Accreditation Visit Protocol

1. Introduction

The program you will be visiting as part of the NAEYC Early Childhood Program Accreditation process has shown a tremendous commitment to providing high quality early childhood education. Your arrival at their facility is the final step in their process of pursuing NAEYC Accreditation. It is important to show the utmost respect to all of the program and teaching staff as well as the children and their families throughout your time at the program.

In order that all programs receiving a site visit for NAEYC Early Childhood Program Accreditation receive a fair and equitable assessment, all NAEYC assessors must collect and report data consistently. The following protocol has been established to ensure that NAEYC’s Accreditation system is reliable and credible. All assessors must adhere to this protocol when conducting a site visit.

Currently, NAEYC-accredited programs may pursue accreditation for the school-age (SA) components of their programs. This School-Age Accreditation option is part of a pilot program from the NAEYC Academy. See Section 9 of this protocol for specific guidelines for completing NAEYC accreditation visits for programs seeking to combine their renewal accreditation visit with a School-Age pilot program assessment. See Accreditation Visits with a School Age Component for more information.

2. General Protocol

Sources of Evidence (SOE). Programs are evaluated using 5 sources of evidence: family surveys, teaching staff surveys, program portfolios, classroom portfolios, and observation.
Observable evidence is evaluated by means of 2 tools – the *Group Observable Evidence (GOE) tool* and the *Program Observable Evidence (POE) tool*.

**Accreditation Visit Schedule.** Each source of evidence reviewed, and the time allotted to complete the related assessment tool, is identified on the *Accreditation Visit Schedule*. The schedule will include the maximum protocol allowance for each scheduled task with assessor discretion for the *POE* task. The lead assessor is responsible for preparing and printing the schedule prior to arrival at the program. An example of an accreditation visit schedule can be found in the *Assessor Google Site*.

**Multi-site programs.** Site visits should occur on days that all sites are open for operation. For example, if one location closes for the summer on May 25th and the other location closes for the summer on June 15th, the visit needs to occur prior to the first closing date – May 25th.

**Multiple assessors.** If more than one assessor is involved, the schedule should specify what each assessor will be scheduled to do at all times.

### Determining the Length of the Accreditation Visit.

**Observations.** No more than 4 observations should be completed in one visit day per assessor. It is up to the assessor’s discretion to conduct a 4-observation accreditation visit in one or two days. Factors that should be considered when determining if a 4-observation accreditation visit should be completed in one day versus across two consecutive days would include:

- The program’s operating hours
  - Keep in mind that assessors should not request that programs extend their business hours rather than conduct the accreditation visit across two consecutive days.
  - The schedule must be created using the specific requirements outlined on the accreditation visit schedule template.

- Assessor availability (i.e.: visit load, personal commitments, etc.)
- Assessor stamina

**Visit Length.** Accreditation visits are completed in no more than 2 consecutive days. Accreditation visits should not be completed across a weekend (i.e.: visit begins on a Friday and is completed on a Monday), nor should there be an exclusion day in between a two-day accreditation visit.

Complete a maximum of 10 total observations per accreditation visit. The number of assessors and/or days may vary as follows:
Length of Visit Guidelines\(^1\) for Accreditation Visits\(^2\)

<table>
<thead>
<tr>
<th>This many observation(s) in the visit...</th>
<th>... will require ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2 or 3 observations</td>
<td>1 Assessor for 1 Visit Day</td>
</tr>
<tr>
<td>4 observations</td>
<td>1 Assessor for 1 or 2 Visit Days OR 2 Assessors for 1 Visit Day</td>
</tr>
<tr>
<td>5, 6 or 7 observations</td>
<td>1 Assessor for 2 Visit Days OR 2 Assessors for 1 Visit Day</td>
</tr>
<tr>
<td>8 observations</td>
<td>1 Assessor for 2 Visit Days OR 2 Assessors for 1 or 2 Visit Days</td>
</tr>
<tr>
<td>9 or 10 (max) observations</td>
<td>2 Assessors for 2 Visit Days</td>
</tr>
</tbody>
</table>

\(^1\) These are guidelines; there may be exceptions made by the Academy on a case-by-case basis. Contact the Academy for approval.

\(^2\) For length of visit guidelines for Reliability Visits, please see the Reliability Visits section of this protocol.

There may be times where it makes sense to change an accreditation visit from a 2-day to a 1-day visit mid-way through the visit. This may occur for a variety of reasons including shared classroom portfolios, a well-organized Program Portfolio, and a decrease in the number of observations, among other reasons. If it seems logical and fits with the assessor’s schedule, assessors may change a 2-day visit to a 1-day visit, but must call the Academy prior to making this decision. If this is the case, consider the following:

1. Have you thoroughly completed each task? Don't let time pressure compromise the quality of your assessments
2. How are you feeling? Do additional observations today only if you feel mentally and physically energetic.
3. How will you communicate the proposed schedule change to the program? State the facts that led to the potential schedule change and take care not to provide unintentional feedback. For example: Say, "I was able to complete a full review of your Program Portfolio in 1.5 hours" vs. "The PP was so organized I didn't need the full 2.5 hours" or you could say, "Because all 6 preschool groups shared a single CP, we now have 2.5 additional hours to work with in today's schedule." vs. "You didn't tell me you had shared CPs. Sharing CPs like you have has really saved me some time!"
4. Can the remaining tasks be completed within the program's operating hours? If not, inform the program administrator what your proposed revisions to the schedule are and solicit their feedback. In this case, the program will be the deciding factor in whether the visit can be completed in a reasonable time frame outside their normal business hours, or that the visit will conclude on the next day as scheduled. The program has the right to refuse a request to extend the assessment day beyond their operating hours.
Timing. While the Accreditation Visit Schedule is tailored to meet the individual scheduling constraints of each program, the review of each source of evidence must always occur within the time frames specified below.

Copies. If there is a co-assessor on the visit, transmit a copy of the schedule to him or her before the visit. Bring a hard copy of the schedule for the program administrator.

Changes. Each assessor should annotate his or her copy during the visit to show the actual times each scheduled task was performed. Assessors should record actual task start and finish times even if those times are identical to the scheduled times already on the schedule. Before the end of the visit, the lead assessor is responsible for creating a final annotated copy of the visit schedule, showing the actual time all tasks were begun and ended, and by whom. This annotated final schedule becomes part of the accreditation visit process verification procedure and must be submitted to the NAEYC Academy along with the visit process forms outlined below within 5 business days of the visit.

Signatures. During the Closing Meeting the assessor(s) and program administrator will check a box on the Visit Signature Form indicating that they have jointly reviewed a final annotated copy of the accreditation visit schedule. The Visit Signature Form will then be signed digitally at the end of the visit. Assessors are expected to conform to NAEYC standards for ethical conduct at all times. Everything assessors see and hear on a visit is confidential. Assessors do not repeat anything about the staff, children, or facility to those outside the NAEYC Academy staff structure.

Tools. NAEYC visit tools and worksheets are proprietary and are NOT to be shown to, or otherwise shared with, program administrators or staff during the visit. You may share the visit process forms, which are posted publicly on the NAEYC website.

Arrival. If the program opens at 7:00 am or earlier, arrive between 7:00 am and 7:15 am; otherwise arrive within 15 minutes after the program’s opening time. If the program opens between 6:00 am and 7:00 am, assessors may decide to arrive as early as 6:00 am to accommodate other scheduling needs. If, by starting the visit after 6:00, the visit would change from a 1 day visit to a 2 day visit, the assessor must start at 6:00 am. For example, assessors may choose to arrive at a program beginning at 6:00 am if the program is OPEN and this arrival time would allow the visit to be completed in one day. Assessors do not need to consult the Academy for prior approval to make this time adjustment.

If more than one assessor will be part of the assessment, plan to meet outside the program and enter as a team.

ID. Wear NAEYC identification badges during accreditation visits.

Accepting Refreshments and Resources. With a few exceptions, assessors may NOT accept refreshments or resources (phone use, office supplies) from the program. The exceptions are:

- Assessors may accept water from programs at all times.
- Assessors may accept coffee or tea if the program normally provides these beverages on site. Assessors may not accept coffee or tea purchased for them off-site.
Assessors may accept other light refreshments if failing to do so would offend the cultural norms of the program.

Assessors may ask to have the program make copies of the paper documents still in use on the visit (schedule, MERF, survey summary sheets, RCDF). If an assessor needs to print or photocopy additional documents in order to conduct the accreditation visit, the assessor may ask for permission to use the program’s computer, printer and/or photocopier. This should be a rare occurrence – only if the assessor experiences a technical difficulty with digital data collection and needs to revert to paper forms or tools. If you must copy at a visit site, you must do it yourself (or stand by while staff helps you access the documents). You cannot give proprietary documents to program staff. Offer to pay the program for printing or copying. If there is a charge, pay it and submit the expense to NAEYC.

Assessors should be prepared to carry meals, snacks, drinks, office supplies, and a mobile phone to the site, or should have informed themselves of available resources nearby before the start of the visit.

**Demeanor.** Be cordial and pleasant (Smile!) when interacting with staff and children. Remember that staff may be nervous about your visit and they will do their best if you can put them at ease. While you should do minimal talking in the classrooms during observations, you may certainly make common small talk with staff. Do respond briefly to children when not doing so would set an awkward tone. Move if you are in the way of program administrators, teachers, children or families.

**Dress.** Wear functional “business casual” clothing for visits. You can expect to go outside, sit in tiny chairs or on the floor, and spend long hours at programs. Dress appropriately. Consider wearing layers, as you never know if a program’s facility will be too hot or cold. Also, do not wear anything (jewelry, bright clothes) that calls attention to you. You want to blend into the background as unobtrusively as possible.

**Your Belongings.** Limit the personal belongings you take into a program. Whenever possible leave personal items in a locked car. However, if this is not possible, consult with the program administrator to find a safe location to store your belongings during the visit. This is an important safety precaution as purses and bags can contain items dangerous to children.

If you bring food into the program, be aware of food restrictions that might be in effect. For example, if the program forbids peanut products throughout the facility due to a severe allergy, do not bring such products into the center.

**Lunch Break.** Lunch breaks are recommended, but it is left up to the individual assessor to decide whether to work through lunch, eat on premises, or take a longer break off premises. If you leave the premises for a lunch break, notify the program staff when you are coming and going. Secure all equipment (e.g., tablet) and confidential or proprietary information while you are off the premises.

**Telecommunications.** If you carry your mobile phone into the program, be sure it is in silent mode so that you do not interrupt the on-going program activities/environment. Do not make or receive phone calls during classroom observations. If your tablet is enabled to
notify you of email or text messages, do not open or send emails or text messages during classroom observations.

**Closets.** Do not look through closets, drawers, cabinets, or other closed spaces without first getting the program administrator’s permission. General permission to look where needed should be obtained at the Orientation Meeting (see below).

**Order of Tasks during the Accreditation Visit.** Some tasks on the accreditation visit must be done in a specified sequence, or at a specific time with respect to the beginning or end of the visit. Other tasks may be ordered in whatever way best suits the assessor’s appraisal of the program’s schedule and the assessor’s needs. Factors affecting scheduling and order of tasks include:

- the time of day the program opens and closes;
- whether groups to be observed meet full days, part days, and/or not every day;
- whether groups to be observed have nap times;
- the size of the program, including whether the program is a program with satellite locations.

The following tasks must be executed in a specified sequence or at a specific time:

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation Meeting</td>
<td>Immediately upon arrival on the first day of a visit. There are a number of information-gathering and information-giving tasks that must be done as part of the Orientation Meeting.</td>
</tr>
<tr>
<td>Evidence Check Form and Required Criterion 5.A.03 Worksheet</td>
<td>Complete this form and worksheet immediately after the Orientation Meeting. The 5.A.03 Worksheet will have to be reviewed after group observations are completed and before presentation of the MERF, to ensure that classroom staff reported during Orientation Meeting were in fact seen in the observations.</td>
</tr>
<tr>
<td>Missing Evidence Request Form (MERF)</td>
<td>Compile missing evidence during review of the Program Portfolio and surveys. Complete the form and present it to the administrator about 2 hours before the end of the visit. Receive additional evidence and complete tool ratings about 1 hour before the end of the visit.</td>
</tr>
<tr>
<td>Closing Meeting</td>
<td>Last scheduled task on last day of visit. Several forms, such as the Visit Signature Form and the Process Verification Form, are completed during the Closing Meeting. Most other tasks and forms must be completed before the Closing Meeting.</td>
</tr>
</tbody>
</table>

The remaining tasks described below can be done in any sequence. Note that some of them do require specific time durations, or minimum (“Allow AT LEAST xx minutes”) durations. Some task durations, such as those for orientation and closing meetings, are given as estimates (“Allow about xx minutes”) to be used in constructing the schedule.

**Assessor Equipment and Supplies for the Visit.** A set of the digitized, writable PDF assessment tools, process forms and worksheets can be found on the Visit Document Master List, found on the Google Site. Assessors download these visit documents onto their tablets,
creating a set for each program visit. Details of the download process are to be found in the Accreditation Visit-Pre-Visit Protocol and Procedures (Pre-Visit Protocol and Procedures AV) which is available to assessors.

The visit documents have been formatted and optimized for use on tablets. In the event that there is a catastrophic failure of the tablet the assessor will need to print the forms, tools and worksheets to complete the visit.

To print digital forms, tools and worksheets you must adjust the printer’s default settings to allow the pages to fit standard letter-sized paper. Look for print options such as “fit to page”, “scale to page”, “shrink to printable area”, etc. If you are at a copy center, just tell the copy clerk the documents need this adjustment to printing. You will find the adjusted documents are very legible.

You will also need to print out the ‘All-Criteria Tool’ as a reference for guidance if there has been a catastrophic failure of the tablet. This document can be found on TORCH in folder 2: The 10 Standards. Assessors should save a copy of this document on a jump-drive or alternative back-up source for cases such as these.

3. Orientation Meeting with the Program Administrator
   (Allow about 30-45 minutes)

The accreditation visit begins with an orientation meeting between the assessor(s) and the program administrator.

**Introductions.** The lead assessor should identify him- or herself as such, and introduce all other assessors. If you are doing a multi-day visit, you may choose to give the program administrator a business card that includes your cell phone number(s). It may become important for program staff to be able to contact you by phone if a problem arises after hours, between your days at the program. If this is a reliability visit or a research visit, remind the program administrator and staff that this is the case.

**Schedule.** Review the Accreditation Visit Schedule and provide a copy to the program administrator. Leave the names of the teaching staff off of the schedule prior to the Orientation Meeting. At this time, ask the program administrator for the names of the teaching staff who will be with each randomly selected group for observation and add them into the schedule. Ask the administrator if any break subs or “other adults” are scheduled to be in the groups during the observations; note these on the schedule as well.

As you review each group with the program administrator, confirm the age category(s) for each group. If there are mixed-age groups (Infant and Toddler, etc.) verbally confirm with the program that they are prepared for you to review the group’s Classroom Portfolio using criteria from each age category, as well as assess the group through observation using the criteria in each age category.

Verify that you are observing at least half of the total number of all groups (to a maximum of 10 observations), and seeing at least one example of each age category in the program. Also verify that the scheduled times for group observations are times when those groups are in session and not napping. For programs with infant groups verify that all infants are not
anticipated to be asleep during the scheduled observation time. (Note: Any time when a
group is in session with one or more awake children is a valid time to observe.)

Observation times should NOT be moved or rescheduled around ‘specials’ such as art,
music, or walks. Observation times may be moved or changed if a group is going on a field
trip or will be transported off-site; otherwise assessors should make every effort to observe
groups at the times originally scheduled.

**Portfolios.** Tell the program administrator that only the Classroom Portfolios for the
selected classrooms will be reviewed.

If the program has created electronic classroom or program portfolios, verify that the
schedule allows time (10 – 15 minutes) for program staff to orient you to the portfolio
software, computer and logistics. This is not a time in which evidence is being assessed, but
rather an opportunity to understand the mechanics and navigation of the electronic
portfolio(s). This may include the password(s) and log-in information necessary to complete
the review, location of the portfolio on the computer, and other such information. All
passwords and log-in information will remain confidential.

Review of the Program Portfolio and the Classroom Portfolios should occur in a private
space, preferably not in an active classroom.

**Survey Evidence.** Request to have the completed NAEYC Family and Teaching Staff
Surveys available to review after the Orientation Meeting. Inform the administrator that the
Family and Teaching Staff Surveys will be checked following the Orientation Meeting using
the Evidence Check Form. Review the form with the program at this time. After the
Orientation Meeting, complete the Evidence Check Form.

These documents are not sent back to the Academy but are verified on-site for completion. If
the program collected the surveys via an online survey service, request a printout(s) that
provides the following information:

- The language of each question included in the survey
- The total number of individual surveys completed for all sites within the program
- The individual responses to each question for each survey completed

If the program is unable to print the necessary information request access to the survey
website to verify the results online.

Whenever possible, summaries of NAEYC survey ratings are now collected as digital
documents by the assessor in advance of the accreditation visit (see Pre-Visit Protocol and
Procedures-AV). If you have already received these digital documents from the program,
verify the information on the Evidence Check Form, after the Orientating Meeting. Also,
during the orientation meeting, request access to the actual surveys returned (which are not
sent back to the Academy).

If you were unable to receive digital copies of the survey summary sheets before the visit, the
assessor should still request digital versions of the NAEYC Self-Assessment Family Survey
and NAEYC Teaching Staff Survey summary sheets on the day of the visit, this is to prevent
potential errors in submission to the Academy. If the digital versions of the surveys are sent
to the Academy on the day of the accreditation visit, assessors should also request a printed
hard copy of the summary information forms at this time. Do not accept any survey evidence after the start of the Closing Meeting.

After the Orientation Meeting, complete the Evidence Check Form. Refer to the “Teaching Staff Surveys and Family Surveys” (below) for information on how to proceed if survey evidence is incomplete.

**Observed Staff First Aid Documentation.** Request that documentation of pediatric first aid and pediatric CPR training be available for each of the staff members to be observed. These documents are used in conjunction with group observable evidence to make ratings on the Program Portfolio and GOE tools.

**Staff Changes.** Verify that no staff changes have occurred since the last communication with the NAEYC Academy. If there has been a change in staff, the program administrator must compile the staff qualifications for the new staff and identify the changes on the Fax Cover Sheet for Staff Changes for the Site Visit. A link to the Fax Cover Sheet for Staff Changes for the Site Visit form is included in the Administrator Information Packet (see “Administrator Information Packet” in Pre-Visit Protocol-AV). This information must be returned to the NAEYC Academy via fax (202-232-1720) or email (accinfo@naeyc.org). Further instructions and detailed response options are found on the Fax Cover Sheet for Staff Changes for the Site Visit form.

Note: Assessment of staff qualifications is done by NAEYC Academy staff in Washington, DC; assessors do not rate the information.

**Children with Special Needs.** For each group that will receive an observation, confirm which groups include children with identified special needs, and identify the types of special needs.

**Accreditation visit Process Forms.** These forms are available to the Program Administrator in the Administrator Information Packet. View the digital forms on your tablet with the Program Administrator. Review the hardcopy of the Missing Evidence Request Form, and Required Criterion Diagram Form. Briefly explain the purpose of each form, and answer any questions the administrator may have.

**Access to materials.** Tell the program administrator that you will be looking through books, CDs and other materials in the classrooms during observations. Ask for permission to open closets, cabinets and drawers while in classrooms, in order to best make ratings of which criteria are met. If necessary, clarify with the administrator which spaces in each classroom may or may not be accessed.

Note to administrator: The assessor can only give credit for materials and equipment that he or she has access to. It is generally to the program’s advantage to allow access to classroom storage areas during the site visit.

**Tamper-resistant outlets.** Ask the program administrator if the program has any tamper resistant outlets in the center. If only some groups utilize tamper resistant outlets, confirm which groups and note this on the Process Verification Form.

**Data collection physical tools.** Show the program administrator the physical tools used to ensure accurate data collection:

- *Measuring tape* for evaluating criteria with specific measurement components.
● *Choke tube* for assistance in determining if toys are too small for infants and toddlers.

**Facility Orientation.** Ask the program administrator for a short guided walk through the facility. Make it clear that this is not the official Program Observable Evidence data collection time, but just an orientation.

With the administrator’s assistance, complete the *Outdoor Learning Environment Form* (part of the Forms Document) during the Facility Orientation. Follow the directions on the *Outdoor Learning Environment Form* and see details of protocol below.

If possible during the facility orientation, touch base with the teaching staff of any infant groups to be observed to determine if all infants are anticipated to be asleep during the scheduled observation. You will have already asked the program administrator, but often classroom staff knows more precisely.

If the program occupies part of a larger facility, be sure you understand where the program’s space begins and ends. Also have the program administrator point out where staff files are kept, and identify the location where the assessor’s review of the program documentation (portfolios, surveys, etc.) can be completed in private.

**Meeting completion.** Finally, review the *Process Verification Form*, confirming that all Orientation Meeting tasks were addressed and that the corresponding check boxes are checked. Note on the visit schedule the time the Orientation Meeting ends. Thank the program administrator, smile, and begin the assessment!

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### 4. Accreditation visit Tools and Survey Evidence

Each of the visit tools includes a “Notes Page” following the criterion rating pages. The notes page includes a series of brief global rating scales and a space for open-ended narrative notes. The global rating scales must be completed on all tools. Assessors may make criterion-specific comments anywhere on any tool (right margins preferred); however general notes should be included on the Notes Page. If an assessor chooses to take notes using paper during an observation, the notes should be added to the assessment tool, word for word, before completing the visit. Notes are optional on the following tools -- *Program Observable Evidence (POE), Program Portfolio (PP)* and *Classroom Portfolio (CP)*. There are no notes pages associated with the survey evidence.

**Program Portfolio (Allow 2.5 hours)**

Program Portfolio (PP) evidence may be organized and presented in a variety of ways. You may see crates and/or binders of information, or an e-portfolio on a computer. Evidence may be arranged by standards and criteria or by some other organizational scheme. Programs are asked to clearly highlight and/or label each piece of evidence with the criterion(s) and indicator(s) they believe it meets. However, it is possible that this may not have been done. If the evidence provided is not well organized or labeled, review the information given and do your best to rate each criterion/indicator on the *Program Portfolio Assessment Tool*.

When using the PP tool on your tablet, if at all possible assessors should plug the tablet into an outlet in order to preserve battery life for observations. Assessors must complete the rating
scales on the PP Notes Page following the completion of the PP. Narrative notes are optional for this tool.

**Duration and Scheduling of PP Review.** Because it takes a long time to review the Program Portfolio, assessors may divide the 2.5 hour allotment for PP review into 2 separate times on the schedule. However, if the PP review time is separated the review must still be completed in one day (for two day visits) and by one assessor (for visits with multiple assessors). It is important to use the full amount of time allotted if needed to thoroughly review the Program Portfolio. The review should take at least an hour. If you complete the review of all information submitted in less than 1 hour 30 minutes, you must explain the reason why on the Program Portfolio Notes Page. If you rated ‘5’ on both of the Notes Page rating scales, this is sufficient to explain why the review took between 1 hour and 1 hour 30 minutes and you don’t need to write a note. However, if ratings are ‘4’ or less, a note describing why it took less than 1 hour 30 minutes is required.

If either Notes Page rating scale is given a ‘1’ or ‘2’ rating, provide more detail in the narrative notes section of the page.

**Missing Evidence.** There is an opportunity to provide the program administrator with a written list of missing evidence (see **Missing Evidence Request Form: Accreditation visit procedure, below**) near the end of the accreditation visit. It is important that assessors do not discuss the evidence presented, but simply identify a list and brief description of the criteria and indicators for which more information is needed. Compile a list of missing PP evidence onto the **MERF** as you review the Program Portfolio. The MERF document is in a paper format.

**Assessing staff qualifications criteria 6.A.05, 6.A.06 and 10.A.02.** Because the assessment of staff educational qualifications is a complex process requiring review of many documents, it is performed by Academy staff in advance of the accreditation visit. Documentation of educational level of teacher assistants, teachers and the program administrator is received when programs submit their candidacy materials. Academy staff review documentation for all staff and make ratings of whether the program meets the three related criteria. These ratings contribute to the accreditation outcome decision but are not assessed during the accreditation visit.

**Assessing Required Criteria 5.A.03 and 10.B.04.** In order to rate these criteria on the Program Portfolio, assessors must first complete 2 digital worksheets (included in the Worksheets Document):

- Complete the **Required Criterion 5.A.03 Worksheet** by verifying pediatric first aid and pediatric CPR training documentation. Review documents for each classroom staff person who was observed in a group, and who was identified as having completed appropriate training. Follow directions on the worksheet and, if necessary, on the **Missing Evidence Request Form: Accreditation visit** in order to arrive at a final rating for 5.A.03 on the Program Portfolio. See detailed instructions for these forms below.
- Complete the **Required Criterion 10.B.04 Worksheet** by verifying that the program is currently licensed or regulated. See detailed instructions for this form below.
Assessing Required Indicator 5.A.12a: For details about how to access Required Criterion 5.A.12a see the Infant Sleep Equipment Protocol.

Classroom Portfolios (Allow 30 minutes each)

Classroom portfolios (CPs) should be reviewed in a private location. Classroom portfolios are rated for only the groups selected for observation in the randomization protocol. When reviewing CPs, if possible plug your tablet into an outlet to preserve battery life for observations.

Shared CPs. Programs are permitted to submit a single classroom portfolio to represent more than one group. Typically this is done when teaching staff work together in planning and implementing the curriculum; when the age categories of the groups are the same; and when the experiences of the children in each group are very similar. Programs may choose to streamline CPs outside of these guidelines as well. Rate shared CPs based on the program’s description. If you have any concerns about whether the CP provides adequate evidence for all the groups it was said to represent, make note of that on the CP Notes Page.

If a shared CP is presented, assessors rate the portfolio only once, completing one Classroom Portfolio Assessment Tool for the portfolio in question. Note on the cover page all the groups to which the rating applies; name the digital CP document to show all the groups to which it applies (for example, “123456CP1and3”; see Pre-Visit Protocol and Procedures-AV for details). Also note on your visit schedule that the CP assessment period included multiple groups with one portfolio reviewed.

Relationship to Observational Evidence. Assessors may schedule the review of a group’s classroom portfolio either before or after the time of the group’s observation. In either case, a group’s classroom portfolio evidence must be rated independently of what was directly observed in the classroom. Evidence from each source must stand on its own.

Duration of Assessment: It is important that the assessor use the full amount of time allotted to review each Classroom Portfolio if it is needed. Remember that evidence supporting a criterion may be unlabeled, or labeled for a different criterion. Allow 30 minutes on the schedule; take no less than 15 minutes and no more than 45 minutes to review a CP. If you take 15-20 minutes to review a CP, or over 45 minutes to review a CP, explain why on the Classroom Portfolio Assessment Tool Notes Page. If you rate ‘5’ on both of the Notes Page rating scales, this is sufficient to explain why the review took between 15 and 20 minutes. However, if either rating is ‘4’ or less, a note describing why the review took between 15 and 20 minutes is required.

Notes Page: Assessors must complete the rating scales on the CP Notes Page following the completion of the CP. Narrative notes are optional for this tool. However, if either Notes Page rating scale is given a ‘1’ or ‘2’ rating, provide more detail in the narrative notes section of the page.

Program Observable Evidence (Allow about 15 -- 30 minutes)

The Program Observable Evidence (POE) Tool contains a set of criteria that require overall review of the program facility, both inside and outside. The assessment tool primarily looks at the adult spaces of the program and requires a careful review of what spaces and materials are accessible to children. “Accessible to children” means closets, corridors, kitchens, staff
bathrooms and other non-classroom areas that are unlocked and unstaffed at the time of the assessment. If you are assessing a program with satellite locations, conduct only one POE assessment, at the site with the largest number of classrooms.

Note that the program observation made while completing the POE Tool is not the same as the facility orientation done as part of the Orientation Meeting. Assessors must complete the POE Tool unaccompanied by program staff. And like other observable ratings, POE Tool ratings must be made while the observation is in progress -- not afterward.

Assessors must complete the rating scales on the POE Notes Page following the completion of the POE. Narrative notes are optional for this tool.

**Group Observable Evidence (GOE)**

*Allow EXACTLY 1 hour for direct observation + an optional 10 minutes for supplemental location (indoor, outdoor) observation for each group + an optional 10 minutes for supplemental infant observation. There must be an "optional" 10 minute time exception available on the Visit Schedule for each group assessed (this time may not be merged with the POE on the schedule).*

**Selection of Groups to Observe.** Random selection of classroom groups for observation is necessary to maintaining the validity of the NAEYC Accreditation system. Random selection is a research-based practice that allows for confidence in the assessment system by assuring that no human bias factors potentially contribute to the decision as to which groups are observed. Groups are identified prior to the accreditation visit and are reported to the program administrator as part of the Accreditation Visit Schedule.

Determining which classroom groups and how many classroom groups are observed during an accreditation depends upon the following guidelines:

- Observe at least 50% of the total number of groups in the program, to a maximum of 10 observations in all;
- Observe at least one group from each eligible age category (infant, toddler/two, preschool, kindergarten);
- In programs with satellite locations, observe at least one group from each site; and
- Within each age category, use random selection to pick specific groups to observe.

There are special considerations related to mixed-age groups and the use of developmental age versus chronological age for children with special needs. Detailed information, regarding mixed-age groups and the use of developmental age versus chronological age for assessment tools, can be found in the Appendix 3: “Classroom Selection and Randomization” in the Pre-Visit Protocol and Procedures-AV.

**Guidelines for Conducting Group Observations.** The following guidelines will help ensure that the group observation process is conducted as unobtrusively as possible and will help to make this a positive experience for everyone involved.
● Begin a group observation if the group includes at least one awake child and one teaching staff member. Do not begin an observation if no children have arrived, or if all children have departed for the day, or if there are children present but they are all asleep.

● Group observations should last exactly one hour (no more nor less than 60 minutes). This means that you stay with children and staff for one hour, wherever they are. However, there are exceptions to the 60 minute time rule. You are allowed an additional 10-minutes of observing time (1) if you do not get to adequately observe interior and/or exterior group environments, and/or (2) if infant observations result in less than 20 minutes of “awake” time (see details below).

● Be sure the time you start the group observation is noted on the GOE cover page along with the time you leave the group. There is also a place on the cover page to record the start and stop times of 10-minute additional exception(s) if you need them.

● Special Protocol for Infant Groups: When observing infant groups, you may begin an observation if at least one infant is awake. However, at least 20 minutes of total “awake” time must be observed; the minutes of “awake” time do not need to be consecutive. If by the end of the 60 minute observation, 20 minutes of “awake” time has not been observed, an additional 10 minute time exception is allowable to complete the infant observation. If at least one child is awake at the end of the regular period, continue the observation for up to 10 minutes. If no child is awake at the end of the regular period, return to the group later in the day to observe awake infants for up to 10 additional minutes. Make a note if this is the case and speak with the staff to arrange an appropriate time to return to the group when the children will most likely be awake. Make a notation of the total “awake” time and any time frames in which all infants are asleep on the GOE Notes page. If at the completion of the observation you have still not observed a total of 20 minutes of “awake” time including the 10 minute time exception, leave the room and contact the Academy for further instruction.

● Upon starting each observation, confirm the names of the teaching staff present and the status of other adults present (parents, volunteers). It may be that you can determine the names of the staff present by reading their nametags, seeing their photos posted, or listening to their conversation. If none of these means is available, briefly ask staff to confirm names, and then begin the observation. You do not need to ask classroom staff about children with special needs, or dialogue with them about looking through closets and cabinets. Keep all talk to a minimum.

● Do not interfere with the classroom activities in any way. Be as unobtrusive as possible. Move if you are in the way of teachers or children.

● Station yourself around the perimeter of the classroom as inconspicuously as possible. You may walk around to get a better vantage point during the observation. When observing with another assessor, stay inside or go outside together.

● You may sit in a chair or on the floor. Do not sit on other furniture such as shelves, tables, the children’s chairs near an activity table, or on play equipment.

● Refrain from talking to other assessors when you are in the classroom. Do not receive or make phone calls or text messages during observations.

● Silence your cell phone and/or your tablet.
- You may acknowledge children if they approach you, but do not otherwise take part in classroom activity. You can tell them that you are watching them play today or that you have to finish your work.

- Try to keep a pleasant or neutral facial expression so children and/or staff are neither drawn to you nor concerned about your response to them.

- Note if staff are not present with the group for the entire observation or for only some portion of the time. This is critical for verifying that at least one staff member is present at all times who has current pediatric first aid and pediatric CPR certification as described in required criterion 5.A.03.

- Remember when conducting the classroom observation, you are considering the full experience of the children in the identified group. Therefore, in instances where two or more groups are combined (for example, in the outdoor space), all teacher–child interactions should be considered when completing ratings.

- Remember to bring your measuring tape and choke tube into the observation. Wear your booties into infant rooms that do not allow shoes. Bring your outdoor wear if there is a chance you will be following a group outside during the hour.

- Assessors are required to make notes within the GOE Notes Page. Note generally what went on in the observation period. It may also be helpful to make criteria-specific notes in the margins throughout the tool, beside the applicable criterion; note what was observed that led to negative ratings for specific criteria. When writing notes, keep the notes as objective as possible. State the facts and describe what you are seeing. Keep the notes specific to what you are seeing and what is occurring during the one-hour observation. Do not give general information regarding the program, the weather, or situations unless they directly pertain to and have affected the observation. Assessors are also required to complete the rating scales on the GOE Notes Page in addition to writing general notes regarding what occurred during the observation period. The rating scales are not a substitute for writing general notes.

- If an assessor witnesses the possible failure of a required criterion during an observation, the assessor is required to write detailed notes describing what child and/or adult was involved, the physical layout of the environment (if applicable), the time or duration of the incident (if applicable) and the setting. Rather than include the notes on the GOE Notes Page, assessors are encouraged to pull up the Required Criterion Report Form during the observation and make the notes describing the situation directly on the RCRF rather than transfer them from the GOE Notes page to the RCRF following the observation. Be sure to make a note on the GOE Notes page that a detailed description of a possibly failed Required Criterion can be found on the RCRF. If there is a half-wall, bookcase, full-wall, window, door, or any other physical structure in the classroom that is pertinent to the description of the incident, make the location and placement of the physical structure clear. If you need to draw a sketch or diagram of the setting, use the Required Criterion Diagram Form (a paper document). Be sure to note on the GOE Notes page that a diagram was completed.

- If an infant is observed being placed to sleep in a position other than his/her back, at the end of the observation confirm the name and age of the child. If the infant is 12 months...
or younger you will request a doctor’s note for that child on the MERF. See the MERF procedures for further information.

- Rate any criteria relating to outdoor learning environments based on the outdoor learning environments identified by the program administrator and noted on the Outdoor Learning Environment Form completed during the Orientation Meeting. See the Outdoor Learning Environment Form section below if the Outdoor Learning Environment Form indicates that the group goes on walks only, and no walk is observed.

**NAEYC Teaching Staff Surveys and Family Surveys (Allow about 5 minutes total)**

Refer to section 3 (Orientation Meeting with the Program Administrator), Survey Evidence, for survey collection instructions. Whether you have received digital copies of the NAEYC survey summaries prior to the visit or paper copies during the orientation meeting, ensure that the Program ID is correct and included on the documents. For programs with multiple sites, all Teaching Staff Survey responses should be accounted for on one Teaching Staff Survey Summary Sheet and all Family Survey responses should be accounted for on one Family Survey Summary Sheet.

Review the hard copies of the returned NAEYC surveys after the Orientation Meeting. If the program sent the surveys to families and staff via an online survey service, review a printout and/or log into the survey website to verify the following items:

- The surveys say “Self-Assessment” in the upper right corner of the page. If they say “Self-Study”, see instructions for “Incorrect Survey Version”, below.
- The total number of surveys completed appears to match the response rate reported on the summary sheets.
- The responses to each question appear to match those reported on the summary sheets.

If the actual surveys returned to the program are not available (in either hard copy, website printout, and/or on-line), check ‘No’ on the “Returned surveys are present.” section on the Evidence Check Form for the applicable survey(s).

If the program has summarized the surveys using NAEYC’s “Family Survey Results” and “Teaching Staff Survey Results” Excel workbooks (found in the TORCH resource library), the worksheets the assessor needs to receive are titled:

- **Spreadsheet for Teaching Staff Survey Results in Self Assessment**
- **Spreadsheet for Family Survey Results during Self Assessment**

Assessors do NOT need to collect worksheets titled Criterion Ratings from Teaching Staff Summary Responses and Criterion Ratings from Family Survey Summary Response”; these are for the program’s use only.

**Alternate Summary Format**. Although NAEYC provides Excel worksheets among the self-assessment resources to facilitate compilation of the survey data, it is not necessary that programs present these worksheets. Any clear tally of survey responses (data show actual numbers of “Yes”, “No”, Don’t Know” and “Not Applicable” responses for each question) is acceptable as evidence, including summary evidence from on-line administration of the
surveys using Survey Monkey or a similar program. If survey responses have not been tallied, inform the program administrator that you need the summarized information in order to complete the assessment. Request that the tallies be provided before the scheduled time of the MERF, which will serve as a reminder to you that the task has not been completed.

**Review Survey Summary Forms:** Briefly review the summary forms given to you to ensure that the data is complete. Quickly check for the following items:

- All pages of each summary form are included
- The responses entered for each question appear to correspond to those provided on the returned surveys
- There are no blank cells or missing questions.

If the data appears incomplete, check ‘No’ on the “Results are tallied and complete” section of the Evidence Check Form for the applicable survey(s).

Teaching Staff Surveys must have an 80% return rate to be counted as evidence. Family Surveys must have a 50% return rate to be counted as evidence. However, collect the summary sheet given to you by the program even if it does not meet the return rates.

**Incorrect Survey Version.** Assessors may encounter programs that provide findings of non-NAEYC surveys or the Self-Study version of the NAEYC surveys rather than the Self-Assessment versions. If this occurs, check ‘No’ on the “Self-Assessment version was used” section of the Evidence Check Form for the applicable survey(s). If the program does not provide the Self-Assessment versions when the MERF is returned to you, return the copies of the Self-Study survey summary forms to NAEYC and check the appropriate box(es) on the Document Transmission Checklist.

If the response to any prompt within the Evidence Check Form is ‘No’, include notes in the space provided describing the missing or incomplete component(s) and inform the administrator. Request that the survey information be provided before the scheduled time of the MERF; this will serve as a reminder to you that the task has not been completed.

**Collecting the Survey Summary Sheets.** If the program has not sent the survey summaries electronically and is providing paper copies on the day of the visit, the assessor may choose to use a scanner application on their tablet to collect the survey summaries. If the assessor scans the survey summaries onsite, the scanned copy MUST be readable. The assessor must ensure that the survey summaries are saved on their tablet before leaving the program.

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**5. Required Criteria Assessment**

Required criteria are those that are considered basic to quality. Failure to meet any one of these criteria, through any individual source of evidence, may result in a decision NOT to accredit the program.

These are the required criteria, in brief:

- 1.B.09: No physical punishment, psychological abuse or coercion.
3.C.02: Teaching staff supervise infants and toddlers/twos by sight and sound at all times.

3.C.04: Teaching staff supervise preschoolers and kindergarten children primarily by sight; supervision for short intervals by sound alone is permissible, as long as teachers check frequently on children who are out of sight.

5.A.03: Presence of at least one staff member trained in both pediatric first-aid and pediatric CPR is always present with each group of children.

5.A.12.a: Infants [12 months or younger] are placed on their backs to sleep, on a firm surface that meets the standards of the United States Consumer Product Safety Commission, unless otherwise ordered by a physician.
  ○ The program uses infant sleep equipment that meets the standards of the United States Consumer Product Safety Commission regardless of the type of infant sleep equipment.

10.A.02: The program administrator has the educational qualifications for the job. This criterion is assessed at Candidacy; it is not assessed during the site visit.

10.B.04: The program and facility are licensed to operate or are otherwise regulated; and the program is in good standing.

If at any time during a visit the assessor reviews documentary evidence or directly observes evidence of failure to comply with any of the listed criteria, this protocol is followed:

Complete the Required Criterion Report Form. Anytime an assessor observes a possible failure of a required criterion during an observation, the assessor makes detailed notes about the context and factors that lead to the possible failure on the Required Criterion Report Form. This form and the assessor’s notes are shared with the program at the Closing Meeting. A copy of the form is provided following the accreditation visit as part of the Visit Completion Packet. Assessors should also indicate on the GOE Tool Notes Page that there was a possible failure of a required criterion and that detailed notes are found on the Required Criterion Report Form. Do not accept additional portfolio evidence during the Closing Meeting. Assessors should not change ratings once the Closing Meeting has begun. Any additional documentation that the program would like for the Academy to consider in regards to a possibly failed required criterion must be submitted to the Academy following the procedures as described on the Required Criterion Report Form and Scope and Severity Response Form.

Complete the Visit? The assessor generally continues with all observations and other tasks needed to complete the accreditation visit, regardless of whether a required criterion may have been failed. However, if a child is in immediate risk for harm or abuse, the assessor should halt the observation or other site visit procedures and intervene. NAEYC’s code of ethical conduct calls for active response in such cases.

Report Serious Incidents. Call NAEYC staff at the Academy (Accreditation Coordinators, Reliability Specialists, or Managers) during the site visit to report if an incident has occurred that may need to be reported to state licensing authorities. Unless there is immediate risk involved, wait until completion of a group observation to call. Be ready to describe the details of what happened, who was involved, and when it took place.
**Required Criteria Worksheets.** Two assessor worksheets have been created to assist the assessor in compiling evidence relevant to required criteria:

- **Required Criterion 5.A.03 Worksheet**
- **Required Criterion 10.B.04 Worksheet**

See the section below (Assessor Worksheets) for more information on how these function in the assessment of required criteria.

**Required Criteria on the Missing Evidence Request Form: Accreditation Visit (MERF).** Required criteria are listed on the MERF in these cases:

- if evidence for a required criterion is *missing* from the Program Portfolio,
- if the evidence provided in the Program Portfolio *does not meet* the required criterion,
- if a child 12 months or younger was seen placed in a position other than on his/her back (5.A.12.a), or
- if a signed copy of the Infant Sleep Acknowledgement Form is missing from the Program Portfolio.

See further details below, in the section about the MERF.

**6. Assessor Worksheets**

Assessor worksheets have been created to aid the assessor in completing some tasks and ratings. The worksheets are bundled together as a single document (Worksheets Document). These worksheets are also available as stand-alone documents to be used when co-assessors are working together. Each of these worksheets are completed prior to, during, or after the site visit. Worksheets carry their own detailed instructions, but are outlined briefly below:

- **Classroom Selection & Randomizer Worksheet:** Used pre-visit to document the groups randomly selected for Observation and Classroom Portfolio review. See the Pre-Visit Protocol and Procedures-AV for details.

- **Required Criterion 5.A.03 Worksheet:** Used during the visit to determine if teaching staff observed throughout the visit have appropriate pediatric first aid and/or pediatric CPR documentation.

- **Required Criterion 10.B.04 Worksheet:** Used during the visit to determine if the program has a full, current and valid license issued by their licensing or regulatory body.

- **Document Transmission Checklist:** Used post-visit to document that all visit materials have been sent to the NAEYC Academy for scoring. See Post-Visit Procedures-AV for further details.

**Required Criterion 5.A.03 Worksheet (Pediatric First-Aid and Pediatric CPR).** Assessors must complete the *Required Criterion 5.A.03 Worksheet* by verifying pediatric first aid and pediatric CPR documentation for each classroom staff person observed. Be sure
to follow the protocol outlined above in the orientation meeting to ensure that all information is available at the time of the review. Rate 5.A.03 on the Group Observable Evidence Tool as “yes” or “no” based on completion of the Required Criterion 5.A.03 Worksheet. If 5.A.03 is rated as not met, follow the instructions on the First Aid/CPR Acknowledgement Form.

**Required Criterion 10.B.04 Worksheet (Licensing).** Used during the visit to determine if the program has a full, current and valid license issued by their licensing or regulatory body. Assessors must complete the Required Criterion 10.B.04 Worksheet by following these procedures. Request the program’s license. If the license is current and valid, required criterion 10.B.04 is rated ‘Yes.’

Temporary, Provisional, Probationary or Expired Licenses: If the license is in a temporary, provisional, probationary or expired status, put 10.B.04 on the MERF and request a current, valid license. If the program produces a current and valid license, rate 10.B.04 ‘Yes’ through the Required Criteria Report Form (10.B.04 will be met because it is not indicated as unmet). If the program does not produce a current and valid license after the MERF, rate 10.B.04 as possibly not met, (‘No’), on the Required Criteria Report Form.

License-Exempt Programs: If a program is license-exempt, indicate that additional documentation is needed for criterion 10.B.04 on the MERF and give the administrator the License-Exempt Acknowledgement Form at the time of the MERF. If the program executes and returns the form, 10.B.04 is met. This will be reflected on the Required Criterion Report Form. If the program does not execute the form on the day of the visit, rate 10.B.04 as possibly not met on the Required Criterion Report Form. The program may choose to submit the completed form up to five business days after the visit. See the License-Exempt Acknowledgement Form for further instruction.

Be sure to follow the protocol outlined above in the orientation meeting to ensure that all information is available at the time of the review. The assessor must indicate that criterion 10.B.04 is met or possibly unmet on the Required Criterion Report Form.

### 7. Visit Process Forms

A set of forms is used by the assessor during the site visit to document that the site visit process was completely and accurately conducted. These forms are made available to the public on the NAEYC website. While the forms are not used to collect the evidence for making the accreditation decision itself, they provide evidence that all site visit procedures were followed. The forms also create structure for certain tasks during the site visit process. One form (Visit Signature Form) includes lines for signatures of assessors and program administrators; by signing they acknowledge that site visit procedures were conducted as described. Site visit process forms provide crucial evidence that may be called upon in the event that a program appeals its accreditation decision.

Blank copies of site visit process forms are combined into a non-writable PDF document called the Administrator Information Packet. The packet also includes additional information for programs. The Administrator Information Packet is sent to the administrator prior to the
visit (see Pre-Visit Protocol-AV). During the Orientation Meeting the assessor briefly reviews the forms with the administrator.

With the exception of the Accreditation Visit Schedule, Missing Evidence Request Form, and Required Criterion Diagram Form, all forms are in digitized format and are completed on a tablet. For assessors’ ease of access during the visit, many of the digitized forms are combined into a single writable PDF document called the Forms Document. Completed digital copies of these forms are transmitted to the program administrator following the visit.

Process Verification Form
(Time to complete this form is included in Orientation Meeting and Closing Meeting)

The Process Verification Form is a checklist that guides assessors through tasks that must occur at the beginning and end of the visit. It ensures the reliability and validity of the visit assessment by providing a framework for execution of many details of the visit protocol. Information about this form and a copy of the form itself are included in the Administrator Information Packet.

The Orientation Meeting Process Checklist portion of the Process Verification Form is completed during the Orientation Meeting at the beginning of the visit. It reminds the assessor of all necessary information-giving and information-gathering steps to be completed during the meeting. At the end of the Orientation Meeting the assessor reviews the checklist with the program administrator, confirming that all tasks have been addressed. Complete the Orientation Meeting Process Checklist section titled ‘All Visits’ and the specific section for “Accreditation Visit”. Additional instructions can be found on the Process Verification Form.

The Closing Meeting Process Checklist portion of the Process Verification Form is completed during the Closing Meeting, the last task of the visit. The checklist on this part of the form reminds the assessor to review or report the information on various completed visit forms.

The assessor(s) and the program administrator verify on the Signature Form that this form has been reviewed and is correct.

Outdoor Learning Environment Form
(Time to complete this form is included in the Orientation Meeting)

This form is part of the Forms Document. The Outdoor Learning Environment Form is completed during the Orientation Meeting, with the assistance of the program administrator. It ensures that the assessor confirms the outdoor learning environments used the majority of the time for each group being assessed during the site visit.

One or more outdoor learning environments or walk areas should be identified for each group that has been randomly selected for observation, or it should be noted that the group does not go outside. Outdoor learning environments may include privately owned play spaces, public green spaces, parking lots, footpaths and sidewalks, and specific equipment used on a public or private playground. Describe the outdoor learning environment or walk areas used by each randomly selected group. Be clear about which groups use which spaces and which climbing
equipment. For each identified outdoor learning environment, ask the program administrator if there is additional equipment for outdoor use that may be stored in a shed, closet, storage space, rolling cart etc. If these materials are not directly accessible within the outdoor learning environment, ask the program administrator to show you where they are located. Confirm with the program administrator which areas utilize those additional materials and ask permission to access them.

If the program does not have an outdoor learning environment on the facility grounds, ask if the program uses an outdoor learning environment at least once a week and rate that outdoor learning environment accordingly. If they use two or more environments equally, assess all of the environments that are associated with that group and rate accordingly.

Outdoor learning environments, excluding walking routes, may either be assessed during a 1-hour group observation or during a 10-minute time exception. Outdoor learning environments, excluding walking routes, may be assessed regardless of whether the group is present during a 10-minute time exception. Walking routes are only assessed if the group takes a walk during the 1-hour observation. If any group ONLY takes walks and no walk is observed during the 1-hour observation, call the Academy.

If a group does not use an outdoor learning environment at least once a week, or take a walk, note the group number in Box 2 on the form. If there are no outdoor learning environments used at least once a week or walks taken by the entire program, note this in Box 1.

The assessor checks off that this form has been completed on the Process Verification Form. The program administrator verifies on the Visit Signature Form that the information has been reviewed and is correct.

**Missing Evidence Request Form: Accreditation Visit (MERF)**
*(Allow about 15 minutes to compile; 15 – 30 minutes to review)*

*About the MERF.* The Missing Evidence Request Form: Accreditation Visit provides the program an opportunity to locate existing documentation that the assessor may not have found when reviewing the Program Portfolio. It may also be used to:

- Document missing or incomplete Family or Teaching Staff Survey evidence;
- Request a copy of the Infant Sleep Acknowledgement Form; and/or
- Request a Doctor’s Note for a child if a child 12 months or younger was seen being placed to sleep in a position other than on his/her back.

For Program Portfolio evidence, use the MERF only to request missing evidence. If evidence is presented that does not meet the requirements for a criterion or indicator, no further evidence should be requested. See the section on Required Criteria (above) for an exception to this rule relating to required criteria. More detailed information about the MERF (and the form itself) are included in the Administrator Information Packet, sent before the visit. The format and purpose of the MERF is reviewed with the program administrator during the Orientation Meeting and questions about it may be answered at that time.
Completing the MERF. The MERF is completed on paper, not digitally, because when completed it must be given to the program administrator during the visit, and later returned to the assessor. Instructions for assessors are included on the form.

- For missing Program Portfolio evidence, list the **individual** criterion and/or indicator, then briefly describe the content of the criterion or indicator.

- **If all of the criteria for an entire standard are missing from the Program Portfolio, simply write on the MERF**
  
  “All Standard xx criteria for which Program Portfolio evidence is required”

  or something similar. Do not list individual criteria.

- For NAEYC Family Survey or NAEYC Teaching Staff Survey evidence, indicate using checkboxes how the evidence is missing or incomplete.

There is a small table on the MERF showing which missing evidence is from required criteria, and which is from emerging criteria, as a means for programs to prioritize the missing evidence task. Circle any criteria in this table that you have listed as missing, including any that you did not list explicitly because they are part of an entire missing standard.

If evidence is missing for required criterion 10.B.04, the assessor might need to direct the program administrator to review and complete the **License-Exempt Acknowledgment Form**; a copy of this form is included in the Administrator Information Packet. See detailed instructions for this form (below) to know when this might be needed. If so, the assessor should check the relevant box on the MERF.

If the program has not provided a signed copy of the **Infant Sleep Acknowledgment Form** for required indicator 5.A.12a, the assessor will request the Infant Sleep Acknowledgement Form on the MERF. A copy of this form is included in the Administrator Information Packet. See detailed instructions for this form in the Infant Sleep Equipment Protocol. If this form is requested, check the relevant box on the MERF.

**Emerging Criteria.** As with other criteria, if evidence is missing for an emerging criterion (e.g., empty folders or files), list it on the MERF. List emerging criteria on the MERF even if the program has verbally stated they choose not to address them. Explain that you will still list the emerging criteria on the MERF, and they can choose to ignore those criteria on the MERF. However, if the program states in writing in the Program Portfolio that they do not meet an emerging criterion, do not list the criterion on the MERF; consider the statement to be evidence that the criterion is not met and rate it “No” on PP.

**Scheduling the MERF.** There is a strict scheduling protocol with respect to the MERF. Schedule the presentation of the MERF after completion of the Program Portfolio Assessment Tool and review of the Family and Teaching Staff Surveys. Submit the completed MERF to the program administrator **no more nor less than 2 hours, plus or minus 30 minutes**, before scheduled completion of the accreditation visit. Note the time the MERF was given on your schedule. Tell the program administrator what time you need to receive the returned evidence. Also write the return time on the MERF.
Allow the program administrator and any assistants he or she chooses at least one hour, and no more than 1.5 hours, to submit and label any missing evidence. Program administrators may make one or more copies of the MERF to assist them with their task. During the hour, give the program administrator (and his or her assistants) access to the Program Portfolio and the survey evidence. The assessor may rate classroom portfolios, do an observation or take a break during this time.

At the conclusion of about one hour assessor(s) receive compiled and labeled additional evidence from the program administrator. If the program administrator took the original copy of the MERF, it must be returned to the assessor(s) at this time. Note the time evidence was returned to you on the visit schedule.

Reviewing Additional Evidence. Review the additional evidence and complete all ratings on tools. If the administrator was directed to review the License-Exempt Acknowledgment Form or the Infant Sleep Acknowledgement Form along with the MERF and chooses to execute it, the administrator may do so by signing a digital copy of the form on the assessor’s tablet. If evidence for any required criterion is still missing, the assessor should finalize the Required Criterion Report Form at this time. The entire review should take no more than one half hour. During this time, if the program staff submits additional evidence, the assessor(s) will accept it and review it. No further evidence will be accepted and rated after the review period is completed.

The assessor(s) should then proceed directly to the Closing Meeting, scheduled for the last half hour of the accreditation visit. The assessor(s) and the program administrator verify on the Visit Signature Form at the end of the Closing Meeting that the MERF protocol was followed.

First Aid/CPR Acknowledgment Form

The First Aid/CPR Acknowledgment Form is an optional form that provides a means of addressing incomplete evidence regarding required criterion 5.A.03, which relates to pediatric first aid and pediatric CPR training among teaching staff. However, it is used only if evidence for 5.A.03 is found to be missing or incomplete when the Program Portfolio is reviewed. The program is assessed on the documentary evidence for 5.A.03 first compiled by completing the Required Criterion 5.A.03 Worksheet. When the evidence compiled on this worksheet shows the criterion is not met for one or more groups, assessors must list the missing evidence on the MERF.

The First Aid/CPR Acknowledgment Form may be given to the administrator at the Closing Meeting. Here are 3 options for the types of missing evidence typically encountered when assessing 5.A.03:

- **OPTION 1:** No Certified Staff in a Group. On the day of the visit, there was at least one group in which all staff members had neither pediatric first aid nor pediatric CPR training.
- **OPTION 2:** No pediatric CPR Documented. On the day of the visit, the program had at least one staff member present with each group of children who had a certificate
showing current pediatric first aid training, BUT there was no documentation of any current pediatric CPR.

- **OPTION 3:** No pediatric First Aid Training Documented. On the day of the visit, the program had at least one staff member present with each group of children who had documentation showing current pediatric CPR, BUT the assessor observed one or more groups in which no staff member present had a certificate showing current pediatric first aid training.

If any of these options apply, request additional evidence for the teaching staff in any groups not fully meeting 5.A.03 on the MERF. If the administrator cannot provide additional evidence supporting current pediatric first aid and pediatric CPR certifications for all groups when returning evidence requested on the MERF, then the assessor must do the following:

1. Rate the criterion as NOT met on the Program Portfolio and applicable GOE tools.
2. Complete the *Required Criterion Report Form* for 5.A.03.
3. Refer the administrator to the *First Aid/CPR Acknowledgment Form* at the Closing Meeting when the *Required Criterion Report Form* is reviewed. The *First Aid/CPR Acknowledgment Form* is included in the *Administrator Information Packet* that the administrator received prior to the visit.

The administrator must sign the acknowledgment section of the *First Aid/CPR Acknowledgment Form* at a later date, when all conditions have been met. The completed form can be faxed or emailed to NAEYC within 30 days of the accreditation visit (see below).

Note that it is possible for more than one of the 3 options to be true. That is, one group may have staff that lack documentation of pediatric CPR, while another group may have staff lacking any documentation of pediatric first aid, and yet another group may have no training certificates at all.

The *Process Verification Form* prompts the assessor to direct the administrator to the *First Aid/CPR Acknowledgment Form* in the *Administrator Information Packet* if relevant during the Closing Meeting. The *Required Criterion Report Form* also reflects when the administrator was directed to the *First Aid/CPR Acknowledgment Form*.

**Safety Concerns Report Form (SCRF)**

*Allow about 15 minutes to compile; 5 minutes to review [in Closing Meeting]*

This form is included in the *Administrator Information Packet* and the *Forms Document*. The *Safety Concerns Report Form* is a method for communicating to the program any observed safety concerns related to physical environment factors (building, grounds, equipment) both indoors and outdoors. The *SCRF* includes categories of safety issues that create a risk of harm to children’s health or safety, and that may be corrected by the program within a short time frame. The kinds of safety concerns included on this form do NOT refer to NAEYC required criteria, which are reported on the *Required Criterion Report Form* (see below). Safety concerns caused by the actions of staff, children, or other present adults are not reported on this form.
An assessor may notice safety concerns at any time during the visit, whether or not he or she is conducting a formal group or program observation at the time. The assessor(s) may write the safety concerns on the SCR as they occur, or upon completing a group observation or other visit task. If safety concerns are noted during an observation they may also be used to rate criteria as “not met” on the observable evidence tools.

If there are no safety concerns noted, check the box at the top of the form.

If more than one assessor is conducting the site visit, all assessors should compile safety concerns on working copies of the SCR form. (i.e., each assessor makes a copy of the Safety Concerns Report Form on his/her tablet and fills it out throughout the visit.) The lead assessor should then combine all concerns onto one final copy of the SCR prior to the Closing Meeting.

At the Closing Meeting, review the contents of the report with the administrator. Remind the administrator that once the form is presented, no further documentation or follow-up by the program will be accepted as further evidence related to formal visit ratings. The ratings are done; this form is advisory only. Avoid lengthy discussion of what is noted, and make it clear if necessary that you cannot change visit ratings at this time.

On the Visit Signature Form the assessor verifies that the form was presented and reviewed. By signing the program administrator agrees to take immediate corrective action to address the safety concerns noted, or to communicate the safety concerns to others who have the authority to take action.

**Evidence Check Form**  
*(Allow about 10 minutes to complete, 5 minutes to review)*

This form serves to verify that Self-Assessment versions of Teaching Staff and Family Surveys have been collected and compiled correctly.

This form is to be completed immediately following the Orientation Meeting. During the Orientation Meeting the assessor reviews the Evidence Check Form and informs the program administrator that access to the Family and Teaching Staff Survey documentation is needed immediately following the Orientation Meeting in order to execute the Evidence Check Form. Detailed information about the Evidence Check Form is included on the form itself and in the Administrator Information Packet.

If the assessor finds that survey evidence is missing, the assessor will check the appropriate boxes and inform the administrator. The assessor will request that the survey information be provided before the scheduled time of the MERF, which will serve as a reminder to the assessor that the task has not been completed. If the evidence is not provided at the time that the assessor presents the MERF to the program, the assessor will indicate that survey evidence is missing on the MERF. Assessors should only review the returned survey information while reviewing the additional evidence returned with the MERF.
Required Criterion Report Form (RCRF)
(Allow about 15 minutes to compile; 15 minutes to review [in Closing Meeting])

This form is included in the Administrator Information Packet and the Forms Document. The RCRF is reviewed with the program administrator during the Orientation Meeting.

The assessor fully documents the possible failure of required criteria on the Required Criterion Report Form. This form is also used to document that there were no failures of required criteria. Compile the RCRF just before the Closing Meeting, after the MERF has been given to the program administrator, received back, reviewed and rated. Review the RCRF with the program administrator at the Closing Meeting.

Section 1: Something must be checked in this section! The assessor must indicate whether all required criteria were met, or whether one or more required criteria had possible failure(s). For each possibly failed criterion, check the source(s) of evidence not met and the number of times that criterion is possibly failed. For most required criteria, the “Actions” column prompts for additional information or action:

- 3.C.02 and 3.C.04: If a Required Criterion Diagram Form was completed check the ‘Diagram Included’ box in Section 4. During the Closing Meeting, remind the Program Administrator to make a copy of the Required Criterion Diagram Form.
- 5.A.03: Check the appropriate box to indicate whether the assessor is now referring the Program Administrator to the First/Aid CPR Acknowledgment Form that was included in the Administrator Information Packet prior to the visit during the Closing Meeting.
  - Consider multiple groups that may be contributing to the possible failure of 5.A.03 to be one (1) possible failure on the Required Criterion Report Form.
- 5.A.12.a:
  - Assessor must ask the Program Administrator on the MERF if there is a physician’s order or note permitting the infant to be placed to sleep in a position other than the back. If the program does not provide a Doctor’s Note on the MERF, check the box on page 1, Section 1.
  - During the Closing Meeting, if the program did not provide a signed copy of the Infant Sleep Equipment Acknowledgment Form at the time of the MERF, check the appropriate box to indicate that the assessor is now referring the Program Administrator to the form found in the Administrator Information Packet sent prior to the visit. Follow the directions on the form.
- 10.B.04: If criterion 10.B.04 is possibly not met, check one of the three statements to indicate what occurred. Follow the directions on the form.

Section 2: For any possible failures of required criteria based on Program Portfolio evidence, the assessor provides a brief description of the inadequate or missing evidence.

Section 3: Solicit the administrator’s written response at the Closing Meeting. If the administrator chooses not to respond on the day of the visit, he or she should check the box. Either the box must be checked, or a typed response must be made. If the program chooses to submit additional documentation after the visit, they have 5 business days (30 days for
5.A.03; 60 days for 5.A.12a for infant sleep equipment) to submit that documentation and/or response to the Academy once the *Visit Completion Packet* has been received.

**Sections 4: This section** must be completed when there is a possible failure of a required criterion based on Observable evidence. For possible RC failures based on Observable evidence the assessor will direct the program administrator to the *Scope and Severity Response Form* (SSRF). See details below for more information regarding the SSRF.

- The assessor completes Section 4 before presenting the *RCRF* to the program administrator.
- The administrator completes the SSRF after the visit.

There is a checkbox on the *Required Criterion Report Form* to indicate if the *Required Criterion Diagram Form* was used (see below).

If there are multiple possible failures based on Observable evidence, an additional copy of RCRF Sections 4 are found in a separate form titled *RCRF_Additional_Number_x_of_x*, which the assessor should have stored on his or her tablet. Complete as many copies of this form as needed, and send each copy of this form to the administrator after the visit. Indicate in each copy of Section 4 how many total copies have been completed, and which copy each one is.

**Section 4 is to be completed by the assessor during the visit.** Describe the evidence as completely and legibly as possible. For observable evidence, it is important to convey the details requested about the scope and severity of the incident—*where* it happened, *how long* it lasted, *which* and *how many* children or staff were involved, *how* the incident ended (e.g., staff solved it or assessor called their attention to a problem), etc. Some other tips to keep in mind when writing up observable evidence:

- Use proper nouns to describe teachers and children. This allows the program to provide detailed follow-up with the staff regarding any possible failures of observable required criteria.
- Use full sentences, not bullet points or short phrases that can confuse the narrative.
- State observed details. Avoid judgmental language.
- Avoid extraneous information.
- If a diagram was included on the GOE Notes page, it needs to be transferred to the *Required Criterion Diagram Form*.

**Scope and Severity Response Form (SSRF)**

*(Optional; allow 5 minutes to review in Closing Meeting)*

The Scope and Severity Response Form is included in the *Administrator Information Packet* (sent before the visit) and reviewed with the program administrator during the *Orientation Meeting*.

The program will complete this form if any possible Required Criteria failures are observed. If any possible Required Criteria failures are observed this form must be sent to the program with the *Visit Completion Packet*. The program must submit this form to the Academy within
5 business days of the program’s receipt of the Visit Completion Packet. This section allows the program to provide a detailed account of the observed possible failure of a required criterion. The assessor must review this form with the administrator, explaining that it will be available to them within 2 business days after visit completion and reviewing the instructions for administrator response.

On the Visit Signature Form the assessor verifies that the Required Criterion Report Form was presented and reviewed regardless of whether or not there were possible failures of required criteria. The Visit Signature Form indicates that the Scope and Severity Response Form, and related documents, were presented and reviewed if applicable.

**Required Criterion Diagram Form (RCDF)**
*(Optional; Allow 5 minutes to review in Closing Meeting)*

The RCDF is included in the Administrator Information Packet (sent before the visit) and reviewed with the program administrator during the Orientation Meeting. This is a paper form, used optionally only when:

- There is a possibly failed required criterion
- The possible criterion failure was observed, not document-related
- Description of the possible criterion failure would be assisted by providing a diagram of the relevant space (classroom, playground, outdoor learning environment infant sleep room).

Assessors may use the RCDF during or immediately following an observation to draw space layouts, including positioning of children and staff if relevant. Assessors are not required to complete the RCDF; but if used, this form must be reviewed with the program administrator during the Closing Meeting. The program administrator must be given the opportunity to make a copy of this (paper) form during the Closing Meeting. If possible, it should also be sent to the administrator digitally after the visit within (or as part of) the Visit Completion Packet.

**Infant Sleep Equipment Acknowledgment Form**
*(If Applicable; Allow 5 minutes to review in closing meeting)*

Prior to a site visit, programs serving infants may sign the Infant Sleep Equipment Acknowledgment Form and include it in the Program Portfolio for Assessor review during the visit. The Assessor will make a copy of the form to return to the NAEYC Academy.

If the Assessor does not see a signed copy of this form in the Program Portfolio, then the Assessor will request on the Missing Evidence Request Form (MERF) that the administrator sign either a printed or electronic acknowledgement form during the visit. If the administrator chooses not to sign the Acknowledgment Form during the visit, the Assessor will indicate that 5.A.12, Indicator ‘a’ may be possibly failed on the Required Criterion Report Form (RCRF).
License-Exempt Acknowledgment Form  
(If Applicable; Allow 5 minutes to review in closing meeting)

The License-Exempt Acknowledgment Form is an optional form that provides a means of addressing incomplete evidence regarding required criterion 10.B.04, which relates to a program’s state licensing requirements. However, it is used only if evidence for 10.B.04 is found to be missing or incomplete when the Program Portfolio is reviewed. The program is assessed on the documentary evidence for 10.B.04 by completing the Required Criterion 10.B.04 Worksheet. When the evidence compiled on this worksheet shows that the program does not hold a valid and current license, assessors must list the missing evidence on the MERF.

Temporary, Provisional, Probationary or Expired Licenses: If the license is in a temporary, provisional, probationary or expired status, put 10.B.04 on the MERF and request a current, valid license. If the program produces a current and valid license, rate 10.B.04 ‘Yes’ in the Program Portfolio. If the program does not produce a current and valid license after the MERF, rate 10.B.04 as ‘No’ in the Program Portfolio and indicate 10.B.04 as possibly not met on the Required Criteria Report Form.

License Exempt Programs: If a program is license-exempt, indicate that additional documentation is needed for criterion 10.B.04 on the MERF and give the responsible person the License-Exempt Acknowledgement Form at the time of the MERF. If the program executes and returns the form, 10.B.04 is rated ‘Yes’ in the Program Portfolio and is not included on the Required Criterion Report Form. If the program does not execute the form on the day of the visit, rate 10.B.04 as ‘No’ in the Program Portfolio and indicate 10.B.04 as possibly not met on the Required Criteria Report Form. The program may choose to submit a signed License-Exempt Acknowledgement Form up to five business days after the visit. See the License-Exempt Acknowledgement Form for further instruction.

If the form cannot be collected or executed digitally on the day of the visit, the completed form and related documentation can be faxed or emailed to NAEYC within 5 business days of the accreditation visit.

Visit Signature Form  
(Allow about 10 minutes to review and execute in Closing Meeting)

Visit Signature Form is included in the Forms Document. This form allows for signatures and affirmations of many elements of the visit process by both the assessor and the program administrator. Signatures are executed digitally. The program administrator and all assessors present must sign this form. Each element being endorsed has its own checkbox. If any signer does not agree that a specific element of protocol was followed, the checkbox should be left unchecked. If a box is unchecked, a comment note must be added to the form describing the nature of the disagreement.

“Flattening”: Digital Security regarding Forms and Signatures

All forms (not tools or worksheets, just forms!) completed during the visit must be secured to ensure that no party (assessor, program, or the Academy) is able to edit the form (including signatures) after the visit. Therefore assessors are required to ‘flatten’ (i.e. digitally lock) all forms used before sending them to the program or the Academy.
8. Closing Meeting with the Program Administrator  
(Allow about 30 minutes)

The Closing Meeting is an opportunity for the assessors and program administrator to verify that the assessment was conducted as outlined in this protocol and on the Process Verification Form. Assessor(s) and program administrators review several forms in the closing meeting, then execute the Visit Signature Form acknowledging the review and affirming that procedures were followed. The closing meeting is also when the program administrator may respond in writing to possible failures to meet required criteria (although he or she may also chose to respond following the visit). Remind the program administrator that assessors are not able to discuss any of the results of the assessment at the closing meeting.

Forms to Review in the Closing Meeting

Specifically, assessors must review the following forms. Digital forms are reviewed by showing the completed digital versions on the tablet to the program administrator.

Accreditation Visit Schedule, annotated during the visit to reflect any changes in the schedule as actually executed. The assessor should take some time reviewing the schedule, noting that sufficient time was taken for each assessment task, noting when additional time was needed for tasks (for example, additional 10 minutes for observations), and noting where the original schedule was altered, and why. It is very important that the program administrator be able to understand and confirm that protocol was followed with respect to how much time was allotted to tasks.

The assessor(s) and program administrator sign the Visit Signature Form to indicate that the schedule was reviewed. The administrator is NOT agreeing by signing that everything in the schedule is correct. He or she may decide upon later review that something is not right. However, the administrator is acknowledging receipt of the schedule, with amendments to reflect its actual execution.

Required Criterion Report Form is reviewed regardless of whether or not any of the criteria were observed to not be met. Also review the Required Criterion Diagram Form, if used to document an observed possible failure of a required criterion. If there was a possible failure of observed Required Criteria, review the Scope and Severity Response Form.

Missing Evidence Request Form: Accreditation Visit, regardless of whether or not any documentation was requested.

Evidence Check Form, regardless of whether or not evidence was missing.

Safety Concerns Report Form, regardless of whether or not any safety concerns were noted.

Outdoor Learning Environment Form. This form was completed with administrator input during the Orientation Meeting.

Process Verification Form.
**NAEYC Accreditation Decisions and Next Steps handout.** This handout was sent to the program administrator as part of the Administrator Information Packet. Assessors should briefly summarize the main points in the handout, and urge the administrator to review it carefully after the visit has been completed. The handout will include a link to Survey Monkey, where the administrator can complete the Administrator Evaluation of the Accreditation Visit.

**Visit Signature Form.** The administrator and the assessor(s) read each statement and check the boxes by the statements that they agree with. The administrator and assessor(s) sign and date the signature form.

**Other Tasks**

If there were staff changes reported at the Orientation Meeting that had not been previously reported to the Academy. The assessor should have referred the program administrator to the Fax Cover Sheet for Teaching Staff Changes for the Site Visit. A link to this document was included in the Administrator Information Packet sent prior to the visit. The program administrator may send the cover sheet and any necessary educational documentation to the Academy following the accreditation visit.

Record the Closing Meeting completion time on the Accreditation Visit Schedule.

Inform the program administrator that copies of all completed forms will be available within 2 business days of visit completion. However, at this time offer the program administrator an opportunity to make photocopies of the schedule and any other paper documents.

Finally, tell the program administrator that upon completion of the visit no further alterations to the scoring tools will be made. Thank the administrator and his or her staff for their accommodation of your site visit, and for all their hard work on behalf of program quality improvement.

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**9. Accreditation Visits with School-Age Component (AV-SAC)**

Detailed below are the specific exceptions to the Accreditation Visit Protocol that occur during an NAEYC accreditation visit for programs seeking to renew their accreditation and participate in the School-Age accreditation pilot program. The Renewal accreditation visit and the School-Age pilot visit are streamlined into a single site visit. However, there are 2 types of these combined visits:

1. **AV-SAC Initial:** The program is renewing their accreditation for age categories that may include Infant through Kindergarten, but they are seeking first-time accreditation for one or more School-Age groups.

2. **AV-SAC Renewal:** The program already has one or more School-Age groups accredited through our pilot program, and are renewing their accreditation for age categories that may include Infants through School-Age.
All previously detailed instructions in this protocol are to be adhered to during these specific types of visits, with the following exceptions:

**AV-SAC Initial:** The School-Age group(s) are evaluated differently than groups in all other age categories; for School-Age group use only the **Kindergarten or All Age Group Observable Evidence (GOE) Tool**, not the Classroom Portfolio Tool.

**AV-SAC Renewal:** The School-Age group(s) are evaluated like groups in all other age categories; use both the **Kindergarten or All Age Group Observable Evidence (GOE) Tool** and the Classroom Portfolio Tool.

**Process Verification Form.** When completing the *Process Verification Form* during the Orientation Meeting, assessors must complete table titled “School-Age Visit” in addition to the table for “Accreditation Visit”.

### 10. Post-Visit Procedures-AV

Following an accreditation visit the assessor has the following tasks:

- Send copies of completed accreditation visit process forms to the program administrator;
- Send copies of all completed accreditation visit documents (forms, worksheets, tools, surveys, etc.) to NAEYC;
- Backup-copy all digital documents;
- Complete an Assessor Evaluation of the Site Visit;
- Complete financial accounting for the visit.

**Accreditation Visit Completion Packet**

The assessor must send digital copies of all completed visit forms to the program within 2 business days of the site visit. The Visit Completion Packet will include:

- a list of all attached digital documents,
- a reminder of any paper documents the program was permitted to copy prior to the end of the visit,
- specific instructions for any follow-up if needed (e.g., reporting staff changes, responding to possible failure of a Required Criterion),
- a link to the *Administrator Evaluation* of the site visit.

Programs are asked to complete the survey within 5 business days of receipt of the *Site Visit Completion Packet*.

**Post-Visit Protocol**

Further instructions and information on the specifics of the other post-visit procedures are available to assessors in the *Post-Visit Protocol-AV in the Procedural Manual*. The location of the *Post-Visit Protocol-AV* can be found in the *Visit Document Master List*. 