NINE (9) MONTH DISASTER COMPLIANCE ON-SITE EVALUATION REPORT

Current operations have been reviewed to determine the school’s compliance with the accreditation requirements listed below. The information provided in the Disaster Plan is verified by indicating “Yes”, “No”, “N/A” and/or selecting the applicable option observed by the evaluation team. Please write an explanation of how each item is in compliance or not in compliance.

1. NACCAS Requirements for Institutions that have Undergone a Disaster, Item #2:
   The school, in its plan for the facility, opted to: (Select One Option:)
   - [ ] Stay in its current facility
     Location Requirement: Location #1: Requires team to only be at this location
   - [ ] Go to a temporary location and then return to its approved facility at the former location
     Location Requirements: 2 locations:
     Location #1: Go to former location and take photograph(s) (to be an exhibit); then go to
     Location #2: Conduct evaluation at temporary location
     What was the date students began training at the temporary location? Click here to enter a date.
     What was listed as the projected date of return? Date: Click here to enter a date.
   - [ ] Abandon the current facility and plan to submit An Application for Change of Location for the new location.
     Location Requirements: 2 locations:
     Location #1: Go to proposed new location and take photograph(s) (to be an exhibit); then go to
     Location #2: Conduct evaluation at temporary location
     What was is the projected date to move to the new location? Date: Click here to enter a date.

Address of Location Affected by the Disaster:
Street Address: 
City State and Zip Code:  

Address of Temporary Location (if applicable):
Street Address: 
City State and Zip Code:  

Address of Proposed New Location (if applicable)
Street Address: 
City State and Zip Code:  

Based on the team’s observations, the school is following the option described in its disaster plan?

   [ ] Yes  [ ] No

Explanation of Compliance or Noncompliance:

2. [ ] Instructor Teaching Credentials Compliant with Applicable State Requirements (Standard II, Criterion 1 and Requirements for Institutions that have Undergone a Disaster, Item #3)

Explanation of Compliance or Noncompliance:
3. Current School License and Legal Authorization to Provide Training (Standard III, Criteria 1 & 2 and Requirements for Institutions that have Undergone a Disaster, Item #8)

Explanation of Compliance or Noncompliance:

4. Complies with applicable federal, state, and local statutes and regulations governing the operations of the institution including the NACCAS Rules of Practice and Procedure (Standard III, Criterion 3)

Explanation of Compliance or Noncompliance:

5. All institution records are maintained and safeguarded (Standard III, Criterion 14 and Requirements for Institutions that have Undergone a Disaster, Item #5)

Explanation of Compliance or Noncompliance:

6. Catalog meets requirements of Checklist (Standard IV, Criterion 3)

Explanation of Compliance or Noncompliance. Also include how catalog explains and/or provides for current operations (possibly temporary) location and address(s) where the institution will operate once disaster recovery is complete.

7. Enrollment Agreement meets requirements of Checklist (Standard IV, Criterion 7)

Explanation of Compliance or Noncompliance. Also include how enrollment agreement provides for operations at the current (possibly temporary) location and address(s) where the institution will operate once disaster recovery is complete.

8. Available textbooks, supplementary materials, products & equipment (Standard VI, Criterion 5)

Explanation of Compliance or Noncompliance:

9. Instructional areas allow for effective delivery of instruction and may accommodate students assembled (Standard VIII, Criteria 1 & 2)

Explanation of Compliance or Noncompliance:

10. Compliance with Regulations Governing Fire, Health, and Other Safety Issues (Standard VIII, Criterion 3 and Requirements for Institutions that have Undergone a Disaster, Item #8)

Explanation of Compliance or Noncompliance:
11. Facilities are used exclusively for training (Standard VIII, Criterion 4)

**Explanation of Compliance or Noncompliance:**

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12. Separate operations of the institution and other professional service facility is maintained (Standard VIII, Criterion 6)

**Explanation of Compliance or Noncompliance:**

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13. Information required by Policy VIII.01: Policy on Disasters and the NACCAS Requirements for Institutions that have undergone a Disaster document is verified by the team. Indicate “Yes”, “No” or “N/A” for each item:

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<tr>
<td>a.</td>
<td>Documentation showing current administrative and teaching staff (who transferred) and how adequate administrative capacity and teaching staff is maintained.) (Item #3)</td>
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<td>b.</td>
<td>If changes were made to the administrative and/or teaching staff, the institution has maintained an organizational chart which shows the job titles of individuals who will work at the new location, if applicable. (Item #3)</td>
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<td>c.</td>
<td>List of students enrolled as of the day of the disaster and for each student their current status (who transferred to current location, who withdrew, etc.) (Item #4)</td>
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<td>d.</td>
<td>Description of how any reports regarding attendance and enrollment are maintained (Item #4)</td>
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<td>e.</td>
<td>Description of how student records are maintained match description in Disaster Plan (Item #5)</td>
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<td>f.</td>
<td>Student enrollment prior to the disaster (Item #6)</td>
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<td>g.</td>
<td>Floor plan and square footage appear to match information provided as part of the Disaster Plan (Item #7)</td>
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<td>h.</td>
<td>Copies of current and valid permits, certificates, etc. to operate the business in the current facility. (Item #8)</td>
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<td>i.</td>
<td>Courses and/or programs being taught at the location during this period (Item #10)</td>
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| Provide a description and explanation of how the institution demonstrated that it is implementing elements of its disaster plan included in Items a-i above: |
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School Reference Number

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School Name

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School Owner/Designee Signature Date

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NACCAS Staff Member Signature Date

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Practitioner Evaluator Signature Date