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**NEW ADMINISTRATIVE SITE  
REPORT TEMPLATE**

# Background

The Distance Education Accrediting Commission requires that all institutions seeking to add an administrative site obtain prior approval from the Commission and undergo an on-site visit. Prior approval serves two main purposes: (1) It provides the institution an opportunity to critically reflect on its operations, processes, and procedures prior adding an administrative site and (2) it provides the on-site team with a comprehensive overview of the institution, its mission, and its processes that are integral to delivering quality distance education.

The Distance Education Accrediting Commission’s accreditation process is grounded on the fundamental principle of peer review that enables faculty and administrative staff from within higher education to make recommendations essential to ensuring the quality of learning and institutional operations for all students. The process is guided by transparent standards that are established collaboratively by professional peers and member institutions.

The on-site visit provides an opportunity for evaluators to meet with key staff members, faculty/instructors, principal managers, outside accountants, governing board members, and advisory council members. The evaluators verify that the institution is meeting its mission and can demonstrate successful student achievement.

This report informs the Commission whether the institution is meeting, partially meeting, or not meeting each of the DEAC accreditation standards and core components by adding a new administrative site. Approximately four to six weeks following the on-site visit, the report is provided to the institution for response. Both the report and the institution’s response are submitted to the Commission for review prior to final decision making.

# Instructions

It is the evaluator’s responsibility to review and assess the accuracy of the information presented in the application and during the on-site visit. By completing the following report template, the Chair of the evaluating team presents a single overall determination of whether the institution adequately demonstrates that it meets DEAC’s accreditation standards when adding an administrative site.

Findings guidelines:

* **Meets Standard:** The institution demonstrates compliance with the intent of the accreditation standard or core component.
* **Partially Meets Standard:** The institution was able to demonstrate compliance with some, but not all, of the elements contained in the accreditation standard or core component.
* **Does Not Meet Standard:** The institution was unable to demonstrate compliance with a majority of the elements contained in the accreditation standard or core component.

The Chair should provide clear and concise descriptions within the “Comments” section of the report to support each determination that a standard or core component is met, partially met, or not met. If an institution meets the accreditation standard, the Chair may want to consider highlighting within the Comments section the processes and procedures the institution followed that enabled it to demonstrate compliance. If an institution partially meets or does not meet a standard, the Chair needs to adequately describe why the evaluation team reached this decision and refer, as appropriate, to narrative sections and exhibits within the SER that support the determination.

The Chair must also indicate the required actions necessary for the institution to demonstrate compliance with the partially met or unmet accreditation standard. Each required action must be tied back to an accreditation standard or core component.

For required actions, the Chair should begin each statement with, “[Insert Name of Institution] needs to [insert the action necessary by the institution to demonstrate compliance with the accreditation standard.]”

As part of the peer review process, it is important that institutions receive suggestions for improving their educational offerings and support services. The accreditation process allows the institution to benefit from an external review and perspective. The Chair is encouraged to provide suggestions within the report. Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

For suggestions, the Chair should begin each statement with, “[Insert Name of Institution] may want to consider [insert the recommendation for improvement.]”

It is the Chair’s responsibility to review the merits and evidence presented for each determination. The Chair has the discretion to choose a finding based on the institution’s response and evidence presented during the on-site visit.

**Report Submission:** The Chair emails the completed report to DEAC’s director of accreditation four weeks following the on-site visit. Once all information is received, DEAC notifies the Chair to appropriately dispose of all institutional materials.

Helpful Hints

* The report should be objectively written in third person, narrative format using declarative sentences and simple verbs. The report should avoid broad generalities and speculative views.
* The report represents an accurate, concise, factual, and thorough presentation of the findings during the on-site visit.
* When making a determination whether the institution meets, partially meets, or does not meet accreditation standards, the Chair should include evidence of documents reviewed on site or analyzed in the report that led to the finding. Include specific examples.
* The report documents attributes and deficiencies using language found in the accreditation standards and core components. All deficiencies must be documented.
* The report should not require an institution to implement a new program or procedure in order to demonstrate compliance with a partially met or unmet accreditation standard. The Chair’s report states the required action necessary to provide evidence or demonstrate compliance. The institution bears responsibility for demonstrating compliance with DEAC’s accreditation standards.
* The report accurately presents comments, required actions, and suggestions using direct quotations, references, and data.
* The report does not make recommendations to the Commission concerning the overall accreditation of the institution.

DEAC New Administrative Site Report (Confidential)

Name of Institution: Name of Institution

Date of on-site visit: Date of Onsite Visit

Submitted By: Evaluator Name

Date of Report: Date of Report

On-site Team Members

Chair

Name  
Title  
Institution or Affiliation

DEAC Staff Observer

Name  
Title

Institution or Affiliation

On-site Visit Background and Summary

**Visit Summary:** Provide an overview of the on-site visit including how well the institution was prepared.   
**Institutional Overview:** Provide an overview of the applicant institution, including founding, organizational structure, target student population, legal form and governance, and status of state authorization.

# Accreditation Standards

Standard II: Governance

1. **Maintaining Eligibility for Accreditation**

The institution maintains its eligibility for accreditation and is properly licensed, authorized, exempted, or approved by all applicable state education institutional authorizations (or their equivalent for non-U.S. institutions). Exemptions from state law are supported by state-issued documentation or by statutory language for that jurisdiction.

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| **Standard II.D. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

Standard XIV: Finance[[1]](#footnote-1)

* 1. **Financial Practices**

The institution provides on an annual basis complete, comparative financial statements covering its two most recent fiscal years’ financial statements that are audited and prepared in conformity with generally accepted accounting principles (GAAP) in the United States of America or the International Financial Reporting Standards (IFRS). In the event the operations of the institution are supported in whole or in part by a parent company or a third party, the Commission may require audited financial statements from the parent or third party to demonstrate that the entity possesses sufficient financial resources to provide the institution continued financial sustainability. If the institution’s financial performance is included within the parent corporation’s statements, a supplemental schedule for the individual institution is appended to the parent statement, and inter-company transactions are clearly identified and defined. The institution’s budgeting processes demonstrate that current and future budgeted operating results are sufficient to allow the institution to accomplish its mission and goals.

**[Note:** Throughout this Standard,compliance assessment questions refer only to audited comparative financial statements to align with the Standard as written. See the footnote for Standard XIV, regarding continued allowable submission of reviewed comparative financial statements through mid-2026 and adjust findings feedback accordingly].

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| **Standard XIV.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Financial Stability and Sustainability**

Financial statements must reflect that the institution has sufficient resources to meet the institution’s financial obligations to provide quality instruction and service to its students for the full period of each student’s enrollment, consistent with the institution’s program representations.

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| **Standard XIV.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

Standard XV: Facilities and Records Maintenance

1. **Records Protection**

The institution’s financial and administrative records, as well as students’ financial, educational, and personal information, are securely and confidentially maintained in accordance with laws applicable to the jurisdiction(s) in which the institution operates and with professional requirements.

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| **Standard XV.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Record Retention**

The institution’s financial, administrative, and student educational records are retained in accordance with laws applicable to the jurisdiction(s) in which the institution operates. The institution implements a comprehensive document retention policy. Transcripts are readily accessible and are maintained permanently in either print or digital form.

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| **Standard XV.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Facilities, Equipment, and Supplies**

The institution’s primary facility is located in a professional, institution-branded space authorized by local authorities for mixed use or commercial use. The institution maintains a written facilities plan and budget allocations to maintain facilities, equipment, and supplies to support its educational offerings, student support services, and administrative operations on a sustainable basis. Buildings, workspaces, and equipment comply with local fire, building, health, and safety regulations.

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| **Standard XV.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Protection of Physical Sites and Virtual Infrastructure**

The institution’s physical location(s) and virtual infrastructure are adequate to secure financial, administrative, and student educational records; are reasonably accessible; and are adequately protected in accordance with laws applicable to the jurisdiction(s) in which the institution operates. An adequate disaster response and recovery plan is in place that includes mitigation of risks, i.e., at a minimum, the ability to sustain and support continuing academic operations, the protection of student information consistent with applicable law, and the mitigation of other risks presented by physical, environmental, cybersecurity, force majeure, and other reasonably foreseeable threats.

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| **Standard XV.D. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. The implementation and submission timeframe of Standard XIV.A.’s requirement that institutions provide audited comparative financial statements (reviewed comparative financial statements will no longer be accepted) is as follows: For institutions with fiscal years ending between January 1, 2025, and June 30, 2025, audited financial statements are due by December 31, 2025. For institutions with fiscal years ending between July 1, 2025, and December 31, 2025, audited financial statements are due by June 30, 2026. In both cases, the Commission is waiving the requirement for comparative statements and accepting audits of one fiscal year. Future submissions of audited statements (submitted after June 30, 2026) must be prepared on a comparative basis. [↑](#footnote-ref-1)