



August 31, 2018

VIA EMAIL & FEDERAL EXPRESS
(jacqui@mastersvoc.com)

Ms. Jacqueline Foster
Administrator
Masters Vocational College
1660 Chicago Avenue, Suite M-13
Riverside, CA 92507

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

ACCET ID # 1545

Dear Ms. Foster,

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

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 Report (submitted April 12, 2018), on-site visit team report (visit conducted May 23–24, 2018), and the institution's response to the report (dated July 11, 2018). The team report cited the institution for weaknesses under 24 of ACCET's 33 Standards for Accreditation, with 17 having ratings of 1 and 2. It is noted that three weaknesses cited in the team report (Standard II-A: Governance, Standard II-E: Communications, and Standard VI-A: Qualifications of Instructional Personnel) 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 failed to demonstrate that it has established consistent broad goals that support its mission and guide the operation of the institution, including admissions, finances, education and training, management, and student services.

The team report indicated that although the institution held semi-monthly faculty and staff meetings to review institutional goals, the institution did not provide any documentation to support goal development or review such as meeting minutes or other communication/publications.

In its response, the institution indicated that it was providing documentation to support goal development by attaching minutes for 18 staff meetings held from January – October 2017 as well as minutes for two monthly meetings held in March and May 2018. However, nineteen of these meeting minutes made no mention of institutional goals. Only the minutes for the March 2018 meeting referenced institutional goals, when it stated that the MVC Management team had consolidated current goals as follows: (1) to provide programs of study that are educationally up-to-date and (2) to demonstrate the ultimate benefit of private educational training programs through institutional growth. However, documented evidence was not provided to demonstrate that these consolidated goals were utilized to guide the operations of the institution, including admissions, finances, education and training, management, and student services. In fact, the MVC website lists three different goals for the institution other than those discussed in the March 2018 meeting.

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

2. Standard I-C: Planning

The institution failed to demonstrate that: (a) the institution utilizes a sound planning process, consistent with its scope and size, to establish plans that meet ACCET requirements to include specific and measurable objectives, strategies, resources, time frames, and methods for subsequent evaluation; and (b) these plans are systematically and effectively implemented to improve the effectiveness of the institution.

The team report indicated that the short-term and long-term plan presented by the institution consisted of objectives for aggressive growth and hundreds of thousands of dollars in capital investment in the institution and appeared unrealistic given the limited supporting documentation the team was provided. On the second day of the visit, the institution's ownership presented a revised long-term business plan. The team was unable to see evidence that this revised plan had input from stakeholders or was more realistic for the institution.

In its response, the institution submitted an additional updated business plan for 2018-2021, which consisted of two documents (“business-plan Fiscal Yr 2018-2021 Revised” and “MVC 1-4 year”) along with planning meeting minutes to demonstrate input from stakeholders. However, as delineated below, the “business-plan” and “MVC Planning 1-4 year” documents were not clearly aligned; the business plan did not include specific and measurable objectives, as required; and there was no documented evidence that the institution's plans were systematically and effectively implemented to improve the organization.

The two planning documents were submitted without an explanation as to the relationship between the two or the clear alignment of the documents. The “business-plan” identified specific and measurable performance goals (e.g. 95% retention, 92% student satisfaction, 90% employment rates, 90% employer satisfaction), but identified none of the other elements (e.g. strategies, resources, time frames, and methods of evaluation) required by ACCET. By contrast, the “MVC Planning 1-4 year” document identified strategies, resources, time frames, and methods of evaluation, but included no specific and measurable objectives to provide

context for these elements, as required. Rather than the required specific and measurable objectives, this document only identified five general “areas”, to include: (1) curriculum, (2) licensing, (3) equipment, (4) staffing, and (5) marketing. Further, the institution failed to provide documented evidence that the plans were systematically and effectively implemented to improve the institution.

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

3. Standard II-B: Institutional Management

The institution failed to demonstrate that its management: (a) develops and effectively implements policies within an organizational framework that is clearly defined, understood, and effective; and (b) establishes written policies and procedures to guide the day-to-day operations of the institution.

The team report indicated that the institution provided no documentation to evidence a process for managing the day-to-day operations of the institution. Further, the institution did not have all required policies as listed in the Written Policies and Procedures Required in the Analytic Self-Evaluation Report (ASER). Many of the institution’s policies were not sufficient in that they consisted of program outlines, regulations, and requirements that did not pertain to the daily operations of the institution, did not outline the responsible staff, misrepresented ACCET accreditation, and/or pertained to programs that the institution did not offer. For example, the institution’s Satisfactory Academic Progress policy referenced a meeting with a counselor to complete a two-year or nine-month Student Educational Plan that would be used in financial aid appeals or for financial aid/student loans. However, no program at the institution ran for nine months or two years, and the institution was not approved to participate in any federal financial aid programs.

In its response, the institution provided an updated catalog that removed misrepresentations relative to ACCET accreditation and included a revised Satisfactory Academic Progress (SAP) policy. However, upon review, many of the revised policies in the updated catalog were not consistent with ACCET standards, policies, and practices, including policies pertaining to cancellations and refunds, attendance, Satisfactory Academic Progress (SAP), as described subsequently under Standards III-B, VIII-B, and VIII-C. Further, the catalog continued to erroneously reference degrees, financial aid, and two-year educational plans when the institution does not offer degrees, financial aid, or two-year programs.

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

4. Standard II-C: Human Resource Management

The institution failed to demonstrate that its management develops and implements written human resource policies and procedures to ensure that qualified and capable personnel, at appropriate staffing levels, are effectively utilized and evaluated at least annually.

The team report indicated that the institution treated all staff and faculty as independent contractors. However, there were no I-9s in employee files; and some of the files were missing key documentation listed in the checklist, such as resumes, certifications, and evidence of professional development. Employee files for CFO (██████████), CEO (██████████), and substitutes (██████████, and ██████████) did not include ACCET Document 6 – Faculty/ Administrative Personnel Form, as required. For all three substitute instructors, the employee file only contained a resume.

The team report indicated that the institution did not provide documentation to verify instructor qualifications. By way of example, no evidence of work experience or level of education was provided for the CAD instructor.

The team report indicated that despite the detailed policy on performance reviews outlining their schedule and execution, the institution did not demonstrate its implementation. No evidence of performance reviews was provided to the team or present in personnel files.

In its response, the institution indicated that it had attached I-9's for all employees and substitute instructors, along with ACCET Document 6s for employees and W-4 forms for office management and full-time instructors. The institution also stated that it had attached performance reviews for all staff and instructor qualifications for full-time instructors and substitutes. However, upon review, the response included no performance reviews for staff, as required. Additionally, the attached I-9 forms were not properly completed and signed, as the institution failed to complete Section 2 – Employer Review and Verification that requires the identification of the documentation reviewed by the institution to verify the employee's citizenship/resident status. Additionally, the institution failed to submit the following documentation for the employees identified below:

Faculty & Staff	Resume	Doc 6	W-4	I-9
██████████ – CEO	<i>missing</i>	<i>missing</i>	<i>missing</i>	<i>incomplete</i>
██████████ – Admissions		<i>missing</i>		<i>incomplete</i>
██████████ – Supportive Staff	<i>missing</i>	<i>missing</i>	<i>missing</i>	<i>missing</i>
██████████ – Student Affairs				<i>incomplete</i>
██████████ – Instructor				<i>incomplete</i>
██████████ - Instructor	<i>missing</i>	<i>missing</i>	<i>missing</i>	<i>missing</i>
██████████ – Instructor				<i>incomplete</i>
██████████ – Instructor				<i>incomplete</i>
██████████ - Instructor			<i>missing</i>	<i>missing</i>

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

5. Standard II-D: Records

The institution failed to demonstrate that it has an organized record-keeping system that ensures all records are: (a) maintained in an accurate, orderly, and up-to-date manner; and (b) readily accessible for review by appropriate parties.

The team report indicated that student files were substantially incomplete. As noted in Standard III-B: Financial Procedures, the institution did not maintain student ledgers to document payments, credits, debits, or outstanding balances for student accounts.

The team also noted inconsistencies between manual and electronic record-keeping of student attendance. As detailed under Standard VIII-B: Attendance, while the manual record-keeping recorded actual hours attended, the electronic copy recorded a binary (present or absent) student record. Upon discussion with the institution, the team was presented with new records that showed 100% attendance for all students with no additional back-up documentation to demonstrate the accuracy of the records.

Additionally, as noted in Standard II-C: Human Resource Management, personnel files were incomplete and lacked performance reviews, ACCET Document 6, and other required documents.

In its response, the institution only submitted two student ledgers to document payments and outstanding balances. The institution failed to identify any corrective actions taken to address the issue of incomplete student files, inconsistencies between manual and electronic attendance records, and incomplete personnel files. Further, the institution failed to provide documented evidence to demonstrate that these record issues have been systematically and effectively resolved.

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

6. Standard III-B: Financial Procedures

The institution failed to demonstrate that: (a) written policies and procedures exist for proper financial controls and the supervision of financial management staff; (b) receipt of tuition payments and other monies is properly recorded and tracked; and (c) cancellation and refund policies are written, fair, and equitable; are consistently administered; and comply with statutory, regulatory, and accreditation requirements.

The team report indicated that the institution was unable to produce student ledgers for the team to review, which resulted in the institution's inability to demonstrate fair and consistent tuition application and accurate refund processing. Further, the institution's process for posting student payments was inconsistent with best practices for cash management as the institution posted payments in QuickBooks long after bank deposits were made. Instead of using bank statements to reconcile its own records, the institution used them to post into QuickBooks. Additionally, the institution's cancellation/withdrawal and refund policy was inconsistent with the requirements of ACCET and the California Bureau of Private Postsecondary Education (BPPE).

In its response, the institution submitted: (a) an updated catalog and enrollment agreement containing a revised Cancellation/Withdrawal and Refund Policy, (b) a Policy for Financial

Controls and Supervision, (c) sample ledgers for two students, and (d) a document entitled "MVC Bookkeeping Best Practices 2018."

The revised cancellation and refund policy submitted in the response was not consistent with ACCET Document 31 – Cancellation and Refund Policy. The institution's updated policy failed to include the required comparison of BPPE and ACCET's refund policies, as it only included BPPE's policy and no accompanying analysis was provided to demonstrate that the policy was consistently more beneficial to students than ACCET's. The revised policy also included the following provisions that are not consistent with ACCET policy: (1) "If you do not return the equipment within this 45-day period, the school may keep an amount out of what you paid that equals the cost of the equipment;" and (2) "Student must notify admission office their [sic] intent to cancel or withdraw. . . . If notice is hand delivered or emailed, student will be notified of approval by admissions within 3 business days." In accordance with ACCET Document 31, an institution must not impose additional requirements for refund processing such as a requirement that students notify the admissions office of their intent to cancel/withdraw and obtain subsequent approval by admissions.

The institution also provided two ledgers which showed that both students (new students since the date of the visit) were charged the same costs. Both students made three payments, and each had balances due as of the date of printing on 6/18/2018. However, the ledgers did not show refund processing; therefore, the response was insufficient as it did not provide documented evidence that the institution makes refunds in a timely and accurate manner in accordance with ACCET standards and policies. Additionally, MVC provided a general financial procedure for cash receipts (includes checks) that was unclear as to how the institution ensures separation of duties and proper financial controls. No evidence of implementation of this policy was provided.

Therefore, the institution failed to demonstrate full compliance with this standard and ACCET Document 31 – Cancellation and Refund Policy.

7. Standard IV-A: Educational Goals and Objectives and Standard IV-B: Program/Instructional Materials

The institution failed to demonstrate that: (a) curriculum content and learning experiences are preplanned and present a sound, systematic, and sequential educational methodology, and (b) sufficient and appropriate knowledge and skill elements are included to meet the specific and measurable performance outcomes of the programs. Additionally, the institution failed to demonstrate that program materials, including syllabi, lesson plans, instructional guides, and texts demonstrate the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives.

The team report indicated under Standard IV-A that the institution did not provide the team with complete daily lesson plans or syllabi as referenced in the ASER. The lesson plans that were provided did not show a daily outline or the progression of the course, and syllabi did not inform students of learning objectives and outcomes. The team report also indicated under

Standard IV – B that the institution did not provide the team with evidence to demonstrate the process for reviewing or creating syllabi nor did the institution provide evidence of complete lesson plans for all courses to demonstrate alignment with course objectives.

In its response, the institution provided sample daily lesson plans, sample outlines of PowerPoints used for training purposes, and revised program syllabi with learning objectives and outcomes. Upon review, issues remained relative to daily lesson plans, syllabi, and program instructional materials, including PowerPoint presentations. The attached PowerPoints did not include the actual slides, but only a list of topics. The institution’s response included syllabi for programs, but no syllabi for individual courses. The lesson plans provided were for a one-week period and provided only very general guidance to the instructor, as indicated in the below excerpt from the institution’s lesson plan for week 1 of the Math Course. For example, the lesson plans did not reference the specific videos, PowerPoints, or lab activities; nor did they identify estimated time frames for each activity.

<i>Week</i>	<i>Day</i>	<i>Instructor</i>	<i>Instructor/Student</i>
<i>Week 1</i>	<i>Day 2</i>	<i>Continue with:</i> ➤ <i>MATH videos</i> ➤ <i>PowerPoint</i> ➤ <i>Visual Lab instruction</i>	➤ <i>Students continue to watch video.</i> ➤ <i>Provide PowerPoint training</i> ➤ <i>Lab/shop visual instructions and practices</i>
<i>Week 2</i>	<i>Day 3</i>	<i>Instructor will continue with:</i> ➤ <i>MATH videos</i> ➤ <i>PowerPoint</i> ➤ <i>Visual Lab instruction</i>	➤ <i>Now students continue to watch video.</i> ➤ <i>Provide PowerPoint training</i> ➤ <i>Lab/shop visual instructions and practices</i> ➤ <i>Explain Course Strategy.</i>

Although the institution provided sample instructional materials, dated 2018, it provided no evidence that instructional materials were produced, disseminated, and utilized by all instructors for all courses offered by the institution.

Therefore, the institution failed to demonstrate full compliance with these standards.

8. Standard IV-D: Curriculum Review/Revision

The institution failed to demonstrate that: (a) the institution implements effective written policies to continuously monitor and improve the curriculum; (b) the policies solicit and utilize feedback from relevant constituencies (e.g. faculty, students, graduates, employers, etc.) and analyzes student outcomes, including program completion and job placement results; and (c) the institution focuses on a comprehensive review of the curriculum as it relates to expected learning outcomes.

The team report indicated that the institution’s curriculum review and revision policy did not include a schedule for revision, a timeline for implementation, parties responsible for the review and revision process, or who authorizes the changes to the curriculum. Further, the institution did not provide evidence of implementation of the policies and procedures to demonstrate any curriculum review and/or revision.

In its response, the institution provided an updated curriculum review and revision policy to include a schedule for revision, a timeline for implementation, and identification of the individuals who authorize curriculum changes. Although the institutional response indicated that: "We have also added evidence of implementation of the policies and procedures," the only documentation provided was minutes of an employer advisory committee meeting held November 17, 2017, before the policy was revised. While this document appeared to demonstrate a general review of the curriculum, no documentation was provided to demonstrate a comprehensive curriculum review, as the minutes had one line-item for each program with no information about what aspects of the curricula were considered. No documented evidence was provided to demonstrate the systematic and effective implementation of the new curriculum review/revision policy, including implementation of the time frames for revision, responsible parties, and the full curriculum revision process as outlined in the policy.

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

9. Standard V-A: Instructional Methods

The institution failed to demonstrate that it has written policies and procedures in place to ensure that the curricula are followed and that there is consistency of application by all instructional staff.

No documentation was provided to the team to demonstrate that the prescribed methodology was influenced by the employer advisory committee, as indicated in the ASER, or that faculty oversight was in place to ensure that the methodology was consistently implemented.

In its response, the institution attached minutes of the employer advisory committee held on November 11, 2017 to demonstrate that the prescribed methodology is influenced by the advisory committee. However, the meeting minutes did not demonstrate that a discussion of teaching methodology occurred. Further, the institution provided no narrative or supporting documentation to evidence that faculty oversight is in place to ensure that the methodology is consistently implemented.

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

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

The institution failed to demonstrate that it had adequate, appropriate, up-to-date, and functional equipment, learning resources, and supplies that are readily available for instructor and student use and for the effective delivery of the institution's programs.

The team report indicated that the institution did not have a policy for acquiring learning resources, equipment, or supplies for instruction. There was also no up-to-date equipment for the HVAC or Electrical programs. Additionally, the Electrical program lacked consumable equipment such as wiring and devices. Further, no refrigerant recovery, evacuation, or storage

cylinders were observed in the HVAC lab, and only one set of refrigeration gauges was available.

In its response, the institution provided a policy for acquiring learning resources, equipment, and supplies. The institution also provided images to show that it had a supply of consumable equipment such as wiring/devices, refrigeration gauges, and refrigerant recovery, evaluation, and storage cylinders. However, these images did not verify that there were sufficient quantities of functioning equipment and consumable supplies for the Electrical and HVAC programs. Further, the institution failed to address the issue of out-of-date equipment for the HVAC and Electrical programs. For example, the institution did not submit purchase orders or other documentation to demonstrate that updated equipment was obtained for these programs.

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

11. Standard V-C: Facilities

The institution failed to demonstrate that: (a) the institution's facilities are appropriate for the training and student services offered; (b) instruction is conducted in a safe, accessible, sanitary, and comfortable environment conducive to learning; and (c) the facilities meet all applicable local, state, and federal requirements.

The team report indicated that the manner in which materials were stored in the lab areas was unsuitable and likely unsafe. There were many OSHA violations noted by the team, such as machine areas not being properly marked and defined. Two fire extinguishers that were observed in the lab were not accessible or properly marked, and ventilation was lacking in both the main building lab and the auxiliary lab. The compressor machine was not equipped with a pressure regulating device, and neither lab contained an eye wash station or first aid kit.

In its response, the institution only provided before and after pictures to indicate improvements made to the facility. The response failed to satisfactorily address and resolve facility issues, including: (a) the ventilation that was lacking in both the main building lab and auxiliary lab, (b) the lack of required eyewash stations in each lab, and (c) the compressor machine that was not equipped with a functioning pressure regulating device. For example, the pictures showed a table with a first aid kit, but the institution failed to identify what was in the kit. The response did not include a narrative or supporting documentation to demonstrate the institution's review and corrective actions regarding material storage in the labs and overall OSHA compliance. Ultimately, the institution failed to demonstrate that it had written procedures to systematically and effectively ensure that its facilities and labs are safe, sanitary, OSHA compliant, and comfortable environments that are conducive to learning.

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

12. Standard VI-B: Supervision of Instruction

The institution failed to demonstrate that: (a) individuals with relevant education and experience in instructional delivery and management supervise instructional personnel; (b) supervisors of instructional personnel demonstrate good practice in the evaluation and direction of instructors; and (c) regular classroom observations are conducted at least annually by qualified supervisors and are documented and effectively utilized to enhance the quality of education.

The team report indicated that there was no documented supervision of instruction or employee evaluations. No employee files contained evaluations outside of student feedback forms.

Further, while the Director of Education's former education and training meets the criteria of the institution, it was unclear to the team how the DOE was qualified to observe and supervise instructors in other fields for which he was not experienced. The DOE is a 2010 graduate of the institution's CNC Machinist program and worked as a General Machinist for seven years before being hired as the Director of Education and instructor for the CNC Machinist, Machinist, and CAD programs.

In its response, the institution provided a policy entitled "Teacher Supervision and Evaluation System" that included an "Evaluation of Instruction Policy," with the Director of Education and the Campus Director sharing responsibility for observing and supervising instructors. Further, no documentation was provided demonstrating the systematic and effective implementation of the revised policy, including evidence of the dissemination, training, and utilization of the policy. Finally, the institution failed to submit annual evaluations completed for all instructors by qualified supervisors, as required.

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

13. Standard VII-A: Recruitment

The institution failed to demonstrate that all communications with prospective students are consistent with ACCET standards and policies, including ACCET Document 29 – Catalog Guidelines and Checklist.

The institution promoted a number of courses and programs that were not included on the application for ACCET accreditation and that were not currently being offered by the institution despite having state approval to do so. Promotional materials for Masters Vocational College made reference to a number of allied health programs that the institution was not currently offering. The team noted a number of promotional materials that scrolled on screens on all of the institution's computers, including in the room where prospective students would be introduced to what the school is offering. These included Medical Office Management, X-Ray Technician, Medical Assistant, Certified Nursing Assistant, Medical Billing, and Pharmacy Technician. These materials provided an address that was different than the one

known by ACCET, and also included remedial classes such as math, science, language writing, language arts, reading, social studies, GED preparation, and ESL classes. The institution's logo, utilized on all promotional materials as well as professional letterhead, included reference to healthcare classes. The catalog made reference to requirements for the allied health programs, such as health physicals and externship requirements, that do not apply to the current body of students.

The catalog was also inconsistent with ACCET requirements in the areas of misrepresenting the ownership and admissions requirements, having no course or module descriptions, no attendance requirements for graduation, and making numerous references to having ACCET accreditation. The catalog contained contradictory statements about the application process for the institution and contained a number of policies that were not aligned with ACCET requirements, such as the Transfer of Credit policy and the Satisfactory Academic Progress policy.

In its response, the institution indicated that it was no longer promoting the six medical programs and the numerous remedial courses identified in the weakness. Additionally, the institution submitted an updated catalog (revised July 2018) and indicated that the following changes were reflected in the catalog: health physicals (removed); externship requirements (removed); transfer of credit policy (updated); SAP policy (updated); attendance policy (updated); make-up work policy (updated); Computer Aid Manufacturing program (removed); and HVAC hours (updated). Upon review, the Commission confirmed that the website and updated catalog no longer promotes the programs and courses cited by the team. The catalog also included course descriptions including a breakdown of clock hours for lecture and lab for each course/module.

However, the updated catalog was still out of compliance with ACCET standards, policies, and practices in numerous respects. Updated policies in the catalog failed to meet ACCET standards and policy requirements, including policies relative to cancellations and refunds, attendance, academic progress, and transfer of credit, as described under Standards III-B, VIII-A, VIII-B, and VII-C. Additionally, the catalog continued to reference degree programs although degrees are not offered by the institution (e.g. pages 7 and 20). The catalog provided unclear, contradictory, and erroneous information relative to credit hours. In the program descriptions (pages 27–39), the institution incorrectly identifies the credit hours for its programs as follows:

	<i>Theory Hours</i>	<i>Lab Hours</i>	<i>Credit Hours</i>
<i>CNC Machinist</i>	225	373	48
<i>HVAC</i>	440	460	72
<i>Construction Technology</i>	390	510	72
<i>Electrician</i>	465	435	72
<i>Machinist</i>	335	465	72
<i>Computer Aided Design</i>	390	510	72

The catalog is unclear as to whether programs are measured in semester credits or quarter hours, as the catalog refers to both semesters and quarters. However, whether the institution

measured its programs in semester or quarter hours, the total credit hours for the programs listed in the catalog and identified above are incorrect, as the clock hour-to-credit hour conversions were not calculated based on the Carnegie system, as required by ACCET Document 25 – Policy for New, Revised, and Existing Programs/Courses. Further, the institution has applied with ACCET as a clock-hour school, with no academic credits.

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

14. Standard VIII-B: Admissions/Enrollment

The institution failed to demonstrate that: (a) the institution’s written policies for admissions and enrollment are clearly stated, defined, and in compliance with statutory, regulatory, and accreditation requirements; (b) 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; and (c) the written enrollment agreement, contract, or application, as applicable, includes all costs stated in clear and explicit language, and cancellation and refund policies that comply with statutory, regulatory, and accreditation requirements.

The team report indicated that the institution’s enrollment agreement was not consistent with ACCET requirements. The enrollment agreement did not include a space for listing methods of payment and the “Buyers Right to Cancel” and the cancellation and refund policies were not consistent with ACCET Document 31 – Cancellation and Refund Policy or BPPE standards, as detailed in Standard III-B: Financial Procedures.

In its response, the institution provided an updated enrollment agreement which included methods of payment, buyer’s right to cancel, and a revised cancellation and refund policy. However, upon review, the revised cancellation and refund policy was not consistent with ACCET Document 31 – Cancellation and Refund Policy, as described previously under Standard III-C. Additionally, the revised catalog submitted with the institution’s response contained admissions information that was unclear, inconsistent, and non-compliant with ACCET Document 23 – Admission Requirements and Ability to Benefit. From the catalog, it was unclear as to whether an admissions test is a prerequisite for enrollment. First, the catalog states, “The institution ensures a prospective student is able to benefit from program through minimum requirements of obtaining a high school diploma, GED, previous college credits, and/or foreign country education.” Then it states that, “Interested applicants are given an assessment entrance test and prospective student [sic] must pass with a minimum of 70% score.” However, the institution failed to identify, as required, the test utilized by the institution and demonstrate that the test is administered in a manner that is consistent with ACCET Document 23. The institution also failed to demonstrate that the institution obtains documentation of high school graduation in accordance with ACCET Document 23.

Therefore, the institution failed to demonstrate full compliance with this standard and ACCET Document 23 – Admission Requirements and Ability to Benefit.

15. Standard VII-C: Transfer of Credit

The institution failed to demonstrate that it has written policies and procedures that ensure the fair and equitable treatment of students relative to the transfer of credit to and from the institution, consistent with ACCET Document 16 – Transfer of Credit Policy.

The team report indicated that the institution’s transfer of credit policy was not consistent with ACCET Document 16. The policy did not cover the minimum grade needed to transfer, requirements for course comparability, required documentation, or adjustments to tuition or fees. The policy set a limit on semester/quarter credits, but the institution’s programs were measured in clock hours. The policy did not describe assistance provided if a student chooses to transfer MVC credits to other institutions.

In its response, the institution submitted an updated catalog that included a revised transfer of credit policy that addressed some, but not all, of the areas of non-compliance. The updated policy failed to specify that only credit earned at an institution accredited by an accrediting agency recognized by the US Department of Education is eligible for transfer, as required by ACCET Document 16. Additionally, the institution indicated that, “College will provide guidance, and an official transcript, with course outlines completed”; however, it failed to state that the purpose of this guidance is to assist students seeking to transfer credit earned at MVC to other institutions. Further, the institution mentioned that the student can appeal the decision to the school’s administrative office; however, it did not specify the procedures to be followed when appealing transfer of credit decisions, as required by ACCET Document 16. The policy also referenced “degrees” multiple times, although MVC does not offer degree programs. For example, the policy states, “If the (credits or degree, diploma, or certificate) that you earn at this institution are not accepted at the institution to which you seek to transfer . . .” Further, the institution provided no documented evidence to demonstrate that the revised policy was systematically and effectively implemented by the institution to ensure the fair and equitable treatment of students relative to the transfer of credit to and from the institution.

Therefore, the institution failed to demonstrate that it is in full compliance with this standard and ACCET Document 16 – Transfer of Credit Policy.

16. Standard VIII-B: Attendance

The institution failed to demonstrate that: (a) the institution effectively implements written policies and procedures for monitoring and documenting attendance; (b) the attendance policy ensures that student attendance and participation are consistent with statutory, regulatory, and accreditation requirements, including a minimum attendance rate of 80% require to graduate; (c) the institution publishes a clear description of its attendance requirements and informs students of their attendance on a regular and timely basis; and (d) the institution’s attendance policies and practices are consistent with ACCET Document 35 – Policy on Attendance Requirements.

The team report indicated that there were inconsistencies between the institution's manual and electronic records of attendance. The institution recorded the arrival and departure of each student manually, but electronic copies of attendance showed no time stamps and did not reflect tardies and early departures. When the institution rectified the electronic records during the visit, all students showed records of perfect attendance at 100% or greater.

Further, the institution allowed students who fell below the attendance threshold to bring up their attendance through a prolonged probation period, which was not consistent with the requirements of ACCET Document 35 – Policy on Attendance Requirements.

In its response, the institution attached current student attendance sheets that show time slots and an updated catalog with a new attendance policy. Upon review, the revised attendance policy was not consistent with the requirements of ACCET Document 35, including the requirement that: (1) make-up work be comparable in content, time, and delivery of the classes missed; and (2) the policy include a definition of tardiness and early departures, along with the consequences to students of tardiness or early departure. Further, the institution did not provide documented evidence to demonstrate that attendance is reported, tracked, and monitored in accordance with ACCET standards, policies, and practices.

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

17. Standard VIII-C: Student Progress

The institution failed to demonstrate that: (a) the institution effectively monitors, assesses, and records the progress of students utilizing the sound and clearly defined assessment system; (b) semester credits, quarter credits, clock hours, and/or continuing education units are used to denote the successful completion of the education and training services; (c) student progress is documented consistently in accordance with institutionally established performance outcomes and is communicated to all students; and (d) the institution publishes a clear description of its requirements for satisfactory student progress and utilizes sound written policies and procedures to determine student compliance with these requirements and to document the results.

The institution did not provide the team with Document 18.1 – Satisfactory Academic Progress Checklist until after the visit ended. Document 18.1 incorrectly reflected the policies and procedures of the institution. The policies and procedures listed in the catalog referred to financial aid requirements that the institution was not bound by or eligible to receive, and thus, did not apply to current students. The policy also referred to allied health program requirements that the institution was not currently offering. The institution was unable to demonstrate to the team that an ACCET compliant satisfactory academic progress policy was implemented for all students.

In its response, the institution indicated that student progress reports are completed monthly and placed in student files. The institution also provided two sample entrance exams and a blank sample progress report as documentation of assessment exams taken by students.

Additionally, the institution also provided an updated catalog under Standard VII-A: Recruitment that contained multiple inconsistent and contradictory provisions in its academic progress policies. Within its policies, the institution refers to “degrees” and “two-year Student Education Plans” for an institution that offers no degrees. On page 7, the catalog states, “For determining satisfactory progress and facilitating discussion of the student’s training progress, a progress report is administered to the student monthly for all programs. On page 8, the institution states that “all students will be evaluated at the end of each semester”; however, page 9 states under “SAP Warning” that “Warning timeframe is on a quarterly basis. If after the “Warning” quarter students are still not meeting the SAP standard, they will become ineligible.” In addition to these discrepant timeframes, it is unclear what “ineligible” references. On page 10, the institution erroneously states that a “Student Educational Plan will be accepted for your FA Appeal and FA Student Loan”; however, the institution is not approved to participate in student federal financial aid programs, including FA loans. On page 12, the catalog again incorrectly refers to financial aid by stating that: “Students on academic probation will remain eligible to receive financial aid during the probation period.” With such internally inconsistent and confusing academic policies, the institution’s revised policies fail to meet Standard VIII-C and ACCET Document 18 – Satisfactory Progress Policy, including the requirement that an institution publishes a clear description of its requirements for satisfactory student progress and utilizes sound written policies and procedures to determine student compliance with these requirements and to document the results. Further, the institution provided no documented evidence to demonstrate that an ACCET-compliant satisfactory academic progress policy is implemented for all students.

Therefore, the institution failed to demonstrate full compliance with this standard and ACCET Document 18 – Satisfactory Academic Policy.

18. Standard IX-A: Student Satisfaction

The institution failed to demonstrate that it has: (a) established and implemented written policies and procedures to regularly assess, document, and validate student satisfaction relative to the quality of the training provided; and (b) documented and utilized feedback from students to improve the training and student services of the institution.

The team report indicated that the institution did not list all the requirements of ACCET and the Bureau of Private Postsecondary Education (BPPE) concerning their respective grievance policies.

While evidence of completed surveys was given to the team, no evidence of how surveys were compiled, analyzed, or utilized was provided. There was no evidence that the institution used any of the student feedback to make improvements.

In its response, the institution provided no narrative update and only attached: (a) a Student, Agency, and Employer Satisfaction Policy, (b) a blank Student Survey, and (c) a blank Graduate Survey. The institution failed to submit documented evidence of the systematic and

effective implementation of the policy to improve the training and student services of the institution. The institution provided no completed student surveys, completed graduate surveys, analysis of completed surveys, or evidence of improvements made as a result of the student/graduate surveys.

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

19. Standard IX-B: Employer/Sponsor Satisfaction

The institution failed to demonstrate that it has: (a) established and implemented written policies and procedures to regularly assess, document, and validate employer satisfaction/sponsor relative to the quality of the training provided; and (b) documented and utilized feedback from sponsors who provide student funding or employers who hire graduates to improve the training and student services of the institution.

The team report indicated that the institution did not have a formal policy and/or procedure to guide the process for collecting employer or sponsor satisfaction surveys.

In its response, the institution attached a Student, Agency, and Employer Satisfaction Policy, but no documented evidence of the systematic and effective implementation of the policy to improve the training and student services of the institution. The institution provided no completed employer surveys, completed sponsor surveys, analysis of completed surveys, or evidence of improvements made as a result of these surveys.

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

20. Standard IX-D: Completion and Job Placement

The institution failed to demonstrate that it has established and implemented written policies that provide effective means to regularly assess, document, and validate the quality of education and training services relative to completion and placement rates.

The team report indicated that the institution did not have a formal policy concerning the criteria for determining a completer, the process for tracking completions, and the responsible party and timeframe for maintaining this data.

Further, the institution's placement policy made reference to completing an externship during the placement process, although no program at Masters Vocational College required an externship.

In its response, the institution submitted an updated Completion Policy and indicated that it had removed reference to externships from its placement process policy. However, the revised completion policy was incomplete and did not identify important elements, including who is responsible for tracking, reporting, and monitoring completion; how completion is tracked; and how often completion is reviewed. The completion policy only identified the requirements

for a student to be counted as a successful completer. It failed to identify any procedures for assessing, documenting, and validating completion. Further, the institution failed to attach an updated placement policy to demonstrate the removal of externship references.

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

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

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

In the case of an appeal, a written statement, plus six (6) additional copies regarding the grounds for the appeal, saved as **PDF documents and copied to individual flash drives**, must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny 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 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 that all of the following conditions are met:

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

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

Initial applicants are advised that, in the instance of an appeal following a denial of accreditation being initialized in accordance with ACCET policy, the institution may not make substantive changes to its

Masters Vocational College

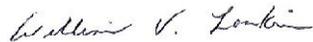
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operations, such as additional programs or sites, until a notice of final action is forwarded by the Commission.

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

Sincerely,



William V. Larkin, Ed.D.

Executive Director

WVL/jhh

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