



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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April 29, 2019

VIA EMAIL & FEDERAL EXPRESS
(cstorm@flsm.edu)

Ms. Chanin Storm
Campus Director
Finger Lakes School of Massage
215 E State Street Suite 203
Ithaca, NY 14850

***Re: Reaccreditation Denied
while on Institutional Show Cause;
Change of Ownership Denied;
Follow-Up Visit Reviewed;
Complaints Closed with Partial Merit
(#1538, #1542, #1543)***

ACCET ID #1266

Dear Ms. Storm,

This letter is to inform you that, at its April 2019 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny reaccreditation and final approval of a change of ownership to Finger Lakes School of Massage (FLSM), with the main campus located in Ithaca, New York and branches in Frederick, Maryland and Mount Kisco, New York.

The decision was based upon a careful review and evaluation of the institution's Analytic Self-Evaluation Report (ASER); the on-site team visit report (visit conducted on September 5-6, 11-12, and 27-18, 2018, respectively); the institution's response to those reports, dated November 9, 2018; the follow-up visit team report (visit conducted January 9-10, 2019 to the main campus); the response to that report, received on February 19, 2019; and the institution's interim report, received February 28, 2019. The Commission also reviewed complaints (#1538, #1542, and #1543) against the institution and closed these complaints with partial merit.

The Commission originally considered the institution's application for reaccreditation and final approval of a change of ownership at its December 2018 meeting. The Commission voted to defer consideration for one cycle, directed a two-person/two-day follow-up visit to be conducted in the April 2019 review cycle, and required the institution to submit an interim report for review at the April 2019 meeting.

On March 1, 2019, the Commission issued a Show Cause directive as a result of substantive concerns regarding the institution's operations as stated in the follow-up visit report, including

serious non-compliance with Standards II-C Human Resource Management, II-D Records, III-C Financial Aid/Scholarship, IV-B Program/ Instructional Materials, VI-B Supervision of Instruction, IX-A Student Satisfaction, IX-B Employer/Sponsor Satisfaction, and IX-D Completion and Job Placement.

Upon its review, including consideration of the interim report, follow-up visit team report, and the institution's response to that report, the Commission determined that the institution failed to adequately demonstrate compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard I-B Goals (Ithaca and Frederick Campuses)

The institution failed to demonstrate that its newly established broad institutional goals are systematically and effectively utilized to guide the operation of the institution, including admissions, finances, education and training, management and student services.

The institution was directed to provide, in an interim report, a narrative update to include: (a) broad overarching institutional goals that guide the operation of the institution; (b) a description of how and when these goals were developed; and (c) documented evidence that these goals: (i) have been communicated to staff and faculty and (ii) are being used to guide the operation of the institution, including admissions, finances, education and training, management, and student services, as required by the standard.

Further, the follow-up visit team found that issues identified in the team report for the reaccreditation visit persisted. The Ithaca campus failed to demonstrate the systematic and effective implementation of institutional goals, as the broad institutional goals published in the ASER were not understood by staff interviewed by the team, including the new Campus Director. Based on staff interviews and a review of meeting minutes, the institution provided no evidence to demonstrate implementation or communication of the institutional goals as described in the ASER.

In its interim report and response to the follow-up visit report, the institution provided evidence that staff at the Ithaca campus met and established broad institutional goals consistent with Document 2.1 - Principles of Ethics for ACCET Institutions, the goals were approved by the Chief Operating Officer on February 12, 2019, and these goals were subsequently disseminated to all faculty and staff in an email, dated February 20, 2019. The institution indicated that the goals would be discussed at future monthly education meetings and weekly one-on-one meetings. Meeting notes for the education meeting on February 26, 2019 indicated that there was a review of the goals. For the Frederick campus, the interim report only included the goals for the campus, but no evidence of implementation. For both campuses, documented evidence was not provided to demonstrate that their broad goals were systematically and effectively utilized to guide the operation of the institution and its various departments in practice over.

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

2. Standard II-C Human Resource Management (Ithaca Campus)

The institution failed to demonstrate that it ensures that: (a) qualified and capable personnel, at appropriate staffing levels, are effectively utilized and evaluated at least annually; and (b) the implementation of policies and procedures effectively address the recruitment, selection, hiring, orientation, evaluation, retention, training, and professional development of all personnel.

The institution was directed to provide, in an interim report, a narrative update to include: (a) a signed performance evaluation for [REDACTED]; (b) completed performance evaluations for five employees ([REDACTED]); (c) a narrative update on measures taken by the institution to address excessive turnover at the campus and progress made in implementing these measures; and (d) an update on the impact of additional oversight provided by the National Directors to the main campus.

The follow-up visit team identified several areas of non-compliance, including: (1) no evidence that annual performance evaluations were conducted by qualified supervisors, as no additional evaluations were completed following the September 5-6, 2018 reaccreditation visit; (2) the recently developed personnel file checklist was not implemented, and personnel files were incomplete, including the files of new employees hired since the reaccreditation visit; and (3) continuous staff and faculty turnover that seriously and negatively impacted students as evidenced from end-of-program surveys completed by students scheduled to graduate on December 22, 2018. The team noted that key staff positions remained vacant for weeks and months following the reaccreditation visit. These issues are detailed below:

1. Annual performance evaluations were still missing for the following five employees identified in the team report for the reaccreditation visit: [REDACTED].
2. The personnel files of current employees were incomplete and missing required documents, including the files of four employees hired in January 2019. By way of example, the following personnel documents were missing and/or incomplete for these new employees:
 - Missing personnel folder: (1) [REDACTED]
 - Incomplete and/or unsigned I-9 forms: (1) [REDACTED].
 - Missing first page of ACCET Document 6 indicating the position and hire date: (1) [REDACTED]
 - Missing resume: (1) [REDACTED]. (The resume was provided after the visit.)
3. High employee turnover persisted. There was a 97% turnover rate of faculty and staff at the Ithaca campus in the past six months (July 1 – December 31, 2018). Around the time of an employee strike in September 2018, at least 10 instructors and eight staff terminated their employment with FLSM, including the Director of Education, Career Services

Director, Registrar, three Admissions Representatives, Clinic Supervisor, and Clinic Coordinator. Turnover continued in subsequent months, with the departure of a new Registrar, Clinic Supervisor, Retail Manager, three Admissions Representatives, and an instructor. The Ithaca campus was without a Career Services Director and a Director of Education for more than four months and without a Director of Financial Planning for more than two months. Still vacant at the time of the follow-up visit were the Director of Education and Director of Financial Planning positions.

The impact of this significant turnover on students and the serious disruption it caused was evident from the ratings and negative comments provided in the end-of-program surveys completed by students scheduled to graduate on December 22, 2018. On a five-point scale (with “1” the lowest rating), 14 of the 20 student respondents gave a “1” rating to each of the following functions: (1) registrar support, (2) financial planning assistance, and (3) student support and placement services. One student rated these functions a “0”. Many students indicated that these services were “non-existent” as indicated below:

- Registrar support – “What registrar?”
- Financial planning assistance – “Terribly unprepared;” “No financial aid staff member for a brief time;” “no presence, no support, no answers;” “Torrey did the best job he could, but everything was a jumbled mess at the end of the program;” “We haven’t had a financial aid officer for months. They had someone at a sister school doing it, and we had to at the last minute do aid during class time.”
- Student services & placement support – “Are you kidding? Non-existent.”

In its interim report, the institution provided the newly completed annual evaluation for Y. Asakura and indicated that the four other employees without annual evaluations were no longer working for FLSM, including: [REDACTED]. The institution indicated that it now has a full administrative team, as it has filled positions that were previously vacant for extended periods, including the Education Coordinator, Director of Financial Aid, Director of Student and Career Services, and Clinic Coordinator. The institution stated that training is being provided to these new employees through a mentoring system with the Frederick campus and with the support of the National Director of Education and the National Director of Financial Planning.

In its response to the follow-up visit report, the institution provided: (a) previously missing I-9 forms and ACCET Document 6 for three employees [REDACTED], (b) a schedule of instructor classroom observations, (c) schedule for annual evaluations for two employees, and (d) a current staff list. The institution indicated that it has implemented a time management system to increase efficiency and productivity. Additionally, the institution administered an additional student survey (45 Day Program Survey for the period of January 2 – February 14, 2019) to assess the satisfaction of students at the Ithaca campus.

However, the institution failed to address the continued concern with high staff/faculty turnover at the Ithaca campus and its negative impact on students. The Commission is most concerned that stability has not been restored at the Ithaca campus, as demonstrated by: (a) the recent firing of the CEO and minority owner (██████████) on February 26, 2019, (b) the April 5, 2019 resignation of the Campus Director (██████████) who moved from this position at the Frederick campus to assume the Campus Director position in Ithaca and who has been instrumental in making recent improvements at the campus, and (c) the hiring of a new Campus Director (██████████) who has no previous administrative experience at a postsecondary educational institution, only recently completed the Massage Therapy program at FLSM in June 2019, and is still awaiting her massage therapist license in New York.

The impact on students of these most recent staff changes is most concerning, as students in their recent survey described an institution in transition, as evidenced by the following comments:

- *“Dealing with all the change, disruption, uncertainty that has occurred – hoping all of that is done, and we continue on this uphill climb so we can all love and be proud of where we go to school.”*
- *“██████████ (Campus Director): Thanks for your diligence. By coming here and being away from your home for this amount of time, I have seen positive change.”*

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

3. Standard II-D Records (Ithaca Campus)

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) are readily accessible for review by appropriate parties.

The follow-up visit report indicated that student financial records were not maintained at the main campus and were not accessible to the ACCET team. Although records for seven students were requested by the team on the first day of the visit, they were not provided until five days after the visit and then only by staff at a sister school located in Arizona. Therefore, the institution’s record-keeping system did not facilitate ready access and review of records by ACCET and other appropriate parties, as required by Standard II-D Records.

In its response to the follow-up visit report, the institution acknowledged the importance of maintaining proper documentation and files, including admissions files, financial aid files, education files, and human resource files. The institution stated that it has created a file checklist for these files; however, only blank forms were provided. The institution also indicated that it was in the midst of auditing files, with a majority of the files populated with relevant and required documents. However, the institution acknowledged that files remain incomplete. The institution stated that “all files that were previously housed in the Arizona

location have been moved and stored at the Ithaca campus to allow review by those that need to perform audits.” However, there was no documented evidence provided to demonstrate that complete, accurate, and up-to-date files and records are maintained at the Ithaca campus.

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

4. Standard II-E Communications (Ithaca and Frederick Campuses)

The institution failed to demonstrate that, to maintain operational effectiveness, periodic meetings with employees are conducted and appropriate documentation is maintained on significant issues.

The institution was directed to provide, in an interim report, a narrative update, along with documented evidence of: (a) all meetings held at the Ithaca campus since the September visits to include meeting minutes, agenda, and attendance sign-in sheets; and (b) changes relative to the end-of modality meetings at the Frederick campus, including sample documents posted to the public drive for easy access by all faculty.

In its interim report, the institution provided a narrative update and supporting documentation for the Ithaca and Frederick campuses. For the Ithaca campus, full documentation was provided to evidence the monthly education meetings, including meeting minutes and sign-in sheets. However, there were only cryptic “notes” for the weekly Key Indicator Report (KIR) meetings. For example, the documentation for the KIR meeting on December 12, 2018 only stated: “admission numbers, graduation, annual employee evaluation.” There were insufficient meeting minutes and documentation of attendees provided for the KIR meetings.

For the Frederick campus, the institution provided documentation for one administrative/education meeting on January 2, 2019, including the agenda, meeting minutes, and sign-in sheet. While the institution provided documentation of one meeting, there was insufficient documented evidence of the systematic, effective, and adequate documentation of meetings in practice over time.

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

5. Standard III-C Financial Assistance/Scholarships (Ithaca, Frederick, and Mount Kisco Campuses)

The institution failed to demonstrate that: (a) cancellation and refund policies are consistently administered in compliance with statutory, regulatory, and accreditation requirements; (b) refunds are consistently calculated and made in an accurate and timely manner; (c) documentation to support refund calculations is maintained and readily available; and (d) qualified and capable individuals manage and evaluate the effectiveness of the financial operations and practices.

The institution was directed to provide, in an interim report, a narrative update to include the following:

A. Student file information for two students at the Frederick campus:

- [REDACTED] – documentation of both enrollments, including enrollment agreement, daily attendance, R2T4, refund calculation, and proof of any refund for both enrollments, as well as a student ledger.
- [REDACTED] – documentation of the student's social security number and driver's license reviewed by the institution to verify the student's name change.

B. A complete narrative response to resolve multiple issues at the Ithaca campus regarding financial procedures and financial aid, including:

- Absence of documentation for refund calculations, ledgers, proof of refunds, and supporting documentation for R2T4s (student ledgers, attendance data, R2T4 documentation, and proof of returns, if applicable);
- Absence of refund processing procedures;
- Incorrect refund policy;
- Absence of financial aid training;
- Absence of availability of a financial aid officer.

C. A copy of the institution's 2018 Student Financial Aid Audit.

D. A narrative update on the financial condition of the institution, including:

- Any updates on the HCM1 status of the institution provided by the U.S. Department of Education.
- Internally-generated financial statements for the accredited entity to include a balance sheet, income statement, and cash-flow statement for the period of January 1 – December 31, 2018, with a line-by-line comparison with the same time period from the previous year.
- Line-by-line comparisons of actual vs expected revenue and expenses for the fourth quarter of 2018.
- Financial projections for the four quarters of fiscal year 2019.

The follow-up visit report indicated that the Ithaca main campus had been without a Director of Financial Planning for more than two months, and there was no one qualified at the campus to discuss student financial matters with students or the team. In the end-of-program survey completed in December 2018, students complained about the lack of qualified financial aid staff on campus to assist and advise them.

During the follow-up visit, the team had to contact staff outside of FLSM and located in Arizona to conduct a review of former FLSM student records to determine whether refunds were calculated and issued in an accurate and timely manner. Student financial records were not maintained at the main campus in Ithaca.

Although records for seven students were requested by the team on the first day of the follow-up visit, they were not provided until five days after the visit. Therefore, the institution's record-keeping system did not facilitate ready access and review of records by ACCET and other appropriate parties, as required by Standard II-D Records.

In reviewing the seven sample student files upon receipt following the visit to the Ithaca campus, the team found that refunds were not being consistently calculated and made in an accurate and timely manner, as summarized below. The institution did not accurately compute refunds based on the ACCET refund policy identified in Document 31 – Cancellation and Refund Policy. The institution calculated tuition earned in a manner that was less beneficial to students. Further, the institution did not provide the documentation required to support the refund calculations of the institution.

- [REDACTED]: The institution inaccurately calculated the refund based on ACCET's refund policy. Instead of a \$6,360 balance owed by the student, a refund was due the student.
- [REDACTED]: The institution inaccurately calculated earned tuition based on ACCET's refund policy; therefore, the student's balance was incorrect.
- [REDACTED]: Although the student's last date of attendance was August 6, 2018 and date of determination was August 31, 2018, the institution did not complete the Return to Title IV (R2T4) and make adjustments to the student's account until November 6, 2018.

For four canceled students ([REDACTED]) at the Ithaca campus, the institution failed to provide: (a) documentation of each student's cancellation or change of status and (b) each student's ledger which identifies all charges and payments.

In the interim report, the institution conceded that, "It was apparent that the [Ithaca Campus] staff were not properly prepared for the ACCET visit." Other issues were related to "the implementation of a new database and the data migration problems associated with moving files from one database to the other" and "the glaring absence of the Director of Financial Aid." Missing documentations (e.g. refund calculations, ledgers, proof of refunds, attendance data, R2T4 documentation, or proof of returns) "shared a common theme – lack of staff training." A future training plan was attached as an exhibit.

Additionally, the institution provided documentation to evidence corrections of the "clerical mistake" regarding [REDACTED] (dropped twice) and [REDACTED] (changed name).

In its narrative to the interim report, the institution described its "lack of preparation" for the Ithaca visit and a "data dump" of student records, which appeared to correspond to the data missing at the time of the initial visit, but which required substantial navigation to review as they were not identified in the narrative.

The institution could not provide a copy of its 2018 Student Financial Aid Audit, since the institution's fiscal year ends on April 30. The institution included a P&L statement for the period, stating an approximate net income of \$432,451.84.

In its response to the follow-up visit report, the institution reported that it now has a full-time Director of Financial Planning at the Ithaca campus; however, the individual has no previous Title IV federal financial aid work experience. The institution noted that a training plan has been developed for this individual, and he is currently working on his 40 hour online Title IV training and will attend the on-site training this spring.

The institution also indicated that financial aid files are now maintained on-site at the Ithaca campus.

Further, the institution corrected refund calculations for students (██████████) and attached them as exhibits. Also provided were ledger cards and change of status documents for ██████████. No attendance or disbursements were available for Sibley, since the student did not start the program.

In its responses, the institution failed to address and demonstrate the systematic and effective implementation of policies and procedures to resolve the multiple issues identified at FLSM regarding financial procedures and financial aid, including but not limited to: (1) the lack of readily available, accurate, and up-to-date documentation for refund calculations and supporting documentation for Return of Title IV funds (e.g. student ledgers, attendance data, R2T4 documentation, and/or proof of returns); (2) the failure to demonstrate that refunds are consistently calculated and made on an accurate and timely basis; (3) the failure to utilize a cancellation and refund policy that is consistent with state, federal, and accreditation requirements; and (4) the absence of qualified, capable, and well-trained individuals to manage the financial operation of the institution. The institution also failed to adequately address concerns relative to the financial condition of the institution, particularly in light of the institution's Heightened Cash Monitoring 1 (HCM1) status with the U.S. Department of Education.

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

6. Standard IV-A Educational Goals and Objectives (Ithaca Campus)

The institution failed to demonstrate that: (a) the 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 expected for the courses and programs.

During the follow-up visit, the team reviewed the "Appointment Plus Booking" that tracks FLSM clinics and found that several scheduled clinic sessions were affected by the employee strike. Clinics are generally offered Monday -Thursday (depending on student sign ups) with an alternating Saturday or Sunday. No clinics were conducted during the week of October 10

– 15, 2018. The following week only one clinic (October 18, 2018) was missed. After October 18, 2019, the clinic resumed normal operation.

Although current students indicated that the Ithaca campus was consistently delivering the approved curriculum, students who graduated on December 22, 2018 completed end-of-program surveys that indicated program disruptions. For example, one student stated: “Classes rescheduled, no instructors, change in class content.” When asked to rate “student-to student ratio”, the majority gave it the lowest rating of “1” and gave harsh comments, including: “horrible;” “halfway through was really horrible;” “sometimes we had one instructor for two classes;” “post-walkout – having one instructor;” “was much higher before September;” “after walkout, not enough teachers to adequately hold class;” “Teachers double monitored so many times.” Nonetheless, most thanked their instructors for continuing to offer the program during the turbulent period following the employee strike.

In its response to the follow-up visit report, the institution stated that the Ithaca campus now has a dedicated Clinic Coordinator (██████████) to manage the student clinic, and the teaching staff are managed by ██████████ who prepare schedules two weeks in advance and have full instructor coverage for classes. However, the only documented evidence provided of corrective actions were student surveys completed for the period January 2 – February 14, 2019 that indicated both students’ guarded optimism going forward and the challenges students experienced at the institution. For example, one student stated, “Thanks for implementing the amount of clinic compared to the months prior to you [the clinic coordinator] coming.” Another stated, “Things have been drastically improving and I think there is still a lot to do. I will have a better sense in a few months as progress continues to be made and [there is] a sense of stability.”

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

7. Standard IV-B Program/Instructional Materials (Ithaca Campus)

The institution failed to demonstrate that instructional materials (including textbooks) are up-to-date, readily available, and facilitate a positive learning outcome.

The follow-up visit report stated that allegations in complaints (#1538 and #1543) against FLSM were substantiated by the follow-up visit team, including problems with delayed textbooks. Students scheduled to graduate on December 22, 2018 only received textbooks for the Business, Neuromuscular, and Shiasti courses weeks before graduation. In their end-of-program survey, students reported that: “We had to fight for our books,” and “Missing textbooks or received halfway through [the] course.”

During the follow-up visit, interviews with faculty and students confirmed that many current students still did not have their full distribution of textbooks. The new Campus Director acknowledged that new students who began their program in January 2019 also had not received their textbooks. The Lead Massage Therapy Instructor indicated that he was compiling a list of students without textbooks, and the Campus Director would place a book

order by the end of the week. According to the prepared list, 16 students were without the Mosby's and Pathology textbooks, and 43 students were without the Shiatsu, Trigger Point, and Business textbooks.

Further, the institution provided no documented evidence to demonstrate that the campus has an effective system in place to ensure that students receive their textbooks in a timely manner and no system to verify whether students have their books. Students and faculty interviewed indicated that the campus bookstore effectively closed with the departure of the Retail Manager on October 2, 2018.

In its response to the follow-up visit report, the institution provided completed student surveys (45 Day Program Survey – January 2 – February 14, 2019) in which students indicated that textbooks were late. In responding to the question “What parts did you find most challenging?”, one student stated, “not receiving books for a long time” and another stated, “not having books on time.” Another student offered the institution the following suggestion, “Be fully prepared for new students. Make sure to have all the textbooks ready and available to them day 1. It wasn't fun having to play ‘catch up’.”

In its response to the follow-up visit report, the institution acknowledged that textbooks were late when it stated, “To accommodate students that (sic) did not receive textbooks on time, an order was placed, we have received and delivered the textbooks to classes and students that (sic) were present signed for their books.” Although the institution indicated that it orders new books based on new enrollment agreements signed on a monthly basis, and a new book inventory is ordered by the campus registrar the first week of each month, there was insufficient documented evidence provided to demonstrate that the problem of late textbooks has been adequately address, and there is a system in place to ensure the timely distribution of textbooks.

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

8. Standard IV-D Curriculum Review and Revision (Ithaca and Frederick Campuses)

The institution failed to demonstrate that: (a) the institution implements effective written policies to continuously monitor and improve the curriculum and (b) the policies focus on a comprehensive review of the curriculum as it relates to expected learning outcomes.

The institution was directed to provide, in an interim report, a narrative update to include documented evidence to demonstrate implementation of a systematic and effective curriculum review and revision process and the utilization of outside resources such as those available through the Associated Bodyworks and Massage Professionals (ABMP).

During the follow-up visit, the Ithaca campus failed to demonstrate the systematic and effective implementation of written policy and procedures pertaining to curriculum review and revision, as the institution did not have documentation such as meeting minutes and examples of the curriculum revision process to document policy implementation. The campus was just

beginning the process of evaluating its curriculum and clinic, with minutes of a December 28, 2018 meeting indicating the intention to establish a review/revision team to review the curriculum offered in Ithaca. At the time of the follow-up visit, the curriculum committee had not met nor begun its review. According to the Lead Massage Instructor, the National Education Director was not involved in this review process, as indicated in the institution's response to the team report for the reaccreditation visit.

In its interim report, the institution indicated that the National Director of Education (Michelle Cordero) was reviewing the Ithaca curriculum and a meeting was arranged between the National Director and the Ithaca Education Coordinator on January 24, 2019 to "go over education needs, including discussing curriculum review." Minutes of the teleconference call between the parties were provided that indicated that they discussed Connective Tissues and whether to schedule this topic earlier in the program. While this proposed change may be evidence of an ad hoc curriculum change, it does not demonstrate implementation of the institution's Curricular and Material Review policy or a comprehensive review of the curriculum as it relates to expected learning outcomes, as required by the standard.

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

9. Standard VI-A Qualifications of Instructional Personnel (Ithaca Campus)

The institution failed to demonstrate that instructional personnel meet all relevant accreditation, federal, state, local, and/or industry-specific requirements.

The follow-up visit team noted that documented evidence was not provided to demonstrate that all science and massage instructors at the Ithaca campus met the minimum instructor qualifications required by the state of New York, including the requirement of a massage therapist license for massage instructors and at least a master's degree for science instructors. The week after the follow-up visit, the Campus Director provided additional resumes and documentation of massage licenses for instructors; however, documented evidence was still missing for nine instructors identified. The team noted that three of these instructors were listed as "inactive," but remained on the ADP payroll for FLSM.

The team noted that at least one of the science instructors ([REDACTED] listed did not have a master's degree identified on his resume. Additionally, instructors interviewed during the follow-up visit acknowledged that, in the past, there were times on the weekends when there were science classes that were taught by massage instructors and not qualified science instructors.

In its response to the follow-up visit report, the institution acknowledged that one science instructor ([REDACTED]) does not hold a master's degree as required by the State of New York, and, in future, will be moved to a co-teaching position. Rather than providing documented evidence to demonstrate that eight other instructors met required minimum instructor qualifications, the institution stated that "the following instructors are not currently working for FLSM ([REDACTED]

([REDACTED]). *The institution provided no documented evidence of a massage therapy license for one massage therapy instructor ([REDACTED]) or master's degrees for the other seven science instructors.*

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

10. Standard VIII-B Attendance (Ithaca Campus)

The institution failed to demonstrate that: (a) the institution effectively implements written policies and procedures for monitoring and documenting attendance; and (b) the institution informs students of the attendance on a regular and timely basis.

The follow-up team found that clinic hours were not inputted in a timely and consistent manner. Students interviewed and responding to the end-of-program survey indicated that they submitted make-up hours that were never entered in the database, and they did not know where they stood relative to make-up hours. Although the Campus Director indicated that there will be a more effective system for tracking clinic hours in future, there was no documented evidence that the system was systematically and effectively implemented at the time of the follow-up visit. A clinic binder for tracking clinic hours was only put in place on January 7, 2019.

Students complained about the tracking of their attendance in the end-of-program surveys completed by students graduating on December 22, 2018. By way of example, students stated: "Our hours were inaccurate, clinics were wrong;" "They lost our attendance for 2 months, refused to update us, and then we had to supply attendance info to them for what they lost;" "Don't have students be in charge of keeping track of clinics & hours because your staff can't do their job."

During the visit, the team was unable to verify whether the campus approved leaves of absence in accordance with ACCET requirements and the policy of the institution. The Campus Director met with two students requesting a leave of absence; however, the Campus Director provided no documentation of any approved LOA for these students or other students.

In the response to the follow-up visit report, the institution stated that "clinic attendance is tracked daily and entered into FAME during the week." The institution attached two examples of clinic attendance records. However, the institution failed to provide sufficient documented evidence to address the issues identified in the follow-up visit report regarding the tracking of clinic hours and demonstrate that corrective actions have been implemented to correct the cited deficiencies.

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

11. Standard VIII-C Student Progress

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

The follow-up team found that grades for courses previously completed by students were not accurately recorded and provided to students in a timely manner. Current students complained that they still did not have all grades reported for courses completed in their early modules. On their end-of-program survey completed in December 2018, 14 of the 20 student respondents gave a “1” to the registrar function on a five- point scale (with “1” the lowest rating). Some students wrote “what registrar?” In the three-month period from September 10 to November 26, 2018, the position of Registrar was filled by three different employees, including: (1) [REDACTED] who left her position on September 10, 2018; (2) [REDACTED] who assumed the position nearly a month later on October 1, 2018 and was involuntarily terminated on November 16, 2018; and (3) the current Registrar ([REDACTED]) who began the position on November 26, 2018. Although the new Registrar is working to enter all grades in the database, the process remains a work in progress.

In the response to the follow-up visit report, the institution indicated that the registrar ([REDACTED]) has entered all grades into FAME, including grades for the older modules; however, the institution failed to provide sufficient documented evidence to demonstrate that corrective actions have been implemented to correct the cited deficiencies, as the institution only provided four sample progress reports.

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

12. Standard IX-A Student Satisfaction (Ithaca and Frederick Campuses)

The institution failed to demonstrate that student feedback is utilized to sufficiently improve the education and student services provided by the institution and ensure student satisfaction.

The institution was directed to provide, in an interim report, a narrative update, along with documented evidence of implementation of changes to maximize access to the results of student surveys to improve the institution’s training and services, including: (a) signed attestations by administrators, instructors, executive management, and owners indicating that they have reviewed completed student surveys available on the public drive, (b) a copy of the student survey analyses posted to the public drive, and (c) evidence that feedback from the student surveys has been utilized to improve the institution’s programs and/or services.

The follow-up visit report noted that the institution’s program surveys contained numerous highly critical comments related to staff turnover, including the end-of-program surveys completed by students graduating on December 22, 2018. Twenty students completed the end-of-program survey, but only three indicated that they “would recommend this program to others.” Students wrote extensive page-long comments with their responses, including the following excerpts:

- “No. I wouldn’t want someone to come here with all the mess that is going on. This school needs to address the issues they are having and why.”
- “I would not. It cannot and does not deliver what it promises. It failed on every level. No person should have to experience what we have all been through.”
- “No. Not a heart-centered place anymore. Overwhelming disappointment.”
- “Never.”

Additionally, on a five-point scale (with “5” the highest rating), 14 of the 20 student respondents gave a “1” rating to each of the following functions: (1) registrar support, (2) financial planning assistance, and (3) student support and placement services. Many students indicated that these services were “non-existent” as indicated below:

1. Registrar support – “What registrar?”
2. Financial planning assistance – “Terribly unprepared”; “No financial aid staff member for a brief time”; “no presence, no support, no answers”; “Torrey did the best job he could, but everything was a jumbled mess at the end of the program”; “We haven’t had a financial aid officer for months. They had someone at a sister school doing it, and we had to last minute do aid during class time.”
3. Student services & placement support – “Are you kidding? Non-existent”
4. Student-to student ratio – “horrible”; “halfway through was really horrible”; “sometimes we had one instructor for two classes”; “post-walkout – having one instructor”; “was much higher before, September”; “after walkout, not enough teachers to adequately hold class”; “Teachers double monitored so many times.”

During the follow-up visit, students interviewed mentioned the “walk-out” or the “strike,” but indicated that the campus is trying to get “back on track.” The three major concerns expressed by almost every current student interviewed were: (1) missing textbooks, (2) missing grades, and (3) missing clinic hours.

In its interim report, the institution indicated that all employees and management have access to the shared drive, and all campuses now upload student survey results and feedback form results to the shared drive for review. Additionally, the institution provided signed attestations by administrators, instructors, executive management, and owners indicating that they have reviewed completed student surveys available on the public drive. The institution also provided an example of feedback from student surveys being utilized to improve the institution’s programs and/or services by extending the clinic schedule to include Saturday and Sunday clinics in Ithaca and Frederick.

At the Ithaca campus, the institution administered an additional student survey (45 Day Program Survey for the period of January 2 – February 14, 2019) to assess the satisfaction of students. While student acknowledged recent improvements at the campus, additional and

sustained change is clearly required as evident from many students' responses to the question, "Would you recommend this program to others?"

- *"Not for some time."*
- *"I'll see."*
- *"Maybe one day."*
- *"At this point, I am unsure. Going through the program has been difficult dealing with the changes and inconsistencies of the school. I am uncertain of the future of the school."*

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

13. Standard IX-D Completion and Job Placement (Ithaca, Frederick, and Mount Kisco Campuses)

The institution failed to demonstrate that: (a) the institution has established and implemented written policies that provide effective means to regularly assess, document, and validate the quality of programs relative to completion and placement rates; (b) the institution effectively provides job placement assistance to graduates and documents the results to enhance the effectiveness of the services provided; and (c) the job placement rates of graduates are consistent with the benchmarks established by ACCET.

The institution was directed to provide, in an interim report, a narrative update to include:

- Updated Document 28.1s – Completion and Placement Statistics and corresponding 28.2s – On-Site Verification Forms (OSVF) for 2017 and 2018 (January 1 – September 30) for the Therapeutic Massage and Hydrotherapy (FT) program at the Ithaca campus and all programs offered at the Mount Kisco branch campus, along with supporting documentation for all new placements and waivers.
- Revised employment verification forms and attestations for three Ithaca graduates (Fettinger, Rosa, and Duggins) discounted by the team or evidence of removal from the Ithaca's Document 28.1.
- Updated Document 28.1, Document 28.2 and supporting documentation for placements and waivers for the program iterations offered at the Frederick branch campus in 2018 (January 1 – September 30). The program iterations may be combined on the same Document 28.1 if the calendar timeframe to complete the program is the same.

Further, the institution was advised that new supporting documentation submitted by the institution must demonstrate implementation of the new attestations and placement verification forms referenced in the institutional response.

The follow-up visit report indicated that the Ithaca campus reported placement rates significantly below ACCET's benchmark of 70% on the Document 28.1s for all schedules of the Therapeutic Massage and Hydrotherapy program for 2018 (January 1 – August 31), as identified below. These exceedingly low placements rates did not include the additional 33

graduates who completed on December 22, 2018, as institutions are allowed a minimum of 120 days to place graduates. Additionally, a below-benchmark completion rate of 64.29% was reported for the part-time day program.

<i>Ithaca Campus - Programs</i>	<i>2018 (Jan. – Dec.) Completion Rate</i>	<i>2018 (Jan. – Aug.) Placement Rate</i>
<i>Therapeutic Massage & Hydrotherapy – full-time day</i>		18.75% <i>(6 placed/32 eligible)</i>
<i>Therapeutic Massage & Hydrotherapy – part-time weekend</i>		0% <i>(0 placed/10 eligible)</i>
<i>Therapeutic Massage & Hydrotherapy – day</i>	64.29% <i>(18 completed/28 net starts)</i>	25% <i>(1 placed/4 eligible)</i>

Further, the signed attestations for part-time, self-employment, and continuous employment were not compliant with the requirements of Document 28 – Completion and Job Placement Policy, as they contained outdated criteria. This included part-time attestations for [REDACTED]

Additionally, the follow-up visit report noted that the career services position was left unfilled for more than three months following the termination of the previous Career Services Director on September 20, 2018. On January 7, 2018 (two-days before the follow-up visit), an employee who had no previous career services experience was assigned responsibility for assisting graduates with placement. The employee newly assigned the career and student services function was still in training with the Career Services Director at the Frederick campus and had yet to perform the career services functions, including assisting graduates with placement.

The institution provided, in its interim report, a narrative and updated Document 28.1s for Ithaca, Mount Kisco, and Frederick that reported placements rates in programmatic probation range for all programs at all campuses in 2018 (January – September), as indicated below.

<i>Ithaca Campus - Programs</i>	<i>2018 Completion Rate</i>	<i>2018 Placement Rate</i>
<i>Therapeutic Massage & Hydrotherapy – full-time day</i>		34.38% <i>(11 placed/32 eligible)</i>
<i>Therapeutic Massage & Hydrotherapy – part-time day</i>	50% <i>(4 completed/8 net starts)</i>	50% <i>(2 placed/4 eligible)</i>
<i>Therapeutic Massage & Hydrotherapy – part-time weekend</i>		0% <i>(10 placed/0 eligible)</i>

<i>Mount Kisco Campus - Programs</i>	<i>2018 Completion Rate</i>	<i>2018 Placement Rate</i>
<i>Therapeutic Massage & Hydrotherapy – full-time day</i>		30.43% <i>(7 placed/23 eligible)</i>
<i>Therapeutic Massage & Hydrotherapy – part-time day</i>		17% <i>(3 placed/17 eligible)</i>

<i>Frederick Campus - Programs</i>	<i>2018 Completion Rate</i>	<i>2018 Placement Rate</i>
<i>Massage Therapy – full-time</i>		<i>53.19% (25 placed/47 eligible)</i>
<i>Massage Therapy – part-time</i>		<i>50% (3 placed/6 eligible)</i>

In its response to the follow-up team report, the institution indicated that only one additional placement had been added to Document 28.1 for the Ithaca campus, although four others were pending placement verification. Of particular concern, is the absence of any career services staff at the Ithaca campus for more than three months (September 20, 2018 – January 6, 2019) and the large number of December 2018 graduates that were not included in the placement statistics identified above.

Additionally, the supporting documentation provided with the institution’s response to the follow-up visit report continued to be deficient, including: (a) placement verification forms being used in 2019 that do not meet ACCET requirements, (b) no continuing employment forms for students placed in 2017 and those graduating in December 2018, as required, and (c) part-time verification forms that were not fully completed.

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 enrollments and posted in conspicuous places at the institution to include, at a 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 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

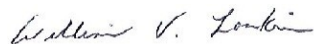
deny accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III-A Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information, provided that all of the following conditions 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.

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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