc.org/>
 - *Principles of Accreditation: Foundations for Quality Enhancement (2010)*
 - *Handbook for Institutions Seeking Reaffirmation (2011 Edition)*
 - *Resource Manual (March 2012)*
 - *Handbook for Review Committees (Second Edition, 2005)*
 - *General Forms and Guidelines (including templates)*
- Review SACS Web sites at other institutions
- Review CC documents from prior year class institutions
- Join ACCSHE@LISTSERV.UHD.EDU



July 31, 2012

Compliance Audit

31

Templates (added September 2009) <http://sacscoc.org/cctemplates.asp>

July 31, 2012

Compliance Audit

32

2. Develop a Plan [PG]

- Review *Principles of Accreditation*
- Major actions to be taken
 - Readiness audit
 - Compliance certification
 - QEP tasks
 - SACS training and evaluator experience
- Draft composition of teams
 - Audit Team
 - Leadership Team
 - Compliance Certification Team
 - QEP Team(s): Planning, development, and implementation
- Draft schedule

Have your President submit names to SACS and/or request to be an observer on a team



July 31, 2012

Compliance Audit

33

3. Establish Leadership Team [PG]

- Responsible for oversight of entire SACS process
 - Compliance Certification
 - QEP
 - Off-site and on-site reviews
- For Compliance Certification, responsible for
 - Ensuring sufficient resources are available
 - Certifying the Compliance Certification results

Leadership Team Composition According to SACS

Small team

- President
- SACS Liaison
- Academic Vice President
- Faculty Representative

UCF's Leadership Team

- President, co-chair
- SACS Liaison, co-chair
- Chair of Compliance Certification Team
- Chair of QEP Planning Team
- Provost
- VP and Chief of Staff
- VP for Student Development and Enrollment Services
- VP for Marketing, Communication, and Admissions
- VP for Administration and Finance
- Vice Provost, Regional Campuses
- Chair of Faculty Senate
- Two senior faculty

When Should the Leadership Team Become Active?

1. Prior to the audit
2. At the beginning of the audit
3. During the audit
4. At the time of training in Atlanta
5. During preparation of Compliance Certification Document
6. Other

July 31, 2012

Compliance Audit



37

Leadership Team Meetings

- Establish Leadership Team at beginning of compliance audit and set up regular meetings
 - At least one year before the training meeting in Atlanta
- Get the entire set of meetings on everyone's calendar
 - Monthly meetings during audit
 - Quarterly during compliance document preparation
 - Think about major decision points—e.g., QEP topic selection
 - Selected times during the review process
 - As prep for on-site review
 - As discussion after each review
 - SACS Annual meetings

July 31, 2012

Compliance Audit



38

4. Identify Compliance Audit Team Members [PG]

- Representatives from areas addressed by *Principles*
- Representatives from all major academic units
- Try to keep the size manageable
- Who should participate?
 - Politics can be an issue
 - Doers (usually not division heads)
 - Knowledgeable of university
 - Respected

July 31, 2012

Compliance Audit



39

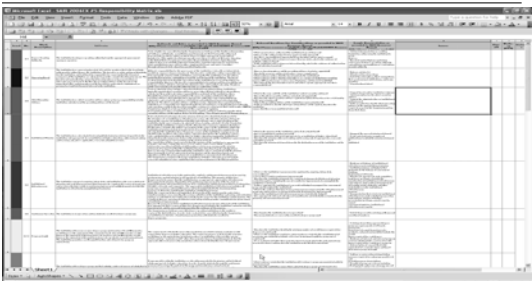
Areas to Include

- Institutional Research and Assessment
- General Counsel
- President's Office
- Registrar's Office
- Admissions Office
- Undergraduate Studies
- Graduate Studies
- Student Affairs
- Faculty Affairs
- Administration and Finance
- Budget Office
- Human Resources
- Information Technologies
- Library
- College Representatives
- Distance Learning

5. Prepare for "Kick-off" [PG]

- Conduct in-depth read of core requirements and comprehensive standards
- Create "responsibility matrix" to assign responsibilities to individuals
 - Identify potential compliance issues
 - Identify potential documentation issues
- Create information packets

Create Responsibility Matrix



Responsibility Matrix Columns

- A: Color-coded "terror alert color scheme"
- B-D: Number of standard or requirement, short title, and complete text
- E: Rationale and Notes as presented in SACS Resource Manual
- F: Relevant Questions as presented in SACS Resource Manual
- G: Sample Documentation as presented in SACS Resource Manual (old version)
- H: Issues and Concerns (institution-specific)
- I-K: List of Sign-offs, Write-up Coordinators, and Liaisons (institution-specific)

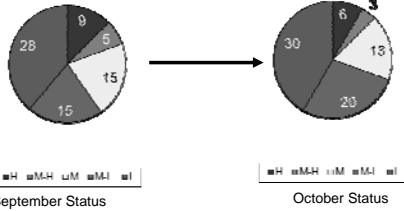
July 31, 2012

Compliance Audit



43

Can be Used to Track Progress During Compliance Audit



July 31, 2012

Compliance Audit



44

Prepare Information Notebooks for Compliance Audit Team Members [PG]

- Individualized for each person on the audit team
 - Responsibility matrix
 - Samples of write-ups from other schools (if available)
 - Sample templates
 - SACS handbooks

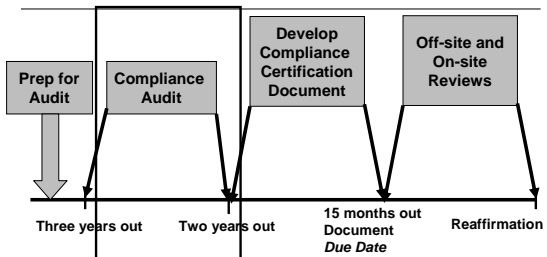
July 31, 2012

Compliance Audit



45

Conduct the Compliance Audit



July 31, 2012

Compliance Audit



46

Compliance Audit Activities

Major Effort

1. Meet with audit team members
2. Create university awareness
3. Create workgroups to resolve issues
4. Develop electronic resources
5. End the audit

July 31, 2012

Compliance Audit



47

1. Meet with Audit Team Members (kick-off meeting)

- Invite potential members
- Conduct formal kickoff
 - Overview of reaffirmation process and audit process
- Define parameters
 - Must have good understanding of assigned standards
 - Identify issues/problems that must to be addressed
 - Do not cover up issues
 - Surface all issues so corrective actions can be taken
 - Develop draft narratives (outlines)
 - Identify potential supporting evidence of compliance
- Hand out notebooks with schedules and timelines
- Address administrative procedures

July 31, 2012

Compliance Audit



48

1. Meet with Audit Team Members (individually)

- Schedule regular meetings
- Discuss assigned standards and requirements
 - Review responsibility matrix
 - Discuss identified issues
 - Discuss actions to be taken and what help is needed
 - Discuss who else should be involved
 - Discuss additional assignments or re-assignments
- Review progress on draft narratives and evidence
 - Completeness of the case
 - Clarity of the case
 - Sufficiency of the evidence

July 31, 2012

Compliance Audit



49

1. Meet with Audit Team Members (as a group)

- Meet periodically as a team
 - Encourage open discussion
 - Encourage some "competition"
- Have each member report progress
- Have each member discuss issues and potential solutions
- Discuss over-arching concerns

July 31, 2012

Compliance Audit



50

2. Create University Awareness

- Regular Leadership Team meetings
 - Report progress
 - Discuss issues
- SACS briefings with various groups (use existing meetings)
 - Deans and Directors
 - College meetings
 - Faculty Senate
 - VP Divisions
 - Individual offices and departments

July 31, 2012

Compliance Audit



51

3. Create Workgroups to Resolve Issues and Make Preparations

- Technology workgroups
 - Informational Web site
 - Compliance Certification document Web site
 - Faculty credentials database
 - Content management system
- Faculty qualifications workgroup and sub-groups
- Assessment workgroup
- Editorial workgroup
 - Editorial guidelines



4. Develop Electronic Resources

Readiness Audit (UCF)

- UCF SACS Web site
 - <http://sacs.ucf.edu/ccr/sacsreaff.asp>
- Faculty Qualifications Database
 - Not available
- Editorial Guidelines
 - http://sacs.ucf.edu/ccr/doc/Editorial_Guidelines.pdf

Compliance Certification (UCF)

- Compliance Certification Submission Web site
 - Not available
- Compliance Certification Web Site Navigational Guide
 - http://sacs.ucf.edu/ccr/doc/SACS_website_navigational_guide.pdf
- Compliance Certification Report Web site
 - <http://sacs.ucf.edu/ccr/report/index.asp>
(links checked 6/15/12)



UCF SACS Information Web site



Sample Other Qualifications

Section 5 - Other credentials, qualifications, and accomplishments if any

Documentation (PDFs): Letter(s) of Justification CV/Resume Certificate(s)/License(s) Additional Documentation

Honors, awards or special recognition

Mr. XYY has received awards for his professional accomplishments and his extensive experience in engineering, program management, information technology, systems engineering and integration, process control, and contract management:

NASA Public Service Medal for Business Management, 1994
McDonnell Douglas Corporation High Potential Employee, 1984 - 1997
Rockwell International Graduate Fellowship - 1980

Mr. XYY serves on the Dean's Advisory Council,
UCF, CECI Executive Advisory Council (1996-present)

Evidence supporting the above: CV
Location of this evidence: Dean's Office

Related work experience

Since 1980 Mr. XYY has held increasingly demanding management positions with Aerospace companies such as Rockwell Corp. (2 years), McDonnell Douglas Corp. (15 years), and Lockheed Martin (4 years). Since 2000, he owns and manages YYYYY, Inc., a consulting company which clients include NASA, Lockheed Martin, and others.

YYYYY, Inc.: President and management consultant, Oct 2000-present

Integrated Business Solutions (a Lockheed Martin Company) (1997-2000): Chief Financial Officer, Director of Business Operations, Enterprise Resource Planning Director.

McDonnell Douglas Corp. (1985-1997): Director of Program Control and Chief Financial Officer; Senior Manager, Branch Manager, Senior Engineer

Rockwell International Corp. (1980-1985): Engineer, Member of technical staff

Evidence supporting the above: CV



July 31, 2012

Compliance Audit

58

Compliance Certification Document Development Web site



July 31, 2012

Compliance Audit

59

UCF Compliance Certification Report Web Site



July 31, 2012

Compliance Audit



60

Campuslabs: Compliance Assist!™



July 31, 2012

UCF
61

Concord USA: Xitracs™



July 31, 2012

UCF
62

5. End the Audit

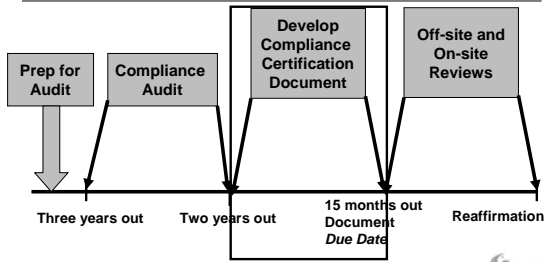
- Consider external consultants to review draft narratives, rosters, and program assessment
- Create “final” audit report for Leadership Team
 - “Status” of each requirement and standard
 - Actions to be taken
- Create final list of Compliance Certification Team members and update responsibility matrix
- Organize a celebration for the Audit Team and “kick-off” for the Compliance Certification Team
 - Recognition
 - Next steps
 - Reception

July 31, 2012

Compliance Audit

UCF
63

Multi-step Process for Compliance Certification



July 31, 2012

Compliance Audit



64

Development of Compliance Certification Document

- Monitor writing responsibilities and deadlines
- Collect and label supporting documentation
- Prepare complete narratives with references to supporting documents
- Review documents
- Format documents
- Conduct final editing
- Compile final document
 - Printed copy, electronic copies
 - Mail copies to team members

July 31, 2012

Compliance Audit



65

Lessons Learned: Timeline and Resources

- Start early and stay on schedule!
 - At least three years prior to reaffirmation
 - Two years prior to document submission
 - One year before the official leadership training in Atlanta
 - Changes in procedures take time to implement
- Plan your resources early
 - In place prior to start of audit
 - New resources and/or re-assignment of resources

July 31, 2012

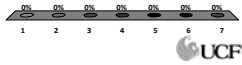
Compliance Audit



66

What Are You Planning for Your Annual Budget for Reaffirmation?

1. None is currently planned
2. Between \$10,000 and \$25,000
3. Between \$26,000 and \$50,000
4. Between \$51,000 and \$100,000
5. Between \$101,000 and \$150,000
6. Between \$151,000 and \$200,000
7. Over \$200,000



July 31, 2012

Compliance Audit

67

Support Structure Needed for Audit and Compliance Certification

- Personnel
 - Leadership (0.5 FTE)
 - Management and coordination (1.0 FTE)
 - Technology and Web site support (1.0 FTE)
 - Data support (0.25 FTE)
 - Editor (0.25 – 0.5 FTE)
 - Secretarial support (0.5 FTE)
- Materials, equipment, supplies

UCF budgeted \$400K in 2004-05 and \$500K in 2005-06 (about ½ for QEP), in addition to “in-kind” support

July 31, 2012

Compliance Audit

68

Lessons Learned: Institutionalize SACS-related Standards As You Go

- Review, document, approve, and disseminate all processes, policies, and procedures
 - Remember: you will need evidence that you are following policies and procedures
- Institutionalize processes wherever possible
 - Faculty qualifications reviews
 - Substantive change
 - Affiliations
- Schedule and conduct regular audits to ensure ongoing compliance
- Remember the Fifth Year Report is coming!

July 31, 2012

Compliance Audit

69

Cautions

- SACSCOC Off-Site and On-Site review teams
 - Your peers
 - Variance in interpretation
 - Incomplete evidence will lead to interpretations based only on reviewer's experience
- Other institution's compliance documents
 - Probably not perfect
 - You don't know what kinds of issues there were that had to be resolved
 - Use for inspiration, not prescription

July 31, 2012

Compliance Audit



70

Think Like a Reviewer

http://www.sacscoc.org/pdf/ANALYZING%20A%20CASE%20FOR%20COMPLIANCE%20SEPT2010%202_.pdf (October 2010)

- Narrative statement
 - Statement is focused solely on the requirement and addresses each of the components of the requirement
- Rationale
 - Clear and concise statement of the reason(s) for the assertion regarding the institution's perception of compliance with the require
- Evidence—at least three of the following
 - Reliable, current, verifiable, coherent, objective, relevant, representative
- Evidence-based analysis of compliance
 - Addresses all aspects of requirements in coherent, concise and focused manner

July 31, 2012

Compliance Audit



71

Think Like a Reviewer

http://www.sacscoc.org/pdf/ANALYZING%20A%20CASE%20FOR%20COMPLIANCE%20SEPT2010%202_.pdf (October 2010)

- Overall judgment of case for compliance
 - It directly addresses all aspects of the requirement
 - The evidence provided is sufficient
 - The analysis provided is sufficient
 - The case is coherent

July 31, 2012

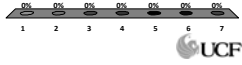
Compliance Audit



72

Which Compliance Issues Would You Like to Discuss?

1. Institutional Effectiveness and Program Assessment
2. Sufficient Full-time Faculty
3. Faculty Competence
4. College Level Competencies
5. Distance Education and Online Instruction
6. Financial Resources and Controls
7. Other



July 31, 2012

Compliance Audit

73

Conclusions

- Compliance audit "buys you time" to make corrections and improvements
- Compliance audit allows you to find documentation weaknesses
- Compliance audit allows you to find the right people to prepare the Compliance Certification document
- Preparation of Compliance Certification document is labor intensive and requires good planning and management
- "Make your case" with complete, clear and concise narrative; and reliable, current, verifiable, coherent, objective, relevant and representative evidence



July 31, 2012

Compliance Audit

74

Thank you!

Contact

Dr. Julia Pet-Armacost
Associate Dean for Planning and Knowledge Management
College of Medicine
University of Central Florida
Health Sciences Campus at Lake Nona
6850 Lake Nona Blvd., Suite 313K
Orlando, FL 32827
407-266-1401
ipetarma@mail.ucf.edu



July 31, 2012

Compliance Audit

75
