



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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ACCET

August 31, 2016

VIA EMAIL
(chrisdavy64@gmail.com)

Mr. Chris Davy
Teaching Coordinator
FLOW Language Institute
1830 Water Place, Suite 100
Atlanta, GA 30339

***Re: Initial Accreditation Denied
(Appealable, Not a Final Action)
ACCET ID #1466***

Dear Mr. Davy,

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 FLOW Language Institute, located in Atlanta, Georgia.

The decision was based upon a careful review and evaluation of the institution's record, including the institution's application for accreditation, Analytic Self-Evaluation Reports (submitted July 9, 2015 and March 11, 2016), on-site visit team reports (visits conducted September 28-29, 2015 and June 6-7, 2016), and the institution's responses to these reports (dated November 29, 2015 and July 29, 2016).

It is noted for the record that the Commission first considered the institution's application for initial accreditation, the Analytic Self-Evaluation Report (ASER) submitted July 9, 2015, the on-site visit team report (visit conducted September 28-29, 2015), and the institution's response to that report (dated November 23, 2015) at its December 2015 meeting. As a result of its review, the Commission voted to defer consideration for two cycles pending further review at its August 2016 meeting. Additionally, the Commission directed that a three-person, two-day, comprehensive follow-up visit be conducted to review all standards, to review the institution's policies and procedures as they relate to students enrolled at FLOW Language Institute, and to validate whether the corrective actions presented in the institution's response have been systematically and effectively implemented. Prior to the visit, the institution was required to submit a revised ASER in which the institution was directed to demonstrate evidence of revised policies and procedures, including how these policies/procedures relate to the institution's current student body. The Commission noted that the institution's response (dated November 23, 2015) to the team report adequately addressed only one of the ten weaknesses raised in the on-site team report (visit conducted September 28-29, 2015), with the following standards in need of clarification and/or resolution relative to ACCET standards, policies, and practices: Standard I-C Planning, II-A Governance, II-B Operational Management, II-D Records, II-E Professional Relationships, III-B Financial Procedures, IV-C Performance Measurements, VIII-A Student Progress, and VIII-B Attendance.

For the comprehensive, follow-up on-site visit, the Commission directed the visiting team to review all standards relative to the institution's operation including, but not limited to, an evaluation of the nine standards noted in the letter, dated December 22, 2015. Additionally, the Commission advised that the institution's agreement with Georgia Christian University (GCU) and the institution's stewardship of GCU students must be made clear in the institution's ASER in order to facilitate a productive team visit. The Commission reminded the institution that if it was contracted by GCU for instructional delivery only and if GCU students were exempt from any FLOW Language Institute policies, then classes must be reserved for only these GCU international students. However, if the institution combines domestic and GCU international students in the same classroom, then all policies must apply to all students to ensure a fair and equitable educational system.

During the August 2016 meeting, the Commission reviewed the institution's revised ASER (dated March 11, 2016), the team report (visit conducted June 6-7, 2016), and the institution's response to the team report (received July 29, 2016). While the institution's response to the follow-up team report adequately addressed issues related to six standards, the institution failed to demonstrate full compliance and the systematic and effective implementation over time with the following 15 ACCET Standards for Accreditation:

1. Standard I-C: Planning

The institution failed to demonstrate that it has sound, written one-year and longer-range plans that contain all the required elements, including specific and measureable objectives, with corresponding operational strategies, projected time frames, required resources, and methods of subsequent evaluation of each objective. Further, although the institution was directed in the Commission's letter, dated December 22, 2015, to demonstrate to the visiting team that its planning review policy is published in the handbook and that plans have been reviewed consistent with its revised policy, the institution provided insufficient evidence of the systematic and effective implementation of the institution's policy.

The team report indicated that the institution's one year and longer-term planning documents contained objectives or "*ideas and strategy*," which were neither specific nor measureable, and which did not include corresponding operational strategies, projected time frames, required resources, or methods for subsequent evaluation. Additionally, the institution had not yet fully implemented its new policy for the review of the institution's long- and short-term plans. Documentation from a single meeting in January 2016 which addressed a limited number of items in the planning documentation (increasing domestic student numbers, acquiring more text books, increasing day enrollment, and increasing enrollment in reading and writing classes) does not validate that a review process was being regularly utilized and effectively implemented. Further, the objectives relative to text book acquisition and enrollment increases were neither specific nor time-based.

The institution acknowledged in its response that, "*We agree that documentation of planning is minimal. Much information has been discussed, albeit informally. Going forward, meetings will be conducted under the authority of the Director, which is what was supposed to happen*

anyways.” The institution also provided revised short-term plan and long-range plans, with a short-term plan that addressed two “*major points*”: (1) the expansion of domestic students to between 50-60 students by January 2017 and (2) the institution’s future response to ACCET’s accreditation decision whether it be the deferral, approval, or denial of accreditation. However, the objectives identified in the plan did not contain all the required elements, including operational strategies, projected time frames, required resources, and method(s) for subsequent evaluation of each objective. For example, the plans failed to identify the individuals responsible for each objective or the budget required. Additionally, the institution provided insufficient documentation to demonstrate that these revised plans were communicated and reviewed on a regular basis, as the process of reviewing and updating plans continued to be informal and insufficiently documented. Although the institution’s policy indicates that planning meetings will be scheduled in January and July of each year, the institution’s response (submitted July 29, 2016) included no agenda and/or minutes for a July 2016 planning meeting. Therefore, the institution failed to demonstrate that it is in full compliance with this standard.

2. Standard II-A: Governance

The institution failed to demonstrate that it has a management structure that ensures the integrity and effectiveness of the institution and its compliance with statutory, regulatory, and accreditation requirements. Although directed by the Commission in its December 22, 2015 letter, the institution failed to adequately clarify to the visiting team the exact operational scope and management of the institution’s programs and to demonstrate that all students enrolled in FLOW Language Institute: (1) sign an enrollment agreement/application and (2) are subject to the institution’s tuition, cancellation and refund policy, academic and attendance requirements, and probation and dismissal procedures. In the letter, the institution was also directed that all FLOW students, regardless of visa status, must adhere to the same policies and expectations. The institution must also present a complete and formalized memorandum of understanding between FLOW Language Institute and GCU which delineates the exact responsibilities of each party relative to the administration of enrollment, financial processing, visa status, and satisfactory academic progress.

The team report also noted that all employees have completed applications for employment with Georgia Christian University (GCU). While there were some partially-completed applications forms for employment with FLOW Language Institute, there were no completed applications with FLOW.

Based on a review of quarterly payroll taxes for the last four quarters, the team determined that the institution had paid taxes for only two employees, the owner/President and a staff member (██████████). The team concluded that, at least through the first quarter of 2016, the institution had no instructional or administrative staff other than the President and ██████████, with all other personnel employed by GCU.

In addition, the current Student Handbook contained the following two items, under Registration and Identification and Exit Criteria, respectively:

1. All students, upon actively showing interest in learning English at FLOW Language Institute, will be required to fill out the application form, provide documentation showing identity, and further provide documentation to GCU (Georgia Christian College) if a I-20 (student visa) is needed. At this time, FLOW Language Institute is not authorized to give student visas but can assist you in possibly attaining the visa through GCU.
2. It is the F1 students' responsibility to maintain proper standing with GCU and FLOW Language Institute.

The institution indicated, in its March 2016 ASER, that FLOW, in addition to having its own student population comprised of domestic students, operates “*as an additional instructional space of GCU, in accordance with SEVIS regulations.*” In the Commission’s letter, dated December 22, 2015, the institution was directed to present a memorandum of understanding between FLOW Language Institute and GCU which delineates the responsibilities of each party. The institution provided the team with a copy of the Operational Agreement Between FLOW Language Institute and Georgia Christian University. The agreement states that: “*FLOW Language Institute shall be specifically and uniquely responsible for the hiring of all staff who will be working at its site, regardless of whom they are teaching or administering to*” (§ 1), and that, “*while payroll will pass through GCU business offices, this is merely a procedural strategy that is made in order for certain tax benefits to be accrued from GCU’s 501c3 status* (§ 2).” However, the institution, as a for-profit corporation, did not demonstrate the legitimacy of deriving tax-exemption benefits under Internal Revenue Code Section 501(c)(3), which is reserved, among other areas, for charitable, religious, and scientific organizations and which contains specific language precluding the organization from being organized or operated for the benefit of private interests or for any net earnings inuring to the benefit of any private shareholder or individual. The institution also did not demonstrate how it could exercise effective control over what are, essentially, employees of a different institution. Further, the institution did not demonstrate the legitimacy of hosting students with a Form I-20 to study at a separate institution.

During the visit, the owner showed the team an e-mail from May 11, 2016, from the institution’s accountant, which stated that “[t]he tax payment due on May 16 is \$4,761.72. This payment includes the taxes for all of the previous checks written to the three new employees.” The owner indicated that the referenced tax payments showed that the institution had broken off relations with GCU. However, no contract termination documents were provided, the above-referenced applications for employment with GCU were still in the employee’s files, no complete applications for employment with FLOW were found, no actual payroll taxes were provided, and, while the President indicated that payroll taxes would show that three additional employees were retained by the institution, the team observed that there were a total of eight employees working at the institution during the course of the on-site visit.

The institution in its response provided a revised ESL Student Handbook that deleted reference to F-1 visas and I-20's. However, upon further review, the institution's website still has a section entitled "*International Students' FAQ*", even though the institution is not authorized to enroll students under the Student Exchange Visitor's Program (SEVP).

The institution also provided completed employment applications for FLOW Language Institute, which were signed and dated in June 2016 by four current employees ([REDACTED], [REDACTED], and [REDACTED]). According to the institution, personnel was significantly reduced due to smaller enrollments during the summer.

In its response, the institution provided insufficient evidence that FLOW Language Institute has been paying the wages and taxes of staff and faculty throughout 2016, as directed by the Commission's letter, dated December 22, 2015. The institution provided an internally-generated "*Payroll Summary for January 1, 2016 – July 25, 2016*" with a breakdown of the pay and taxes of 10 employees, along with a letter from [REDACTED], CPA, attesting that \$9,244.06 is the amount of taxes withheld from employees by the institution in calendar 2016 (year-to-date). However, this summary table does not constitute adequate documentation of payroll taxes or wages paid by the institution nor does it explain why in the first quarter of 2016 FLOW only had two employees listed on its form 941 – Employer's Quarterly Federal Tax Return.

The institution in its response acknowledged that instructors were previously classified as independent contractors (1099) under GCU. The institution indicated that in response to the first team report (dated November 21, 2015), "*we started migrating the employees to FLOW, as evidenced by our taxes paid in 2016.*" However, as previously indicated, the documentation provided by the institution was insufficient to verify if and when all instructors and staff became employees of FLOW Language Institute, particularly since other documentation provided in the response, including employee contracts with FLOW Language Institute were only signed by current employees in June 2016, which was well after the institution was directed to do so.

The institution indicated that its contract with GCU was concluding at the end of April, 2016. Although contract termination documentation was requested by the team, no such documentation was provided to the team or in the institution's response to the team report. In its response, the institution stated, "*No contract termination documentation was needed, the arrangement was allowed to simply run to its conclusion.*"

The institution also explained that the relationship that FLOW Language Institute had with GCU is "*similar to a contractor sub-contracting out jobs and projects.*" While for SEVP purposes, FLOW may function as a contractor, an institution must demonstrate that it has sufficient autonomy and control to be eligible for accreditation with ACCET. ACCET Document 1 – The Accreditation Process states that Intensive English Programs owned and operated by colleges or universities may be accredited by ACCET, provided that "*they are discrete units with distinct management, budgets, and clear responsibility for the promotion and delivery of the education offered, including but not limited to enrollment, curriculum, faculty, student*

outcomes, and refunds, as applicable.” FLOW Language Institute failed to provide documented evidence that it meets these prerequisites for accreditation and that it operates in compliance with statutory, regulatory, and accreditation requirements. Therefore, the institution failed to demonstrate that it is in full compliance with this standard.

3. Standard II-B: Operational Management

The institution failed to demonstrate that: (1) operational management is responsible for systematically and effectively implementing the strategies and policies within an organizational framework that is clearly defined, understood, and effective and (2) the day-to-day operations of the institution are guided by written policies and procedures that are consistent with ACCET standards, policies, and practices. Although directed in the Commission’s letter, dated December 22, 2015, the institution failed to “*demonstrate to the visiting team that policies and procedures exist for all operational areas, that policies are disseminated to all parties as applicable, and that policies and procedures are reviewed and revised systematically.*” The institution failed to demonstrate that its policies and procedures are comprehensive, compliant, effectively disseminated and understood within the organization, and systematically and effectively implemented.

The team report indicated that the roles and responsibilities of the institution’s senior managers overlapped in a confusing way, and there were no written job descriptions for the President, the Director of Planning and Operations, or the ESL Coordinator. While the institution states that “*the relationship between these three positions is more triangular than vertical, with any one individual able to take on or assist another in executing their responsibilities,*” the team observed that the lack of clearly-assigned responsibilities impeded the systematic and effective implementation of strategies and policies at the institution, and that the organizational framework was not clearly defined, understood, or effective.

The absence of clear roles and responsibilities was evident in the institution’s policies. For example, the institution’s Policies and Procedures for Recruitment, Solicitation, and Orientation of New Personnel states that “*the hiring and screening of potential new employees is done by the director of the school, unless he/she wants to include the owner or ESL Coordinator in the hiring process,*” and “*orientation of new employees is done, upon hire, by a member of the management team.*”

Although the institution had a Policies and Procedures Handbook to guide the day-to-operation of the institution, the team found that numerous policies required by ACCET were missing, were inconsistent with ACCET standards and policies, or had not been systematically and effectively implemented by the institution. This included policies pertaining to: (1) planning, (2) admission, (3) the hiring of instructors with limited classroom experience, (4) supervision of employees, (5) confidentiality of student records, (6) student progress, (7) leaves of absence, (8) homework, and (9) student refunds. To reduce redundancy and increase clarity, specific issues with each of these policies will be reviewed herein under the applicable standards, although the team report and institutional response also addressed them under this standard.

In its response, the institution acknowledged that having no policy for the supervision of staff was “*a glaring omission on our part.*” The institution indicated that going forward, the “*Administrative staff and the ESL Coordinator will be supervised by the Director through side-by-side working conditions and daily informal feedback, as well as formal feedback when novel circumstances arise. There will be annual reviews with formal appraisals given.*” The institution provided an updated Instructor and Employee Handbook that includes these provisions under a section entitled “*Policies and Procedures for Employee Evaluation,*” along with a blank employee evaluation form. However, the institution provided no documented evidence of the systematic and effective implementation of this policy over time. Therefore, the institution failed to demonstrate compliance with this standard.

5. Standard II-D: Records

The institution does not have an organized record-keeping system that ensures all records are maintained in an accurate, orderly, and up-to-date manner. Additionally, the institution’s record-keeping system does not facilitate ready access and review of either academic or financial records by appropriate third parties. Although directed in the Commission letter dated December 22, 2015, the institution failed to demonstrate to the visiting team that all records are complete, up-to-date, and easily accessible by a third party, as required by the standard.

The team report indicated that the institution’s record-keeping policy does not provide for the accurate, orderly, or up-to-date maintenance of student academic records, including assessments and progress. Student files contained no assessments by which the team could verify the data recorded in QuickSchools, the software program utilized by the institution to record attendance and assessments. Tests and homework assignments were stored by session in non-annotated cardboard boxes in the institution’s storage room, and the institution could not extract relevant documentation from these boxes to enable the team to verify that student progress is documented accurately or consistently in accordance with the institution’s performance outcomes. The institution could not demonstrate and the team could not verify student start dates, scheduled end dates, initial placement level, sequential or linear progression, whether or not students consistently met minimum academic requirements, whether or not a student was placed on academic probation, or whether a documented learning plan had been developed for students. In addition, the institution could not demonstrate, and the team could not verify, that students consistently met minimum attendance requirements or whether students had been placed on attendance probation. Data on attendance and academic progress was maintained in electronic form; however, this data was not verifiable by cross-reference to actual attendance cards or student assessments.

The institution also presented no evidence that it audited student files.

The institution’s Policy for Confidentiality of Student Records provided only for the security of student records. No policies or procedures were in place for students to permit access to those records on the part of appropriate third parties nor for access by additional, appropriate parties, including state, federal, and accreditation entities.

The institution in its response indicated that it revised its Policy for Confidentiality of Student Records to address the weakness by adding the following sentence, *“Additional access to student records may be given to additional appropriate parties, including state, federal, and accreditation entities, upon verification of said entities’ identify and verification of the legitimacy and legality of the stated entities’ request, all of which will fall under the purvey [purview] of the Director, who [will] need be make a determination as to the manner and degree of access granted.”*

The institution also stated that, *“This [weakness] was a little frustrating for us, as this was a missed opportunity on our part. While true that all student work was stored in white banker’s boxes, the boxes actually were labelled as to their contents, and work was grouped according to individual classes, but not by individual student, but moreover, the first team visit had accepted this method of storage for student work. Had we received specific citation in the Commission Action Letter of December 22, 2015, in regards to this, we certainly had enough time to make this change, and of course would have willingly done so, as we knew that a second initial visit was going to happen, but this had been acceptable to the team in the September 28th-29th visit. Please refer to the aforementioned teams report to confirm this statement.”* Upon review of the previous team report (visit conducted September 28 – 29, 2015), the institution was given a “2” rating under Standard II-D Records and Standard VIII-A Student Program, with the following weaknesses cited: *“School files are not well maintained. Review of employee and student files revealed many errors in both file types.”* Further, the weaknesses cited under Standard VIII-A stated: *“Because of the school’s haphazard system of recordkeeping for student progress information, it was unable to verify that the students randomly selected were making normal, sequential progress though its program and; therefore, the team was unable to verify that the students identified on ACCET Document 18.1 IEP - Student Academic Progress Policy Checklist adhere to the institution’s academic progress policy.”* Thus, during both on-site visits, the institution’s record-keeping system impeded the teams’ review of student records and their completion of Document 18.1 IEP.

In its response, the institution also stated that, *“It has now started scanning student work into pdf form, and have attached these to their respective files in the online school management system Quickschools. We have started at the present time, June of 2016, and have gone backwards, and currently are up to December of 2015.”* However, the institution provided no documented evidence to demonstrate that the institution has accurate, orderly, and consistent records that are readily accessible for third-party review. Therefore, the institution failed to demonstrate compliance with this standard.

6. Standard II-E: Communications

The institution failed to demonstrate that management ensures regular and effective communication among appropriate members of the institution on pertinent aspects of its operations. To maintain operational effectiveness, the institution does not conduct and appropriately document periodic meetings with employees on significant issues.

The team report indicated that while the ASER states that the institution holds regular meetings every two months, no documentation was provided to evidence the frequency or the substance of these meetings. The team was advised that faculty and staff meetings are largely informal.

The institution in its response stated that, *“Going forward, meetings will not be under the control of the owner, which was done as a courtesy to his ownership, and often led to us not conducting them properly.”* The institution indicated that this change will ensure regular communication and meeting documentation in the future. However, the institution failed to provide documented evidence to demonstrate formal and regular staff and faculty meetings. Therefore, the institution failed to demonstrate compliance with this standard.

7. Standard III-B: Financial Procedures

The institution failed to demonstrate that it has a consistent and ACCET-compliant cancellation and refund policy that is contained in all enrollment agreements/documentation provided to all prospective students and that is systematically and effectively implemented. Further, the institution failed to provide documented evidence demonstrating that the institution calculates and makes accurate and timely refunds to or on behalf of students in accordance with ACCET standards and policies. Further, the institution failed to demonstrate a clear and appropriate method and source of payment for all faculty and staff, based on a review of Document 50FR – On-Site Financial Review Checklist, as previously detailed in this letter.

Although directed in the Commission letter, dated December 22, 2015, the institution failed to *“demonstrate to the visiting team that student financial records are consistently maintained and that cancellation and refund policies are in place for all students. This policy must adhere to the requirements of ACCET Document 31.ESL. If no refunds have been processed by the time of the visit, the institution is to provide a sample, hypothetical refund calculation to demonstrate a compliant refund process. Further, the institution must demonstrate a clear policy regarding financial procedures, cancellations, and refunds for both international and domestic students, as well as a clear method and source of payment for all faculty and staff.”*

The team report indicated that the institution does not provide prospective students with enrollment/application documents that include the institution’s cancellation and refund policy. Further, the contracts signed by the students require students to study for four sessions (one semester), a period of six months. If students withdraw prior to six months, they are responsible for tuition and fees for the entire semester or any remaining balance, regardless of the time of withdrawal or last date of attendance.

Further, the institution’s policy and procedures do not require the maintenance of student information relevant to refund calculations (e.g. student ledgers, proof of payment, payment type, last date of attendance, date of determination) required to determine whether the institution is implementing a compliant refund policy. Since the institution indicated that it had no refunds over the last year, the institution produced a mock refund worksheet. However, the worksheet did not contain all the required information (e.g. student’s start date, end date, last date

of attendance, non-refundable fees) to allow for a third-party to verify the eligibility and accuracy of refunds calculated by the institution. During the course of the on-site visit, the institution provided a Word document which contained these elements, but did not provide evidence of the systematic and effective implementation of a compliant refund policy.

The institution in its response indicated that it has revamped its enrollment agreement, which now contains the requisite cancellation and refund policy to be compliant with ACCET requirements. However, upon review, the refund policy in the enrollment agreement submitted with the response was different than the refund policy contained in the updated ESL Student Handbook (dated July 24, 2016). Further, the institution provided no documented evidence that the revised enrollment agreement is being systematically and effectively utilized by the institution, including the provision that students are no longer required to study for six months (four sessions/one semester). Only a blank enrollment agreement was provided with the response.

The institution also provided two sample refunds and refund worksheets. However, upon review, there were issues with the sample refund documentation provided, including: (a) no identification of refundable and non-refundable fees on the refund form, (b) confusion regarding the tuition charged, since the Policy and Procedures Manual identifies that students pay \$400 per month, which is not consistent with the tuition identified on both sample refund forms (\$400 for eight weeks), and (c) inclusion of a Refund Request Form, which must be optional and not required of students.

Upon review, there also were inconsistencies, areas of confusion, and issues of non-compliance with the refund policies/procedures identified on pages 6-7 and 17-18 of the Policies and Procedures Handbook (revised July 24, 2016) provided by the institution in its response. Issues included the following: (a) Page 6 indicates that withdrawal dates will be updated every eight weeks and indicates that the end dates are set by the director; (b) Page 17 indicates that students must notify the school at least one day before the class begins to receive a full refund as refunds must be based on the last date of attendance (LDA), it is unclear what happens if a student notifies the school on the first day of class that s/he is not coming; (c) Page 17-18 indicates that students will be assessed a \$100 administrative fee associated with withdrawal/cancellation and is not consistent with the requirement to refund students a pro-rated amount of tuition based on the last date of attendance; (d) The policy on page 17 is somewhat different from the policy listed in the enrollment agreement, regarding the \$100 fee; (e) The example provided indicates that the \$400 tuition is for eight weeks, when the paragraph before indicates that tuition is \$400/month; (f) The “*procedure for processing refunds*” indicates that refunds are not processed until the student requests a refund; (g) The policy on page 17 does not indicate how no-shows are processed; (h) The issue cited in the team report regarding maintenance of student ledgers is not addressed; and (i) The policy on page 18 for transferring students indicates that there is a transfer fee, which is not allowed by ACCET Document 31.ESOL – Cancellation and Refund Policy.

Therefore, the institution failed to demonstrate that it is in full compliance with this standard.

8. Standard IV-C: Performance Measures

The institution failed to demonstrate that it has: (1) written performance measurements that are periodically evaluated and updated to ensure instructional effectiveness and (2) a sound, written assessment system that contains a set of defined elements, such as grading scale, weighting factors, tests, quizzes, reports, projects, attendance, and participation, that are appropriately related to the performance objectives of the program or course.

The team report indicated that performance standards are not communicated uniformly to instructors or students. The Instructor and Employee Handbook (“*Grading*”) states: “*You are expected to maintain grades for each student throughout the session as well as stay up to date on the student’s attendance.*” It does not state how these grades are to be assessed, or describe the weighting of elements that constitute the assessment. The institution’s Policies and Procedures Manual (“*Policy and Procedure to Monitor, Assess, and Record Student Progress*”) states that, half-way through and at the end of each session, instructors “*will input grades (which include participation/attendance, quizzes, homework, mid-terms*” (final exams are implied), but does not indicate how such assessment elements are to be weighted. The Satisfactory Progress Policy in this manual is likewise silent as to the weighting of each criteria.

Students are advised in the Student Handbook (“*How Do We Determine Your Grade*”) that grade percentages for each class are computed as follows: Classwork/Participation/Attendance (30%); Homework (10%); Quizzes (20%); Mid-Terms (20%); and Finals (20%). However, in its ASER, the institution states that, since the institution is “*Now using Quickschools.com, we have made minor adjustment to the weight of each area in grading. The final, mid-term, attendance/participation, quizzes, and homework all constitute 20% of the grade per section. We are not weighing any section heavier than another.*”

The team further observed that no rubrics existed for classwork, participation, or homework, which accounts for either 40 or 50 percent of the student’s final grade.

In addition, the team found that the institution does not maintain copies of student assessments in a manner than allows for third-party verification; therefore, the institution could not demonstrate that its assessment system is appropriately related to the performance objectives of the programs.

The institution stated in its response that “*the percentage discrepancies have been reconciled*”, but provided no documented evidence of this reconciliation. The following grading criteria and weighting of the criteria remain unchanged in the ESL Student Handbook, revised July 24, 2016: [Classwork/ Participation/Attendance (30%); Homework (10%); Quizzes (20%); Mid-Terms (20%); and Finals (20%)]. Further, the institution stated that the weighting of grading criteria does not need to be explained to instructors, since the institution has set up its software system (QuickSchools) to automatically weight and calculate student grades. Therefore, the revised Instructor and Employee Handbook does not include the grading criteria and the weighting of these criteria. The institution also indicated that it has uploaded many students academic work into QuickSchools to make it more accessible for review. However, upon review, the sample

student file provided was merely a copy of completed quizzes, with no grade reports or other documentation to demonstrate that the institution is systematically and effectively utilizing a sound assessment system with appropriate and consistent weighted grading criteria. Therefore, the institution failed to provide documented evidence to demonstrate the institution's full compliance with this standard over time.

9. Standard V-A: Instructional Methods

The institution failed to demonstrate that: (1) instructional methods encourage active and motivated responses from participants; (2) instructional methods include interactive teaching strategies that recognize various modalities of learning (i.e., visual, audio, and kinesthetic), learning styles, and cultural backgrounds; (3) written policies and procedures are in place to ensure that the curricula are followed; and (4) there is consistency of application by all instructional staff.

The team report indicated that while the majority of classes observed encouraged active and motivated responses from participants, this was on the initiative of the individual instructor rather than the institution, which has no policy on methodology, subscribes to a generally "*student-centered instruction*," but has no policy or procedure on training or informing instructors on any elements of student-centered methodology. The team found, in discussions with instructional staff, and in light of the institution's ASER statement that "*[t]eachers are given leniency in teaching to allow them to use a method that is more suitable to them, and their class, while maintaining student-centered teaching*," that the institution does not, in fact, implement or insist upon the student-centered instruction consistent with current ESOL training industry standards.

The institution provided in its response a new Policy for Teaching Methodology; however, the institution provided no documented evidence that the policy has been shared with instructors, been included in any faculty training or professional development, or that it has been systematically and effectively implemented. Therefore, the institution failed to demonstrate the institution's full compliance with this standard over time.

10. Standard V-C: Equipment, Supplies, and Learning Resources

The institution failed to demonstrate that it has adequate and appropriate equipment to effectively offer its approved TOEFL program.

The team report indicated that the institution does not have a computer lab, which undermines the ability of the institution to adequately and effectively provide a TOEFL program, as the TOEFL exam is administered electronically.

The institution indicated in its response that students may use their own computer laptops and may, in future, be able to use a TOEFL application for their mobile phones. However, the Commission noted that the institution does not publish or disclose to prospective students that a

laptop is a requirement for enrollment in the TOEFL program, and the TOEFL mobile app has yet to be acquired for student use. Therefore, the institution failed to demonstrate full compliance with this standard.

11. Standard VI-C: Instructor Orientation and Training

The institution failed to demonstrate that it has systematically and effectively implemented a written policy for the effective orientation and training of instructional personnel to ensure a consistent, high level of instruction. The institution also failed to demonstrate that it has effective ongoing professional development for instructional personnel that is systematically implemented, monitored, and documented.

The team report indicated that while new instructors may be required to attend a class given by another instructor for a period of between one day and two weeks, and are considered to be on probation during their first session of instruction, subsequent to which an evaluation is conducted by the ESL Coordinator, the institution's Policies and Procedure for Orientation of New Instructors is silent with respect to training, and no training is provided with respect to methodology. In addition, the institution's Policy for New Hires with Limited Classroom Experience contained no provisions regarding training but contained the following, vague, non-substantial provision for oversight: *"If a great candidate (highly educated teacher with experience other than ESL) is hired, the Coordinator will spend time on and off sitting-in with the new teacher over the first three weeks, more or less as needed."*

Further, the team observed that the institution's in-service training for instructors is largely administrative rather than academic or for purposes of professional development.

The institution provided in its response a new Policy for Teaching Methodology and a new Policy for New Hires with Limited Classroom Experience. Additionally, the institution stated that, *"Going forward, as part of the evaluation process, in the future, discussions will be held about continuing education and employees will be given consideration during the evaluation process."* However, the institution provided no documented evidence that these policies have been systematically and effectively implemented. Therefore, the institution failed to demonstrate the institution's full compliance with this standard over time.

12. Standard VII-A: Recruitment

The institution failed to demonstrate that all communications with prospective students is ethical and honest. In violation of ACCET standards and policies, the institution includes misleading representations in its advertising, promotional materials, and/or in marketing the institution's programs.

The team report indicated that the institution could not demonstrate, and the team could not verify, that current student enrollment was not composed, in part, of GCU students. Further, the institution's website, pamphlets, and policy and procedures manuals evidence continuing

enrollment outreach for international nonimmigrant students, a student population the institution is not authorized by the Student Exchange Visitor's Program (SEVP) to enroll.

The team found that the institution's Policy and Procedure for Recruiting, Advertising, and Promotion contains language which is inapplicable to the institution's avocational operations; "*no promise of employment after the program, pay for taking the program, or financial assistance for the program will be advertised, promoted, or promised.*"

During the course of the on-site visit, the team also observed that promotional pamphlets distributed by the institution contain unjustifiable and unprovable claims about learning English from "*the best*" instructors.

Additionally, the institution's website contained the following information pertinent to nonimmigrant international students: "*Applying from abroad,*" "*What do I need to do if I plan to travel outside the US?*" and "*How do I get an extension on my visa?*" which the team found to give a misleading impression of the institution, since it is not authorized to host F-1 visa-holding students. Similarly, a pamphlet observed at the institution contains a section for Full Time ESL/F-1 students.

The institution provided with its response a revised brochure that addressed issues identified in the team report relative to superlatives noted in the institution's pamphlet. However, the website was not adequately revised in that it contains information for international students, which erroneously implies that the institution enrolls international students. The website contains an "*International Students' FAQ*" section which addresses questions, including: "*Do I need to turn in an immunization form as an international student?*," "*How do I get an extension on my I-20?*" "*How do I transfer from/to schools?*" which apply to an international nonimmigrant student who the institution is not authorized to enroll. Additionally, the institution did not address the issues noted in the institution's policy. Therefore, the institution failed to demonstrate that it is in full compliance with this standard.

13. Standard VIII-A: Student Progress

The institution failed to demonstrate that: (a) it effectively monitors, assesses, and records the progress of students utilizing a sound assessment system with a set of defined elements that are appropriately related to the performance objectives of the programs or courses; (b) student progress is documented consistently in accordance with institutionally established performance outcomes and is communicated to all students; and (c) the institution publishes clear descriptions of its requirements for satisfactory student progress and utilize sound written policies and procedures to determine student compliance with these requirements and to document the results. Although directed in the Commission's December 22, 2015 letter, the institution failed to demonstrate to the visiting team that it has a student progress policy that complies with the requirements of ACCET Document 18.IEP – Satisfactory Progress Policy, that the policy is applied to all students, and that the tracking of student progress (including transcripts, attendance

records, progress warning or probation, individualized learning plans, and termination, as applicable) is easily accessible for review by a third party.

The team report indicated that the institution did not demonstrate that it effectively monitors, assesses, and records the progress of students using a sound assessment system or that it effectively documents student progress. The institution could not validate grading and satisfactory academic progress data recorded in its QuickSchools system. The institution's record-keeping system does not facilitate ready access and review of academic records, including student assessments. Additionally, based on review of sample student files, the team found that the institution was unable to demonstrate that students consistently meet minimum academic and attendance requirements, as required.

The institution indicated in its response to this standard that these issues were addressed in other standards. While the Commission noted that, as addressed under records, the institution started scanning student work into pdf form and is saving student work in Quickschools to make it more readily accessible for third-party review; however, the institution provided no documented evidence to counter the finding in this standard that students are not consistently meeting required minimum academic or attendance requirements. Therefore, the institution failed to demonstrate that it was in compliance with this standard.

14. Standard VIII-B: Attendance

The institution failed to demonstrate that: (a) it has systematically and effectively implemented consistent written policies and procedures for monitoring and documenting attendance and (b) the attendance policy is effective in ensuring that student participation and preparation are consistent with the expected performance outcomes of the course or program. Although directed in the Commission's December 22, 2015 letter, the institution failed to demonstrate that its attendance policy is compliant with ACCET Document 35 – Policy on Attendance Requirements and is implemented consistently. The institution also failed to demonstrate complete and accurate attendance record keeping, warning systems and termination, as applicable, for easy review by a third party.

The team report indicated that the institution's attendance policy, as published in its Policies and Procedures Handbook, contains a different series of attendance warnings and consequences than the attendance policy as described in the institution's ASER. In the institution's Policy and Procedures Handbook, students dropping below the minimum required attendance are issued a warning letter, subsequent to which a second, final warning may be issued, as necessary, with a third violation resulting in the student being terminated. The ASER, on the other hand, describes, first, a verbal warning, a written warning if students continue to fail to meet attendance requirements, followed by a third warning and one-year probation period during which a student will be terminated for continued attendance problems.

During the course of the on-site visit, only evening classes were being offered at the institution. Classes were scheduled to begin at 6:20 PM. After one full hour of class, less than

one third of students were in class. One instructor, [REDACTED], had no students; [REDACTED] had four out of seven scheduled attendees; [REDACTED] had one out of seven; [REDACTED] had two out of nine; and [REDACTED] had two out of nine. Thus, the institution did not demonstrate that its attendance policy was effective in ensuring that student participation and preparation are consistent with the expected performance outcomes of the institution's programs.

Prior to the visit, the institution revised its attendance policy to make it applicable to all students. However, as noted above, the inconsistency in the institution's attendance warnings, the absence of records outside of QuickSchools to validate or enable verification of electronic records, and the poor attendance observed during the course of the on-site visit led the team to conclude that the institution had not met the Commission's directive.

The institution in its response acknowledged that *“during the compilation of the second ASER, as we were going through all our draft of policies, we erroneously put in an earlier versions [of the attendance policy]. Our apologies for having the incorrect one in the ASER. The policy in the P & P handbook is the correct one.”*

The institution stated that, *“Students were atypically (and extremely) late that day. I (the Director) believe that I had placed such a high degree of emphasis on this visit that it had the negative counter-effect of scaring the students. Through talks with students the next day, we found that some were scared and experienced bouts of performance anxiety and thus simply did not come, while others decided to spend extra time concentrating on their appearance before coming to class in order to look their best for the “visitors from Washington, D.C., our nation's capital.” This was completely my (the Director's) fault, I had over-worked this. But please refer to QuickSchools for attendance records.”* Although referenced, no attendance records were provided to demonstrate the regular and consistent attendance of students.

The institution acknowledged that since the adoption of Quickschools as the management system, *“there has been a learning curve, and we are still in the process of gradually implementing many of its tools. Electronic storage of student documentation is now available, and we are now pro-actively utilizing it.”* However, the institution provided no student attendance records or other supporting attendance documentation to demonstrate complete and accurate attendance record keeping, warning systems and termination, as applicable, for easy review by a third party. Therefore, the institution failed to demonstrate the systematic and effective implementation of an attendance policy that is compliant with ACCET Document 35 – Policy on Attendance Requirements and to demonstrate complete and accurate attendance record keeping, warning systems and termination, as applicable, for easy review by a third party. Therefore, the institution failed to demonstrate compliance with this standard.

15. Standard VIII- E: Completion and Placement

The institution failed to provide the documentation necessary to validate the completion rates reported by the institution and verify that the institution's programs meet ACCET's required minimum 67% benchmark for completion. Thus, the institution failed to demonstrate that it

regularly and effectively assesses, documents, and validates the quality of its education and training services relative to completion.

The team report indicated that the team was unable to validate the institution's completion rate calculations, because the institution did not provide the necessary documentation relative to total net starts, drops, or completers.

The institution provided in its response completion rates that were above benchmark in 2014, 2015 and the first quarter of 2016; however, the institution again failed to provide the information necessary to verify the accuracy of these rates, including identification of: (a) all enrolled students (net starts), (b) students who completed the program (completers), and (c) students who dropped/withdrew from their program (drops) in 2014, 2015, and the first quarter of 2016 to verify the completion calculations. Therefore, the institution failed to demonstrate full compliance with this standard.

Since denial of reaccreditation 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. This notification must be accompanied by an affidavit signed by an authorized representative of the institution indicating that a Notice of Status of Accreditation notifying interested parties of the Commission's adverse action has been disseminated to new enrollees and posted in conspicuous places at the institution to include, at minimum, the admissions office and student lounge or comparable location.

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

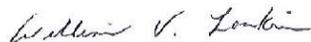
the institution's non-compliance with Standard III-A the sole deficiency warranting a final adverse action.

- 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.

Should you have any questions or need further assistance regarding this letter, please contact the ACCET office at your earliest opportunity.

Sincerely,



William V. Larkin, Ed.D.

Executive Director

WVL/jhh

CC: Mr. Herman Bounds, Chief, Accreditation Division, US ED (aslrecordsmanager@ed.gov)
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