



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
1722 N. Street, N.W., Washington, D.C. 20036
Telephone : 202-955-1113 Fax: 202-955-1118
<http://www.accet.org>

August 30, 2018

VIA EMAIL & FEDERAL EXPRESS
(doctoall@yahoo.com)

Dr. Wayne Williams
President/CEO
Curam College of Nursing
6520 44th Street
Suite #312
Sacramento, CA 95823-1266

*Re: Initial Accreditation Denied
(Appealable; Not a Final Action)*

ACCET ID #1552

Dear Dr. Williams,

This letter is to inform you that, at its August 2018 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Curam College of Nursing, located in Sacramento, California.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted June 14–15, 2018), and the institution's response to that report, dated July 23, 2018. It is noted that only two weaknesses cited in the team report were adequately addressed in the institution's response and accepted by the Commission. Therefore, the Commission determined that the institution has not demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard II-A: Governance

The institution failed to demonstrate that its management ensures the institution's compliance with statutory, regulatory, and accreditation requirements.

The team report indicated that while the institution's Vocational Nursing Program was approved for 1,720 clock hours by the respective state agencies and was presented as such to ACCET, the team found that these clock hours included prerequisite courses totaling 136 clock hours that were separate and apart from the clock hours of the program, as published in the school catalog. Specifically, prospective students must complete the

prerequisites in order to be admitted to the Vocational Nursing program, which is not representative of the approved clock hour length.

In its response, the institution indicated that, *“Potential students may take the pre-requisite courses at any accredited institution and transfer to our VN program or they may take the courses here at Curam College of Nursing.”* The institution stated that, *“Curam College of Nursing is responsible to offer a total of 1584 clock hours (Theory 746 Hours and Clinical 974 Hours).”*

The clock hours stated by the institution in its response are contrary to those included in the ACCET application, approved by the state, and represented in the school’s catalog. ACCET Document 25 – Policy for New, Revised, and Existing Programs/Courses defines Total Clock Hours as, “all hours of instruction representing the length of the full program which include lecture, laboratory, and externship/internship.” ACCET Document 29 – Catalog Guidelines and Checklist further requires that, “the catalog must provide the number of clock hours and credit hours (if applicable) of instruction for each program of study offered.” As students must complete the prerequisite courses before they can be admitted to the program, those hours are not part of the program itself, and cannot be represented as such by the institution.

Therefore, the institution failed to demonstrate full compliance with this standard.

2. Standard II-B: Institutional Management

The institution failed to demonstrate that written policies and procedures guide the day-to-day operations of the institution.

The team report indicated that the institution lacked the necessary operational infrastructure to guide its day-to-day operations in an effective manner, including a lack of job descriptions or defined roles and responsibilities and a lack of operational policy and procedures manuals. As a result, the institution was unable to demonstrate effective implementation of policies and procedures relative to key functions (e.g. curriculum review/revision, employer satisfaction, and completion and job placement) or provide documentation validating student outcomes in accordance with ACCET Document 28 – Completion and Placement Policy.

In its response, the institution provided job descriptions and a brief narrative relative to curriculum revision, employer satisfaction, and completion and placement; however, it failed to submit key operational/departmental policies and procedures or documented evidence of implementation of these policies and procedures. For example, the institution stated that, *“We have redeveloped our Completion and Placement policy.”* The attachment provided as evidence of the new policy stated only that, *“Therefore, we have adopted the ACCET (Document 28) policy for the tracking of completion data as well as placement data.”* The institution also submitted documentation of a staff training session on the topic of documentation of attendance, certificates, and transcripts, but did not submit written procedures or documentation of implementation of these procedures. Comprehensive policies

and procedures were not provided in the response, and the institution did not effectively demonstrate implementation of operational policies and procedures.

Therefore, the institution failed to demonstrate full compliance with this standard.

3. Standard II-C: Human Resource Management

The institution failed to demonstrate that written policies and procedures are implemented to ensure that qualified and capable personnel are utilized and evaluated at least annually.

The team report indicated that the institution did not maintain policies and procedures relative to human resource management and did not demonstrate the systematic and effective implementation of these policies and procedures. Further, the team found that the institution did not conduct performance evaluations for instructional staff, as required.

In its response, the institution stated that it would back up staff and faculty evaluations in an electronic file in the future and provided a narrative which referenced quarterly student evaluations of faculty, instead of the annual performance evaluations referred to in this standard. It also indicated that it was attaching 2018 performance evaluations, “so that ACCET will be able to understand the type of evaluations that we complete.” The faculty evaluations attached to the team report were all completed after the ACCET visit, with dates ranging from June 20 – July 17, 2018. The Commission noted that these evaluations were accompanied by classroom observations that occurred largely in September and October 2017, with only one observation in 2018, dated May 24th. Given the length of time between the classroom observations and the annual evaluations, the effectiveness of the observations for use in annual evaluations was compromised. Further, the institution did not include written policy and procedures for formal annual evaluations of all personnel, nor did it demonstrate the effective implementation of these policies and procedures. The institution failed to demonstrate that all personnel, including instructional personnel, are systematically and effectively evaluated on an annual basis as required.

Therefore, the institution has failed to demonstrate full compliance with this standard.

4. Standard IV-D: Curriculum Review/Revision

The institution failed to demonstrate that: (a) it implements effective written policies to continuously monitor and improve the curriculum; (b) its policies include both soliciting and utilizing feedback from relevant constituencies (e.g. faculty, students, employers, etc.); and (c) the policies focus on a comprehensive review of the curriculum as it relates to expected learning outcomes.

The team report indicated that the institution did not publish written policies that guide the curriculum review and revision of its courses and programs. As a result, the only curriculum reviewed in a systematic and effective manner was the Vocational Nursing program, which is governed by the regulations of the Board of Vocational Nursing and Psychiatric Technicians

(BVNPT).

In its response, the institution indicated that the curriculum for its Nursing Assistant and Home Health Aide programs are regulated by the California Department of Public Health (CDPH), and noted that schools can revise methods of instruction, approaches to student practice and lab sessions. However, the institution failed to include any written policies and procedures for the review and revision of these programs, including curricular content such as methods of instruction, lesson plans, and assessments, as well as procedures for obtaining subsequent authorization by the CDPH of program revisions, as required. Additionally, the response did not demonstrate implementation of a curricular review and revision process for these programs, nor did it demonstrate the inclusion of feedback from students, faculty, employers, or other relevant constituencies for program evaluation.

Relative to the Vocational Nursing program, the institution's response stated that BVNPT regulates and approves the curriculum for this program, and further stated that "there are minor and major curriculum changes that require different levels of approval from the board." It stated that the state requires a systematic curriculum revision when the NCLEX-PN test changes and indicated that this state-required revision was last done in June 2015. The institution indicated that it reviews the NCLEX reports and is permitted to change the methods of instructional delivery and skills practice. However, the institution did not provide any written policies and procedures for regularly reviewing and revising the Vocational Nursing curriculum as a whole to improve program quality. It did not include policies and procedures for comprehensive curriculum review, to include soliciting and utilizing feedback from students, faculty, employers, or other relevant constituencies for program evaluation.

Further, the response indicated that the institution conducts an internal review of all of the program curriculum and if there are identified problems or issues it makes the necessary revisions. The institution also described very generally how it reviews and analyzes subject matter examinations. However, this narrative did not constitute a written policy that prescribes how the curriculum review and revision process is formally conducted, nor did the institution provide any documentation that such review, analysis, and curriculum revision was systematically and effectively implemented.

Therefore, the institution failed to demonstrate full compliance with this standard.

5. Standard VIII-C: Student Progress

The institution failed to demonstrate that students are informed of their progress on a regular and timely basis, in accordance with ACCET requirements.

The team report indicated that the institution did not conduct a progress check for academic purposes at 25% of the program or 25% of the academic year, whichever is less, as required by ACCET Document 18 – Satisfactory Academic Progress Policy.

In its response, the institution indicated that it had been evaluating students for academic purposes at 33% of the published length of its programs but has since updated its policy to ensure that faculty are in compliance with the ACCET requirement of 25%. The institution provided an updated policy, catalog, and documentation of training with the staff and faculty. However, the response did not provide any documented evidence, such as completed student progress reports, to demonstrate that the revised policy had been systematically and effectively implemented to assess student progress at the 25% benchmark. Thus, the institution failed to demonstrate that it utilizes sound written policies and procedures to determine student compliance with its SAP requirements and to document the results.

Therefore, the institution failed to demonstrate full compliance with this standard.

6. Standard IX-A: Student Satisfaction

The institution failed to demonstrate that: (a) it establishes and implements written policies and procedures that provide an effective means to regularly assess, document, and validate student satisfaction relative to the quality of education, training, and student services provided; (b) interim evaluations and a final evaluation upon completion of the term of enrollment are specified components of determining student satisfaction; and (c) student feedback is utilized to improve the education, training, and student services provided by the institution.

The team report indicated that the team was unable to verify the following statement in the institution's ASER: "*Student Satisfaction Surveys: These tools are completed by the students upon their return from a clinical rotation, so the process is being repeated every 30- 60 days*". The institution did not provide any documentation of student surveys for 2017 or 2018 year-to-date, except for surveys completed on the second morning of the visit.

In its response, the institution indicated that it continued to be unable to locate completed student surveys from 2017 and was silent as to why surveys completed in 2018 prior to the team visit had not been available for team review. The response provided sample surveys from both 2016 and 2018. However, the response did not include written policies and procedures for regularly conducting student satisfaction surveys, nor did it demonstrate that the institution's procedures include interim and final evaluations upon completion of the term of enrollment for all programs. Additionally, the response did not provide a compilation or analysis of survey results, nor did it demonstrate that the analysis was used to improve the institution's education, training, and student services, as required.

Therefore, the institution failed to demonstrate full compliance with this standard.

7. Standard IX-B: Employer/Sponsor Satisfaction

The institution failed to demonstrate that: (a) it establishes and implements written policies and procedures that provide an effective means to regularly assess, document, and validate employer/sponsor satisfaction relative to the quality of education and training provided; and

(b) feedback from employers/sponsors is documented and utilized to improve the education, training and student services of the institution.

The team report indicated that the institution did not maintain written policy and procedures related to employer satisfaction, nor did it provide documentation of assessing employer satisfaction.

In its response, the institution indicated that it had developed a new policy related to employer satisfaction and had started to call employers to validate employment and to determine how satisfied employers were with new graduates. The institution stated that there was only one placement to track for all programs in 2017 and 2018 and had scheduled an appointment in the coming week to conduct a telephone interview with the graduate's employer. However, while the response included a brief *Employer Satisfaction Survey Process*, this process did not include any information about how the responses from the survey would be documented and used to improve the education, training, and student services at the institution. Further, the institution did not provide any evidence to demonstrate that the new procedures had been systematically and effectively implemented in practice over time.

Therefore, the institution failed to demonstrate full compliance with this standard.

8. Standard IX-C: Certification and Licensing

The institution failed to demonstrate that its Vocational Nursing program's most recent annual licensure examination pass rates are at least 80% for all first-time test takers, as required by ACCET standards, specific field criteria, and policies.

The team report indicated that the institution currently had a 65% pass rate for its graduates on the NCLEX, which was well below the 80% pass rate required by ACCET.

In its response, the institution indicated that student test anxiety was a contributing factor for the low NCLEX pass rates, and that the pass rate for the previous year was 76% which was similar to the average for California. The institution stated that it is working diligently to get the pass rates up by offering students more assistance with additional computer software provided by Lippincott Wilkins and Woulkers. However, the institution indicated that, "Being a small school without financial aid also limits our candidate pool to some degree." Upon review, the Commission noted that the institution's 2017 pass rate was below the required 80% ACCET benchmark. Although the institution indicated that it anticipated reaching the state minimum requirement of 75% or better by the end of 2018, the institution's current pass rates remain well below the 80% benchmark required by ACCET. Further, the institution provided no documented evidence of improved pass rates to indicate that the ACCET 80% benchmark will be attained in 2018.

Accordingly, the institution failed to demonstrate that the Vocational Nursing program meets ACCET's 80% benchmark for pass rates on the licensure examination, as required by the

Specific Field Criteria published in ACCET Document 3.LPN – Practical Nursing Template.

Therefore, the institution failed to demonstrate full compliance with this standard.

9. Standard IX-D: Completion and Job Placement

The institution failed to demonstrate that: (a) it establishes and implements written policies and procedures that provide effective means to regularly assess, document, and validate the quality of education and training services provided relative to completion and placement rates; (b) completion and placement rates meet ACCET's benchmarks of 67% completion and the 70% placement; and (c) completion and placement are tracked in accordance with ACCET standards and policies.

The team report indicated that there were five weaknesses under this standard, as follows:

- Cumulative attendance data was not readily available to validate that Vocational Nursing graduates had completed all the clock hours of the program.
- The institution did not have a written policy and procedure related to the monitoring and tracking of job placement in accordance with the requirements of ACCET Document 28 – Completion and Placement Policy.
- The institution did not maintain required documentation of placements and waivers (e.g. waivers for completion or placement, and attestations for part-time, self-employment, temporary or contract employees) to verify types of employment and confirm waivers as required by ACCET Document 28.
- Document 28.1s provided to the team indicated 100% completion rates for all programs for 2017 and partial year 2018, but 0% placement for all programs for the same time period.
- Due to the lack of placement documentation, the team was unable to conduct any placement verification calls to validate the placement of graduates.

In its response, the institution indicated that it has a) instituted a policy for the tracking of accurate completion and placement data, b) fully adopted the ACCET policy (Document 28) for this purpose, c) appointed the Vice President of Operations to coordinate this effort with a new tracking system in place as of July 1, 2018, and d) instituted the use of the ACCET placement forms. One full-time employment verification form and one placement assistance waiver form were submitted as exhibits, along with a Curam College of Nursing Completion and Placement Policy and updated ACCET Document 28.1s – Completion and Placement Statistics.

However, the institution's response did not address the issue of cumulative attendance

tracking to validate completion for its Vocational Nursing students, resulting in a continued lack of documentation to demonstrate the accuracy of the completion rates for that program.

Further, the updated completion and placement policy, as noted above under Standard II-B: Institutional Management, states only that, “...*Therefore, we have adopted the ACCET (Document 28) policy for the tracking of completion data as well as placement data,*” with no attendant procedures as to how the ACCET policy will be implemented. Further, the updated Document 28.1s indicated the following placement rates, which remain significantly below ACCET’s minimum benchmark of 70% placement:

- Nursing Assistant Training program – 0% placement (0 placed/27 eligible) in 2017.
- Vocational Nursing program – 3.03% placement (1 placed/33 eligible) in 2017.
- Vocational Nursing program – 0% placement (0 placed/12 eligible) for the January 2018 student cohort.

The institution did not provide Document 28.1s for its Home Health Aide program for 2017 or 2018 year-to-date in its response, nor did it provide updated Document 28.1s for the Nursing Assistant Training program for 2018 year-to-date. Therefore, the institution failed to demonstrate successful job placement outcomes for these programs for these time periods. Further, the cumulative data provided indicated that the institution has placed only one graduate from all three of its vocational programs in 2017 and year-to-date 2018, indicating a fundamental failure to demonstrate successful employment outcomes for its programs. Therefore, the institution failed to demonstrate the quality of its programs by documenting positive training-related outcomes consistent with ACCET’s required benchmarks and with ACCET Document 28 – Completion and Placement Policy.

Therefore, the institution failed to demonstrate full compliance with this standard.

Since denial of initial accreditation is an adverse action by the Accrediting Commission, the institution may appeal the decision. The full procedures and guidelines for appealing the decision are outlined in Document 11, Policies and Practices of the Accrediting Commission, which is available on our website at www.accet.org.

If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier’s check in the amount of \$8,500.00, payable to ACCET, for an appeals hearing.

In the case of an appeal, a written statement, plus six (6) additional copies regarding the grounds for the appeal, saved as **PDF documents and copied to individual flash drives**, must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny or withdraw accreditation. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the

Commission's action to deny or withdraw accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III-A, Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information provided all of the following conditions are met:

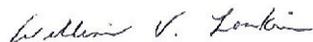
- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's failure to meet ACCET Standard III-A, Financial Stability, with the institution's non-compliance with Standard III-A the sole deficiency warranting a final adverse action.
- The financial information was unavailable to the institution until after the Commission's decision was made and is included in the written statement of the grounds for appeal submitted in accordance with the ACCET appeals process; and
- The financial information provided is significant and bears materially on the specified financial deficiencies identified by the Commission.

The Appeals Panel shall apply such criteria of significance and materiality as established by the Commission. Further, any determination made by the Appeals Panel relative to this new financial information shall not constitute a basis for further appeal.

Initial applicants are advised that, in the instance of an appeal following a denial of accreditation being initialized in accordance with ACCET policy, the institution may not make substantive changes to its operations, such as additional programs or sites, until a notice of final action is forwarded by the Commission.

It remains our hope that the accreditation evaluation process has served to strengthen your institution's commitment to and development of administrative and academic policies, procedures, and practices that inspire a high quality of education and training for your students.

Sincerely,



William V. Larkin, Ed.D.
Executive Director

WVL/jss

Curam College of Nursing

August 30, 2018

Page 10 of 10

CC: Mr. Herman Bounds, Chief, Accreditation Division, US ED (aslrecordsmanager@ed.gov)
Ms. Valerie Lefor, Accreditation Division, US ED (valerie.lefor@ed.gov)
Ms. Yvette Johnson, Enforcement Chief, CA Bureau for Private Postsecondary Education,
(yvette.johnson@dca.ca.gov)
Ms. Leeza Rifredi, Deputy Bureau Chief, CA Bureau for Private Postsecondary Education,
(leeza.rifredi@dca.ca.gov)