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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| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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. |

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. FEDERAL AUDITS/PROGRAM REVIEWS (Only Title IV eligible institutions)
2. Federal Audits: Review the most recent Student Financial Aid (SFA) Audit (FY\_\_).

Were there audit findings, which resulted in material financial liabilities?

YES  NO

If yes, identify as a finding at the end of the report and attach a copy of the SFA audit.

1. Program Review: Review any Program Review completed by the U.S. Department of Education and/or Audit by the Inspector General’s Office since the last on-site team visit.

Were there any Program Reviews and/or IG Audits with findings? YES  NO  Not Applicable

If yes, identify as a finding at the end of the report, summarize the findings, and attach a copy of the audit and/or review.

1. CATALOG AND ENROLLMENT AGREEMENT: Review the catalog and enrollment agreement to determine their compliance with ACCET Document 29 – Catalog Guidelines and Checklist and Document 29.1 – Enrollment Agreement Checklist. Additionally, attach Documents 29 and 29.1 completed by the institution.

Was the catalog consistent with ACCET requirements? YES  NO

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. 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 AND JOB PLACEMENT: Review the institution’s policy for tracking and documenting completion and placement rates. Additionally, select a student cohort for each program to verify the accuracy of reported completion and placement rates using the On-site Sampling Verification: Completion, Placement & Academic Data form. Review supporting documentation provided by the institution to substantiate the completions and job placements for the selected student cohorts.

Attach the completed Sampling Verification form and ACCET Document 28.1s 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 and Placement Summary chart.

During the visit, verify the following:

* The institution has a written policy to track, document, and validate completion and placement 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.) and placement, if applicable.
* All programs offered by the institution meet ACCET’s minimum required benchmarks of 67% for completion and 70% for placement.

Were the institution’s completion and placement 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 and, if applicable, job placement 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 and discounted placements.

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 |
|  | Student Financial Aid Audit (if applicable) |
|  | Program Review (if applicable) |
|  | ACCET Document 29 – Catalog Checklist |
|  | ACCET Document 29.1 – Enrollment Agreement Checklist |
|  | ACCET Document 28.1 – Completion and Placement Statistics for each program |
|  | On-site Sampling Verification: Completion, Placement & Academic Data form for each program |
|  | Summary of Completion and Placement 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 of  Administrative/  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 | LOA  Scheduled 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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SUMMARY OF COMPLETION AND PLACEMENT STATISTICS

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

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

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| Program | #  Net Starts | #  Completers | % of Completion | #  Waivers | **#** Eligible Completers | # Placed | % of Placements | Adjusted Placement Rate - If Applicable |
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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)