



December 22, 2016

VIA EMAIL & FEDERAL EXPRESS
(bepulaski@aol.com)

Dr. Katie Karzen, Dentist/Director
The Valley School for Dental Assisting
16500 Ventura Blvd #315
Encino, CA 91436

***Re: Reaccreditation Denied
(Appealable - Not a Final Action)
ACCET ID #1398***

Dear Dr. Karzen,

This letter is to inform you that, at its December 2016 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny reaccreditation to The Valley School for Dental Assisting, located in Encino, California.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted October 3-4, 2016), and the institution's response to that report, received November 28, 2016. It is noted that seven of the 24 weaknesses cited in the team report were adequately addressed in the institution's response and accepted by the Commission. However, 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-B: Goals

The institution did not demonstrate that it establishes broad institutional goals that support the institution's mission and are consistent with the Principles of Ethics for ACCET Institutions.

The team report indicated that the institution does not have broad institutional goals to guide key areas relative to operations, admissions, finances, education and training, management, and student services, as required by the standard. Its broad institutional goals relate to the area of education only. In its response, the institution indicated that institutional goals are incorporated in the institution's business plan, and noted that the institution's Director will begin to hold an annual meeting with employees to review and evaluate the business plan in 2017. Upon review of the institution's submitted business plan and syllabi, the Commission noted that the institution is conflating operational objectives and specific program objectives with broad institutional goals defined by the standard as aligning with the Principles of Ethics for ACCET Institutions which include broad, overarching principles that guide the direction of the institution and its staff. As

a result, systematic and effective implementation of overarching, broad institutional goals has not been demonstrated.

The institution failed to demonstrate that it has broad, overarching goals that serve to guide the operation of the institution, including admissions, finances, education and training, management, and student services. Therefore, compliance with the standard has not been demonstrated.

2. Standard II-B: Institutional Management

The institution did not demonstrate that it develops and effectively implements policies within an organizational framework that is clearly defined, understood, and effective. Nor did it demonstrate that written policies and procedures guide the day-to-day operations of the institution.

The team report indicated that the administrator was unfamiliar with the institution's written policies and procedures, on which she was not adequately trained when she started with the institution. This lack of training resulted in many policies not being systematically and effectively implemented. By way of example, the admissions policies and procedures require official transcripts showing proof of high school graduation or official results of high school equivalency, current CPR card, Hepatitis B vaccination series, and current proof of health insurance in order for students to enroll; however, these documents were not included in the students' files. In addition, the staff meeting minutes that were provided to the team showed no documentation that policies and procedures are reviewed, as stated in the ASER. The institution stated that it monitors policies and procedures on a daily basis based on student evaluations and impromptu visits to the classroom by senior management; however, the institution provided no evidence of either being completed.

In its response, the institution indicated that its administrator was new to the job and that there was not enough time to fully train her to take over the position from the previous administrator who left unexpectedly. The response also indicated that the admissions policies and procedures have been updated since the site visit and students are no longer required to have a CPR card, Hepatitis B vaccination or proof of insurance at the time of enrollment. However, the institution failed to provide evidence that the appropriate staff have been trained on this revision. To demonstrate the collection of high school equivalency, the institution provided samples of five collected transcripts; however, the documentation provided did not evidence high school equivalency in all cases. The Student Achievement Record for [REDACTED] indicates completion of the 9th grade, which is not equivalent to a high school diploma.

The institution further indicated in its response that, due to its small size, monitoring of policies and procedures were handled informally, but that going forward, senior management will make notations whenever there are impromptu class room visits and that the agenda for the monthly meeting will now include review of student evaluations and notes from these visits; however, no evidence was provided to demonstrate this practice.

Therefore, the institution failed to demonstrate that effective policies and procedures create a framework for day-to-day operations that is clearly defined, understood, and effective. Further, the institution failed to demonstrate implementation and training of revised policies and procedures. Therefore, the institution failed to demonstrate compliance with this standard.

3. Standard II-D: Records

The institution did not demonstrate that it has an organized record-keeping system that ensures all records are maintained in an accurate, orderly, and up-to-date manner. Nor did the institution demonstrate that its record-keeping system facilitates ready access and review of these records by appropriate parties; that all records are protected from unauthorized access and undue risk of loss; and that records are maintained for a period of time consistent with applicable statutes, regulations, and sound business and educational practices.

The team report indicated that the institution's overall record keeping was highly unorganized in that the pages found within student and personnel files were not in any particular order, were loose leaf, and that the labels were handwritten with pencil and were not legible. Many of the files were incomplete, and the institution did not complete its file checklist. Many of the documents did not have the required signatures from institutional personnel and copies of student credit cards and credit card numbers were also found in the student files.

The student files did not contain final grades or transcripts, and the attendance records lacked a sign in and sign out time to accurately reflect attended hours. Upon interviewing the administrator and Director, it was determined that the institution does not schedule the entire 320 hours of the program, does not document or track attendance accurately, including tardiness and leaving early, does not give final grades for courses, and does not monitor or track SAP.

The team report indicated that cancelled student files are only maintained if a student paid a registration fee even if an enrollment agreement was completed and signed by the student. As a result, the team was unable to review cancelled student files.

In its response, the institution indicated that, *“since the site visit we have redone and reorganized the files of our 5 current cohorts to show ACCET that we are complying.”* As part of its response, the institution included attendance records for five students in the Dental Assisting program. However, the date range of the attendance tracking is November 15, 2016 – March 22, 2017, with attendance recorded as either P (present), E (excused), S (sick), L (late), and C (class cancelled) for each student for future dates. This record does not demonstrate appropriate or accurate compliance with attendance recording. The institution also provided evidence of five Student Performance Reviews with all indicating checkmarks of “good” and “excellent,” with minimal comments. The institution also provided an exhibit titled Registration Cancellations; however, the emails provided in the exhibit appear to be web generated email registration forms and do not demonstrate records for cancellations of executed enrollment agreements as noted in the team report. Finally, the institution provided a copy of a complete student file; however, it is noted that the registration/enrollment agreement include in the student file does not meet the requirements

of ACCET Document 29.1 – Enrollment Agreement Checklist, as further detailed in Standard VII – Enrollment Agreement. Further, while the example registration form noted that the student paid in cash, the registration form include a line for “Bank Finance # or Credit Card #,” in addition to card expiration date, security code and card holder address, which poses serious potential risk to the student’s private credit card information.

The institution failed to demonstrate that the it maintains an organized record-keeping system that ensures all records are maintained in an accurate, orderly, and up-to-date manner; and that records are protected from undue risk; and that records facilitate review by appropriate parties. Further the institution provided no policies and procedures to guide the record keeping process. Therefore, the institution failed to demonstrate compliance with this standard.

4. Standard II-E: Communications

The institution did not demonstrate regular and effective communication among appropriate members of the institution on pertinent aspects of its operations, including the delivery of quality education, training services, and student services, or that periodic meetings with employees are conducted and appropriate documentation is maintained on significant issues.

The team report indicated that, per an interview with the Director, there was no mechanism in place to regularly review and revise policies and procedures. The institution stated that pertinent information related to policies and procedures was relayed at staff meetings, but the team was not provided with any documentation to substantiate that claim. The institution stated that it conducts monthly staff meetings which are documented with notes and minutes. The team was provided with only three sets of meeting minutes, March 2016, May 2016 and August 2016, which failed to confirm that monthly meetings are held.

In its response, the institution indicated that it will have an annual meeting to include a review of all Policies and Procedures, and that “*minutes will be reviewed at monthly staff meetings to determine the outcome of any changes to the institution’s policies and procedures.*” The institution included an annual meeting agenda; however, the agenda did not indicate the scheduled date or expected participants. No meeting minutes were provided.

The institution failed to demonstrate the regular and effective communication among appropriate members of the institution on pertinent aspects of its operations, including the delivery of quality education, training services, and student services. Therefore, the institution failed to demonstrate compliance with this standard.

5. Standard II-F: Professional Relationships

The institution did not demonstrate that it establishes relationships, memberships, and affiliations with other organizations within the education/training and employer/industry network, and that these relationships are maintained, utilized, and documented for the purpose of enhancing the quality of the education, training, and student services.

The team report indicated that the institution did not provide verification of its membership with the California Association of Dental Assistant Teachers and the American Dental Association. Nor did the institution provide evidence of any training, education, or attendance at industry-related conferences or events since 2013.

In its response, the institution indicated that *“the California Dental Board does not require membership to the CADT and the American Dental Association in order to provide dental assistant [sic] courses and programs.”* The institution further noted that it did attend the required ACCET accreditation workshop, but provided no other evidence of professional relationships.

The institution failed to demonstrate that it has established relationships with other organizations within the education/training and employer/industry network for the purpose of enhancing the quality of the education and services provided. Therefore, the institution failed to demonstrate compliance with this standard.

6. Standard III-B: Financial Procedures

The institution did not demonstrate that receipt of tuition payments and other monies is properly recorded and tracked; that cancellation and refund policies are written, fair, and equitable; and that they are consistently administered and comply with statutory, regulatory, and accreditation requirements.

The team report indicated that not all student withdrawal calculations contained the institution’s required sign off after the secondary review by the Director. It was further noted that withdrawal calculations were performed without the necessary documentation (i.e., enrollment agreements and attendance records). Additionally, the enrollment agreement and the ledger card do not itemize charges, resulting in inaccurate withdrawal calculations. The team found that books and supplies were being charged twice when performing withdrawal calculations. These non-refundable charges were added to the tuition cost and the daily charge calculated, and the same charges were then subtracted from the total when determining the total tuition charged. Further, the drop calculations were being calculated on days attended based on incorrect or omitted attendance records.

In its response, the institution indicated that the enrollment agreement form has been updated to reflect itemized charges for tuition and supplies; however, the institution did not provide documentation to evidence that the revised form has been implemented and applied to the refund process. The institution further noted that attendance records have been updated using a new attendance software to ensure accurate calculation of LDA; however, as noted under Standard II-D: Records and VIII-B: Attendance, the attendance form provided by the institution inappropriately report attendance for future dates and does not demonstrate accurate attendance tracking.

The institution indicated that it could not provide evidence of refund calculations since the team visit, as no student has withdrew or cancelled in that time period. The institution indicated that

there had only been two refunded withdrawals in the past eight years; however, the team report indicates that there have been three within the past twelve months. The institution did not provide evidence that those previously calculated refunds were reviewed or revised to ensure accurate refund amounts.

The institution further indicated that *“in the future the director will be sure to sign off on any drop/withdrawn student file to ensure that the refund has been adequately calculated,”* and that *“minutes from the last staff meeting reflect that staff have been instructed to go through all past and present student files and to delete/destroy any student credit cards information on file.”* However, as noted under Standard II-D: Records, the institution’s revised registration/enrollment form still includes all fields for the credit card information as part of the official document, maintained in the student file.

The institution failed to demonstrate that refunds are appropriately calculated for all students and that charges are consistently applied. Therefore, the institution failed to demonstrate compliance with this standard.

7. Standard IV-A: Educational Goals and Objectives

The institution did not demonstrate that the institution’s program and courses have appropriate educational goals and objectives, or that the curriculum content and learning experiences are preplanned and present a sound, systematic, and sequential educational methodology.

The team report indicated that the institution’s written syllabi do not contain learning objectives and as such students were not formally informed of the learning objectives of the program. Further, the Dental Assistant program is listed in various places (ASER, catalog, state approvals, AMS) as 80 hours, 96 hours, 316 hours, or 320 hours, respectively. The program as observed by the team consisted of 80 hours of classroom time split between lecture and lab, plus 20 hours of externship. The remaining time was assigned to unsupervised work at home or in the lab at the institution. The team report noted that ACCET does not permit homework or unsupervised lab (study hall) to count towards the actual clock hours of the program, for academic purposes.

In its response, the institution indicated that program hours for the Dental Program were noted for lecture and laboratory, separately, resulting in varying published clock hours. However, as noted in the team report and defined in ACCET Document 25 – Policy for New, Revised, and Existing Programs/Courses, the institution is approved for a 320 hour Dental Assisting program for which the total clinic, lab, and externship clock hours must be published. Further, all clock hours must be supervised, preplanned, and accounted for, which the institution failed to demonstrate. The institution further indicated that it has revised its attendance tracking process to record all classroom and laboratory attendance. However, as noted in both Standard II-D: Records, and Standard VIII-B: Attendance, the attendance records provided do not reflect accurate attendance data. Finally, the institution provided a copy of the Dental Assisting syllabus. While the syllabi includes all weekly topics for each course, no learning objectives or measurable outcomes are included.

The institution failed to demonstrate that its curriculum is complete, that students are informed of the expectations of the program, and that clock hours are consistently published, applied, and tracked for the entirety of the program. Therefore, the institution failed to demonstrate compliance with this standard.

8. Standard IV-C: Externships/Internships

The institution did not demonstrate that its externship/internship is based on a preplanned outline of the specific knowledge, skills, and experience to be acquired; that written policies and procedures for the supervision and evaluation of externships are followed to ensure consistency and effectiveness; or that the institution provides a sufficient number of sites to ensure appropriate and timely learning experiences in its externship/internship program.

The team report indicated that while the institution had written policies and procedures for the administration of externships, no documentation was provided to demonstrate that the institution, the externship sites, and the students follow established policies, procedures, and objectives. No syllabi, learning objectives, or outlines of the experience/skills/outcomes to be acquired were provided during the visit. Further, the Director stated that the externship was optional but had no method of identifying who chose to complete the externship and who did not. After speaking to current students, the team found that all students understood the externship to be mandatory. Additionally, there was no documentation to demonstrate how students are informed of their responsibilities relative to externships, nor was there evidence of how externs are evaluated by the supervisors at the externship sites. The process for evaluating and selecting externship sites was unclear and not governed by written policy. No evidence of formal agreements was provided during the team visit.

In its response, the institution indicated that the Dental Assisting syllabus indicates that a 20 hour internship is available on a voluntary bases, and that it is not a requirement for the certificate of completion. The syllabus provided includes one sentence relative to externships, "*Upon completion of 12 week Dental Assistant program we strongly recommend; Internship at VSDA – 30 hours.*" No explanation was provided regarding the discrepancy of 20 hours versus 30 hours. Further, no other information was provided to demonstrate that internships are preplanned, evaluated, or incorporated into the student's final assessment. No externship agreements were provided.

The institution's response further indicated that if a student chooses to take an internship position, an orientation package is provided. The institution included the first page of the orientation packet as an exhibit, which indicated that the package contains: "*Externship Contract, Externship procedure instruction sheet, Weekly evaluation forms, Weekly progress report forms, Student time log, Student Evaluation form.*" However, the institution failed to provide evidence of the contents of the packet, as only the list of contents was provided.

The institution failed to demonstrate that it has a sound externship component that is based on a preplanned outline of specific knowledge, skills, and experience to be acquired. The institution failed to demonstrate that sufficient sites are available to ensure appropriate and timely learning

experiences, that the externship is appropriately supervised, or that the externship includes appropriate assessment. Therefore, the institution failed to demonstrate compliance with this standard.

9. Standard IV-D: Curriculum Review/Revision

The institution did not demonstrate that it implements effective written policies to continuously monitor and improve the curriculum; that policies include both soliciting and utilizing feedback from relevant constituencies (e.g., faculty, students, graduates, employers, and advisory/certification boards) and analysis of student outcomes, including student completion, and, if applicable, job placement results.

The team report indicated that the institution's ASER referred to a biannual curriculum review for each program initiated in December 2013. However, no evidence of the review process, including consideration of current pedagogy, theories, texts/materials, or updates in the field, was provided. In addition, the use of feedback from relevant constituencies (e.g., employers, students, instructors, and graduates) to inform the curricular review process, as required by the standard, was not provided.

In its response, the institution indicated that the curriculum has been discussed on an ongoing basis at monthly staff meetings as shown in meeting minutes; however, no meeting minutes were provided. Additionally, the institution indicated that it will schedule a more formal review of the curriculum, but provided no evidence of a scheduled date, agenda, or participants. The institution provided a curriculum revision policy indicating that, *"One time a year there will be a formal Curriculum review meeting. Prior to this meeting the director will contact by phone curriculum pertaining feedback from a small sampling of graduate students and employers. The director will bring any information gathered to the annual curriculum review meeting. At this meeting the director will review each instructor's syllabus to ensure that performance-based standards are met. All previous surveys from the students, graduates, instructors and employers will be reviewed and evaluated."* As noted in Standard IX.A – Student Satisfaction, and Standard IX.B – Employer/Sponsor Satisfaction, the institution does not collect feedback from graduates or employers and, therefore, cannot implement this policy.

The institution failed to demonstrate implementation of any components of the revised policy. Therefore, the institution failed to demonstrate the compliance with this standard.

10. Standard VI-B: Supervision of Instruction

The institution did not demonstrate that individuals with relevant education and experience in instructional delivery and management supervise instructional personnel; that supervisors of instructional personnel demonstrate good practice in the evaluation and direction of instructors; or that regular classroom observations are conducted at least annually and are documented and effectively utilized to enhance the quality of instruction.

The team report indicated that the Director is noted as the instructional supervisor, but in practice, the administrator performs most of the duties related to supervision of instruction. However, the administrator does not meet the minimum requirements as she does not possess a Dental Assistant certificate and does not have a high school diploma or its equivalent. In addition, there was no evidence of classroom observations for the current instructor who has been an instructor for the past 18 months, nor was there evidence of student surveys being completed, or evidence that the instructor receives feedback from students. Further there was no evidence of annual performance evaluations. In addition, the institution's written policy and procedure does not indicate the minimum number of observations to be carried out in a year; it only states that observations will be conducted "*several times a year.*" Additionally, there was no evidence of any written policies and procedures for the use of a substitute instructor.

In its response, the institution indicated that the Director is the instructional supervisor, and that in the absence of the Director, the administrator will oversee the day-to-day operations of the institution. The narrative response indicates that the supervising duties and decisions are made by the Director; however, no responsible party is noted in the institution's provided supervision policy provided by the institution. The institution also provided a copy of one classroom observation conducted October 10, 2016 and an instructor evaluation form completed on November 17, 2016. It is noted that the instructor evaluation form does not provide comprehensive or constructive feedback, as there are no comments, and the six criteria reviewed all indicate the highest rating, which does not demonstrate that the evaluation process is effectively utilized to enhance the quality of instruction. The institution did not provide evidence of a substitute teacher policy.

The institution failed to demonstrate that written policies and procedures guide the supervision process, that qualified and appropriate individuals supervise instructional personnel, demonstrate good practice in the evaluation and direction of instructors, and evaluate instructors on at least an annual basis. Therefore, the institution failed to demonstrate compliance with this standard.

11. Standard VI-C: Instructor Orientation and Training

The institution did not demonstrate that it develops and implements a written policy for the effective orientation and training of instructional personnel to ensure a consistent, high level of instruction; or that regular and relevant in-service training and/or professional development of instructional personnel are conducted and documented.

The team report indicated that there was no evidence of the use of the orientation checklist for the current Dental Assisting instructor and that there was no documentation of any in-service training or professional development being offered to the instructor or the administrator. As a consequence, there was no evidence on how information from the California Dental Board (CDB) is integrated into faculty training and professional development.

In its response, the institution indicated that the CDB does not require institutions to provide in-service training for instructors. Instructors are required to have an RDA or DDS license to teach, for which the institution's instructors are current. It is noted, however, that the ACCET standard

requires in-service training and/or professional development. Additionally, the institution noted that they do offer CPR renewal courses and a two hour teaching methodology course to the instructors and administrator. However, the Commission questions the benefit of a teaching methodology course for an administrator who does not have classroom responsibilities. Further, the policy provided does not include minimum requirements for professional development, timeframes, method of tracking professional development, or the institution's commitment to provide internal, or reimbursement for external, professional development. Finally, the institution failed to provide a response regarding the lack of documentation for the orientation and training of the current instructor.

The institution failed to demonstrate that written policies effectively guide the orientation and training of instructional personnel and that relevant in-service training and/or professional development of instructional personnel are conducted and documented. Therefore, the institution failed to demonstrate compliance with this standard.

12. Standard VIII-A: Performance Measurements

The institution did not demonstrate that it has a sound, written assessment system that contains a set of defined elements that are appropriately related to the performance objectives of the program or course; or that the institution clearly and effectively communicates the assessment system to students at orientation and/or the beginning of the course/program.

The team report indicated that students take exams and complete homework assignments; however, a formal record of exam grades is not kept or utilized, and no evidence of a grading scale was provided by the instructor or the administrator. The exams reviewed during the visit revealed incorrect answers that were graded as correct. When discussed with the instructor, she stated that the grade of 100 was given to students for motivation. After speaking to current students, the team found that none of the students were aware of the assessment system. The information is not provided in the syllabus, nor, according to the students, is it discussed during orientation. The ASER states that the system is explained verbally, but this was not corroborated by interviews with the instructor or students.

In its response, the institution indicated that during class discussion, the instructor may give a student the opportunity to correct a mistake; however this does not alleviate the concern noted in the team report that tests were incorrectly graded. The institution indicated that the students interviewed by the ACCET team were new and may not have memorized the assessment system; however the institution provided no assurance or documentation to demonstrate that the assessment system had been explained to these students.

The institution provided a copy of the Dental Assisting syllabus which includes the following assessment information, "*Grading Scale – Each student will be graded as Pass/Fail for each module. Modules will include class work, quizzed written exams, homework, and hands on lab work. Passing is 70%.*" However, no grading scale was provided and the minimal published assessment system does not indicate the weighting of particular assessment areas, nor does it

indicate how student will be informed of their achievement and progress. Further, as the assessment system is not broken down by lecture, lab, and externship, it is unclear if all components are accurately evaluated and assessed, particularly as the institution has published varying clock hours and requirements as noted under Standard IV.A: Educational Goals and Objectives.

The institution failed to demonstrate that a sound, written assessment system is published and implemented to consistently assess student performance. Therefore, the institution failed to demonstrate compliance with this standard.

13. Standard VIII-B: Attendance

The institution did not demonstrate that it establishes and implements written policies and procedures for monitoring and documenting attendance; or that it publishes a clear description of its attendance requirements and informs students of their attendance on a regular and timely basis.

The team report indicated that the institution does not have a way to ensure that the attendance system is consistently applied, monitored or recorded. To track attendance, a sign in sheet is utilized, but does not have the time the student signed in or out. If a student comes in late or leaves early, there is no way of tracking the amount of time missed. Students are given full credit for attendance no matter what time they arrive or leave. This was confirmed by all current students. In addition, the current students confirmed that the class schedule is not followed, as they leave as soon as the material is covered no matter the time. In addition, the institution's policy requires students to maintain 90% attendance, but also states that if the rate falls below 80%, the student will be required to make up time.

In its response, the institution indicated that since the team visit it has incorporated an attendance software program, Class Juggler. The institution noted that "*our administrator will now be responsible for taking attendance and inputting the information into our attendance software program each week.*" The institution provided a copy of the attendance printout from Class Juggler; however, as noted in standard II-D: Records, the attendance record provided reported attendance for future class days, which does not demonstrate accurate attendance recording. Further the institution failed to provide a revised attendance policy to address the discrepancy noted in the team report regarding minimum attendance requirements. Additionally, no information was provided to demonstrate that students are completing all scheduled clock hours or that late arrivals and early departures are recorded. It is further noted that attendance information provided indicates that student can be recorded as E (excused) and S (sick); but the institution provided no explanation to demonstrate how these absences effect a student's attendance percentage. ACCET Document 35 – Attendance Policy does not allow for excused absence to be excluded from the attendance calculation.

The institution failed to demonstrate the it has an attendance policy compliant with ACCET Document 35, or that the attendance policy has been implemented. Therefore, the institution failed to demonstrate compliance with this standard.

14. Standard VIII-C: Student Progress

The institution did not demonstrate that it effectively monitors, assesses, and records the progress of students utilizing a sound and clearly defined assessment system established by the institution; that student progress is documented consistently in accordance with institutionally established performance outcomes and is communicated to all students; that students are informed of their progress on a regular and timely basis; or that the institution publishes a clear description of its requirements for satisfactory student progress and utilizes sound written policies and procedures to determine and document student compliance with these requirements.

The team report indicated that no evidence was provided to the team to demonstrate that the institution was monitoring satisfactory academic progress. Grades were not recorded, and it was unclear how the graded class assignments and tests/quizzes are translated into the pass/fail system. No evidence of academic progress evaluations were provided during the team's visit, and no evidence of written progress notifications or warnings was available during the visit.

In its response, the institution indicated that, since the team visit it has implemented electronic grading software, noting that the instructor will grade all exams and homework and continue to place these papers in the student's file, while the administrator will record grades in the grading software. The institution did not provide policies and procedures to guide the internal tracking of academic progress using the grading software, nor did the institution provide a copy of the grading criteria, assessment system, or academic progress policy to demonstrate that students are notified of the requirements and consequences related to academic progress. Further, the institution provided a grade report for five students to demonstrate the electronic grading system. However, the institution provided no evidence of midterm evaluations, qualitative or quantitative assessment requirements, or evidence of warning or probation for students who are not meeting the established criteria as required by ACCET Document 18 – Satisfactory Academic Progress Policy.

The institution noted that *“students are informed of the grading scale verbally, by the school catalog and in their syllabus. Course work, lab work and exams are graded by percentages and final module grades are determined by a pass/fail grade. 70% and above is considered as a passing grade.”* However, without a formal academic progress policy that defines the qualitative and quantitative measures to determine successful academic progress, the institution has failed to demonstrate compliance with ACCET Document 18.

The institution failed to demonstrate that it publishes or implements an ACCET-compliant academic progress policy to ensure that students maintain progress throughout the program. Therefore, the institution failed to demonstrate progress with this standard.

15. Standard IX-A: Student Satisfaction

The institution did not demonstrate that it establishes and implements written policies and procedures that provide an effective means to regularly assess, document, and validate student

satisfaction relative to the quality of education, training, and student services provided; that both interim and final evaluations upon completion of the term of enrollment are conducted, as required; or that student feedback is utilized to improve the education, training, and student services provided by the institution.

The team report indicated that student surveys had not been conducted, and therefore, no documentation of completed surveys or any analysis of survey data was available to the team. As the institution had not conducted any student surveys, no evidence was provided to demonstrate that the institution utilizes feedback from students to improve its education, training, and student services.

In its response, the institution indicated that it has requested surveys repeatedly in the past, but that students have failed to fill out the post-graduate surveys. The institution indicated that since the team visit, it has conducted a mid-course program survey. Five completed surveys dated November 1, 2016, were provided. It is noted, however, that the survey provided does not collect feedback regarding student services, as required by the standard. The institution indicated that *“from these evaluations we will collect information and review it during our Monthly and Annual meetings.”* The institution did not provide documentation to evidence an analysis of the survey results or evidence that these results have been shared with faculty or otherwise used to improve the institution.

The institution failed to provide evidence that both an interim and final student survey are administered to determine satisfaction and that student feedback regarding the program, training and student services is used to enhance the quality of education at the institution. Therefore, the institution failed to demonstrate compliance with this standard.

16. Standard IX-B: Employer/Sponsor Satisfaction

The institution did not demonstrate that it establishes and implements written policies and procedures that provide an effective means to regularly assess, document, and validate employer satisfaction relative to the quality of the education and training provided, and that feedback from employers who hire graduates is documented and utilized to improve the education, training, and student services of the institution.

The team report indicated that the ASER states that no employers have returned the surveys, and the institution could not demonstrate that the institution has implemented the survey process.

In its response, the institution indicated that it has been met with frustration from employers regarding the amount of contact received from the institution and as a result has yet to receive a returned paper survey. The institution did indicate that it completed an employer survey by phone. However, the survey provided does not include the name of the employer, the time and date of the survey, or the staff member completing the survey. Additionally, no policies and procedures were provided to outline this process.

The institution failed to demonstrate that employer feedback is obtained regularly and that the feedback is to improve the education, training, and student services of the institution. Therefore, the institution failed to demonstrate compliance with this standard.

17. Standard IX-D: Completion and Job Placement

The institution did not demonstrate that written policies and procedures are followed that provide effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion and placement rates, as applicable.

The team report indicated that the 2016 year-to-date placement rate for the Dental Assisting program was 50% (8 eligible/4 placed), which is below the ACCET placement benchmark of 70%. The March 2016 cohort had no verified placements, which the institution attributes to the turnover of the administrator position.

In its response, the institution indicated that an additional revised placement was conducted, but no job placement verification was provide. The institution noted in its narrative response that the it offers a short program at low cost, and that many students enroll in the program, "*as a pathway to higher education or simply for practice.*" The institution provided copies of their placement logs noting contact attempts with graduated students. Additionally, the institution indicated that job openings are texted weekly.

However, the institution did not provide updated Document 28.1- Completion and Placement Statistics for the Dental Assisting program, placement verification forms, or evidence of progress made toward meeting the ACCET benchmarks. Therefore, the institution failed to demonstrate 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 addition, the institution must submit a written teach-out plan that is in accordance with ACCET Document 32 – Closing/Teach-Out Policy.

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

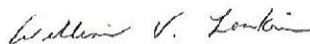
submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny or withdraw 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.

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

Sincerely,



William V. Larkin, Ed.D.

Executive Director

WVL/lao

CC: Mr. Herman Bounds, Chief, Accreditation Division, US ED (aslrecordsmanager@ed.gov)
Ms. Joanne Wenzel, Bureau Chief, CA Bureau for Private Postsecondary Education,
(joanne_wenzel@dca.ca.gov)
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