



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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September 1, 2016

VIA EMAIL & FEDERAL EXPRESS
(jean@accessqueens.com)

Ms. Jean Shepard, Accounts Manager
Access Institute
80-02 Kew Gardens Rd, Level C
Kew Gardens, NY 11415

***Re: Initial Accreditation Denied
(Appealable, Not a Final Action)
ACCET ID #1467***

Dear Ms. Shepard,

This letter is to inform you that, at its August 2016 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Access Institute, located in Kew Gardens, New York.

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 22-23, 2016), and the institution's response to that report, dated August 1, 2016. It is noted that only six of 23 weaknesses cited in the team report were satisfactorily addressed in the institution's response. Therefore, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard I-A: Mission Statement

The institution failed to demonstrate that its mission provides a definitive basis upon which to deliver and assess the education and training programs offered by the institution. Specifically, the team report indicated that the institution's mission did not articulate the type of training offered. Further, the institution did not provide a consistent catalog of program offerings for the team to review. In addition, a large number of programs/courses were advertised, with new programs being introduced (including Fashion Design and ESL), while a number of courses currently being offered were not advertised. The institution did not demonstrate to the team that a needs analysis for all programs had been completed to ensure the relevance of program offerings, nor did it demonstrate that there were active classes in all areas. Moreover, the institution's success in meeting its mission could not be evaluated, since the institution could not provide the team with accurate data regarding enrollment numbers, withdrawn student numbers, or the number of graduates to correspond to ACCET Document 28.1 – Completion and Placement Statistics, nor does the institution solicit

feedback from students or employers to determine levels of satisfaction with the training programs offered.

In its response, the institution indicated that its mission statement “is overreaching and wide because programs offered by the Institute comprise of several fields. These fields include (1) Information Technology, (2) Medical Programs, (3) Green Energy Technology and BPI,” and “(4) Media Production which includes Audio and Video Production.” However, the institution’s mission statement (“*Access Institute provides the New York metropolitan areas with education of the highest quality, available to all but with a specific focus on the personal growth and educational development of the educationally disadvantaged*”) still does not articulate the specific purpose of the institution, the type of education offered, or provide a definitive basis upon which to deliver and assess the institution’s education and training programs.

The institution stated in its response that the team was incorrect in noting that “a large number of programs and courses are advertised and the new programs are being introduced.” For example, the institution noted that “Fashion Design was a program that had been submitted for approval with the New York Board of Education, but has not been taught at the school because the program was pending approval with the Education Department.” However, the institution’s application for accreditation included 60 programs, while the team report indicated that the institution advertises and has state approval for 55 clock-hour programs. During the week of the August 2016 Commission meeting, the institution was advertising 18 programs on its website, 11 of which were not being offered during the time of the on-site visit. According to the institution’s Program Chart, only seven programs were being offered at the time of the visit. Thus, the institution did not demonstrate that it provided a consistent catalog of program offerings for the team to review.

The institution’s response did not address the teams finding that a needs analysis for all programs had not been completed to ensure the relevance of the institution’s programs.

In its response to the on-site visit team’s findings that the institution’s mission could not be evaluated on the basis of enrollment, completion, and job placement data, the institution stated that it did “have complete program details including enrollment numbers, graduation, etc.” However, as discussed in Standard VIII-E, Completion and Placement, the institution was unable to provide verifiable enrollment and completion data and provided minimal job placement information. Therefore, the institution’s success in meeting its mission could not be validated by means of enrollment, completion, or job placement information.

Finally, with the respect to the team’s findings that the institution did not solicit feedback from students and employers, the institution stated that it did, in fact, solicit feedback but noted that “it is conceded that we did not have a formal written feedback.” As further discussed in Standard VIII-C, Participant Satisfaction, and VIII-D, Employer/Sponsor Satisfaction, the surveys submitted were minimal for students and entirely lacking for employers. Therefore, the institution did not demonstrate that it systematically and effectively solicits feedback from students or employers as a means of measuring its success in meeting its mission.

Consequently, the institution failed to demonstrate compliance with this standard.

2. Standard II-A: Governance

The institution did not demonstrate that it had developed and maintained an effective framework of written strategies and policies utilized by management to ensure the integrity and effectiveness of the institution and its compliance with statutory, regulatory, and accreditation requirements. Specifically, the team report indicated that evidence of approval to enroll M-1 visa students at the institution was not provided to the team by means of a current Form I-17, Petition for Approval of School for Attendance by Nonimmigrant Student, a list of active students from the SEVIS database, or evidence of visa information in student files. In addition, the team report indicated that the institution advertised a “student visa at low cost” on a postcard and on a sign on the front door, in violation of advertising permitted by the Department of Homeland Security (DHS), since it implies that a visa can be purchased from the school. The team report indicated that the school did not meet the requirements of a large number of ACCET standards, policies, and procedures, thereby failing to demonstrate that the institution’s management ensures compliance in the areas of record-keeping, SAP monitoring, and attendance tracking, as well as the timely withdrawal of students and the issuance of refunds. The team report further indicated that refund calculations had not been performed for students who were not in attendance for several months and were not on a leave of absence. During the on-site visit, the institution’s staff indicated that Ability To Benefit was not an enrollment option at the school, but a large portion of the student files did not contain evidence of a high school diploma or GED. Three employee files contained no Employment Eligibility Verification Forms I-9 to evidence authorization to work in the United States.

In its response, the institution provided a copy of its Form I-17 as evidence of its authorization to issue Forms I-20 to M-1 students. However, the institution’s Form I-17 contained the following errors or anomalies: (1) it identified [REDACTED] as the institution’s owner, whereas the institution’s application for accreditation identified [REDACTED] as the 100% owner; (2) it identified a Network Action Pack program and a Programming Action Pack program, neither of which, according to the institution’s application for accreditation, its ASER, the Program Chart, or the institution’s website, was a program offered by the institution; and (3) it identified [REDACTED] as a DSO, although this individual was not an employee of the institution according to the institution’s Document 21, ACCET On-Site Visit – Personnel File/Qualifications Checklist. The institution also indicated that it had active international nonimmigrant students during the course of the on-site visit, and submitted a list of current active students. The list contained twenty students with active M-1 SEVIS identification numbers. However, for all students listed, the following was indicated: “Not eligible for registration. Needs: Telephone Number.” Therefore, the institution did not demonstrate that it maintained an effective framework of written strategies and policies implemented by management to ensure the integrity of the institution’s compliance with SEVP regulations governing SEVP-certified school operations or the maintenance of status for M-1 visa students.

The institution indicated in its response that it had amended its marketing materials to remove language advertising “student visa at low cost” and replaced this with language stating that the institution is authorized by USCIS to issue I-20s. However, no documentation evidencing this change was submitted with the institution’s response.

With respect to the team’s findings that the institution failed to demonstrate that its management ensured compliance in the areas of record-keeping, SAP monitoring and attendance tracking, as well as the timely withdrawal of students and the issuance of refunds, the institution indicated in its response that “records are properly and duly being maintained at the school” and that this is addressed in “other sections of this response.” However, while a number of corrections were made to existing student records, as further discussed in Standard II-D, Records, Standard III-B, Financial Procedures, Standard VIII-A, Student Progress, and Standard VIII-B, Attendance, the volume and range of errors and omissions noted by the team, as well as the insufficient corrective actions taken by the institution, demonstrate that the institution is not governed by an effective framework of written strategies and policies that ensures compliance these areas.

In its response to the team report’s findings that ATB was not an option at the institution, the institution indicated that staff had made an error in asserting this during the on-site visit. The institution states that Wonderlic exams were, in fact, provided to students who did not have a High School Diploma or GED. However, only one Wonderlic exam was submitted by the institution in its response to the weaknesses cited by the team in Standard VII.A, Recruitment which proved insufficient to demonstrate systematic and effective implementation of a sound ATB enrollment policy.

In its response to the team report’s findings that Forms I-9 were missing from three employee files, the institution submitted documentation to evidence that these were now captured at the institution. However, the I-9 documentation submitted by the institution contained only the first page of the I-9, the Employee Affirmation and Attestation, and did not contain the Employer Review and Verification page, nor documentation evidencing citizenship, permanent residence, or work authorization.

Consequently, the institution failed to demonstrate compliance with this standard.

3. Standard II-B: Operational Management

The institute did not demonstrate that written policies and procedures guide the day-to-day operations of the institution in that the current operational structure does not ensure that policies and procedures are being implemented, maintained, or reviewed for compliance. Specifically, the team report indicated that, while the school stated that annual employee reviews are conducted, when asked to provide copies, staff indicated that they had never been conducted. In addition, job descriptions were not available to guide the functions of three distinct School Directors. The institution has a policy for surveying students and employees, but when asked for copies, the team was informed that the surveys had never been implemented. Further, while the ASER stated that the school conducts an annual survey of staff on operational policies and procedures, the only copy available for the team to review was a single, completed survey exhibited in the ASER, dating from 2014.

In its response to the team report, the institution indicated that, while the team had requested written evidence of policies and procedures maintained to guide the day-to-day operations of the institution, the institution's primary means of communication had been "oral communication with the employees and written records of appraisals were not being kept at the institute." While the institution stated that it has "reduced these observations to writing and [is] maintaining them," no documentation was provided to support this assertion.

The deficiencies of the institution's policies and procedures regarding student and employer surveys are discussed in Standards VIII-C, Participant Satisfaction, and VIII-D, Employer/Sponsor Satisfaction, respectively.

The institution indicated that the "job descriptions of the Directors are wide and vary as observed by the team." The institution further noted that directors are responsible for "everything" that happens at the school, and that, "as such [,] the director cannot shield themselves by saying that they are involved only in one portion of the School of Management and not the other." In its response to weaknesses cited under Standard II.C, Personnel Management, the institution provided the following description of the role of Director: "*Manages all school operations; helps shape the institution's strategic planning; guides long-term implementation of goals; helps develop financial projections and advertising budgets; oversees administrative staff and faculty; plays a leadership role in hiring decisions; initiates and supervises program/curriculum development; puts together class schedules; assists in student job placement and resume preparation; oversees timely and accurate completion of administrative requirements; maintains contact with other institutions and professionals in the field of education; attends conferences sponsored by licensing agencies and school support groups; conducts evaluation of staff and faculty; mediates complaints and grievances; works with staff and students to ensure a safe and effective work and educational environment. Reports to and works closely with chief administrative officer.*" However, this description does not guide the varying roles of the institution's three different directors.

Consequently, the institution failed to demonstrate compliance with this standard.

4. Standard II-C, Personnel Management

The institution did not demonstrate that key written policies for the systematic and effective recruitment, hiring, selection, and retention of personnel had been implemented. Specifically, the team report indicated that, while there is a written policy requiring annual evaluations, none had been conducted by the date of the on-site visit. In addition, the team found that the institution's policy for new hires did not include providing any policy manuals or covering school policies and procedures. Further, there was no checklist or other documentation to evidence that orientation had been provided to employees. No written job descriptions were provided to the team for any of the staff positions listed on the organizational chart, and no documentation of professional development or in-service training for staff or faculty was provided for the team's review.

In its response, the institution submitted a job description for instructors and a job description for the School Director, Administrative Assistant/Agent, and Accounts Manager. As noted in Standard II-B, Operational Management, the same job description for School Director applies to the institution's three Directors.

The institution also indicated in its response that evaluations and orientation "are maintained on an individualized basis," and that, "due to the relationship between the employer and the employees, all this was done verbally." The institution indicated that it has now committed its evaluations to writing. The institution submitted as evidence of implementation of this policy two evaluations conducted on July 28, 2016, one for [REDACTED], the Accounts Manager, and another for [REDACTED], an Agent. No documentation on employee training was provided, and the institution did not demonstrate the systematic and effective implementation of its policy on annual evaluations over time.

The institution also submitted a document entitled "Access Institute Employee Orientation Plan," which is, effectively, a checklist of orientation procedures, which requires that the institution's policies and procedures be reviewed at the time of hire. However, no evidence of the use of this document was submitted.

Consequently, the institution failed to demonstrate compliance with this standard..

5. Standard II-D: Records

The institution did not demonstrate that it had an organized record-keeping system which ensured that all records are maintained in an accurate, orderly, and up-to-date manner. Specifically, a review of 30 student records found errors or missing documentation, variously, in the following areas: missing start or end dates on Enrollment Agreements; missing evidence of High School Diplomas or GEDs; missing social security numbers or student IDs; and missing transcripts for completed courses. In addition, the student record review revealed a number of students with excessive absences who were not dropped or on a leave of absence, as well as a number of post-dated records, with a transcript, an internship checklist, and an attendance sheet signed for dates after the on-site visit was conducted.

In its response, the institution submitted varying documents which addressed a number of inaccuracies and omissions identified in the team report. However, the institution did not identify any training or changes in policy and procedure to improve the institution's record-keeping process. In addition, a significant portion of the documents submitted still evidenced omissions and inaccuracies. By way of example:

- All Enrollment Agreements submitted for currently active students still contain no projected end dates (*see, eg.*, Enrollment Agreements for [REDACTED], and [REDACTED]). The institution indicates that these Enrollment Agreements have no projected end date precisely because the students are currently attending classes.
- A review of the student file for [REDACTED] found that there was no start or end date on the student's Enrollment Agreement, no copy of the student's identification or social security card (which school policy indicates is required), an Enrollment Agreement signed two

weeks after the beginning of classes, a large number of unsigned attendance sheets, and a blank absence/drop record despite a large number of absences. In its response, the institution submitted a copy of identification documentation only and failed to address any of the other cited weaknesses.

- Notes from May 19, 2016 in the file of [REDACTED] indicated that the student was not continuing, but as of June 23, 2016, the student had not been dropped. This student also had no final transcript for a completed Phlebotomy course, and excessive consecutive absences. In its response, the institution stated that, “[a]s of 07/27/2016 the student has contacted the school and will be resuming the EKG Technician Program. Attached are the agent notes.” The school did not indicate whether or not the student had been dropped prior to July 27, 2016, and the document provided in support was, in fact, only an attendance sheet showing the student’s attendance from January through March 2016.

Additionally, the team report noted that the institution’s record retention policy did not stipulate how long it retained student records. The institution did not address this issue in its response.

Consequently, the institution failed to demonstrate compliance with this standard.

6. Standard III-B: Financial Procedures

The institution did not demonstrate that appropriate financial procedures are implemented to ensure compliance with state, regulatory, and accreditation requirements. The team report indicated that the institution did not provide a number of exhibits to support the on-site visit team’s review of Document 50FR – On-Site Financial Review Checklist, including evidence of payroll taxes and liability or workman’s compensation insurance. Three students ([REDACTED]) should have been dropped due to absences accrued but were not, and no records of leaves of absence were on file. Due to a lack of data available at the institution, the team could not determine if refunds were due based on their dates of attendance. The team requested files for ten dropped or withdrawn students and received ten files for students who had cancelled their enrollment prior to the start of class. No refund calculations were provided, so it was not possible for the team to review the implementation of the institution’s cancellation and refund policy. A refund check for one student ([REDACTED]) was still in the student’s file. The institution’s cancellation and refund policy followed New York state policy but did not compare the ACCET policy to apply the most generous refund calculation for the student.

In its response, the institution provided a revised cancellation and refund policy which included both BPSS and ACCET policies and which provided that, “[a]fter a comparison of the two, the one more favorable to the student will be applied.” However, the institution did not submit documentation to evidence implementation of the revised policy, and it is further noted that the institution has since removed the ACCET policy from its catalog. The institution also submitted evidence of current liability insurance. However, while Document 50FR requires evidence of timely payment of payroll taxes for the past four quarters, the institution provided documentation to evidence payment of payroll taxes only for the second quarter of 2016. The workers compensation policy provided by the institution is dated from

August 1, 2016 to August 1, 2017: no documentation was submitted to evidence the existence of a workers compensation policy at the time of the on-site visit or at any time prior to the purchase of this policy. Regarding the four individual students referenced on page 7, the team provided a narrative explaining that: the student Coombs “had to delay/discontinue her program till the forthcoming August 2016 program;” the student [REDACTED] “is still an active student and is attending classes;” the student [REDACTED] “dropped from school due to illness,” but no refund was due, since the student had not made payment to the school; and a refund check was sent to student [REDACTED], “mailed to his last known address.” However, no documentation was provided to evidence any of these assertions.

Consequently, the institution failed to demonstrate compliance with this standard.

7. Standard IV-C: Performance Measurements

The institution did not demonstrate that it had a sound written assessment system that had a set of educationally sound defined elements. The team report indicated that the institution’s policy on student assessment provided that 75 percent of a student’s grade was based on quizzes, final tests, and internship grades, while the remaining 25 percent of the grade was based on attendance, behavior, and classroom participation. The team noted, however, that there were no criteria for the weighting of quizzes, exams, or tests, and no guidance for instructors on how to calculate the final course grade, including with respect to what would otherwise be a very subjective grade for participation and behavior. In addition, while transcripts were used for each course, there was no cumulative final grade or GPA for the entire program. Further, there is no timeframe or deadline when a student is informed of his or her performance. The Director explained that students were notified verbally if they had a failing grade on an exam.

In its response to the team report, the institution described its grading scale, reiterated that 75 percent of a student’s grade is comprised of cumulative academic assessments (quizzes, mid-terms, finals, and internships, where applicable), and that 25 percent of a student’s grade is based on his or her attendance, classroom participation, and behavior. The institution further noted that instructors maintain Instructor Daily Counseling Notes to assess students throughout their programs. However, the institution did not address the lack of criteria for the weighting of assessments, participation, or behavior. The institution’s response addressed the cited absence of a timeframe or deadline when a student is informed of his or her performance by noting that “students are periodically informed of their performance,” which did not demonstrate consistent and timely notification of student performance.

Consequently, the institution failed to demonstrate compliance with this standard.

8. Standard IV-D: Curriculum Review/Revision

The institution does not systematically and effectively solicit and analyze feedback from relevant constituencies, including employers, students, and graduates, to enhance curriculum review. At the time of the on-site visit, no evidence of student or employer surveys was made available to the team.

In its response to the team report, the institution indicated that it operated under the supervision of the BPSS, and that amended curricula were sent to the state for verification and approval. The institution further stated that it contacted HR departments or hiring agencies and nursing homes for job verification and that this was a “source of information that we use to be able to analyze the teachers strengths.” The institution conceded that it did not have “formal written feedback” from employers. The deficiencies of student and employer surveys are discussed in Standards VIII.C, Participant Satisfaction, and VIII-D, Employer/Sponsor Satisfaction. Since no employer surveys have been conducted, and student surveys only have one question which relates to the curriculum (“Are the materials for your class organized and available?”), no meaningful feedback from these constituencies relative to curriculum review and revision was evidenced.

Consequently, the institution failed to demonstrate compliance with this standard.

9. Standard IV-E: Certification and Licensing

The institution did not demonstrate that it records and tracks the certification pass rates of its graduates. The team report indicated that the pass rate for the Nurse Aide certification exam was stated by the institution to be 71 percent, but no supporting data on the number of students who took the test and the number who passed was provided to the team for verification. In addition, while one of the Directors advised the team that the institution has yet to have any students who were ready to take IT certification exams, the institution did not have a process in place for tracking the certification exam pass rates of Network Specialist students, although the program contained five courses which prepare students for IT industry certifications.

In its response, the institution reiterated that its programs and curricula are approved by the New York State Education Department. The institution further stated that “[t]he team has observed that there are voluntary certifications and certifying examinations for the nurse aide program through Prometric.” However, the institution did not specify that Certified Nurse Aide requirements in New York mandate taking and passing the New York State Nursing Home Nurse Aide Competency Examination, in addition to completing a nursing aide training program, in order to obtain employment in this field. Further, the standard requires tracking of pass rates for any program that prepares students for certification or licensure. The institution additionally stated that, out of 71 students who had taken the Nurse Aide certification exam, 42 students passed the certification exam. However, no documentation was provided to support this assertion. Further, it is noted that this total, equivalent to a 59 percent pass rate, differed from the 71 percent pass rate reported to the team on site. While the institution also noted that “[w]e have contacted students to obtain details of the licensing and details of their employment so that the Institute could assist them if placement is required,” the institution’s response did not address the lack of a process for tracking certification exam pass rates for Network Specialist students.

Consequently, the institution failed to demonstrate compliance with this standard.

10. Standard V-C: Equipment and Supplies

The institution did not demonstrate that adequate, functional, and appropriate equipment was readily available for institution and participant use. The team report indicated that the list of equipment provided in the ASER for the IT and New Media Production programs contained a large number of items that were not on site or located in administrative offices for student use. By means of example, only one of two Apple computers was available; only one of 12 midi surface controllers was available; none of the 15 listed toolkits was in stock; headphones and hard drives were fewer in stock than listed; and only the Cisco 1900 router was present, with staff unable to show that multiple routers, switches, and hubs indicated on the institution's equipment list were present and available for student use. In addition, the equipment list submitted with the institution's ASER did not include any equipment for the Solar Technician program.

In its response, the institution indicated that materials for the Solar Technician program were available, and the team verified this on site. However, the institution further indicated that "[s]tudents in the Media classes were distributed headphones and backup equipment," that "[c]omputer toolkits are distributed to students studying in the program," and that the institution "[c]urrently has both their Apple computers and substantially a lot more equipment and other computers with higher configuration available at the institution." However, no supporting documentation was provided to support these assertions.

Consequently, the institution failed to demonstrate compliance with this standard.

11. Standard VI-B: Supervision of Instruction

The institute did not demonstrate that regular classroom observations, along with student, peer, and supervisory feedback, are documented and effectively utilized to enhance the quality of instruction, as required by the standard. The team report indicated that the institution's written policy and procedures, submitted with the institution's ASER, provide for weekly instructor observations. The ASER also stated that new instructors are observed every two weeks throughout the first course or program of instruction, and that, thereafter, observations are conducted once at the midway point of each course or program. However, the team observed that a new instructor, [REDACTED], had been observed only once in a course that had been in session since January, 2016. As noted under Standard II-C, Personnel Management, annual evaluations at Access Institute are not conducted for faculty. Further, as student feedback is not consistently collected, as further detailed in Standard VIII-C, Participant Satisfaction, no documented student feedback is used as part of the instructor supervision process.

In its response to the team report, the institution stated that instructors were "constantly supervised by the Directors and the agents." Instructors are "physically observed" during initial classes, and students are subsequently interviewed about instructor quality. Regarding the instructor [REDACTED], the institution stated that the team's observation that the instructor had been observed only once is incorrect, since multiple observations had been conducted. The institution concedes that "[r]eports of these observations [are] not on file but the Institute has made appropriate arrangements to compile such reports in the Instructors files." However, no supporting documentation was provided for these assertions. The institution's Student Survey

form included three questions related to a student's instructor, as well as an additional question on overall classroom experience. However, the instructor-related questions are Yes/No questions, and, as discussed under Standard VIII-C, Participant Satisfaction, the institution has not demonstrated that student surveys have been systematically and effectively utilized. Further, the institution's response to the team report did not address the issue of annual evaluations.

Consequently, the institution failed to demonstrate compliance with this standard.

12. Standard VI-C: Instructor Orientation and Training

The institution did not demonstrate that it had developed an effective written policy for the ongoing professional development of instructional personnel in all programs that is implemented, monitored, and documented, in accordance with the standard. The team report indicated that while allied health instructors had evidence of continuing education/professional development activities in their personnel files, the files for Media Production and Network Specialist instructors contained no documentation evidencing continuing education or training. In addition, there was no documentation to show that new instructors were given orientation training.

In its response, the institution provided a narrative description of the orientation process, which involved an explanation of school rules, regulations, policies, an overview of the curriculum, attendance record-keeping, counseling notes, exams, and grading. However, no documentation was provided to evidence this practice. For ongoing training, "[t]eachers are given information regarding Bureau of Proprietary School Supervision (BPSS) website and also details of continuing education certification. All teachers have access to school resources." The institution submitted four documents to evidence continuing education: a Certificate of Completion from the Coalition of New York State Career Schools for G. Samraj for Course 1: Basic Methods of Occupational Instruction (March, 2016); a Certification of Completion from Education and Training Associates for [REDACTED] for Course 1: Basic Teaching Methods (October, 2015); a Certification of Completion from the Institute for Brain Potential for Piper (October, 2015); and a Certificate of Completion from Education and Training Associates for [REDACTED] (May, 2011). [REDACTED] is a Home Health Aide instructor, Ms. Piper is a Nurse Aide Assistant instructor, and [REDACTED] is a Medical Assistant instructor, ongoing training for which positions were not, in fact, raised in the team report. [REDACTED] is a Multi-Media Producer. However, the training documented – Basic Methods of Occupational Instruction – for one instructor does not evidence effective ongoing professional development for Media Production and Network Specialist instructors.

Consequently, the institution failed to demonstrate compliance with this standard.

13. Standard VIII-A: Student Progress

The institution did not demonstrate that it effectively monitors, assesses, and records the progress of participants. Specifically, the team report indicated that the institution did not have a documented process to review satisfactory academic progress (SAP) for students. While

students grades were kept on file, there was no documentation of cumulative grades. As noted under Standard IV-C, Performance Measurements, the institution's academic assessment policy provided that 75 percent of a student's grade is based on quizzes, final tests, and internship grades, while the remaining 25 percent of the grade is based on attendance, behavior, and classroom participation, but instructors are not guided in the weighting of quizzes or the calculation of final course grades. Given the absence of cumulative grades, the institution could not demonstrate that progress was tracked at incremental measures throughout the program or that students were able to meet the specified academic requirements by graduation. The team found no evidence in the counseling notes of the student files reviewed that students whose attendance or grading was not progressing satisfactorily were counseled according to the policy.

In its response to the team report, the institution described its grading scale, reiterated that 75 percent of a student's grade was comprised of cumulative academic assessments (quizzes, mid-terms, finals, and internships, where applicable), and that 25 percent of a student's grade is based on his or her attendance, classroom participation, and behavior. The institution submitted a Nurse Aide Assistant Transcript, which identified topics on which students are examined. However, a final grade average was calculated from exam averages, class participation, mid-term grade, and final exam grade to obtain a final grade for the student, with no rubric or other guidance on how class participation was to be calculated is indicated, nor the weight to be given to each factor contributing towards a final grade. The institution indicated that it "does not use GPAs" and removed reference to GPAs from the school catalog. However, no alternative cumulative grading system was described by the institution. The institution further notes that instructors maintained Instructor Daily Counseling Notes to assess students throughout their programs. The institution submitted a blank Counseling Notes form as an exhibit, but did not address the weakness, cited above, that Counseling Notes observed did not evidence counseling of students on attendance or academic progress.

Consequently, the institution failed to demonstrate compliance with this standard.

14. Standard VIII-B: Attendance

The institution did not demonstrate that it implemented its written policies and procedures for monitoring and documenting attendance. While the on-site visit team observed that the institution's attendance policy was consistent with ACCET Document 35 – Policy on Attendance Requirements, it found that a number of students who had missed four or more consecutive days of class had not been withdrawn, as required by the school's policy. In addition, the team found that a significant number of attendance sheets had not been signed, as required, by the instructor, and that several attendance sheets were signed and dated for a date after the time of the on-site visit.

In its response, the institution stated that files reviewed by the team included both foreign students and local students. The former study in longer-term programs, while the latter typically study for three-, six-, or eight-week periods. While local students would "find it impossible to catch up with the classroom instruction" after four or more consecutive days missed, this would not be the case for students in longer-term programs. However, the

institution's policy, replicated in its catalog, states that "[a] student who is absent for four (4) consecutive days of class is automatically withdrawn." No exception or separate provision exists for international students, nor would separate attendance policies be compliant for students enrolled in the same program. The weaknesses cited for unsigned and pre-dated attendance sheets were not addressed by the institution.

Consequently, the institution failed to demonstrate compliance with this standard.

15. Standard VIII-C: Participant Satisfaction

The institution did not demonstrate that it regularly assesses, documents, and validates student satisfaction relative to the quality of education and training offered. Specifically, the team report indicated that, while the institution's written policy requires the use of a survey form to be administered at the end of every program, as of the date of the visit, the school had not conducted any surveys and no data was available based on the analysis of survey information.

In its response to the team report, the institution stated that it did, in fact, solicit feedback from students, and submitted "a batch of completed student surveys." This "batch" included 12 student surveys for its CNA program: eight dated November 11, 2015, three dated July 22, 2016, and one dated August 22, 2016, a date after the submission of the institution's submission of its response to the team report. Further, no evidence was submitted that the minimal data collected had been routinely aggregated or analyzed.

Consequently, the institution failed to demonstrate the systematic and effective implementation of policies related to this standard.

16. Standard VIII-D: Employer/Sponsor Satisfaction

The institution did not demonstrate that it follows its written policy to regularly assess, document, and validate employer satisfaction relative to the quality of the education and training services provided. Specifically, the team report indicated that while the institution's policy dictates that administrative staff are to send surveys each quarter to employers who hire the institution's graduates to determine the level of employer satisfaction with graduates and request suggestions for improvements, no surveys had been sent by the time of the on-site visit.

In its response, the institution stated that it did solicit feedback from employers and used this information to "analyze the teachers strengths" but conceded that it did not have formal written feedback. Rather, feedback is based on staff contacting "HR departments of hiring agencies and nursing homes, for job verifications." The institution further stated that "the fact that Nursing Homes and Agencies keep returning to recruit our fresh graduates indicates that the quality of our teaching and graduates is exemplary." However, no documentation or analysis was provided. Consequently, compliance with this standard has not been demonstrated.

17. Standard VIII-E: Completion and Placement

The institution did not demonstrate that its completion rates were consistent with the benchmarks established by the Accrediting Commission or that it follows written policies and procedures to provide effective job placement assistance to graduates and accurately document the results to enhance the training-related outcomes consistent with the benchmarks established by the Accrediting Commission. Specifically, the team found that Employment Verification Forms for a number of students did not indicate program name, session, program start date, graduation date, or the method of employment verification. In addition, data on the On-Site Sampling Verification forms (OSVF) and Documents 28.1, revised multiple times on-site, did not correlate. At 60% (5 eligible completers, 3 placed), the Pharmacy Technician program was below the 70% ACCET benchmark for placement. Following placement rate adjustments, based on OSVF data, placement rates for seven other programs were below benchmark: Business analyst I, 60% (3 eligible completers, 2 placements); EKG & Phlebotomy Technician (1), 63.88% (36/23); EKG & Phlebotomy Technician (2), 28.57% (28/8); Home Health Aide (2016), 33.33% (15/5) Home Health Aid (2015), 16.66% (6/1); Solar Technician, 0% (2/0); Nurse Aide/Assistant, 15.62% (32/5). Further, since the institution could not provide documentation to enable the team to determine actual starts who were counted on the Document 28.1s, and since the OSVFs did not include any GPAs, it was not possible to verify completion rates.

In its response, the institution submitted completed employment verification forms for five students. However, no verifications were complete and, variously, lacked employment start dates, employer telephone numbers, employer contacts, type of placement, or method of verification. In addition, the institution submitted revised OSVFs for the Business Analyst 1 and Solar Technician programs. However, documentation of added students in both programs did not demonstrate that these additional students had been placed. No further documentation was provided for the EKG & Phlebotomy Technician (1), EKG & Phlebotomy Technician (2), or Nurse Aide Assistant programs to verify the placement rates represented on the corresponding Document 28.1s. Further, the institution did not address the issue of verifying completion rates.

Consequently, the institution failed to demonstrate 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

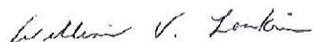
appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny or withdraw accreditation. The appeal process does not allow for consideration of changes that have 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.

Sincerely,



William V. Larkin, Ed.D.
Executive Director

WVL/jbd

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