

SACS Off-Site Committee Report: Non-Compliance Issues

The quotations in the column, SACS Comment, are intended to represent the content of the Report of the Off-Site Review Committee in order to align the findings of the report with the University's plan of action to address the identified weakness. They are NOT intended as a substitute for reading the full report. Similarly, the information in the column for Notes, Plan of Action and Responsibility are intended as guidelines for developing the Focused Report and do not constitute the report itself.

The Accreditation Liaison will work with each of the persons listed in the column labeled Responsibility to assist in writing the narrative response and in collecting the evidentiary documents. Information will be input into the University's SACS website (<http://sacs.tnstate.edu>) as it was for the initial compliance report. Deadlines are indicated in the Responsibility and Deadline column. Adherence to the deadlines is critical to completion of the Focused Report in compliance with the SACS deadline.

NOTE: Section numbers beginning with the numeral 2 are **CORE REQUIREMENTS**. The University's accreditation **CANNOT** be reaffirmed if the University is determined to be out of compliance with one or more core requirements.

Sec. No.	Section Title	SACS Comment	Notes	Plan of Action	Responsibility and Deadline
2.2	Governing Board	"... insufficient documentation to demonstrate the Board is ultimately responsible for ensuring that the financial resources of the institution are adequate to provide a sound educational program."	Need TBR policy or appropriate legislation to demonstrate TBR's responsibility in this matter.	Brief narrative with the relevant policy or legislation attached.	L. Atkins Jan. 11, 2010
2.5	Institutional Effectiveness	"Tennessee State University did not provide evidence that institution wide evaluation processes are in place that lead to continuous improvement."	This addresses the requirement of on-going, integrated, University-wide assessment. See also subsections 3.3.1.1 – 3.3.1.4. A Presidential Task Force has been addressing this issue	Develop a comprehensive plan with calendar; implement immediately; show progress, in the response but at least before the team arrives. Include the complete plan along with a narrative.	P. Burch-Sims Jan. 20, 2010

2.11.1	Financial Resources	"The institution has not provided audited financial statements for its most recent fiscal year, and indicates that audited financial statements for the year ended June 30, 2009, will be provided as soon as completed."	Audit for the FY ending 30 June 2009 was not complete at the time the report was submitted.	Brief narrative with the audit attached for the FY ending 30 June 2009. Include institutional response if there are any audit findings.	C. Brooks Jan. 22, 2010
2.11.2	Physical resources	"Based upon the evidence provided, the committee could not determine if the amount, type or condition of the space is appropriate for the enrollment and programs offered by the university."	See also sections 3.11.1 and 3.11.3.	The narrative can describe and explain the THEC formula which determines the amount of space, but it must also address 1. type of space 2. condition of the space	C. Brooks and R. Brooks Jan. 15, 2010
3.2.1	CEO evaluation/selection	". . . the institution did not provide evidence that the president has been evaluated."	The Committee expected to see the President's actual evaluation	Brief narrative with the President's most recent evaluation attached.	L. Atkins Jan. 11, 2010
3.2.3	Conflict of interest	" . . . evidence was not found demonstrating adherence to the established policy."	The Committee recognized that TBR has a policy but also wanted to see evidence that the policy is enforced	Seek information from TBR to demonstrate that the policy is enforced. Describe in a brief narrative and attach the documentation. Documentation might include a conflict of interest disclosure form or minutes indicating that a member recused him/herself based on conflict of interest.	L. Atkins Jan. 11, 2010

3.2.5	Board dismissal	“ . . . the institution has not demonstrated whether it has implemented this policy.”	The Committee recognized that TBR has a policy but also wanted to see that the policy has been implemented.	Seek information from TBR to demonstrate that the policy has been implemented. Describe the evidence in a brief narrative and attach the evidence. In no one has ever been dismissed, reiterate policy and state such in the narrative.	L. Atkins Jan. 11, 2010
3.2.9	Faculty/staff appointment	“ . . . there is no documentation of these communications [about changes in policies.] There is insufficient evidence that the institution affirms its role in the development, application, and monitoring of work conditions on the institutional level and that staff are well informed about policies that affect them.’	Reference is made in our narrative to the way we inform employees about changes in policies, but no copies are included. Furthermore, we rely heavily on TBR System regulations without corresponding institutional policies and regulations.	Describe our processes in better detail and include copies of Communications. The narrative should reference (and include copies of) institutional policies and statements which affirm the University’s role in the development, application, and monitoring of work conditions. We can also reference the new policy infrastructure that has been developed, including the web site, emphasizing the implementation schedule.	L. Spears M. Hamlet T. Quain Jan. 15, 2010

3.2.13	Institution-related foundations	<p>“The committee’s review of the charter, by-laws of the foundation and the agreement between the foundation and the University reveals a lack of clarity regarding liability assumed by each entity from this relationship”</p> <p>“The agreement that outlines the arrangement between the University and the foundation indicates that much of the Foundation’s operational support, to include budgeting, tax preparation, accounting services and office space, is provided by TSU without reimbursement to the University by the Foundation for these services. However, the agreement provided only includes approval by the chair of the Board of trustees and does not include ratification by the University.”</p>	There appear to be two issues here: one is related to liability. The second is related to the University’s ratification (acceptance) of the agreement with the Foundation Board.	Draft revisions to the charter, by-laws, and agreement as necessary to clarify liability issues. Attempt to secure Foundation and institutional approval; if that is not completed by the submission of the response, and then describe progress toward that end. Also, secure University approval of the agreement as noted in the Committee’s comments. A narrative should be accompanied by the revised charter, by-laws and agreement (or by the proposed revisions)	<p>S. Stokes and L. Atkins</p> <p>Jan. 15, 2010</p>
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3.3.1.1	Institutional effectiveness, education programs	<p>“Program assessment data . . . failed to describe how the results have been used for improvement, nor indicated concrete examples that the results have been used for improvement. . . . Tennessee State University needs to assess student learning outcomes. . . . Assessment data (aggregate scores) should be included in the institutional effectiveness plans so that actual outcomes can be compared to expected outcomes and improvements made when desired performance targets are not met. Remedial actions taken as a result of assessment finding need to be documented in detail such that it is evident that data are driving decision-making across the institution. . . . Additionally, information regarding how assessment activities are systematic and how results are used to improved [sic] the effectiveness of educational programs should be included.”</p>	<p>This pertains to on-going, integrated, university-wide assessment. (See also the following sections:</p> <p>2.5 3.3.1.2 3.3.1.3 3.3.1.4</p>	<p>The response here should be two-fold. First, we should describe what we are putting in place in response to the findings in section 2.5, including the plan and its implementation (see section 2.5 and the Assessment Plan). The narrative here should point out how that plan pertains to educational programs. Secondly, we should give more examples of the effectiveness reports from the academic units, emphasizing the sections which reference the aggregate assessment data.</p>	<p>P. Burch-Sims Deans</p> <p>Jan. 22, 2010</p>
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3.3.1.2	Institutional effectiveness, administrative support services	<p>“Compliance . . . requires an assessment plan with expected outcomes for all administrative offices across all divisions, documentation of assessment results for those outcomes and the use of the assessment results to drive institutional improvement. Tennessee State University did not provide this evidence.”</p>	<p>This pertains to on-going, integrated, university-wide assessment. (See also the following sections:</p> <p>2.5 3.3.1.1 3.3.1.3 3.3.1.4</p>	<p>The response here should be two-fold. First, we should describe what we are putting in place in response to the findings in section 2.5, including the plan and its implementation (section section 2.5 and the Assessment Plan). The narrative here should point out how that plan pertains to administrative support services. Secondly, we should complete a form for each VP area to show what assessment has been done over the past 5 years; how the results have been used; where the documentation is to demonstrate use of results; and why the assessment was done.</p>	<p>P. Burch-Sims Vice Presidents</p> <p>Jan. 22, 2010</p>
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3.3.1.3	Institutional effectiveness, educational support services	<p>“Compliance . . . requires an assessment plan for all educational support services institution-wide, documentation of assessment results and the use of those results for institutional improvement. Tennessee State University did not provide this evidence.”</p>	<p>This pertains to on-going, integrated, university-wide assessment. (See also the following sections:</p> <p>2.5 3.3.1.1 3.3.1.2 3.3.1.4</p>	<p>The response here should be two-fold. First, we should describe what we are putting in place in response to the findings in section 2.5, including the plan and its implementation (see section 2.5 and the Assessment Plan). The narrative here should point out how that plan pertains to educational support services. (In SACS terms, these include what we call academic support and what we call students services support.) Secondly, we should complete a form for academic support units and student services units to show what assessment has been done over the past 5 years; how the results have been used; where the documentation is to demonstrate use of results; and why the assessment was done.</p>	<p>P. Burch-Sims M. Freeman M. Reaves Deans and Directors</p> <p>Jan. 22, 2010</p>
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3.3.1.4	Institutional effectiveness, research and service within its education mission, if appropriate	<p>“The narrative primarily reported students’ perceptions of service learning prior to and after engaging in service learning courses. Compliance . . . requires Tennessee State University to have a plan with expected outcomes for community/public service, assess the extent to which it is achieving those expected outcomes and use the results of the assessment findings to make institutional improvements. There was not separate assessment plan for community service”-</p>	<p>This pertains to on-going, integrated, university-wide assessment. (See also the following sections:</p> <p>2.5 3.3.1.1 3.3.1.2 3.3.1.3</p> <p>One issue related to this is the assignment of responsibility for public service at TSU. Is the new Center for Service Learning and Civic Engagement responsible for monitoring all service? If not, assessment and reporting of public service will need to be the responsibility of each VP.</p>	<p>The response here should be two-fold. First, we should describe what we are putting in place in response to the findings in section 2.5, including the plan and its implementation (see section 2.5 and the Assessment Plan). The narrative here should point out how that plan pertains to community/public service. Secondly, we should complete a form for the Center for Service Learning and Civic engagement and for the non-academic VP areas to show what assessment has been done over the past 5 years; how the results have been used; where the documentation is to demonstrate use of results; and why the assessment was done. For Service Learning, STUDENT LEARNING OUTCOMES are critical.</p>	<p>P. Burch-Sims S. Fuller Vice Presidents</p> <p>Jan. 22, 2010</p>
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3.4.9	Academic support services	""The institution's response to this standard is brief and lacking in specifics."	Detail and assessment are the key concerns here.	Narrative must provide detail; we especially need to better demonstrate how we know the number and types of programs are appropriate, adequate, and effective. The narrative needs to emphasize assessment.	H. Houston J. Grimes With information from Deans, Directors, and M. Freeman Jan. 15, 2010
3.4.10	Responsibility for curriculum	"Additional evidence should be provided to show more clearly how faculty participate in shared governance for decision-making about curriculum and participation in authentic program-level assessment to determine course and program strengths and weaknesses."	TSU has a form for approval of curricular changes, which requires signature to demonstrate faculty approval. However, there is no corresponding policy. There is no policy about faculty participation in other curricular and related matters. The outdated Faculty Handbook is also in issue	The narrative will need to more carefully describe the academic audit process, which is faculty-driven. Inclusion of a policy on the role of faculty in governance and an updated Faculty Handbook which spells out faculty participation are also critical. These should be completed to be attached or must at least be completed by the time the team comes in March.	K. McEnerney R. Dixon T. Quain With information and assistance from the Deans and the Chair of the Faculty Senate Jan. 19, 2010

3.5.4	Terminal degrees of faculty	<p>“ . . . four degree program do not meet the standard. . . . Whereas justifications are provided, the fact still remains that the BSN in Nursing, the B.S. in Social Work, the B.S. in Health Information Management and B.S. in Medical Technology do not have at least 25% of the discipline courses being taught by faculty members holding the terminal degree in the discipline or its equivalent.”</p>	<p>TSU is discontinuing the BS in Med Tech. For the other 3 programs, the justification we used in this report sufficed in the past 2 reaffirmations. It is possible that the Commission will accept the justifications if we repeat them here even if the On-Site Committee does not accept them. HOWEVER, it would be preferable to include a plan (with specific dates) by which we can come into compliance with this requirement.</p>	<p>PREFERABLE: Note that we are discontinuing the BS in Med Tech and provide plans for bringing each of the remaining programs into compliance.</p> <p>ALTERNATIVE: If one or more of the programs cannot come into compliance within a reasonable time period, repeat and strengthen the justification provided in the original Compliance report.</p>	<p>K. McEnerney with G. Johnson, R. Theriot, K. Martin</p> <p>Jan. 19, 2010</p>
3.6.2	Graduate curriculum	<p>“ . . . the institution failed to attach a graduate program example [for learning objectives, outcomes, course requirements and expectations].”</p>	<p>The documentation indicated needs to be included.</p>	<p>The narrative should build on the original narrative, emphasizing program outcomes, learning outcomes, course requirements and expectations.</p>	<p>A. Sekwat Deans</p> <p>Jan. 15</p>

3.7.1	Faculty competence	<p>“ . . . credential information for a good number of part-time instructors is missing . . . In addition, there is insufficient information provided for these instructor relevant to departmental justifications”</p>	<p>The Committee included a list of faculty for whom credentials were not clear. Some of these are administrators who teach but for whom the departments did not include CVs or syllabi. Most are adjunct.</p>	<p>For each person listed, the credential should be indicated and, if necessary, any justifications should be included. There should also be CVs and syllabi for these faculty.</p> <p>The report of the Presidential Task Force on faculty/staff credentials should be included and explained as being the University’s way of ensuring that this is not an on-going concern.</p>	<p>T. Quain Deans</p> <p>J. Cade M. Hamlet</p> <p>Jan. 15, 2010</p>
3.8.1	Learning/information resources	<p>“According to the institution, usable space for both libraries is inadequate for the student population and for collections. Library satisfaction surveys also indicate a need for a larger information commons. No plans are in evidence for addressing those concerns. . . The institution indicates that results [of User Satisfaction Surveys] are used to improve services but no specific evidence of that is provided.”</p>	<p>The size of our library was an issue in the 2009 self-study and we were cited. In our response, we indicated that library expansion was the first capital priority for the institution.</p> <p>We need some specific evidence for use of results of the surveys.</p>	<p>Reiterate our priority (assuming it is still our first priority). Indicate where we stand on the TBR/THEC/legislative priorities. (Provide documentation) Reiterate our expanded use of on-line resources.</p> <p>Provide evidence as requested.</p>	<p>Y. Binkley and R. Brooks</p> <p>Jan. 11, 2010</p>

3.10.1	Financial stability	“Enrollment data provided by the University indicates a gradual decline in enrollment over the period from 2004 to 2008. This trend coupled with a lack of financial statements or ratios for fiscal years 2008 and 2009 prevent a reasonable assessment of ongoing financial stability based upon current financial data.	The audit for FY ending 30 June 2008 was received literally hours before we submitted the Compliance report and was not referenced in this section of the original Compliance report. The audit for FY ending 30 June 2009 had not been received.	Attach both the FY 2008 and the FY 2009 audits along with the University’s response to any findings. Construct a narrative to show how these audits demonstrate ongoing financial stability in light of current enrollment trends and other related factors.	C. Brooks Jan. 22, 2010
3.10.5	Control of sponsored research/external funds	“The University describes a program that provides appropriate controls, however little evidence was provided to support the narrative. Although the Principal Investigator’s Handbook was provided, no additional documentation of internal or external audits of sponsored programs, organizational structure, financial policies or staffing was provided.”	The Committee noted a lack of evidence beyond the PI Handbook and the annual State audit.	Look for internal and external audits as described in the Committee’s notes. (For Title III the University just went through an audit. Are there similar external audits? Are there any internal audits?) A narrative should describe these and evidence should be attached.	C. Brook and M. Thompson Jan. 15, 2010

3.11.1	Control of physical resources	<p>“The narrative and evidence provided do not provide information related to property administration/management procedures. This lack of information makes it difficult to adequately assess whether the institution has appropriate controls over its physical assets.”</p>	<p>Lack of information about property administration/management, including documentation of assessment both of the processes and the property.</p> <p>See also section 2.11.2 and 3.11.3</p>	<p>The narrative should focus on property administration and property management. Documentation should be included for assessment both of the processes and the property. The emphasis here is on CONTROL of physical resources.</p>	<p>R. Brooks</p> <p>Jan. 15, 2010</p>
3.11.3	Physical facilities	<p>“ . . . no evidence or documentation related to the adequacy, appropriateness or condition of the university’s facilities was provided. Based upon the evidence provided, the committee could not determine if the amount, type or condition of the space is appropriate for the enrollment and programs offered by the university.</p>	<p>See also Section 2.11.2 and 3.11.1.</p> <p>This is similar to section 2.11.2. The original narrative did not satisfactorily demonstrate, that the facilities are adequate in number/size, type or condition.</p>	<p>The narrative can describe and explain the THEC formula which determines the amount of space, but it must also address the type of space and the condition of the space.</p>	<p>R. Brooks</p> <p>Jan. 15, 2010</p>

4.7	Title IV program responsibilities	“ . . . since the last audited financials provided are for the year ended 2007, current compliance status cannot be assessed until those audit reports are received.”	The audit for FY ending 30 June 2008 was received literally hours before we submitted the Compliance report and was not referenced in this section of the original Compliance report. The audit for FY ending 30 June 2009 had not been received.	Provide a brief narrative referencing the FY 2008 and FY 2009 audits and including some information from the original report. Attach the audits.	C. Brooks and M. Freeman Jan. 22, 2010
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