



NECPA
National Early Childhood
Program Accreditation

Verifier Evaluation Form

NECPA Site Number: _____

Name of Verifier: _____

Please use this form to evaluate the verifier(s) who was assigned to your program. In our on-going efforts to make the NECPA Accreditation System work more effectively and efficiently, we need your feedback on this very important component. Please complete all data on this form and return in the attached envelope. ALL INFORMATION IS STRICTLY CONFIDENTIAL AND WILL BE USED ONLY BY NECPA TO MAINTAIN THE INTEGRITY OF THE PROGRAM.

Did your Verifier contact you at least 24 hours in advance to introduce him/ her self and to explain the procedures for the day of your verification visit?

YES

NO

Did your Verifier arrive within the time frame given during this initial call?

YES

NO

Did your Verifier visit all classrooms in your facility?

YES

NO

Upon arrival, did your Verifier again introduce him/her self to you and your staff and ask for a tour of your program before commencing your verification visit?

YES

NO

Did your Verifier extend the professional courtesy throughout the visit for following center policies?

YES

NO

At approximately what time did your Verifier arrive at your program?

Did your Verifier review all documentation for Part II (Yellow Section) of your Self-Assessment Instrument?

YES

NO

During your exit interview, did your Verifier provide you with time to review all items in Part II and Part III (Yellow and Blue) of your Self-Assessment Instrument once his or her documentation and observations were complete?

YES

NO

During your exit interview, did your Verifier provide you with an opportunity to comment on all No or Non Verified items in your Self-Assessment Instrument and afford you an opportunity to make a copy of those items?

YES

NO

Did the Verifier seal the instrument, parent surveys, staff surveys, and license in good standing into an envelope in your presence?

YES

NO

Did your Verifier explain the next step of the NECPA Accreditation process once the visit is complete?

YES

NO

Did your Verifier encourage you to contact the NECPA Center of Operations with concerns or questions regarding your visit or procedures of the NECPA Accreditation process?

YES

NO

At what time did your Verifier depart your program?
