



September 4, 2023

VIA EMAIL
jerry@norrismechanicalsc.com

Mr. Jerry Norris, CEO
Norris Mechanical
100 New Prospect Church Road
Anderson, SC 29625

***Re: Initial Accreditation Denied
Appealable – Not a Final Action
ACCET ID #1625***

Dear Mr. Norris:

This letter is to inform you that, at its August 2023 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Norris Mechanical, located in Anderson, South Carolina.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted June 6-7, 2023), and the institution's response to that report, received July 23, 2023. It is noted that a few of the weaknesses cited in the team report were partially addressed in the institution's response to that report. 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.A Mission

The institution failed to demonstrate that it establishes and utilizes specific criteria to measure whether it is achieving its mission or that the rationale for offering this education is documented by either an assessment of projected need or successful market experience as required by the Standard.

The team report indicated that the institution did not provide written documentation to demonstrate that it was evaluating its mission and was using specific criteria to measure whether it is achieving its mission. The ASER indicated that the mission was reviewed on January 3, 2023, but the institution did not provide documentation of that discussion.

In its response, the institution indicated that it did not start implementing meeting minutes until the January 31, 2023, meeting. It stated that the review of the mission statement was an informal discussion between the President/Lead Instructor and the Office Manager before this implementation. The response further noted that the next discussion of the mission statement will be documented using meeting minutes. A copy of a blank template for meeting minutes was provided as an exhibit. However, the response did not demonstrate that the institution revises or assesses its success in meeting its mission against established criteria.

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

2. Standard I.C Planning

The institution failed to demonstrate that it utilizes a planning process, consistent with its scope and size, to establish plans that support the institution's mission and goals. It did not show that its plans are reviewed at least annually, updated regularly, and implemented to improve the effectiveness of the institution.

The team report indicated that the institution's plans included the elements required by the ACCET Standard, but that the institution did not demonstrate how the plans are implemented to improve the effectiveness of the institution.

In its response, the institution indicated that it would, upon accreditation, implement the policies and procedures that were created as part of the initial accreditation process to meet ACCET requirements. It briefly described the future implementation of policies and procedures but did not address the weakness cited in the team report.

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

3. Standard II.B Institutional Management

The institution failed to demonstrate that it develops and effectively implements policies within an effective organizational framework or that written policies and procedures guide the institution's day-to-day operations.

The team report indicated that the institution did not have an appropriate staffing level to effectively manage day-to-day operations, including developing and effectively implementing policies within an organizational framework that are clearly defined and effective. Further, because the policies have been only recently developed, there is little evidence of implementation or understanding of the policies by the President/Lead Instructor and the Office Manager, and no documents, such as meeting minutes or documented conversations related to policy development, were provided to the team.

The report stated that the institution had three employees: the President/Lead Instructor, an Office Manager, and a part-time teaching assistant. The President/Lead Instructor was responsible for all instructional and operational activities. At times, he performed operational activities while students were working on welding projects in the shop, unsupervised or not directly supervised.

The Office Manager assisted with enrollment, student services, and student activities and was responsible for activities related to state licensure. However, she indicated during the visit that she cannot be on campus as much as she would like due to personal and outside responsibilities.

In its response, the institution indicated that it feels that it currently has a sufficient number of instructors for the number of students enrolled, but that it will hire new instructors to meet anticipated future growth. It noted that it is looking to fill a part-time administrative position. It further stated that, with accreditation, its new policies will be fully implemented, and that it plans to hold a formal meeting, with minutes, to discuss the policies. It also indicated that it feels it is implementing these policies and discussed them informally with the team during the

on-site visit. However, no documentation was provided to demonstrate the creation, implementation, revision, or discussion of its written policies and procedures governing key operational areas of the institution.

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

4. Standard II.C Human Resources Management

The institution failed to demonstrate that it develops and implements written human resource policies and procedures or that these policies ensure that qualified and capable personnel, are effectively utilized and evaluated at least annually, or that these policies and procedures address the supervision, evaluation, retention, training, and professional development of all personnel.

The team report indicated that the institution only recently developed policies and procedures related to performance evaluations and developed forms for this process; however, evidence of implementation of the policy was not provided. The report further stated that the institution did not document any professional development activities in the past 12 months for any of its employees.

In its response, the institution indicated that many of its policies and procedures were written in anticipation of accreditation, and so they have not been fully implemented, including professional development for all employees. However, without evidence of the systematic and effective implementation of its written policies and procedures in practice over time, the institution has not shown that it meets ACCET requirements.

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

5. Standard II.D Records

The institution failed to demonstrate that it implements an organized record-keeping system that ensures all records are maintained in an accurate, orderly, and up-to-date manner and are protected from unauthorized access and undue risk of loss.

The team report indicated that student files and employee records were maintained in unlocked file cabinets in the administrative office area and did not demonstrate that records were protected from unauthorized access and undue risk of loss. Additionally, the owner's adult children, who were not employees of the institution, maintained the student records and had access to confidential student information. Further, the team report noted that six student records ([REDACTED]) were incomplete or did not include all relevant information.

In its response, the institution indicated that the file cabinets have been moved to a locked room inside the office. It noted that the owner's adult children were allowed limited access to the folders in order to assist in working on the initial accreditation process and were always under the supervision of the Office Manager or owner. In addition, the response stated that, with the newly created policies and procedures on records, the student folders will be completed in a consistent manner. However, the "Policy for Records and File Procedures" provided as an exhibit

to the response has yet to be applied, and no evidence of its systematic and effective implementation, such as corrected files for the six students referred in the team report, or newly created student files, was included in the response.

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

6. Standard II.E Communications

The institution failed to demonstrate that it maintains operational effectiveness through periodic meetings with employees, or that appropriate documentation is maintained on significant issues, consistent with the size and purpose of the institution.

The team report indicated that most communication at the institution occurred verbally and that, when meetings were held and minutes were kept, the notes were not comprehensive enough to support the rationale of the decisions taken at the meetings.

In its response, the institution indicated that its monthly meetings were informal but that currently, meeting minutes have served to communicate the monthly goals and upcoming plans. It further noted that, to address the weakness of the decisions and communication efforts, it will begin holding more formal meetings and providing more details in its meeting minutes. However, no documentation of meeting minutes was provided, and no description or evidence of the more formal ("in-depth") meetings was provided.

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

7. Standard III.B Financial Procedures

The institution failed to demonstrate that its cancellation and refund policies are written, are consistently administered, and comply with statutory, regulatory, and accreditation requirements.

The team report indicated that the written refund policies of the state and ACCET must be provided to students in the enrollment agreement, along with notification that a comparison will be made at the time of withdrawal/termination, and the policy that is most beneficial to the student will be used. The team notes, however, that both policies are published in the institution's catalog as required, but the institution was not completing both calculations as required. Additionally, the team reviewed six of six withdrawn student files and noted that the institution did not consistently use refund calculation forms. Further, based on the information provided to the team, it was unclear if student [REDACTED] was due a refund.

In its response, the institution indicated that its current catalog does not have the ACCET cancellation and refund policy, but when it is granted accreditation, the policy will be added, noting that the more beneficial of the two policies will be used for any refunds. The response noted that, once accredited, the institution will implement the refund calculation forms. However, ACCET requires initial applicant institutions to implement all ACCET policies prior to accreditation to demonstrate compliance prior to the on-site visit, so that the institution can demonstrate its systematic and effective implementation in practice. As of the date of the institution's response to the team report, evidence of implementation was provided.

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

8. Standard IV.A Educational Goals and Objectives

The institution failed to demonstrate that its curriculum content and learning experiences are preplanned and present a sound, systematic, and sequential educational methodology.

The team report indicated that the institution did not demonstrate that lecture and lab hours occur as indicated on course syllabi. The report stated that lecture hours were provided individually to students as “shop instructions,” and the actual number of lecture hours was not tracked. The owner indicated to the team that the lecture hours are “estimates.” In addition, the team found that learning objectives were unclear and appeared to vary by student based on student interests and career goals. Further, program learning objectives were not communicated to students via course syllabi, and the institution did not follow written lesson plans.

In its response, the institution indicated that it has created a breakdown of lecture and lab hours and provided a copy of the course outlines for all its programs, showing each course's lecture and lab hours. It further noted that all students are now provided with set hours of lab and lecture hours that are communicated to them at the time of enrollment. The response also stated that the institution is still allowing open enrollment but will begin implementing monthly start dates. The response also stated that the institution will begin requiring student signatures to document lecture times and dates. However, except for the lecture/lab breakdown by course, no documentation was provided to demonstrate the systematic and effective implementation of the corrective actions described in the response. Neither syllabi nor lesson plans were provided, and no evidence of the communication or use of the lecture/lab breakdown was included in the response.

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

9. Standard IV.B Program/Instructional Materials

The institution failed to demonstrate that it uses program materials, including syllabi, lesson plans, instructional guides, and texts that demonstrate the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives. It did not demonstrate that instructional materials, including supplementary textbooks, software, learning activities, visual aids, electronic links, and other teaching tools support the goals and objectives.

The team report indicated that the institution's curricular materials did not include syllabi, lesson plans, tests, quizzes, instructional guides, and texts demonstrating the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives.

In its response, the institution indicated that, as noted in its response to Standard IV.A above, it will begin tracking lecture hours for each student and, as part of its new teaching methods, the weakness cited under this standard should be resolved. However, no plan was provided to

explain how the weakness would be resolved, and no documentation was provided to demonstrate that the institution is using instructional materials demonstrating the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives.

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

10. Standard IV.D Curriculum Review/Revision

The institution failed to demonstrate that it implements effective written policies to continuously monitor and improve the curriculum.

The team report indicated that the institution did not demonstrate that it implements written policies to monitor and improve the curriculum, noting that the institution provided only verbal descriptions of the process. Further, it stated that the curriculum is not fully developed in that daily objectives are subjective and generally determined student-by-student by their progress in the shop.

In its response, the institution reiterated its plans to begin enrolling students on a monthly basis rather than allowing open enrollment into the program. However, the response did not address the lack of documentation of the institution's curriculum review and revision process.

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

11. Standard VI.B Supervision of Instruction

The institution failed to demonstrate that regular classroom observations are conducted at least annually by qualified supervisors and, along with student and supervisory feedback, are documented and effectively utilized to enhance the quality of instruction.

The team report indicated that the part-time instructor had not been formally evaluated, and a classroom observation had not occurred. The ACCET Document 21 – Personnel File/Qualifications Checklist submitted to the team indicated that the part-time instructor was evaluated on May 31, 2023; however, the institution did not provide a copy of this completed document.

In its response, the institution indicated that it had created an observation document to review instructors and planned on conducting a classroom observation of the part-time instructor on May 31, 2023, but that the observation did not take place due to an oversight. It reiterated its plans for more formal policy implementation in the future but did not provide a copy of its policy and procedures regarding conducting classroom observation or a copy of the observation form, completed or blank. As a result, the institution did not demonstrate the systematic and effective implementation of its instructional supervision policies in practice.

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

12. Standard VI.C Instructor Orientation and Training

The institution failed to 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 or professional development of instructional personnel is conducted and documented.

The team report indicated that the institution did not provide documentation to demonstrate that the part-time instructor has completed a formal, written, orientation or teacher training process as required by the institution's policy. Further, the policy indicates that newly hired instructors will sign course conduct policies, NCCER, and accrediting agency policies, but no such documentation was present in the teaching assistant's personnel folder. Additionally, the team report stated that the institution did not demonstrate that regular and relevant in-service training or professional development of instructional personnel is conducted and documented for instructional staff.

In its response, the institution indicated that it has been in the process of creating the documents required by ACCET. It noted that the part-time instructor has the industry skills required to provide training in lab and lecture classes, but he had yet to be certified with NCCER, meaning that he was unable to teach in a classroom setting. The part-time instructor has been providing one-on-one instruction in the weld shop until he is certified, and the institution indicated that, based on its observations of him, the institution anticipates a smooth transition to classroom instruction once NCCER certified. It also stated that it is currently in the process of obtaining all evaluations and formal written/signed documents needed and will provide the part-time instructor with further professional development in the months following the on-site team visit. However, as no supporting documentation was provided, the institution did not demonstrate the systematic and effective implementation in practice of its policies and procedures relative to orientation and ongoing training of its instructional personnel.

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

13. Standard VII.A Recruitment

The institution failed to demonstrate that its informational and promotional materials, advertising, and representations made by or on behalf of the institution for recruiting are consistent with ACCET policies.

The team report indicated that the institution's catalog did not comply with nine items on ACCET Document 29- Catalog Guidelines and Checklist.

In its response, the institution provided a narrative explanation of the items cited in the team report, but it did not provide a copy of a revised catalog to demonstrate that it is in compliance with ACCET Document 29.

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

14. Standard VII.B Admissions/Enrollment

The institution failed to demonstrate that it implements written policies for admissions and enrollment that are clearly stated, defined, and in compliance with statutory, regulatory, and accreditation requirements, or that reliable and regular means are utilized to ensure that, prior to acceptance, all applicants are able to benefit from the education and training services, consistent with ACCET policies.

The team report indicated that the institution's enrollment agreement includes the student application and various disclosure forms, and because these pages have various titles and are not clearly labeled as part of the enrollment agreement, students may be unclear that all pages are a part of the same document. In addition, the team found that the institution's enrollment agreement does not comply with several items on ACCET Document 29.1 - Enrollment Agreement Checklist. Additionally, the team report indicated that, while ATB policies were included in the ASER, the team could not verify if the institution requires students to take the test. Copies of High School Diplomas (or equivalent) or proof of ability-to-benefit were not maintained in student files.

In its response, the institution indicated that it has made revisions to its enrollment agreement based on the items cited in the team report. It also stated that it did not previously request evidence of high school graduation or an ATB test but that it will implement a policy to include a copy of the high school diploma or GED certificate, or an ATB exam, in student files. However, the response did not include evidence of the revised enrollment agreement completed by new students, nor did it include the policy on collecting documentation of high school graduation or ATB testing or any documentation to show that the policy has been systematically and effectively implemented in practice.

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

15. Standard VII.C Transfer of Credit

The institution failed to demonstrate that it implements written policies and procedures that ensure students' fair and equitable treatment relative to the transfer of credit to and from the institution.

The team report indicated that its transfer of credit policy is not compliant with ACCET Document 16 – Transfer of Credit Policy. The policy does not include the number of courses or credit hours that can be accepted for transfer and/or how recently the coursework was taken; procedures to be followed when requesting transfer of credit; procedures to be followed when appealing transfer of credit decisions; methods by which tuition and fees are adjusted to ensure a pro-rated tuition reduction for transfer credits awarded; or a description of any fees assessed for testing, evaluation, or granting transfer of credit.

In its response, the institution provided a copy of its revised transfer of credit policy, which is in compliance with ACCET Document 16. However, it did not demonstrate that the policy has been communicated to staff and prospective students, or that the policy has been systematically or effectively implemented.

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

16. Standard VIII.A Performance Measurements

The institution failed to demonstrate that it has 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 that it clearly and effectively communicates the assessment system to students at orientation or the beginning of the course/program.

The team report indicated that the institution did not demonstrate that its assessment system uses defined elements that are appropriately related to the performance objectives of the program or course. Further, the institution did not clearly and effectively communicate its assessment system to students.

In its response, the institution indicated that its assessment system is based on course completion rather than grading scales. It stated that it has created a transcript that will show student progress within their programs and will be changed to the correct grading scale. A copy of a blank transcript template was included in the response. However, no policy or procedure for its use was included, and no evidence of the transcript's systematic and effective implementation was provided. Further, it is still unclear from the response how student performance is assessed in class and how feedback is provided to students throughout the program.

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

17. Standard VIII.B Attendance

The institution failed to demonstrate that it implements written policies and procedures for monitoring and documenting attendance that ensure student attendance and participation are consistent with the expected performance outcomes of the program and accreditation requirements.

The team report indicated that the institution's attendance policy does not comply with ACCET Document 35 - Policy on Attendance Requirements. The institution's policy states that students "may" be withdrawn rather than indicating when the student "will" be withdrawn. It did not indicate that the minimum acceptable attendance is 80% to graduate. Further, the policy did not include a clear statement that excused absences count as absences in the calculation of attendance rates.

In its response, the institution provided a copy of its revised attendance policy that addresses the issue cited in the team report. However, the response did not include documentation to demonstrate how the revised policy was communicated to current students, that it was included in the revised catalog, or that it has been systematically and effectively implemented.

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

18. Standard VIII.C Student Progress

The institution failed to demonstrate that it effectively monitors, assesses, and records the progress of students utilizing a sound and clearly defined assessment system established by the institution.

The team report indicated that the institution's satisfactory academic progress policy did not include all elements required by Document 18 – Satisfactory Academic Progress Policy; specifically, it did not indicate: a) qualitative measures such as a minimum grade point average for graduation; b) the effect of incomplete grades, course withdrawals, and course repetitions on student progress; or c) incremental measures for student progress.

In its response, the institution indicated that its student progress policy will be revised to meet ACCET standards and that it is in the process of implementing a grading scale using letter grades that meet the requirements of ACCET Document 18. It further indicated that its revised policy would include provisions for financial aid warnings for students who fail to meet progress requirements and will include guidelines for students who repeat a course. However, the response did not include a copy of the institution's revised satisfactory academic progress policy or any documentation to demonstrate its systematic and effective implementation in practice.

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

19. Standard XI.B Employer/Sponsor Satisfaction

The institution failed to demonstrate that it has established and implemented 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. It did not demonstrate that feedback from employers who hire graduates is documented and utilized to improve the institution's education, training, and student services.

The team report indicated that while the institution has developed a survey to measure employer satisfaction, no completed surveys have been returned to the institution.

In its response, the institution indicated that it previously gauged employer satisfaction verbally but has been working on its policy to assess employer satisfaction more formally. It noted that an "employee evaluation form" was completed along with an "employer satisfaction document." However, no explanation of what these documents assess was provided in the narrative, and no copies of the forms were provided as exhibits. In addition, the institution did not include its policy on soliciting feedback from employers or how that feedback is used for institutional improvement. As a result, the institution did not demonstrate the systematic and effective implementation of its policy on employer satisfaction.

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

20. Standard IX.D Completion and Job Placement

The institution failed to demonstrate that it implements written policies and procedures that provide effective means to regularly assess, document, and validate the quality of the education and training services provided relative to job placement rates.

The team report indicated that the adjusted placement rate in 2022 for the Weld 101 program is 20%, which is below the ACCET placement benchmark of 70%. In addition, the institution reported a waiver rate of 82%, which is above the allowable rate of 15% indicated in ACCET Document 28 – Completion and Placement Policy.

In its response, the institution indicated that it tracks returning students as placement waivers, per ACCET policy, and that most communication between students and the institution is by telephone, with no formal record. However, the institution did not address its 20% adjusted placement rate for the Welding 101 program, nor did it provide any documentation to evidence that it systematically and effectively tracks graduates' employment status after their completion of additional training to demonstrate compliance with ACCET placement benchmarks.

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

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

If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of \$9,500.00, payable to ACCET, for an appeals hearing.

In the case of an appeal, a written statement regarding the grounds for the appeal and supporting documentation must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The documentation should be compiled as a single .pdf file, beginning with the written rationale, then the main narrative update, followed by the supporting documentation. Each exhibit should be distinctly labeled, numbered, and sequenced. Please insert bookmarks for each exhibit and ensure that the compiled response is uploaded using the following link:

<https://www.dropbox.com/request/RoRV4Y7czCtaaJqmgQOO>

The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny or withdraw accreditation. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the Commission's action to deny or withdraw accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III-A, Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information provided all of the following conditions are met:

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

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

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

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

ACCET's mission is to inspire and promote quality-oriented continuing education and training. As *A Partnership for Quality®*, the ACCET accreditation process represents both an organizational commitment to and a strategic plan for quality training.

Should you have any questions or need further assistance, please contact the ACCET office at info@accet.org or (202) 955-1113.

Sincerely,



Res Helfer
Executive Director

RH/sef

cc: Mr. Herman Bounds, Chief, Accreditation Division, US ED (aslrecordsmanager@ed.gov)
Ms. Charity Helton, Accreditation Division, US ED (charity.helton@ed.gov)
Mr. Whitney Jett, Program Coordinator, SC Commission on Higher Education,
(wjett@che.sc.gov)