Program Director Handbook

Lactation Education Accreditation and Approval Review Committee

2020

A Committee on Accreditation of

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Lactation Education Accreditation and Approval Review Committee (LEAARC)

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Introduction

The Lactation Consultant Program Director provides the "glue" that holds the Lactation Consultant program together. Directing a healthcare program is rewarding, especially when you are the leader of a successful program that is accredited and graduates students who are trained to enter the work force as entry-level Lactation Consultants.

This handbook was created to help Program Directors and other interested parties understand accreditation and maintain their programs according to the *CAAHEP Standards and Guidelines for the Accreditation of Lactation Consultant Education Programs*. It contains tips for areas where other programs have needed assistance during their accreditation process. The goal is to provide easy reference to questions that Program Directors have. If you have questions that are not answered in this handbook, please provide feedback as we strive to improve communication and assistance to those who are on the "front line" in the world of Lactation Consultant education.

Throughout the handbook, you will find references to resources on the LEAARC website (www.LEAARC.org). In order to ensure that documents are current, we do not provide those materials in the handbook. We encourage you to use this handbook in conjunction with the website in order to access all the materials that you need. To learn more about CAAHEP's role in the accreditation process, visit the CAAHEP website at www.caahep.org.

Authorization

A. The Lactation Accreditation and Approval Review Committee (LEAARC) functions as a Committee on Accreditation (CoA) within the Commission on Accreditation of Allied Health Education Programs (CAAHEP) system and adheres to the CAAHEP policies and procedures. LEAARC assures its policies and procedures are consistent with the CAAHEP policies and procedures.

B. LEAARC derives its identity from the policies of CAAHEP and its collaborating sponsors, the International Lactation Consultant Association and the International Board of Lactation Consultant Examiners. Together, we provide accreditation services for education programs producing entry-level allied health practitioners.

Accreditation Functions

The LEAARC Board of Directors consists of educators, administrators and practitioners within the Lactation Consultant allied health field. LEAARC is not an accrediting agency; it is an entity that reviews Lactation Consultant programs and makes accreditation recommendations to CAAHEP.

A. **Program Review**. The primary accreditation function of LEAARC is to assess the merits of applicant educational programs for accreditation by CAAHEP in accordance with the *Standards and Guidelines for the Accreditation of Lactation Consultant Education Programs*.

B. **Educational Outcomes Assessment**. LEAARC is also responsible for evaluating and recommending means by which its collaborating sponsors may favorably influence the quality and availability of education for Lactation Consultants as a service to the public and professions.

C. **Review CAAHEP *Standards & Guidelines* of Accreditation**. LEAARC conducts periodic reviews of the CAAHEP *Standards and Guidelines* and revises them as necessary in accordance with CAAHEP template language and Section 400 of CAAHEP's Policies & Procedures manual, Standards Adoption and Revision.

LEAARC will review the Standards at least every ten (10) years and will follow CAAHEP's criteria for accreditation standards upon review and revision.

The revised Standards will be submitted to LEAARC's sponsors for endorsement and to the LEAARC Board of Directors for approval.

LEAARC will submit the approved/endorsed Standards to CAAHEP for final approval.

The CAAHEP approved Standards will be sent to accredited programs and programs will be given one (1) year to come into compliance with new requirements.

D. **Accreditation Process Evaluation**. LEAARC develops policies and processes that comply with the standards established for national accrediting agencies and performs other functions pertinent to education program accreditation.

1. Maintain minimum education standards for the profession with input from its sponsoring organizations and the communities of interest.
2. Provide Lactation Consultant educators with current information about CAAHEP and LEAARC policies and practices for accreditation.
3. Review program compliance and achievement of outcome thresholds.
4. Conduct workshops for *Self-Study Report* reviewers and site visitors to promote consistent review and compliance with CAAHEP policy.

Sponsoring Organizations

Within the structure of CAAHEP, the International Board of Lactation Consultant Examiners® (IBLCE®) and International Lactation Consultant Association® (ILCA®) are sponsoring organizations to LEAARC. The goal in establishing sponsoring organizations is to serve as a formal mechanism for acquiring information from those who represent the profession as a whole.

A. LEAARC relies upon IBLCE's and ILCA's occupational analyses and education needs assessments in the revision of the *Standards and Guidelines.* One of the pathways to take the IBLCE certification exam is to graduate from a CAAHEP-accredited Lactation Consultant program.

B. Additional organizations may be accepted as sponsors of LEAARC if they meet the following criteria:

1. Demonstrates a significant relationship to the Lactation Consultant profession.
2. Has a global reach of their mission.
3. Accepts the current LEAARC Bylaws and CAAHEP *Standards and Guidelines.*

C. Organizations seeking to sponsor LEAARC may submit a written request to the LEAARC Executive Director. The request will be added to the next LEAARC Board meeting for consideration.

Overview of CAAHEP Accreditation

The Commission on Accreditation of Allied Health Education Programs is the largest programmatic accreditor of the health sciences professions. In collaboration with its Committees on Accreditation (CoAs), CAAHEP reviews and accredits over 2100 individual education programs in over 30 health science occupations. CAAHEP accredited programs are assessed on an ongoing basis to assure that they meet the Standards and Guidelines of each profession.

CAAHEP is the accreditor to whom LEAARC reports on matters of accreditation. As one of CAAHEP's CoAs, LEAARC conducts all processes leading up to the accreditation decisions. A Lactation Consultant program accredited by CAAHEP provides its students with an education consistent with CAAHEP's *Standards and Guidelines for Accreditation of Lactation Consultant Education Programs*. In addition, LEAARC provides a curriculum of *Competencies for Lactation Consultant Education Programs* in order to guide the program in competencies that must be embedded within the Lactation Consultant curriculum. CAAHEP accreditation includes an annual review of outcomes and periodic comprehensive reviews of the program.

Accredited programs submit information to LEAARC on an annual basis through completion of the Accreditation Annual Report which focuses specifically on program outcomes. These include retention/graduation, job placement, credentialing participation and passage rate, as well as employer and graduate satisfaction. LEAARC established thresholds to measure success and compliance with the outcomes. Those outcomes are reviewed every year. CAAHEP accredited Lactation Consultant programs are required to make their certification exam outcomes accessible to the public via their websites.

In addition, programs are responsible for providing clear, accurate and complete information about the program to LEAARC by submitting information about substantive changes in personnel, curriculum, location, and modality so that those can be reviewed in order to ensure that the changes are in compliance with the *Standards and Guidelines*.

All accredited programs conduct an in-depth self-study process every five years. Every ten years, programs conduct a comprehensive review which includes a self-study report and onsite visit. LEAARC can request a comprehensive review at any time. Involvement of key faculty and administrators in the review process is essential to gain full benefit of the process.

CAAHEP Standards and Guidelines

To achieve and maintain CAAHEP accreditation, a program needs to be in compliance with CAAHEP's *Standards and Guidelines for the Accreditation of Lactation Consultant Education Programs.* The *Standards and Guidelines* were initially adopted in 2011 and revised in 2018 as the Lactation Consultant profession and educational

> **Documents at www.leaarc.org:**
>
> 2018 Standards and Guidelines

environment evolved. LEAARC is charged with reviewing and suggesting revisions to the *Standards and Guidelines* to CAAHEP at least every ten years. This review and revision process includes LEAARC's communities of interest: educators from CAAHEP-accredited Lactation Consultant programs and sponsoring organizations. Programs must operate under the most current *Standards and Guidelines*.

The *Standards and Guidelines* identify the minimum requirements that a program must meet in order to become accredited and for the graduates to be prepared to enter the practice of Lactation Consultant. There are five main sections of the *Standards and Guidelines*:

I. Sponsorship
II. Program Goals
II. Resources
IV. Student and Graduate Evaluation/Assessment
V. Fair Practices

Appendix A of the *Standards and Guidelines* provides CAAHEP's directions for application, maintenance and administration of accreditation. These include administrative requirements for reporting and payment of fees, the basis for Administrative Probation if the requirements are not met, and the process

for requesting inactive status. The responsibilities of CAAHEP and LEAARC are also described in *Appendix A.*

Appendix B of the *Standards and Guidelines* contains the LEAARC curriculum, which identifies the required health science courses and lactation competencies for students. The curriculum for an accredited Lactation Consultant program must cover all competencies listed in *Competencies for Lactation Consultant Education Programs.*

Policies and Procedures

LEAARC is governed by CAAHEP's *Policies & Procedures*, available on the CAAHEP website (www.caahep.org). CAAHEP *Standards and Guidelines* can be cited for non-compliance. This Program Director *Handbook* provides additional information specific to Lactation Consultant Programs. Every Program Director needs a good knowledge of both CAAHEP's and LEAARC's Policies and Procedures. Program Directors will be informed via email when policy or procedure changes occur.

The LEAARC policies and procedures in this handbook will:

A. Assist programs with interpretation of *Standards and Guidelines*.

B. Provide important fee information.

C. Define key accreditation terminology.

D. Expand upon the Standards and Guidelines.

E. Provide the rationale for specific accreditation decisions.

F. Outline accreditation activities such as *Progress Report*s.

G. Explain requirements for reporting program changes.

Contact Information

The LEAARC business office is located in Raleigh, North Carolina, USA. LEAARC staff work remotely from their homes. To reach a LEAARC staff member, email them directly.

LEAARC

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Building and Maintaining a Quality Program

LEAARC provides numerous resources for institutions considering accreditation of a Lactation Consultant program. Visit the LEAARC website for help with developing a Lactation Consultant program, preparing to seek accreditation, and beginning the accreditation process.

If your institution does not yet have a Lactation Consultant program, one of your first decisions will be whether it will be a degree or certificate program. A Lactation Consultant program fits within all levels of degrees (Associate, Bachelors, Masters). Many institutions offer it as a certificate program, and some offer both degree and certificate programs. Samples of these are on the LEAARC website. Forms are also on the website to help you propose offering a Lactation Consultant program at your institution.

Starting a new program before seeking accreditation has the advantage of designing the program to meet the CAAHEP *Standards and Guidelines*. Use the *Standards and Guidelines* as a reference as you develop the goals and resources for your program. Also refer to the *Program Eligibility Checklist* to ensure that you will qualify for CAAHEP accreditation.

Documents at **www.leaarc.org**:
2018 Standards and Guidelines
Program Eligibility Checklist
Entry Level Competencies
Employer Needs Assessment
Feasibility for Lactation Program
Proposing New Programs
Sample Associate Degree
Sample Certificate Program
Sample Affiliation Agreement
Sample Community College Contract
Sample Curricular Approaches
Sample Course Syllabus Template

Program Goals

Develop a clear formulation of the program's goals with specific references to the communities of interest that the educational program serves. Plan regular assessment of those goals and documented contributions from the communities of interest. The program will need to document evidence that program goals and learning domains are addressed routinely. See *Standard II* for further elaboration.

Program Personnel

Put into place a qualified Program Director, Clinical Coordinator, and faculty who provide the students with an education that ensures achievement of the entry-level knowledge, skills, and behaviors for Lactation Consultants. See *Standard III.B.1-3* for the details about the specific qualifications for and responsibilities of personnel. For some programs, one person may be in the role of Program Director and Clinical Coordinator. Other programs may have an administrative Program Director and a separate Clinical Coordinator who is responsible for the educational elements of the program.

The program must provide qualified preceptors to assist students in achieving the required competencies. Per *Standard III.B.1.a.4*, "The Program Director must be responsible for all aspects of the program, including, but not limited to … orientation/training and supervision of didactic and clinical preceptors." LEAARC added this requirement to the 2018 *Standards and Guidelines* after recognizing that many programs seeking accreditation needed to do additional work to meet the industry standard for preparing preceptors and supervising their work with students. LEAARC assesses the degree of instruction and guidance preceptors receive to ensure that they are instructed in how to function as a preceptor and in the program's expectations. LEAARC's *Resource Guide for Establishing and Maintaining a Lactation Clinical Internship Program,* available as a free download on the LEAARC website, serves as a resource for independent internship programs. This resource can assist with preceptor training as well

as materials and processes for the clinical portion of your program. You may use and adapt any portion of the resource guide you wish for your program.

Curriculum

Provide well-balanced and structured course offerings that include cognitive, psychomotor, and affective learning domains and the required competencies for the entire Lactation Consultant curriculum. Ensure that the curriculum satisfies both LEAARC and IBLCE requirements so that graduates will qualify for the certification exam.

Learning Domains

The program must ensure that instruction and assessment includes cognitive, psychomotor, and affective domains. Traditionally, cognitive objectives are tested, while competencies are practiced and then evaluated. It is important to sequence the teaching and assessment of the competencies logically so that students can build upon their cognitive learning. CAAHEP and LEAARC define the learning domains in the following manner:

A. **Cognitive**: Knowledge; mental skills; observable and unobservable skills such as comprehending information, organizing ideas, and evaluating information and actions.

B. **Psychomotor**: Manual or physical skills; use of basic motor skills, coordination, and physical movement.

C. **Affective**: Behaviors related to feelings, attitudes, interest, attention, awareness, and values.

Cognitive Objectives

Students must be taught specific cognitive objectives that will support the competencies and outcomes required for the program. LEAARC and CAAHEP do not stipulate what these objectives are, how they are taught, or how they are evaluated. That is all up to the discretion of the program. Typically, the instructor presents the material, reviews the material, and then evaluates the students' understanding of the material by giving a quiz, test, exam, or other assignment that is evaluated. Objectives and methods of evaluation should be stated in the course syllabus or an appropriate addendum.

Psychomotor and Affective Competencies

Psychomotor and affective competencies generally involve the performance of a skill which is then assessed by the instructor. Ideally, the instructor presents the material and then demonstrates the skill (e.g., positioning the baby for feeding). The students should then have an opportunity to practice the skill before being evaluated. To be "checked off" on the skill, the student must demonstrate understanding of each step that is required to do the skill appropriately. Oftentimes, if students do not pass the first attempt at doing the competency, they are given a second or third opportunity to pass the skill, after they have had the opportunity for additional practice of the skill. As with the assessment of the objectives, the students need to be informed of the method of evaluation for these competencies. In addition, the program needs a system to track all competencies that have been achieved to ensure all have been learned before graduation.

Clinical Practicum

The clinical practicum experience is designed to provide students with the opportunity to demonstrate their knowledge of the cognitive objectives and to practice the psychomotor and affective competencies

that are taught and assessed. Provide a wide range of practicum experiences that enable students to develop clinical proficiency and to perform clinically in an appropriate setting under the supervision of qualified, trained, and knowledgeable personnel.

The practicum must provide a minimum of 300 direct clinical contact hours in a healthcare setting. The IBLCE 300-hour minimum requirement does not include observation hours. Per IBLCE policy, *only actual practice and provision of lactation and breastfeeding care is accepted as clinical contact hours. Taking notes and asking questions are considered part of the observation. This time cannot be counted towards the 300 hours of directly supervised practice.* Therefore, students need to know that the Practicum will require more than 300 hours to allow for the hours spent in observation. Some programs have a student handbook where they share pertinent information such as this that does not appear in the syllabus or other course materials. You could clarify in the student handbook, for example, that graduates must satisfy both LEAARC requirements (completion of all LEAARC competencies) and IBLCE requirements (a minimum of 300 direct clinical contact hours).

Requirements for the clinical practicum

A. There must be adequate clinical sites to support the number of students enrolled and the range of experiences they will need for graduation.

B. The program must have current, signed affiliation contracts with all clinical sites.

C. Students must receive instruction in all competencies in the LEAARC curriculum. The student's tracking form should provide places for the student to indicate their progress toward competence, when they achieved competence, and verification by the preceptor who assessed the competence.

D. Students must satisfy IBLCE requirements for 300 direct contact clinical hours. IBLCE does not allow observation hours to be calculated in their minimum of 300 clinical hours. Thus, a clinical course will require more than 300 hours to allow for the observation hours before students become actively involved in clinical experiences. Describing the clinical portion of the program as 300 hours can be misleading to students, as they will need to spend more than 300 hours achieving their competencies.

Per CAAHEP *Standard III.B.3.a.(2)*, "In each location where a student is assigned for didactic or supervised practice instruction, there must be a qualified individual designated to provide that supervision and related frequent assessments of the students' progress in achieving acceptable program requirements." The Clinical Coordinator must provide oversight of the practicum experience, focusing specifically on on-site assessment of student experiences and the quality of learning opportunities. Options to demonstrate that the Clinical Coordinator is fulfilling the responsibilities of the position may include:

E. Visit clinical sites on a regular basis (documented by clinical site visit schedule)

F. Set up a system of regular phone/video/visit with the practicum site supervisors (documented by schedule of "contact" with site)

G. Have site supervisors evaluate the Clinical Coordinator's support (documented by surveys from site supervisors)

H. Have students evaluate the Clinical Coordinator's support (documented by surveys from students)

Course Syllabi

Per CAAHEP *Standard III.C*, "Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for completion." This CAAHEP Standard specifies the minimum elements required for course syllabi. The *Sample Course Syllabus* template is intended to help programs ensure that they meet this Standard. Programs benefit from using a standard format for all course syllabi so that the essential elements are included. If your institution has a template for course syllabi, you can ensure it contains the CAAHEP required elements. The syllabus needs to make it clear that the student must complete all LEAARC competencies before graduation. Also ensure that the grading policies, grading scale, and pass scores are included.

Evaluation

Per CAAHEP *Standard IV.A.1*, "Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum." Develop methods of evaluation that document the measurement of the cognitive objectives and psychomotor and affective competencies. Students need a clear understanding of how they will be evaluated in the course, including specific grading criteria (rubrics), percentage of the final score for each element of the student's work (e.g., class participation, written assignments, projects, quizzes, examinations), and the grading scale for a passing grade. This all needs to be clearly stated in the course syllabus or addendum.

The program needs to ensure sufficient documentation and guidance to track a student's progress toward achievement of required clinical competencies. Simply checking off completion of a competency as "met" does not provide sufficient insight for the clinical instructor or the student to monitor the student's progress in achieving competence throughout the clinical course. Students need documentation that demonstrates their progression (e.g., observation, novice, competence). This allows the student and instructor to see a snapshot of the student's progress at any point in the program. An example of documentation for this progression is provided in the *Resource Guide for Establishing and Maintaining a Lactation Clinical Internship Program*, available on the LEAARC website.

Transparency

Set up a system of transparency in providing information to students and communities of interest about the accreditation status along with the academic and student policies, fees, outcomes, and other relevant information. In addition, there needs to be clearly articulated non-discriminatory practices in accordance with specific legal requirements. See *Standard V* for an overview of the many specifics in this area.

CAAHEP *Policy 302* requires institutions and programs to be accurate in reporting the program's accreditation status to the public. Before a site visit has been scheduled, there can be no mention of CAAHEP accreditation by the program or institution. Once a site visit has been scheduled, a program may publish the following statement: "The [name of program] at [institution] has a site visit scheduled for pursuing initial accreditation by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org). This step in the process is neither a status of accreditation nor a guarantee that accreditation will be granted." There should be no claims of timelines or when accreditation will be achieved. Refer to the CAAHEP *Policy and Procedure Manual* for policies on advertising as well as use of the CAAHEP logo. Also see the section in this handbook on *Publication of Program Accreditation*.

Preparing to Seek Accreditation

Submitting a *Request for Accreditation Services (RAS)* starts the accreditation clock ticking and you will have one year after that date to complete your *Self-Study Report*. Putting as much as possible in place before you seek accreditation will help the process run smoothly. Note that you may seek accreditation *before* opening your doors to students as long as you have the fundamental structure in place at the time of your site visit. This allows programs to put finishing touches on the program while finalizing the accreditation process. Remember that you're not in this alone! Browse the LEAARC and CAAHEP websites and become familiar with all the resources: www.caahep.org and www.leaarc.org. See the *Frequently Asked Questions* tab on the LEAARC website. And do not hesitate to contact LEAARC with questions.

The Sponsoring Institution

The accreditation process begins when an institution submits the RAS to indicate that it wishes to seek CAAHEP accreditation of its program. Your institution must meet the established criteria for a sponsoring institution as stated in the CAAHEP *Standards and Guidelines*. Accreditation by CAAHEP is a voluntary process, and evaluation of a Lactation Consultant Program is undertaken only with specific authorization from the Chief Executive Officer of its sponsoring institution. CAAHEP requires institutions applying for the accreditation of health science educational programs to be institutionally accredited by a recognized accrediting body or by a body otherwise acceptable to CAAHEP. The sponsoring institution must either award credit for the program or have an articulation agreement with an accredited post-secondary institution that awards credit.

Initial Self-Assessment

A. Review the *Standards and Guidelines*. The *CAAHEP Standards and Guidelines* are your guide to help ensure that your program will qualify for accreditation.

B. Go through the *Site Visit Report* form. Answer the questions honestly to evaluate whether the Standards are *Met* or *Not Met*. Pay attention to the possible items in the Evidence column, as that is the evidence site visitors will review. Make a list of anything that is not clear to you so you can seek guidance from LEAARC.

C. Give your faculty members and Administration a copy of the CAAHEP *Standards and Guidelines* and highlight the areas of responsibility. Meet with your faculty to discuss areas that seem unclear.

> **Documents at www.leaarc.org:**
>
> 2018 Standards and Guidelines
>
> Site Visit Report Form
>
> Accreditation Procedures
>
> Personnel Resource Survey
>
> Student Resource Survey
>
> Employer survey
>
> Graduate survey

D. Seek input from others. Meet with Program chairs of other accredited programs in your institution to learn how they prepared for accreditation. Make a list of your most burning questions and prioritize them. Contact LEAARC for answers to specific questions.

E. Analyze your resources. Make a list of your Program's current strengths and weaknesses/limitations (consider a SWOT analysis: strengths, weaknesses, opportunities, threats). Review the *Program Resource Assessments* surveys for students and personnel to identify required resources. Make a list of resources, including personnel, equipment, and other resources that would need to be present to demonstrate that the Standards are met.

Advisory Committee

Per *Standard II.B*, CAAHEP requires that all accredited programs have an Advisory Committee with representation of the communities of interest that are served by the program. That includes, but is not limited to, students, graduates, faculty, sponsor administration, hospital/clinic representatives, physicians, employers, and the public. Form your Advisory Committee early in your self-assessment so that members of the committee can help guide the process.

The role of the Advisory Committee is to provide guidance and direction in validating and revising the program, based on the communities of interest's needs. One of the goals of the Advisory Committee is to allow you to determine the specific needs and expectations of those communities of interest.

    A.   The student can provide guidance about the achievement of learning goals and domains.

    B.   Graduates can provide input about how the program prepared them for employment as well as suggestions for improvement.

    C.   Lactation Consultant faculty can make suggestions about the curriculum based on their experience teaching the material.

    D.   The Dean or chairperson to whom the Program Director reports represents the sponsor administration and can provide guidance on program effectiveness and implementation of changes.

    E.   Employers can guide the program on how to best prepare graduates for employment based upon the trends in the field.

    F.   Physicians (MD, PA, DO, NP) can provide medical input with an understanding of Lactation Consultant scope of practice.

    G.   Public members can speak to their experience within the broader healthcare systems.

Programs find that the public member can be difficult to find. The public member should be an informed person with a community focus who has never been employed in a healthcare environment. Public members cannot be current or past practitioners within a profession whose educational programs are accredited by CAAHEP (see www.caahep.org for the list). In addition, the public member cannot be affiliated in any capacity (faculty, staff, and administrator) with a CAAHEP-accredited program.

While some programs formally survey members of the Advisory Committee, other programs conduct that conversation at meetings and record it in the minutes. Also, it is very important that you seek their input in program changes in response to external expectations. And, finally, the Advisory Committee should be informed of the program's performance on the outcomes and should have the opportunity to provide feedback on those outcomes.

While the *Standards and Guidelines* require only one meeting per year, there may be periods when more frequent meetings are needed. It is important to keep minutes of advisory meetings, which include lists of attendees, in order to document the type of input you receive. Every Advisory Committee meeting is expected to address the assessment and any necessary revision of the program goals and learning domains. Other possible agenda items may include:

    A.   Share feedback received from graduate and employer surveys and seek input about methods of addressing any specific areas.

    B.   Share the program's *Annual Accreditation Report* and discuss the outcomes.

    C. Share results of the Resource Assessment and ask for help in creating action plans for any deficiencies.

    D. Seek input on curriculum revisions based upon their observations.

Meet with Key People

Meet with key people to discuss the process and address areas where the Program does not currently meet the CAAHEP *Standards and Guidelines*.

    A. Meet with your Dean or organizational leader to discuss costs and the process. One of the first steps that a Program Director should take is to establish a budget for the accreditation process so that there is clarity and transparency for the process within the larger institution.

        1. The fixed costs associated with accreditation are fees associated with the Request for Accreditation Services, Self-Study Report (*SSR*), and Site Visit. Accreditation fees underwrite a major portion of the expenses incurred by LEAARC for accreditation services. Please check with LEAARC to confirm the current fee, as fees may change at any time. See *Accreditation Procedures* for details of all accreditation fees.

        2. Ensure an adequate budget in order to supply sufficient resources, such as equipment and supplies, to students and faculty. Incorporate on-going Resource Assessment (at least annually) to assess the appropriateness and effectiveness of the required resources with an action plan to correct deficiencies. See *Standard III.A* for a complete list of resources and *Standard III.D* for details about resource assessment.

        3. Consider the time required for the Program Director to prepare the *SSR* and for it to be reviewed, revised, completed, and submitted.

    B. Meet with faculty to discuss the plan and share information on the process.

    C. Meet with the Advisory Committee to review the process, program analysis, action plans, plan for accreditation submission, and other pertinent data.

    D. Consider creating a Self-Study Committee to ensure that the information necessary to develop the Self-Study Report is available. The Committee might include: Lactation Consultant faculty; Advisory Committee members; support faculty; the Dean/administrator who serves as the direct supervisor of the Program Director; support staff (librarian, career services, student services, financial services and so on); students; and graduates. Goals for the committee might include:

        1. Establish timelines and set deadlines.

        2. Determine how often meetings are needed to report on progress.

        3. Plan the timeline to meet the date for submission of the Self-Study Report.

        4. Review the Self-Study Report template.

        5. Plan a critical and informed look at the program, using the *Standards and Guidelines* as a guide. Look specifically at program goals and learning domains, the needs and expectations of the communities of interest, strengths and weaknesses of the program, and any action(s) necessary to bring the program into compliance with the Standards.

        6. Determine areas of responsibility for gathering material and completing the Self-Study.

        7. Assign specific responsibilities for gathering and compiling information.

8. Allow time for proofreading and making necessary changes prior to submission of the draft Self-Study Report to institutional administrators for approval.

Submitting the Request for Accreditation Services (RAS)

Before you submit the RAS, re-read the CAAHEP *Standards and Guidelines* and the Site Visit Report to ensure that you are ready to seek accreditation. You will receive the *SSR* as soon as you pay your *SSR* fee and will have one year to complete it. Plan the time needed to write it and have it reviewed. Be realistic with the time commitment. You will not want to rush the process, as you want the *SSR* to represent your program to LEAARC reviewers and site visitors in the most positive light. Plan to set aside time each day/week and assign yourself and others specific tasks. Plan to involve faculty and Administration in completing sections of the *SSR*. If you delegate certain tasks, set deadlines and check in at specific times.

When you are ready to submit your RAS, you can complete the online *Request for Accreditation Services (RAS)* [https://www.cognitoforms.com/CAAHEP2/RequestForAccreditationServices] on the CAAHEP website to begin the accreditation process.

A. The RAS form is "signed" by entering the name of the CEO at the end.

B. LEAARC receives the RAS directly from the CAAHEP website after it is submitted.

C. After receiving the RAS, LEAARC will send the program an invoice and payment form for a non-refundable registration fee. Payment with credit card may be made online. Payment by check may be mailed to LEAARC with a copy of the *RAS Payment* form. The RAS fee is a nonrefundable registration fee to LEAARC.

D. After receipt of the registration fee, LEAARC will send the program an accreditation packet that includes a Self-Study Report form (SSR) and instructions for completion.

E. If a program is applying for Continuing Accreditation, LEAARC will notify the program when the RAS is due.

Initial Accreditation

The Self-Study Report (*SSR*) will be due one year after you receive it from LEAARC. After successful completion of the *SSR*, you will receive an Executive Analysis with an opportunity to address deficiencies. After LEAARC determines you are ready to proceed, a site visit will be scheduled. See LEAARC's website for numerous resources and sample templates to help you complete your *SSR* and prepare for the site visit. The *Infographic on LEAARC Accreditation* highlights each step in the process.

All accreditation personnel in the peer review process will maintain confidentiality in the processing of information collected during the entire accreditation review. Printed materials such as the *Request for Accreditation Services*, *Self-Study Report*, and *Site Visit Report* are read only by members of the visiting team, the review committee, CAAHEP, and other authorized persons.

Conducting a Self-Study

A Self-Study Report is required of all programs requesting accreditation by CAAHEP. Preparing an *SSR* is a collaborative initiative that involves the Lactation Consultant program along with representatives from across the institution. The process will consist of an internal review and an analysis and assessment of the entire range of educational operations, including ancillary services that contribute to accomplishing objectives. In addition to providing insights to your institution for self-improvement, the *SSR* forms the basis for the on-site review conducted by a team of LEAARC site visitors.

A. **Deadline for submitting the *SSR*.** The *SSR* is due within 12 months after receiving it. The time required to complete the self-study will depend on how much the program needs to do to bring the program into compliance with the CAAHEP *Standards and Guidelines*. If the program is not ready to submit the *SSR* within 12 months, the program may request an extension and pay a new RAS fee.

B. **Review the template.** Read through the *SSR* before you begin. Understanding all the components of the *SSR* before you jump in will ensure a smooth self-study process. The self-study process requires you to look critically and comprehensively at your program. It is an evaluative inventory of resources, assessments, and curriculum.

C. **Follow directions.** Although the self-study conducted by the institution and program is comprehensive, the *SSR* need contain only enough documentation to substantiate compliance with the Standards. The report must contain a qualitative self-analysis summary based on application of the Standards and conclude with changes anticipated to strengthen the program. In responding to the specific areas of the *SSR*, you will need to demonstrate that the program is compliant with the *Standards and Guidelines*. The *SSR* is designed specifically to correspond to the *Standards and Guidelines*. Some sections contain blanks to be filled in and boxes to check. Other sections require narrative reports and supporting documents. Be sure to label documents in the appendices according to directions to facilitate LEAARC's review process.

D. **Seek input**. Remember this is a collaborative evaluation of your program. Seek input from your communities of interest: faculty, administrators, students, employers of graduates, and Advisory Committee members. Have regular meetings with the faculty to discuss any needed programmatic changes and how they will be accomplished.

E. **Identify problems.** Complete a comprehensive list of any potential problem areas. Prioritize the list of issues and assign as appropriate (e.g., Clinical Coordinator will develop a tracking system by…).

F. **Contact the clinical sites.** Obtain the required data from clinical sites early in the process to avoid delays. Ensure you have a sufficient number and type of clinical sites for students to achieve their competencies.

G. **Administer surveys.** All survey data will remain confidential and survey participants will remain anonymous during the survey process. No personal identifying information will be requested of the students at any time. You are required to administer:

Documents at www.leaarc.org:

Infographic on LEAARC Accreditation

Applying for Initial Accreditation

Accreditation Payment Form

Clinical Affiliate Data Form

Curriculum Vitae Form

Personnel Resource Survey

Student Resource Survey

Employer survey

Graduate survey

Mapping Topics to Competencies

Process for Program with No Students

Sample Advisory Committee Agenda

Sample Job Description Clinical

Sample Job Description Didactic

Tracking Competencies

Site Visit Dates Request

Online survey:

Student Questionnaire

1. A resource survey to program personnel and students if any are enrolled. You will administer these directly to your personnel and students. The forms can be downloaded from the LEAARC website. You may use your own system as long as the questions remain the same. The completed surveys must be submitted with the *SSR*.

2. A student questionnaire if there are students. You will provide a link to an online survey and the results will go directly to LEAARC. Administer the questionnaire in a timeframe that allows results within 1 month prior to the anticipated site visit date. LEAARC will send the results to the program after the site visit report and the Findings Letter have been completed and distributed to the program officials. The program will have an opportunity to respond to any issues identified in student surveys before a recommendation is sent to CAAHEP.

H. **Review and polish.** Review what you wrote to ensure that all sections of the *SSR* are completed. Have other critical reviewers read the *SSR* for content, accuracy, grammar, and professional appearance. Make final edits to ensure that the *SSR* represents the program in a positive and professional manner.

I. **Submit the *SSR*.** The program will submit the *SSR* on a USB drive. All materials must be submitted electronically, following the instructions on the first page of the *SSR*. When you prepare your USB drive, check that documents are complete in all folders and that files are labeled appropriately. Remember to send the USB drive directly to LEAARC's Accreditation Manager.

J. **Request site visit date.** When you submit your *SSR*, you will also submit your *Site Visit Dates Request* form. When LEAARC determines that the *SSR* is sufficiently complete, including additional documentation needed for the site reviewers, LEAARC will work with you to determine a date for your site visit. The site visit typically occurs about 4 months after submission of the *SSR*. This timeframe varies based on the number and scope of requests for additional information during the review process.

K. **SSR and site visit fees.** After LEAARC receives the *SSR* and *Site Visit Date Request* form, the program will receive an invoice for the SSR Fee and Site Visit Fee. When these fees are received, the accreditation review will begin.

Review of Self-Study Report

A. LEAARC will complete an initial desk review of the *SSR* for completeness. You may be contacted for clarification or further information before the formal review begins.

B. LEAARC will assign a reviewer to assess evidence of substantial compliance with all accreditation Standards. The reviewer identifies which Standards are met based on the contents of the *SSR*. The review will identify potential citations as well as areas the site visitors need to verify onsite based on what was stated in the *SSR*.

C. LEAARC may request clarification of information or additional documentation as needed. The time required for the review will depend on the amount of clarification and additional documentation needed.

D. When the review is completed, LEAARC will send the Program Director an *Executive Analysis*. The *Executive Analysis* will identify areas the program needs to address before the site visit and

documentation to have available for the site visitors to review. It may include requests for clarification of information or additional documentation requested by the reviewers. After the Executive Analysis has been sent to the program, a site visit is scheduled for a mutually convenient time.

E.   At any point in this initial review process, you might be contacted with questions and requests for clarification and documentation.

Site Visit

An on-site visit is required to be part of the evaluation process to determine compliance with the CAAHEP Standards. Site visitors represent both LEAARC and CAAHEP. LEAARC will send site visitors to observe, verify, and clarify evidence of the degree to which your program meets the CAAHEP *Standards and Guidelines*. See *Keys to a Successful Site Visit* for tips to help your site visit run smoothly.

> **Documents at www.leaarc.org:**
>
> Site Visit Dates Request
>
> Sample Site Visit Agenda – One Day
>
> Sample Site Visit Agenda – Two Day
>
> Program Director Checklist
>
> Site Visit Report Form
>
> Keys to a Successful Site Visit

The Site Visit Team

A.   The site visit team will consist of two (2) members. The team may be comprised of a LEAARC staff person, board member, Lactation Consultant educator, college or university educator or administrator, or CAAHEP generalist. Trainees and/or observers may accompany the on-site evaluation team at no additional expense to the program.

B.   No visitor will have any real or potential conflict of interest that may affect the evaluation. If the site visitor, program, or LEAARC has reason to believe that a conflict of interest exists, the visitor will be excused, and another member selected.

C.   Site visitors receive orientation training and materials which stress objectivity, impartiality and confidentiality. All site visitors are required to sign a confidentiality statement.

D.   The completed *SSR* is supplied to site visitors well in advance of the onsite review to allow for a thorough understanding of the program.

E.   While onsite, the team will verify what was presented in the *SSR* and review the facilities, reports, student records, and additional documentation. They will also interview individuals and groups, such as the Chief Executive Officer of the sponsoring institution, the administrator(s) of the educational program, faculty, students, graduates, and support personnel.

F.   While onsite, the team will analyze the results of the onsite review, make a final determination of any standards that still have potential citations, and prepare a *Site Visit Report*.

G.   At the end of the site visit, the team will conduct a summation conference with the program/sponsoring institution to clarify findings and report on strengths and deficiencies of the program.

Before the Site Visit

A.   **Schedule the visit.** LEAARC will work with the Program to schedule a site visit on a mutually agreed upon date. You will receive a confirmation of the dates of the site visit and the names of the members of the site visit team. If you wish to reject a specific site visitor because of a

conflict of interest, you may contact LEAARC with your request within 5 days of notification of the site visit team.

1. The site visit for an existing program will be two days and includes a review of program materials and student records, as well as interviews with the Program Director, administrators, faculty, students, graduates, and Advisory Committee members.
2. The site visit for a new program with no students will be one day and includes a review of program materials, as well as interviews with the Program Director, administrators, faculty, and Advisory Committee members.

B. **Finalize the agenda.** You will receive a draft agenda for the site visit and are asked to review it promptly, make any necessary adjustments based on availability of personnel, and return it to LEAARC. You will set up all appointments and meetings, including conference phone access for key people who are not able to meet in person. In addition, there will be a formal opening and exit interview with the program faculty and the administrative leadership. When you receive the revised agenda, complete all requested information (e.g., names, titles, contact information) for each segment in the schedule and return it promptly to LEAARC. You will be asked to identify all people who will be participating in the visit, such as the Advisory Committee, current students, graduates, faculty, support staff and administrators. Any last-minute adjustments that are needed can be addressed when the site visitors arrive.

C. **Manage logistics.** Work with LEAARC to arrange lodging for the Site Visit Team. LEAARC will pay hotel expenses at check-out but asks the program to make the reservations. Arrange transportation for the team to and from the airport and between the hotel and campus. Schedule a private room with internet access that will serve as headquarters for the team while onsite. Plan to provide lunch and light refreshments in the room for the team.

D. **Compile required materials.** LEAARC will send a Program Director *Checklist* for preparing materials to have accessible to site visitors. The Program Director *Checklist* will guide you in compiling the documentation to have available in the team meeting room during the site visit. Although some of the materials were submitted in your *SSR*, those materials will need to be replicated so that they are available to the team either in the meeting room or online.

1. The site visitors will need to see all course syllabi, and they will need to ascertain that the collective syllabi cover all the LEAARC competencies. See the *Sample Course Syllabus* template for elements site visitors will look for in your syllabi. If any of the information is available in a program catalog or student handbook, be sure this is indicated in the syllabus, so students know how to access the information.
2. Have the textbooks available for all the lactation classes.
3. Have gradebooks available that show test scores, assignments, and other grades received by each student in each course.
4. Provide access to student transcripts (official or unofficial record issued by the registrar for the student, including the final grade for the specific course) that document the final evaluation for students.
5. Provide access to competency checklists maintained by students to show their progress in completion of competencies throughout the program.

E. **Review the Executive Analysis.** Ensure that you have reconciled issues identified in the Executive Analysis before the Site Visit Team arrives. Place that evidence in the team headquarters with the other documentation you prepare for the site visit. Note that the site visitors will want the Executive Analysis evidence all in one place to help them in their review.

F. **Review the Site Visit Report.** You will receive a blank copy of the *Site Visit Report.* This is the document the site visitors will use to observe, verify, and clarify evidence of the degree to which your program meets the CAAHEP Standards and Guidelines. It will form the basis for their findings. Acquainting yourself with this form will help you anticipate what to expect.

During the Visit

A. The Site Visit Team will arrive in the afternoon of the day before the site visit. They will meet to discuss initial findings after review of the *SSR* and to review the site visit agenda. Selecting a hotel with dining facilities will facilitate this meeting, which typically occurs over dinner. It is generally helpful to arrange for transportation to the campus in the morning and a return to the hotel at the end of the day.

B. Ensure that all materials described in the *Program Directors Checklist* are in the team headquarters and that they are organized in the sequence requested in the *Program Director Checklist*. Use tabbed dividers or individual file folders with labels that will help the Site Visit Team locate them easily. If particular files are available electronically, indicate that within the sequence with instructions on where to locate them. Provide a laptop in the room that has easy access to electronic files. Provide a list of names and titles of the people the Site Visit Team will meet and interview so that they can use that resource for completing their report.

C. Respect the schedule as much as possible and stay on time, while also remaining flexible based on the needs of the Site Visit Team.

D. The Site Visit Team will rely on you, or whomever you designate, to serve as a guide during the visit. Be available to the team for the duration of the site visit. Provide your cell number so they may contact you easily for questions and requests for additional information and documentation.

E. Provide lunch and light refreshments for the Site Visit Team in the team headquarters. It is helpful to determine before the team arrives if there are any food and beverage preferences or allergies.

F. Engage in the process collaboratively with the Site Visit Team. The team is present to evaluate how your program meets the Standards—not to evaluate *you*. Ask everyone to be open to observations and recommendations from the Site Visit Team. Everything that transpires during the site visit is to support the Site Visit Team's assignment to verify that the program meets the *Standards and Guidelines* and that all students have a similar educational experience. In addition to the formal findings, they may share suggestions unrelated to the accreditation *Standards and Guidelines* that can strengthen your program.

G. After all reviews and interviews, the team will analyze the results of the onsite review and prepare the *Site Visit Report*. When the report is completed, they will share their findings at a summation conference. The findings will include any potential citations and a summary of the program's strengths. The findings related during the exit interview are tentative, and citations may be added or removed during LEAARC's review after the site visit. The findings from the exit

interview are only relayed to you and program leadership verbally, and not in writing. You may use your copy of the *Site Visit Report* template to take notes.

H.   Relax and celebrate that you are near the finish line!

After the Site Visit

A.   The site visit chair will submit the *Site Visit Report* to LEAARC with all the findings within 5 days after the visit. LEAARC will review the *Site Visit Report* and may add, remove, or modify potential citations.

B.   The accreditation team consisting of the Accreditation Manager, *SSR* reviewer, and site visitors will meet to review the *Site Visit Report* and draft a *Findings Letter* within 14 days of the site visit.

1.   The *Findings Letter* will include all potential citations, rationale, and documentation that is being requested to address the potential citations. It will also include a listing of the program strengths and suggestions for improvement.

2.   The Accreditation Manager will send the *Findings Letter* to the Program Director with a response deadline of 60 days.

C.   The program's response to the *Findings Letter* will be considered when determining an accreditation action recommendation. This will be your final opportunity to submit new information to remedy the potential citations identified in the *Findings Letter*.

1.   LEAARC will review the program's response to the *Findings Letter* and additional materials may be requested as appropriate.

2.   If necessary, make programmatic changes or modifications that are appropriate and document the changes.

3.   It is important that you make it easy for LEAARC to review documentation and understand how the materials address the citation. If you submit a document where a section was updated, highlight the section that is relevant to the specific citation. In addition, a cover letter that highlights the citations addressed and how the documentation addresses each citation will be very useful.

4.   The evidence you provide may resolve many potential citations before LEAARC submits an accreditation recommendation to CAAHEP.

5.   Remedies that require longer than 60 days may result in a recommendation of Initial Accreditation with a *Progress Report*. A citation is required for a Standards violation that requires a *Progress Report* because it could not be resolved prior to the recommendation. A recommendation of accreditation with citations does not affect your accreditation status. It simply provides a process for receiving evidence of final compliance with the Standards.

New Programs with No Students

A.   Programs that demonstrate substantial compliance with the *Standards and Guidelines* may apply for accreditation prior to matriculating students.

B.   The program will submit an *Initial Self-Study Report (ISSR)* and host a 1-day site visit to demonstrate substantial compliance with the *Standards and Guidelines.* The procedure for

follow-up to the site visit will be the same as for programs with students. LEAARC will base its recommendation to CAAHEP on review of the Accreditation Record (see the Document section of the handbook) and will include citations for Standards that are not yet met at the time of the site visit. CAAHEP *Policy 206.A.4.c*. states, "Initial accreditation recommendations should not include citations of *Standard IV.B. (*Outcomes) for which the program has not had sufficient time, due to the formative stage of the program, to collect and assess the data needed to demonstrate compliance. Lack of a system in place to collect and assess the data may result in a citation."

C. The CAAHEP accreditation letter will identify any citations the program must address. Annual *Interim Reports* will report on progress and provide evidence for any unmet Standards identified in the CAAHEP accreditation letter.

D. The program will apply for Continuing Accreditation earlier than programs that are in operation at the time accreditation was received. A *Continuing Self-Study Report (CSSR)* will be due six months after the first cohort graduates and a two-day Continuing Accreditation site visit will occur one year after the first cohort graduates.

E. A second Continuing Accreditation site visit (one-day) will occur approximately two years after the first cohort graduates, if needed.

F. LEAARC's recommendation on Continuing Accreditation will consider the *Interim Reports*, *CSSR*, supporting documentation, and site visit(s).

Graduates Prior to Accreditation

LEAARC recognizes students who graduate from a lactation program within the 12 months prior to the program becoming accredited as graduating from an accredited program and therefore eligible to apply for the IBLCE exam under Pathway 2 provided that:

A. The graduate satisfies all IBLCE criteria for Pathway 2.

B. LEAARC verifies that the program from which the student graduated is substantially the same program as the one that is accredited.

C. The program obtains proof of knowledge of accreditation status via a signed agreement between the program and its students such as:

"IBLCE requires that Pathway 2 candidates graduate from an accredited program. This program is not currently accredited. The student understands that if the program is not accredited within one year after their graduation, they will need to seek a different pathway toward certification."

Accreditation Recommendation

LEAARC Recommendation

A. The LEAARC accreditation team will meet to review each potential citation to evaluate the degree of the program's compliance with the Standards. The review will be based on the program's Accreditation Record (see the Document section of the handbook) which includes the *Self-Study Report*, *Site Visit Report*, *Findings Letter* and evidence provided by the program, and all related documentation and correspondence.

B. The team will formulate an accreditation recommendation and present the recommendation to the LEAARC Board for approval at the board's next scheduled meeting.

C. LEAARC will submit the recommendation to CAAHEP to grant either Initial Accreditation, Initial Accreditation with a Progress Report, or Withhold Accreditation.

Initial Accreditation with a Progress Report

A. If your accreditation recommendation includes a required *Progress Report*, your accreditation letter will indicate the deadline for submitting your *Progress Report* and specifically what you must submit to address the citations. Your responses should demonstrate that you understand the citation and you understand what specifics will address the citation. If you are unclear, contact LEAARC for clarification. If your *Progress Report* involves updating a document, highlight the section that is relevant to the specific citation. In addition, a cover letter that highlights the citations addressed and how the documentation addresses each citation will be very useful.

B. It is important that you submit your *Progress Report* by the deadline to avoid jeopardizing your accreditation status. Your *Progress Report* should illustrate that your program is now in compliance with regard to each specific citation. LEAARC will review the *Progress Report* and inform the program when the citations have been resolved.

CAAHEP Accreditation Action

A. The CAAHEP Board of Directors will act on the accreditation recommendation, assuring that due process has been met and that Standards are being applied consistently and equitably.

B. The CAAHEP Board considers accreditation actions at their scheduled board meetings (January, March, May, July, September, and November). Immediately following the meeting in which the program was presented, CAAHEP will send a letter to the President of the institution, copied to the Dean and Program Director, indicating the outcome of the meeting. CAAHEP's notification will indicate the accreditation status awarded, any deficiencies being cited, and the due date of the *Progress Report*, if required. If accreditation was conferred, a CAAHEP certificate of accreditation will be included in the Program Director's letter. CAAHEP accreditation letters are public and posted on the CAAHEP website until the next comprehensive review date.

Adverse Recommendations

In the instance of a LEAARC adverse recommendation, such as probation, withhold accreditation, or withdrawal of accreditation, the program will receive a letter prior to any official notification to CAAHEP. The notification will identify specific Standards where the program was found deficient, the rationale for the citations, and the suggested documentation by which the Program may demonstrate its compliance with the Standards. If the program takes no action, the LEAARC recommendation is forwarded to CAAHEP with the correspondence documenting that the Program was notified of it rights and that due process was followed. The program has three options after receiving an adverse recommendation.

Request Reconsideration

The program has 14 days after receipt of notification of the pending adverse recommendation to request reconsideration. In requesting reconsideration, the program may provide new material to demonstrate progress toward compliance with the CAAHEP *Standards and Guidelines*. If the program requests reconsideration, LEAARC will notify the program of a deadline to submit additional (new) material for consideration. No recommendation will be sent to CAAHEP until LEAARC reviews the submitted documentation.

The program will need to demonstrate that it is addressing the specific citations effectively and that the appropriate changes have been made. If a citation will require a lengthy time to resolve, it may not be conceivable that a program will be able to make the necessary changes within the time allowed. Therefore, whether to request reconsideration or accept the pending adverse recommendation is a decision based largely on the nature of the citations.

A. LEAARC will review the reconsideration action based on all the materials at the time of the original recommendation as well as all new materials submitted by the Program.

B. If LEAARC formulates a recommendation that could change the CAAHEP accreditation status of the program or that requires a Progress Report, the recommendation is forwarded to CAAHEP along with the correspondence documenting that the Program was notified of its rights and that due process was followed.

C. If LEAARC formulates a recommendation that would not change the CAAHEP accreditation status, but includes citations, the recommendation is not forwarded to CAAHEP and a *Progress Report* is requested of the Program.

D. LEAARC will inform the program of its final recommendation following reconsideration.

Request Voluntary Withdrawal

CAAHEP provides the option for a program to voluntarily withdraw from accreditation, in lieu of an adverse recommendation. A program that wishes to voluntarily withdraw *before* CAAHEP receives the adverse recommendation can contact LEAARC to withdraw their accreditation application. A program that wishes to voluntarily withdraw *after* CAAHEP received the adverse recommendation can download a template from the CAAHEP website; this template must be used.

Accept the Adverse Recommendation

The program may choose to accept the adverse recommendation. In that instance, the program will receive a formal letter from CAAHEP with specific instructions and details. Decisions by CAAHEP for Probation are not appealable by the program. Decisions by CAAHEP for *Withhold of Accreditation* or *Withdrawal of Accreditation* shall be final unless a written request to appeal the decision is received by CAAHEP within fifteen (15) days of receipt of the adverse letter. CAAHEP's *Policy 601, Appeals of Adverse Accreditation Actions*, outlines complete requirements for appealing an adverse action.

Status of Accreditation

Initial Accreditation

Initial Accreditation is the first status of accreditation granted to a program that has demonstrated substantial compliance with CAAHEP Standards. Initial accreditation is for a period of five years. At the end of Initial Accreditation, the program may be recommended for Continuing Accreditation. Initial Accreditation remains in place until the program receives Continuing Accreditation or another status is recommended and acted on by CAAHEP. If a program with Initial Accreditation is determined to be in substantial non-compliance with the Standards, it will be placed on Probationary Accreditation and could be moved to Withdrawal status, if appropriate.

Continuing Accreditation

Continuing Accreditation is granted when a program is in substantial compliance with the accreditation Standards and remains in effect until due process has demonstrated cause for its change or withdrawal. Every five years, accredited lactation education programs must conduct an internal review and submit a

> **Documents at www.leaarc.org:**
>
> Applying for Continuing Accreditation

Continuing Accreditation Self-Study Report (CSSR). This regular self-assessment ensures that the program continuously meets the current *Standards and Guidelines for the Accreditation of Lactation Education Programs*. Programs should carefully read the Standards as well as the guidance provided to fully understand and respond to the corresponding questions in the C*SSR*. See *Applying for Continuing Accreditation* for further details.

A. The first Continuing Accreditation is due 5 years after Initial Accreditation and requires a Comprehensive Review. A Comprehensive Review includes both a Self-Study Report and a site visit.

B. The second Continuing Accreditation cycle will require only a Self-Study Report unless LEAARC determines an interim site visit is necessary because of concerns with outcomes or compliance with the Standards.

C. The Continuing Accreditation cycle will continue with a Comprehensive Review (C*SSR* and site visit) every 10 years and a C*SSR* only in the interim 5 years (unless concerns arise).

D. If concerns arise at any time during the program's accreditation, a focused site visit or a comprehensive review, including Self-Study Report and site visit, may be required.

   1. Programs will be given 90 days' notice prior to arrival on site for a focused site visit.
   2. The program will be given three (3) days to confirm the assigned site visit dates. If no confirmation is received from the program, it will be assumed that assigned dates are acceptable.
   3. An interim site visit could occur at any time based on significant changes taking place within the program or LEAARC's review of the annual outcome reports and a programs' ability to meet the established thresholds.

Probationary Accreditation

Probationary Accreditation is a temporary status of accreditation granted when a program does not continue to meet accreditation *Standards* but should be able to meet them within the specified time.

Withhold of Accreditation

Withhold of Accreditation is conferred when a program seeking initial accreditation is not in compliance with the accreditation *Standards*.

Withdrawal of Accreditation – Involuntary

Involuntary Withdrawal of Accreditation is conferred when a program is no longer in compliance with the accreditation *Standards*.

Withdrawal of Accreditation – Voluntary

Voluntary Withdrawal of Accreditation is granted when a sponsoring institution requests that its program(s) be removed from CAAHEP. A sponsor may request voluntary withdrawal of accreditation from CAAHEP by submitting a written request using the required CAAHEP template letter, available on the CAAHEP website.

A sponsor may request voluntary withdrawal of its application for accreditation from LEAARC in writing by the Chief Executive Officer or an officially designated representative of the sponsor.

Inactive Status

The sponsor may request that a program be placed on inactive status. The request must be submitted in writing by the Chief Executive Officer or an officially designated representative of the sponsor to CAAHEP indicating the desired date to become inactive.

A. The program is not allowed to be advertised as CAAHEP-accredited during the time period in which the program is on inactive status.

B. The sponsor must continue to pay all required fees to the LEAARC and CAAHEP to maintain its accreditation status.

C. To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and LEAARC. The sponsor will be notified by LEAARC of additional requirements, if any, that must be met to restore active status.

D. The maximum period for inactive status is two years. If additional time is required, the institution shall submit documented plans with timelines to the CoA for consideration. If the sponsor has not notified CAAHEP of its intent to re-activate a program, request additional time, or voluntarily withdraw by the end of the two-year period, the CoA will recommend withdrawal of accreditation to CAAHEP.

Administrative Probation

Administrative Probation may be conferred when the program does not comply with one or more of the administrative requirements for maintaining accreditation (see *Standards and Guidelines, Appendix A, Section A.3*). Programs can avoid Administrative Probation by:

A. Informing LEAARC and CAAHEP within a reasonable period (as defined by LEAARC and CAAHEP policies) of changes in Chief Executive Officer, Dean of health professions or equivalent position, and Program Director.

B. Informing CAAHEP and LEAARC of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and LEAARC that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. LEAARC has the discretion of requesting a new *Self-Study Report* with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.

C. Promptly informing CAAHEP and LEAARC of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).

D. Agreeing to comprehensive reviews as scheduled by LEAARC in accordance with its policies and procedures. The time between comprehensive reviews is determined by LEAARC and based on the program's on-going compliance with the Standards. However, all programs must undergo a comprehensive review at least once every ten years.

E. Paying LEAARC and CAAHEP fees within a reasonable period, as determined by LEAARC and CAAHEP.

F. Filing all reports in a timely manner (e.g., *Self-Study Report*, *Progress Report*s, and *Annual Reports*) in accordance with LEAARC policy.

G. Agreeing to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a LEAARC accreditation recommendation prior to the next comprehensive review period as designated by CAAHEP, or a reasonable date otherwise designated by LEAARC.

Fees for Accreditation Services

Programs are responsible for fees to LEAARC and CAAHEP.

LEAARC Fees Associated with Accreditation

Accreditation fees underwrite a major portion of the expenses incurred by LEAARC for accreditation services. Please confirm the current fee with LEAARC, as fees may change at any time. Programs may pay LEAARC fees online or with checks made payable to LEAARC and sent to 110 Horizon Drive, Suite 210, Raleigh, NC 27615 USA. *Fees indicated in this handbook are those in effect in January, 2020.*

Registration Fee

A nonrefundable $500 registration fee is due with submission of the CAAHEP *Request for Accreditation Services (RAS)* form. It covers establishing and updating the program record/file and LEAARC assistance with accreditation questions and preparation of the *Self-Study Report*. Following receipt of the completed *RAS* form and the required information, the program will receive an invoice for the *RAS* fee. Following receipt of the fee, the program will receive the *Self-Study Report* with information about proceeding with the accreditation process. If the program is unable to submit the Self-Study Report within the required one year and requests an extension, the program will be assessed a $500 extension fee for each year of extension.

Self-Study Report Fee

The *Self-Study Report* is submitted on a USB drive to the Accreditation Manager. At that time, a $2000 fee is due to LEAARC. The fee covers processing, reviewing, and commenting on the *SSR* as well as administrative costs of scheduling, reviewing and commenting on the site visit. Review of the *SSR* will begin after the fee is received.

Site Visit Fee

Institutions are responsible for costs incurred by the site visitors in conducting the on-site review, including airfare and ground transportation to the institution, meals, and lodging. A $2500 fee is due at the same time as the *Self-Study Report* fee. If the actual costs for the site visit exceed US$2500, the excess amount will be invoiced to the institution after the conclusion of the site visit.

Annual Accreditation Services Fee

After accreditation has been obtained, an annual accreditation fee of *$2200 is due each January 31st. The annual fee is for the previous calendar year and covers maintaining accreditation, processing the annual report, and processing other changes that may occur regarding the program's accreditation. (*Fee amount is based on 2020 fees. Fees can change at any time.)

Invoices for Annual Accreditation Services Fees will be distributed to Program Directors by e-mail no later than December 1st of each year and will be due by January 31st of the following year. Based on the month in which CAAHEP awards Initial Accreditation, the Annual Accreditation Services Fee will include the amount for the remainder of the initial calendar year and will be prorated as follows: *Mar-May=75%; Jun-Sep=50%; Oct-Nov=25%; Dec-Feb=0%*.

Annual Accreditation Services Late Fee
A late fee is assessed for Annual Accreditation Services fees received after the stated deadlines as described in the overdue notice.

First Overdue Notice: Programs that have not paid the fee by the due date will receive an overdue notice requesting payment within 30 days. They are subject to a late processing fee of ten percent (10%) of the overdue accreditation fee amount.

Second Overdue Notice: Programs that have not responded by the due date and satisfied in full the amount designated in the first overdue notice will receive a second notice by traceable delivery method requesting payment within 30 days. They are subject to an additional ten percent (10%) late processing fee and may be recommended to CAAHEP for Administrative Probation.

Third Overdue Notice: Programs that have not responded by the deadline and satisfied in full the amount designated in the second overdue notice will receive a third and final notice requesting immediate full payment with an additional ten percent (10%) late processing fee. The program may be subject to a recommendation of Withdrawal of Accreditation.

LEAARC Annual Sponsoring Institution Fee

LEAARC sponsoring organizations will pay an annual sponsoring fee to LEAARC based on each sponsor's Memorandum of Understanding. These annual fees underwrite a major portion of the expenses incurred by LEAARC for accreditation services.

CAAHEP Annual Sponsoring Institution Fee

A separate Annual Sponsoring Institution Fee of $600 is invoiced by CAAHEP for payment by August 1. The institution pays only one fee regardless of the number of CAAHEP accredited programs provided at the sponsoring institution.

Ongoing Responsibilities
Programs are responsible for submitting annual reports and reporting substantial changes that occur at any time during the program's accreditation.

Annual Accreditation Report

All Lactation Consultant Programs holding CAAHEP accreditation are required to submit an *Annual Accreditation Report*. The first *Annual Accreditation Report* will be due September 15 in the year after the program was accredited. LEAARC recognizes that newly accredited programs may not have data for

all categories in early *Annual Accreditation Reports* (e.g., IBLCE exam and employment rates for graduates). Programs are asked to provide all data available at the time of the report. See the *Annual Accreditation Report Guidelines* and accompanying documents.

Gathering the Data

Program information updated in the report includes major changes in the program during the year, including adding or deleting clinical affiliates, outcomes assessment data, and analysis and action plans to improve sub-threshold performance on outcome assessments. It is recommended that you gather and organize your data continually throughout the year in order to make the process easier. If you keep your records updated throughout the year, you should be able to complete the *Annual Accreditation Report* quickly and easily. In addition, you should systematically organize the data so that you are preparing in advance for your comprehensive visit, even if the site visit is several years in the future. In gathering and organizing your data, remember that you will be reporting by admission cohort, not by graduation year—with the exception of the exam participation and passage.

> **Documents at www.leaarc.org:**
>
> Annual Report Guidelines
>
> LEAARC Policies and Procedures
>
> Employer survey
>
> Graduate survey
>
> Personnel Resource Survey
>
> Student Resource Survey
>
> Sample Advisory Committee Agenda

Outcomes Thresholds

Per *Standard IV.B*, "Outcome assessments must include, but are not limited to: national/international credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds."

Established Thresholds. LEAARC established the following thresholds for each of the outcomes which must be achieved for a program to remain in good standing:

- Credentialing exam success: 80%
- Student retention: 70%
- Positive job placement: 50%
- Graduate surveys sent: 100%
- Graduate satisfaction: >3 on 5-point Likert scale
- Employer surveys sent: 100%
- Employer satisfaction: >3 on 5-point Likert scale

Outcomes Reporting. In monitoring the outcomes data, LEAARC focuses on the three years prior to the most recent year. Threshold reporting is for students who are fully enrolled in the accredited program and intend to graduate. Positive job placement means that the graduate is employed full or part-time or working as a volunteer in the Lactation Consultant profession or in a related field, continuing their education, or serving in the military.

All programs must publish, in a readily accessible place on their websites, the outcomes for credentialing examination performance. The Programs may also publish additional outcomes if they wish, such as job placement, programmatic retention/attrition, graduate satisfaction, employer satisfaction, and programmatic summative measures. The published results must be consistent with and verifiable by the

Annual Accreditation Report of the program. Each year in the Comments tab of the *Annual Accreditation Report*, the program must state the website link (or other publication) where its results are published.

Failure to Meet Established Thresholds. Programs not meeting the established thresholds must begin a dialogue with LEAARC to develop an appropriate plan of action to respond to the identified shortcomings. The action plan should provide documentation regarding how the deficiencies will be corrected. Non-compliance, inability to correct deficiencies in a timely manner, or serious deviation from the threshold in any measure may trigger an unscheduled comprehensive review, progress report, or a change in the program's accreditation status.

Surveys

Programs are required to survey program personnel, students, graduates, and employers of graduates annually. Be sure to administer all required surveys in a timeframe that allows data to be received and incorporated into the *Annual Accreditation Report* by the submission deadline.

Graduate Survey

Programs are required to survey graduates in classes that graduated since the previous *Annual Accreditation Report*. A graduate survey template is available on the LEAARC website. It is required that Program Directors use all the questions, the Likert scale, and the domain categories. You may add questions to the template, but you cannot subtract anything. You may administer the survey in a manner that works best for your population, either with a hardcopy or online.

Employer Survey

Programs are required to survey employers of graduates since the previous *Annual Accreditation Report*. An employer survey template is available on the LEAARC website. It is required that Program Directors use all the questions, the Likert scale, and the domain categories. You may add questions to the template, but you cannot subtract anything. You may administer the survey in a manner that works best for your population, either with a hardcopy or online.

Resource Surveys

Students and program personnel must be surveyed annually regarding the adequacy of program resources. Feedback obtained through these surveys will be reflected in the Resource Matrix.

Resource Assessment

Per *Standard III.D*, the program must conduct an annual assessment of the appropriateness and effectiveness of its resources. This task is typically assigned to the Program Director; at the same time, many Program Directors take a collaborative approach because programmatic accreditation is an institutional responsibility. It is left to the discretion of the Program Director precisely when this assessment will take place. The important goal is to ensure that any deficiencies can be identified immediately and that a specific action plan can be developed and followed. You are expected to keep three years of the Resource Assessments available, as site visitors will be looking for that during a comprehensive review.

Advisory Committee Meetings

CAAHEP requires that the Advisory Committee meet at least once annually. Programs are required to submit minutes of Advisory Committee Meetings that took place since the previous *Annual Accreditation Report*. You are also expected to submit three years of advisory minutes with your *Self-Study Report*. The *Advisory Committee Agenda Template* provides an outline of items that may be

covered during an Advisory Committee meeting. It is designed as a guide for the Program Director and is available on the LEAARC website.

Clinical Rotation Schedule

It is expected that students will receive a full range of clinical experience in order to cover all the clinical competencies required in the program. The purpose of requesting the clinical rotation schedule is to ensure that students rotate through different types of facilities in order to receive the required experience. Please list the full name of the facility (e.g., no acronyms or shortened titles) so that the type of facility is evident.

Promoting Equity, Diversity, and Inclusion

LEAARC believes all families deserve equitable access to skilled lactation care. LEAARC is committed to ensuring that all communities have access to quality lactation education and skilled Lactation Consultants. CAAHEP accredited programs are encouraged to promote equity, diversity, and inclusion. This may be through initiatives to engage under-represented populations (e.g., gender, ethnic background, country of origin, sexual orientation, etc.) among faculty and students. It may be through curriculum content that includes cultural humility, personal biases, and working with diverse populations. It may be through program policies or other efforts toward inclusion. Programs are asked to report on their equity, diversity, and inclusion efforts in the *Annual Accreditation Report.*

Submitting the Annual Report

The *Annual Accreditation Report* is used to report outcomes assessment on the outcomes identified in the *Standards*: retention, job placement, graduate and employer satisfaction, and Lactation Consultant credentialing. The data is reported for a five-year period or from the first year accredited, if your program is in the initial accreditation status. Each year, the program is expected to update the four previous years' data and add the data for the fifth year.

Note: *CAAHEP is updating their online reporting system for the Annual Accreditation Report. Until the new system is live, programs will use the report spreadsheet created by CAAHEP and sent to you by LEAARC. LEAARC will notify programs when the online reporting system is available.*

Review of the Annual Report

LEAARC will review the report and engage in an accreditation dialogue commensurate with the performance of the program. In the case of sub-threshold performance (number, magnitude, and duration), LEAARC may request a progress report or other documentation as part of the accreditation dialogue. Continued sub-threshold performance may result in an adverse accreditation recommendation to CAAHEP.

Substantive Changes

Per *Standard V.E* and *Appendix A* of the *Standards and Guidelines*, programs and, by extension, institutions are responsible for providing LEAARC and CAAHEP with regular updates of any substantial changes that occur. CAAHEP requires notification of changes in chief executive officer, dean of health professions or equivalent position or changes in the institution's accreditation status. Per the *Standards and Guidelines*, LEAARC requires additional notification as described in this section. Changes that do not meet the Standards may trigger an action plan, a comprehensive review, and or a site visit. Programs are to submit substantive changes to LEAARC and LEAARC will notify CAAHEP of the changes.

Chief Executive Officer & Dean

Changes in the CEO, Dean, or equivalent individual to whom the Program Director reports can be made via email to LEAARC and must include the following:

- Name
- Credentials
- Title
- Street address (if different than the program's business address)
- Email address
- Telephone number

Sponsoring Organization

Changes in the sponsoring organization can include changes in ownership, a transfer of sponsorship, or any adverse decision affecting institutional accreditation. In these situations, the first step would be to contact LEAARC to describe the situation and discuss the correct path to follow, as it can vary depending upon the context. In addition, it is necessary for institutions to notify LEAARC if there is a name change or a change of location. See CAAHEP *Policy 207* for further details about a transfer of sponsorship and *Policy 208* for details about change of name or ownership.

Key Program Personnel

The program/institution needs to report to LEAARC any changes in the Program Director, Clinical Coordinator, or lead Lactation Consultant faculty. A change of Program Director must be reported to LEAARC within ten (10) business days. A current curriculum vitae documenting the qualifications (see *Standard III.B.*) of the person assuming the position and a letter of acceptance of the position must be included. Documentation should demonstrate the individual's education and experience related to the job requirements of Program Director.

Curriculum

Programs are required to report to LEAARC substantive changes in curriculum content and delivery that require sponsoring institution approval, including a brief description of the change and electronic copies of revised syllabi.

Addition or Change in Degree/Credential

If an institution wishes to change the award granting option (certificate/diploma or degree), the institution must notify LEAARC of the change in writing. If an institution wishes to add an additional award option for which it will seek CAAHEP accreditation, the institution will need to notify LEAARC. If the new program will be taught differently (e.g., faculty, curriculum content, or other requirements), it may require that the program submit a *Request for Accreditation Services* online and begin the accreditation process for the new program option.

Publication of Accredited Programs

Programs must comply with CAAHEP and LEAARC policies when publicizing accreditation-related information about the program.

Online Publication

A. CAAHEP lists all accredited programs on its website (www.caahep.org).

B. LEAARC provides a link to the CAAHEP web page on its website (www.leaarc.org).

C. Programs are required to report IBLCE exam pass rates for their graduates annually on their institution website.

Advertising Accreditation Status

CAAHEP requires institutions and programs to be accurate in reporting the program's accreditation status to the public. Programs must comply with CAAHEP *Policy 300, Policies and Procedures Governing Communications with the Public* and CAAHEP *Policy 302 Public Use of CAAHEP Accreditation Status by Programs and Institutions*.

A. Publication of a program's accreditation status must include the full name, mailing address and telephone number of CAAHEP.

B. CAAHEP requires a program to inform all current students and applicants in writing of the program's accreditation status in cases of Probation or Withdrawal (Voluntary and Involuntary).

C. If a program has not yet been accredited by CAAHEP and has not yet been scheduled for an initial site visit by the appropriate Committee on Accreditation, no mention of CAAHEP accreditation may be made.

1. Once a site visit has been scheduled by the appropriate Committee on Accreditation, a program may publish the following statement:

"The [name of program] at [institution] has a site visit scheduled for pursuing initial accreditation by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org). This step in the process is neither a status of accreditation nor a guarantee that accreditation will be granted."

There should be no claims of timelines or when accreditation will be achieved.

Use of Logos

Programs must comply with *CAAHEP Policy 303: Use of CAAHEP Logo by Programs and Sponsoring Institutions*. The CAAHEP logo is the exclusive property of CAAHEP. However, CAAHEP allows accredited programs and their sponsoring institutions to use the CAAHEP logo in publications and displays. The CAAHEP logo is available for download from the CAAHEP website. When using the logo, the following guidelines must be followed.

A. The logo must be used in its entirety and not modified except that it may be reduced or enlarged to suit the use, but the scale of the elements should be retained.

B. The logo may be reproduced in black and white or in darker shades of blue.

C. The logo may NOT be used by programs that have applied for, but not yet received accreditation.

D. When programs that are not accredited by CAAHEP are included in a publication and/or display, accompanying text must be included that makes it clear which programs are CAAHEP accredited.

E. Use of the logo is subject to revocation and withdrawal by CAAHEP when, in its sole judgment, its continued use would not serve the best interests of CAAHEP or the public.

Programs are not permitted to use the LEAARC logo without written consent from LEAARC. Accreditation is granted through CAAHEP, not LEAARC, and it is therefore appropriate for the CAAHEP logo to be used for publication related to accreditation.

Document Retention and Record Keeping

Student records must be maintained for CAAHEP accreditation purposes, as is detailed in *Standard IV.A.2* and *Standard V.D*. Electronic record keeping is encouraged. There may be other requirements for institutional accreditation, so you will want to work with your administration and institutional accreditor as well. When determining the information to keep, consider what is required for the *Annual Accreditation Report*, *Self-Study Report,* and site visit. Understanding what site visitors will review will help you to retain the appropriate documentation.

Student Outcomes

Programs are required to maintain a file of raw data for outcomes for the most current 5-year window of admission cohorts. The data should be organized by admission cohort to support the aggregated information in the *Annual Accreditation Report*.

Program Documentation Retention

In addition to student outcomes, the program must also retain other documentation required for the *Annual Accreditation Report* and any upcoming *Self-Study Report* and site visit. Below is a suggested timeline for retention of this documentation.

Documentation	Number of years retained
Program budget	Current year
Student clinical competency checklists	5 years
Advisory Committee Minutes	3 years
Annual Resource Assessment	3 years
Raw data (surveys, documents, meeting minutes) to support the Resource Assessment	3 years
Raw data for student outcomes: • Participation and performance on national credentialing exam • Program attrition/retention statistics • Graduate satisfaction survey • Employer satisfaction survey • Positive job placement rates	5 years that matches the current Annual Report

LEAARC Retention Policy

A. A program's official Accreditation Record documents will be maintained permanently. The Accreditation Record will include:

1. Self-study report
2. Additional documentation since the *SSR*
3. Responses to inquiries
4. Executive Summary (on-site review report)
5. Program response to Executive Summary
6. Site visitor report
7. Findings Letter
8. Response to Findings Letter

B. Except for the program's Accreditation Record documents, all materials and correspondence pertaining to program accreditation actions, such as agendas, program reports, site visit reports, and review recommendations will be destroyed immediately following the CAAHEP decision on accreditation. Destruction of materials includes any electronic files and shredding of any paper documents.

Complaints

Complaint Regarding an Accredited Program

A. CAAHEP and LEAARC follow due process procedures when written and signed complaints are received by CAAHEP or LEAARC alleging that they or an accredited program are not following established policies or accreditation Standards. CAAHEP and LEAARC maintain indefinitely a record of all complaints received. See CAAHEP Policy 602 for the process to submit a complaint.

1. To receive formal consideration, all complaints will be submitted in writing and signed. The complaint will demonstrate that reasonable efforts have been made to resolve the complaint, or alternatively that such efforts would be unsuccessful.

B. When received by CAAHEP, complaints are transmitted within five (5) working days to the Chairperson and staff of LEAARC for consideration. When received by the Chair or staff of LEAARC, a copy is forwarded to the CAAHEP office within five (5) working days.

C. Following consultation among staff of LEAARC and CAAHEP, the Chair of LEAARC determines whether the complaint relates to the manner in which the program complies with the Standards or follows established accreditation policies.

D. If the complaint does not relate to the *Standards* or to established policies, the person initiating the complaint will be notified accordingly within 20 working days following receipt of the complaint by LEAARC. A copy of this correspondence will be shared with CAAHEP.

E. If the complaint relates to the *Standards* or to established policies, the Chair or representative of LEAARC will acknowledge receipt of the complaint within 20 working days and share with the filing party a description of the process and policies which pertain to handling such complaints.

1. The Chair or representative of LEAARC will notify the Program Director and the chief executive officer of the sponsoring institution of the substance of the complaint and will

request a preliminary investigation and report on the findings within 30 days of the sponsoring institution's receipt of the letter of notice.

2. The Chair or representative of LEAARC may request further information or material relative to the complaint from the complaining party, the institution, or other relevant sources.
3. Copies of this correspondence will be sent to the CAAHEP office.
4. The identity of the complaining party will be kept confidential, unless the complainant authorizes disclosure of his/her identity, or unless such disclosure is required by legal process in a subsequent proceeding.

F. On receipt of the responses referred to above, LEAARC will consider the complaint and all relevant information obtained in the course of investigation and formulate an appropriate action according to the following guidelines:

1. If the complaint is determined to be unsubstantiated or unrelated to the *Standards* or established accreditation policies, the complaining party, officials of the program in question, and the appropriate official of the sponsoring institution, will be so notified within ten days of the completion of the investigation.
2. If the investigation reveals the program may not be or may not have been in substantial compliance with the Standards or may not have been following the established accreditation policies, one of two approaches will be taken.
3. The program must submit a report and documentation within 30 days following the investigation demonstrating the manner in which the substantiated complaint has been corrected. Should LEAARC be satisfied with the response, the program, its sponsoring institution, and the party filing the complaint will be notified of LEAARC's satisfaction with the resolution of the matter and notice that the program's accreditation status remains unaffected by the complaint.
4. Should LEAARC judge the program or sponsoring institution's response to the complaint inadequate and lacking in evidence of the program's continuing substantial compliance with the *Standards* or adherence to accreditation policies, LEAARC may request and arrange for a return site visit of the program as soon as reasonably feasible, but not more than 30 days following the investigation. The purpose of the return site visit will be limited to an investigation of the complaint and the manner in which it affects compliance with the *Standards* or with accreditation policies. The cost of the return site visit will be borne by LEAARC.

    a. Should LEAARC, on evidence received through the return on-site evaluation, consider the program to remain in substantial compliance with the *Standards* and in adherence with accreditation policies, the program, its sponsoring institution, and the complaining party will be notified of this assessment and the fact that the program's current accreditation status remains unaffected by the complaint.
    b. Should LEAARC consider the evidence of the site visit to indicate the complaint is valid and the program is not in substantial compliance with the *Standards* or with accreditation policies, LEAARC will recommend a change in accreditation status to CAAHEP. All information regarding the complaint, a full report of its investigation,

    and LEAARC's recommendation will be transmitted to CAAHEP for consideration and action.

  5. CAAHEP and LEAARC will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, appointment, promotion or dismissal. They will act only when it believes practices or conditions indicate the program may not be in substantial compliance with the *Standards* or with established accreditation policies.

Complaint Against a Site Visitor

 A. complaint or grievance of an approved site visitor's conduct during a site visit may be submitted by any student, faculty and/or fellow site visitor.

  1. All written grievances will be forwarded to the Accreditation Manager and the Chair of LEAARC for review within 10 working days of the completion of the site visit. The LEAARC Board of Directors will not intervene on behalf of individuals, or act as a court of appeal for individuals. It will intervene only when it believes that the practices or conditions indicate that the site visitor's conduct during the site visit may not have been in compliance with established LEAARC Policies and Procedures.

   a. To receive formal consideration, all complaints must be submitted in writing and signed. Submission of signed peer site visit evaluations will also be accepted and must clearly request formal consideration by the board to evaluate potential site visitor misconduct related to the CAAHEP Standards and Guidelines or established LEAARC Policies and Procedures.

   b. If the Accreditation Manager or LEAARC Chair determines the complaint does not relate to the established policies and procedures, the person initiating the grievance will be notified accordingly.

 B. If the complaint relates to the established policies and procedures, the Accreditation Manager will acknowledge receipt of the complaint and share with the filing party a description of the process and policies that pertain to handling such complaints.

  1. If LEAARC does not hear from the complainant within 10 working days, they will continue with this process:

   a. The Accreditation Manager will forward the complaint to the LEAARC Executive Committee. Attached to the complaint will be the program's findings letter, response (if received) and any other pertinent notes from the site visit.

   b. LEAARC will notify the site visitor of the substance of the complaint and will conduct a preliminary investigation of the alleged misconduct. LEAARC will file a report of the investigation findings within 30 days of the site visitor's receipt of the letter of notice.

   c. During the investigation, the site visitor will be suspended from any site visit activities. If the site visitor was scheduled for a site visit, arrangements will be made for a replacement.

   d. The identity of the complaining party will be kept confidential, unless the complainant authorizes disclosure of his/her identity, or unless such disclosure is required by legal process in a subsequent proceeding.

2. On receipt of the responses, the Executive Committee may request further information or material relative to the complaint from the complaining party, the institution or other relevant sources. The Executive Committee will consider all relevant information obtained in the course of investigation and formulate an appropriate action according to the following guidelines:

   a. If the complaint is determined to be unsubstantiated or unrelated to the established accreditation policies, the complaining party and site visitor will be notified of the completion of the investigation.
   b. If the investigation reveals the site visitor is not in substantial compliance with the established site visitor policies, the Executive Committee will forward its recommendation to the LEAARC Board for inclusion on the next available LEAARC Board Agenda. Possible recommendation may include, but is not limited to:

      1) Issue of a warning of misconduct to the site visitor and required re-training regardless of previous date of training (multiple receipts of warning will result in removal from LEAARC approved Site Visitor roster);
      2) Demotion to team member (for team Chairs only) and required re-training regardless of previous date of training.
      3) Suspension of the site visitor from LEAARC approved site visitor list for a period as determined by the LEAARC Board of Directors.

C. Upon approval of the recommendation by the full LEAARC Board of Directors, the Executive Director will notify the complainant of the result of the investigation.

D. Should LEAARC determine that the misconduct of the site visitor jeopardizes the review of the program, an exchange of documents or virtual meeting will be provided at the program's request at no additional charge to the program.

Other Complaints

LEAARC is committed to maintaining an open and collaborative relationship with programs seeking accreditation and programs with current accreditation. Programs are encouraged to contact LEAARC regarding other concerns related to accreditation at any time, including a complaint about LEAARC's accreditation process and policies.