

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:

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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:

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- 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:

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

Explanation of Compliance or Noncompliance:

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:

- a. ___ Documentation showing current administrative and teaching staff (who transferred) and how adequate administrative capacity and teaching staff is maintained.) (Item 3)
- b. ___ 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)
- c. ___ 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)
- d. ___ Description of how any reports regarding attendance and enrollment are maintained (Item #4)
- e. ___ Description of how student records are maintained match description in Disaster Plan (Item #5)
- f. ___ Student enrollment prior to the disaster (Item #6)
- g. ___ Floor plan and square footage appear to match information provided as part of the Disaster Plan (Item #7)
- h. ___ Copies of current and valid permits, certificates, etc. to operate the business in the current facility. (Item #8)
- i. ___ Courses and/or programs being taught at the location during this period (Item #10)

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:

School Reference Number

School Name

School Owner/Designee Signature

Date

NACCAS Staff Member Signature

Date

Practitioner Evaluator Signature

Date