QUALITY ASSURANCE VISIT (QAV) REPORT

Name of Institution: ACCET ID

Address:

Telephone: Website:

Primary Contact/Title/E-mail in AMS:

QAV Contact/Title/E-mail:

Date of visit:

Visit arrival/departure times:

Date of last accreditation visit:

Expiration of current accreditation grant:

Refer to Completion and Placement Committee? YES [ ]  NO [ ]

Refer to Financial Review Committee? YES [ ]  NO [ ]

Refer to Program Review Committee? YES [ ]  NO [ ]

Refer to Chair of Change of Ownership Committee? YES [ ]  NO [ ]

Other Issues Flagged?? YES [ ]  NO [ ]

State Issues Flagged? YES [ ]  NO [ ]

Commission Representative:

QUALITY ASSURANCE VISIT

1. STATE APPROVAL: In advance of the visit, contact the State approval agency, if applicable, to determine whether there are any outstanding complaints or State concerns with the institution.

State Approval Agency:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Title of State Contact:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last on-site visit by the State agency (month/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any outstanding State issues or concerns? YES [ ]  NO [ ]

If yes, identify this as a finding at the end of the report and describe the State issues/concerns.

1. CORRECTIVE ACTIONS: Verify that corrective actions identified in the institution’s response to the previous team report from the last accreditation visit were effectively implemented and that the areas of non-compliance were resolved.

In advance of the visit, review each Standard with a 1 or 2 rating in the previous team report and the institution’s response to the weakness. During the visit, review documented evidence to demonstrate whether the issues have been resolved, along with the narrative update provided by the institution as part of the Preparation Checklist.

Identify below: (a) the Standard, (b) a summary of the weakness, and (c) whether the issue is resolved, unresolved, or unable to be evaluated. Additionally, take the following actions:

* If resolved, describe the rationale for this determination, including the documented evidence reviewed.
* If not resolved or unable to be evaluated, identify this as a finding at the end of the report, along with the information requested below.
* Attach the institution’s narrative update as an exhibit.

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| Standard \_\_­­\_\_\_\_ Weakness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Is the weakness resolved? YES** [ ]  **NO** [ ]  **Unable to Evaluate** [ ] If no, identify this as a finding at the end of the report, including: (a) the Standard, (b) summary of the weakness, and (c) a brief description of the remaining issue/weakness. If Yes or Unable to Evaluate, briefly explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Standard \_\_­­\_\_\_\_ Weakness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Is the weakness resolved? YES** [ ]  **NO** [ ]  **Unable to Evaluate** [ ] If no, identify this as a finding at the end of the report, including: (a) the Standard, (b) summary of the weakness, and (c) a brief description of the remaining issue/weakness. If Yes or Unable to Evaluate, briefly explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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1. CONTINUOUS IMPROVEMENT: Review and attach the five areas of continuous institutional improvement identified by management during the QAV visit.
2. PROGRAM CHART: Review and attach the Program Chart completed by the institution. Verify that the programs offered by the institution are consistent with the programs approved by ACCET and, if applicable, the State approval agency. (Refer to the approved programs listed in AMS.)

Are the programs offered by the institution consistent with those approved by ACCET and, if applicable, the State? YES [ ]  NO [ ]

If no, identify this as a finding at the end of the report and specify the discrepancies, including any inconsistencies in program names and lengths.

1. OWNERSHIP: Verify that the institution’s ownership structure approved by ACCET is accurate and unchanged. (Refer to the ownership structure identified in the AMS Institutional Profile or Ownership Structure document.)

Was the ownership approved by ACCET verified? YES [ ]  NO [ ]

If no, identify this as a finding at the end of the report, including: (a) a description of the ownership changes and/or discrepancies and (b) an updated ownership chart (as an exhibit), which depicts the new and/or revised ownership structure.

1. REFUNDS: Select a sample of withdrawn/dropped student files (minimum 10) to determine whether refunds are made in an accurate and timely manner, using the checklist below. Complete the form provided (Review of Withdrawn/Dropped Student Files for Refund Purposes). Check for valid procedures, including the use of accurate dates, appropriate and timely refunds, and documented evidence of refunds.

Additionally, attach the completed form as an exhibit.

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| CHECKLIST* Accurate start date, leave of absence (LOA, if applicable), last date of attendance (LDA), and date of determination (DOD).
* Refund calculation documented. (Institutions must calculate refunds based on ACCET Document 31 – Cancellation and Refund Policy and, if applicable, the state refund policy and then make refunds based on *whichever policy is most beneficial to the student.*
* For all students who are Title IV recipients, the institution must also make the required calculation for the Return of Title IV Funds (R2T4).
* Timely refunds – refunds made within 45 days of date of determination.
* Evidence or documentation to show that refunds were actually made, including EFT (Electronic Fund Transfer) records, paper refund checks, or a combination.
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Is the institution’s cancellation and refund policy consistent with ACCET requirements?

YES [ ]  NO [ ]

Were refunds made in accordance with ACCET requirements? YES [ ]  NO [ ]

If no, identify as a weakness at the end of the report, and specify the areas of non-compliance.

1. ENROLLMENT AGREEMENT: Review the enrollment agreement to determine their compliance with ACCET Document 29.1 – Enrollment Agreement Checklist. Additionally, attach Documents 29.1 completed by the institution.

 Was the enrollment agreement consistent with ACCET requirements? YES [ ]  NO [ ]

If no, identify this as a finding at the end of the report and specify the items missing and/or non-compliant.

1. ADVERTISING/PROMOTIONAL MATERIAL: Review advertising and promotional materials utilized by the institution in the past six months, including the institution’s website.

Were the institution’s advertising/promotional materials consistent with ACCET requirements? YES [ ]  NO [ ]

If no, identify this as a finding at the end of the report and specify the areas of non-compliance.

1. ACTIVE STUDENT FILE REVIEW (Only Intensive English Programs): Review the institution’s academic progress policy to determine whether it is consistent with ACCET Document 18.IEP – Satisfactory Progress Policy. Additionally, select a sample of active student files (minimum 10) to determine whether student progress is being monitored consistent with the institution’s policies and ACCET requirements. Complete the form provided (Active Student File Review) and attach as an exhibit.

Is the institution’s satisfactory progress policy consistent with ACCET requirements?

YES [ ]  NO [ ]

If no, identify as a weakness at the end of the report, and specify the areas of non-compliance.

Was student progress monitored in accordance with the institution’s policy and ACCET requirements? YES [ ]  NO [ ]

If no, identify as a weakness at the end of the report, and specify the areas of non-compliance.

1. COMPLAINTS: In advance of the visit, review any complaints filed against the institution and closed with merit (full or partial) by ACCET since the institution’s last on-site team visit and, during course of the visit, ascertain whether the issues persist.

Were issues raised in the complaint(s) fully resolved? YES [ ]  NO [ ]  Not Applicable [ ]

If no, identify this as a finding at the end of the report and specify the areas of non-compliance.

1. COMPLETION: Review the institution’s policy for tracking and documenting completion rates. Review supporting documentation provided by the institution to substantiate the completions statistics for each program offered in the previous completed calendar year and the year-to-date (except in the April review cycle). Additionally, complete and attach the Completion Summary chart.

During the visit, verify the following:

* The institution has a written policy to track, document, and validate completion rates.
* The institution documents placements consistent with ACCET Document 28 – Completion and Job Placement Policy.
* All students reviewed in the sample meet the institution’s requirements for completion (e.g. attendance, GPA, externship, etc.).
* All programs offered by the institution meet ACCET’s minimum required benchmarks of 67% for completion.

Were the institution’s completion policies and procedures consistent with ACCET requirements? YES [ ]  NO [ ]

If no, identify this as a finding at the end of the report and specify the areas of non-compliance.

Were the completion rates verified and consistent with ACCET requirements?

YES [ ]  NO [ ]

If no, identify this as a finding at the end of the report and specify the areas of non-compliance, including any programs below ACCET’s benchmarks.

FINDINGS

Note: For each finding, identify the section (e.g. V – Ownership Verification) and describe the area of non-compliance.

EXHIBITS

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| **EXHIBIT #** | **EXHIBITS** |
|  | Institution’s Narrative Update on Follow-Up Improvements |
|  | Continuous Institutional Improvements |
|  | Program Chart |
|  | Ownership Chart (if applicable) |
|  | Review of Withdrawn/Dropped Student Files for Refund Purposes |
|  | ACCET Document 29.1 – Enrollment Agreement Checklist |
|  | Active Student File Review |
|  | ACCET Document 28.1 – Completion Statistics for each program |
|  | Summary of Completion Statistics  |
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PROGRAM CHART

List each program/course offered, denoting the clock (Clk.) hours, quarter (Qtr.) hour credits or semester (Sem.) hour credits. Indicate the number of students currently enrolled on the date(s) of visit or the month/year of last graduating class end date, if not offered at the time of the visit.

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| Name (Not Acronym) | Quantitative Measure | Enrollment | Schedule (Days of Week/Hours)\* |
| Programs/Courses | Clk.Hours | Qtr.Credits | Sem.Credits | # Enrolled or Last Grad. Date | Day | Evening/Weekend |
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|  Full-Time |  Part-Time |  |
|  |  Day |  Evening/Weekend |  Day |  Evening/Weekend |  Total |
| Current number of students enrolled in institution. |  |  |  |  |  |
| Current Number of Faculty. |  |  |  |  |  |
| Current number ofAdministrative/Support Staff. |  |  |  |  |  |

\*Schedule Examples: (1) M/W and/or T/TH 8:30 am to 1:30 pm; (2) M/W/TH 6:00 pm to 10:00 pm and Sat 9:00 am to 12:00 pm

Verified By: (Team Member) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

REVIEW OF WITHDRAWN/DROPPED STUDENT FILES FOR REFUND PURPOSES

(Note: If any item is not applicable, record “NA”)

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| Student Name | Last 4 Digits of SSN | Start Date | Scheduled End Date | LOAScheduled Return Date | LDA | DOD | % of Program/ Term Completed | Return of Title IV Funds Documented (Y/N) | Refund Properly Calculated & Documented[[1]](#footnote-1)(Y/N) | Refund Due(Y/N) | Proof of Refund(Y/N) | Refund Timely(Y/N &Date) |
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ACTIVE STUDENT FILE REVIEW

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| Student Name | Program | Start Date | Scheduled End Date | Initial Placement Level | Progressed through levels in sequential (linear) manner | Enrolled more than 36 total months at institution | Consistently meets minimum attendance requirements (no excessive absences) | Consistently meets minimum academic requirements. | If applicable, placed on academic and/or attendance probation | Has a documented learning plan, if repeated a failed level |  |
|   |   |   |   |   | (Yes/No) | (Yes/No) | (Yes/No) | (Yes/No) | (Yes/No) | (Yes/No) |  |
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EXPLANATIONS:

SUMMARY OF COMPLETION STATISTICS

Institution & City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting Period:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Program | #Net Starts | #Completers | % of Completion | Adjusted Completion Rate and/or Comments |
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1. If state licensed/approved, an institution must calculate refunds based on both the state refund policy and the ACCET refund policy (ACCET Document 31 – Cancellation and Refund Policy), and then make refunds based on *whichever policy is most beneficial to the students.* However, an institution does not have to make dual refund calculations for each former student, if it can provide documented evidence that, in all instances, either the ACCET refund policy or the state refund policy (if applicable) is most beneficial to students. [↑](#footnote-ref-1)