



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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April 30, 2019

VIA EMAIL & FEDERAL EXPRESS
(saphoniagee@estheticstherapy.com)

Ms. Saphonia Gee, President
Institute of Epidermal Cell Therapy
445 N. Battlefield Blvd, Suite O
Chesapeake, VA 23320

Re: Initial Accreditation Denied

ACCET ID #1567

Dear Ms. Gee,

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 initial accreditation to Institute of Epidermal Cell Therapy, located in Chesapeake, Virginia.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted February 18-19, 2019), and the institution's response to that report, dated March 27, 2019. It is noted that three of the 24 weaknesses cited in the team report were adequately addressed in the institution's response and accepted by the Commission. However, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard I.B: Goals

The institution failed to demonstrate that the broad institutional goals guide the operation of the institution, including admissions, finances, education and training, management, and student services.

The team report indicated that the institution's staff and faculty demonstrated no familiarity with the goals stated in its ASER and provided no evidence that the stated goals guide the operation of the institution in the areas of admissions, finances, education and training, management, or student services.

In its response, the institution indicated that, "we satisfy our goals with our daily activities, plans, and actions which helps us promote and achieve outcomes related to our goals."

However, no evidence was provided to demonstrate that the institutional goals are shared with and understood by the faculty and staff. Further, the institution indicated that, “we have evidence of making progress toward the accomplishment of each, which are collectively related in the areas of admissions, finances, education and training, management, or student services.”

However, no evidence was provided to demonstrate that the goals are used to guide or inform the operations of the institution. The institution provided screenshots of the institution’s webpages and a screenshot of the Society of Virginia Skincare Specialist webpage, none of which include publication of the institution’s goals or demonstrate operations guided by the institution’s goals.

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

2. Standard I.C: Planning

The institution failed to demonstrate that it utilizes a planning process, consistent with its scope and size, to establish plans that support the institution’s mission and goals; that the plans are reviewed at least annually, updated regularly, and implemented to improve the effectiveness of the institution; that there are sound, written one-year and longer range (three to five year) plans that encompass both the educational and operational objectives of the institution; and that the plans include specific and measurable objectives, along with corresponding operational strategies, projected time frames, required resources, and method(s) for subsequent evaluation, that are utilized to measure progress in achieving the established objectives.

The team report indicated that the institution has not developed short- or long-term plans to guide its operational or educational objectives. The institution’s sole planning objective is “to achieve the accreditation process by 2019.” Correspondingly, there was no evidence that a planning process of any kind is utilized by IECT to improve and enhance the institution and its education, training, or services.

In its response, the institution provided three objectives that had already been accomplished (improved website, purchase of third party human resources software, purchase of tablets for student use), but failed to provide a short and long-range planning document with specific and measurable objectives, corresponding operational strategies, projected time frames, required resources and methods for evaluation. The institution also indicated that a planning policy was provided, but no policy was submitted.

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

3. Standard II.A: Governance

The institution failed to demonstrate that it has a clearly identified and accountable governance structure which delineates authority for the approval of institutional policies and responsibility

for the overall direction and effectiveness of the institution; and that the management structure ensures the integrity and capability of the institution and its compliance with statutory, regulatory, and accreditation requirements.

The team report indicated that the institution did not provide the team with all required documentation as requested two weeks prior to the visit on the Preparation Checklist for ACCET On-Site Evaluation Visit. Many of the documents eventually provided, including Documents 28.1, were from a prior ASER and were outdated. ACCET Document 21 and 50 FR were produced only during the second day of the visit. The institution did not provide a complete roster of active students, schedules for faculty/staff, Documents 28.1 for the full periods of enrollment requested, or any On-Site Visit Verification Forms. ACCET Document 12.b - Annual Report and Enrollment Statistics was not provided by the institution.

The institution did not articulate clear program offerings. The student catalog lists only two programs – a 600 hour Basic Esthetics Program and a 600 hour Master Esthetics Program – while the application for accreditation included the following five programs: Esthetics Program Online Blended; Esthetics Classroom; Master Esthetics Online Blended; Master Esthetics Classroom; and Continuing Education Courses. No objectives were published in the institution’s catalog other than for the Basic Esthetics and Master Esthetics programs, and the institution was unable to provide the team with a clear idea of, or documentation to support, the number of hours attributed to online and residential learning for current students or graduates of any of its programs. In addition, while the institution provided a letter indicating that its programs were approved by the Virginia Board for Barbers and Cosmetology, it could not provide the team with an application or other documentation to evidence the content of the programs actually approved.

The Continuing Education courses, according to the institution’s ASER, are composed of students taking Continuing Education Units (CEUs) from the institution’s principal programs for purposes of continuing education. However, the institution was unable to provide the team with student records or other supporting data to validate programs offered over the last two years or the accuracy of the enrollment statistics claimed by the institution in its ASER.

In its response, the institution provided copies of completion certificates for two students from continuing education courses, but failed to demonstrate how continuing education courses and student completion is tracked and documented. No evidence of enrollment agreements were provided, or other evidence to demonstrate how many students were enrolled in the institution’s programs over the past two years. The institution failed to provide an updated catalog or website screenshot to demonstrate current program offerings. No explanation of or evidence to support the length of the on-line portion of the course work was provided. Two documents listed as “syllabi” were included in the response; however, they are only course listings and do not demonstrate the number of hours required for on-line and residential coursework. Further, the institution did not provide a complete roster of active students, schedules for faculty/staff, Documents 28.1 for the full periods of enrollment requested by the on-site team, any On-Site Visit Verification Forms, or ACCET Document 12.b - Annual Report and Enrollment Statistics.

as required.

Therefore, the institution failed to demonstrate that the management structure ensures the integrity and capability of the institution and its compliance with accreditation requirements, as required by the standard.

4. Standard II.B: Institutional Management

The institution failed to demonstrate that the institution's management develops and effectively implements policies within an organizational framework that are clearly defined, understood, and effective, and that written policies and procedures guide the day-to-day operations of the institution.

The team report indicated that policies and procedures and supporting documentation to demonstrate implementation were laboriously and slowly produced on a piecemeal and incomplete basis and that the institution's management did not demonstrate that they were conversant in any area of policy.

In its response, the institution indicated that its owner is well qualified and that its staff are aware of internal policies. The institution indicated that, "IECT has many policies ranging from Satisfactory Academic Progress (SAP) to FERPA – not sure the staff could quote each policy verbatim, however, we are certain we could have provided access to the policy documents and reviewed if provided an opportunity." However, no policies or procedures were provided in response to this standard to demonstrate that written policies and procedures guide the day-to-day operations of the institution. The institution indicated that "our policies overall meet the requirements of ACCET," yet, as no policies were provide in the response, the institution failed to demonstrate this fact.

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 maintained in an accurate, orderly, and up-to-date manner; and that the record-keeping system facilitates ready access and review of these records by appropriate parties.

The team report indicated that the institution's electronic record-keeping system could not be accessed in a timely manner during the on-site visit, and the institution provided the team with only three files for graduates, and no current student files were provided. The graduate files contained incomplete enrollment agreements and no evidence of student progress, student attendance, or placement verification.

In addition, despite presenting the team with a Document 28.1 – Completion and Placement

Statistics, albeit a single and inaccurately completed document for the 2018 Esthetics Online Blended Program, no supporting verification documentation was produced. Correspondingly, and as further discussed under the relevant standard, the institution could not demonstrate the integrity of its financial procedures, its admissions processes, student attendance and progress, or completion and placement rates.

In its response, the institution indicated that, “all of the information that the team could have reviewed at the time of the visit was in the system and the attached documents support our claim.” The narrative indicated that the institution had attached records for its current students; however the records provided were for a single student, [REDACTED]. The student file submitted included an application for admissions, certificates of completion for “600 Hour Esthetics” and “Electrotherapy Treatment,” an application for the license exam, acknowledgement of receipt of catalog, one course syllabi, four class schedules, LMS login information, copy of high school diploma and college transcripts, a student survey (titled “evaluation report”), payment information, and a letter acknowledging receipt of payment. The institution indicated that it submitted attendance and grading documentation, as well as current employment status of graduates; however, the documentation provided in response to this standard did not include attendance, grades, evidence of student progress, or employment status. Additionally, no enrollment agreements were provided.

Therefore, the institution failed to demonstrate an organized record-keeping system that ensures all records are maintained in an accurate, orderly, and up-to-date manner; with ready access and review of these records by appropriate parties, as required by the standard.

6. Standard II.E: Communications

The institution failed to demonstrate that management ensures regular and effective communication among appropriate members of the institution on pertinent aspects of its operations.

The team report indicated that according to the institution’s ASER, the two senior administrators “meet almost daily and discuss issues related to student success, administration (policy, procedures), and financial considerations.” While the institution provided the team with some basic meeting agendas, as well as an example of a text-messaging thread, the team found that, outside of the area of instruction, communications were minimal and that the institution did not demonstrate familiarity with a large number of policies and procedures developed to demonstrate compliance with the standards of accreditation, including in the areas of goals, planning, professional development and training, and completion and placement, among other areas.

In its response, the institution indicated that, “we dialogue daily about strategies that will allow us to provide the student with the best possible learning outcomes.” The narrative mentioned updated course protocols and daily strategy meetings regarding those protocols. However, no supporting documentation was provided to support this communication. Further,

the institution failed to address the concerns regarding communication of internal policies and operations.

Therefore, the institution failed to demonstrate that management ensures regular and effective communication among appropriate members of the institution on pertinent aspects of its operations, as required by the standard.

7. Standard III.B: Financial Procedures

The institution failed to demonstrate that tuition charges are applied fairly and consistently; and that 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's cancellation and refund policy is not consistent with ACCET Document 31 – Cancellation and Refund Policy, in that: (a) it requires written notice of cancellation and withdrawal; and (b) provides a tuition refund based on 25% increments through 75% of the program (according to the institution's ASER) or 10% increments through 90% of the program (according to the student catalog) and, in neither case, provides for calculating refunds on a pro-rated basis based on the last day of attendance, as required by ACCET Document 31.

In addition, as discussed under Standard VII:B – Admissions/Enrollment, the team found that tuition charged to the three graduates whose files were the only student records made available for the team's review, while consistent, did not correspond to published tuition costs. In addition, no files were made available for review of itemized fees or other charges for students, although the institution charges a non-refundable registration fee (\$50, according to the ASER, and \$10, according to the student catalog), as well as non-detailed fees for books, supplies, uniforms, and "miscellaneous expenses."

In its response, the institution provided an updated catalog with a revised refund policy. While providing for pro-rated refunds through 50% of the institution's programs, the policy still requires written notice of withdrawal, which is not compliant with ACCET Document 31. Further, the refund policy conflates cancellation and withdrawal, "IECT considers a withdrawal as a cancellation or no show. A student who is considered a cancellation or no show will be refunded all charges and all payments will be returned to the individual less the application/registration fee." However, withdrawals are not in all cases provided a full refund. Further, the institution did not provide evidence of implementation for its revised policy, evidence that the policy has been communicated to students and staff, or evidence of revised enrollment agreements. At the time of Commission review, the online catalog (as of 3/28/19) continues to contain the "10% increments" language identified in the team report.

The institution indicates that "IECT has been running a non-competitive discount via the website. While not published in the catalog, this discount is \$1700 lower than the catalog price and there are no discrimination clauses." The revised catalog, submitted with the

institution's response, lists both a "total cost" and "promotion price."

The institution indicated that it "uses its electronic capabilities to house the [student] files. Unfortunately, during the visit we wrongly assumed the team would be willing to review the records in e-format." This misstates the team's findings that requested files could not be produced by the institution. The institution further states that it has "attached copies of the files as they were at the time of the visit." However, the only document submitted in response to this standard is a draft course catalog.

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

8. Standard IV.A: Educational Goals and Objectives

The institution failed to demonstrate that its programs and courses have appropriate educational goals and objectives; and that the curriculum content and learning experiences are preplanned and present a sound, systematic, and sequential educational methodology.

The team report indicated that while the team found that the institution's basic curriculum and syllabi corresponded with the minimum requirements of the State Board of Cosmetology and Barbering, the institution did not articulate or provide supporting documentation to fully describe its program offerings. The institution's student catalog includes only two programs – a 600 hour Basic Esthetics Program and a 600 hour Master Esthetics Program – while the application for accreditation included the following five programs: Esthetics Program Online Blended; Esthetics Classroom; Master Esthetics Online Blended; Master Esthetics Classroom; and Continuing Education Courses. No objectives were published in the institution's catalog other than for the Basic Esthetics and Master Esthetics programs.

In addition, the institution's clock hours are stated differently in its catalog and application for accreditation. For example, the "Esthetics Curriculum" is described as having a total of 600 clock hours of instruction, including 270 hours of "Lecture Science Theory," 330 hours of "Lecture Services Skills," and 56 hours and 25 minutes of "Practical Performance/Lab clock hours," which differs from allocated hours in the institution's application and catalog. In the same document, the institution also indicates that it adheres to the State Board of Cosmetology and Barbering to require 600 total clock hours of instruction as follows: 382.50 clock hours of "Lecture Science Theory;" 217.50 clock hours of "Lecture Services Skills;" and 72 clock hours and six minutes of "Practical Performance."

During the on-site visit, the institution was unable to provide any indication of how many clock hours in any of its programs were attributable to lecture or lab or to online and residential instruction.

In its response, the institution indicated that, "The online blended course and the residential courses have the same number of clock hours approval [sic]. The only difference is the delivery modality of lecture/classroom instructions." The institution provided a copy of the

course listings for the Esthetics and Master Esthetics titled “Online blended Course Curriculum Non- Traditional Classroom Instructions - curriculum, hours of instruction, and Course titles;” however, no course hours were provided to demonstrate the number of hours dedicated to the online modality in the blended program. Further, the institution failed to provide an updated catalog to demonstrate the full listing of programs offered, nor did the institution demonstrate an alignment of hours allotted for lecture and lab comparable with the curriculum, catalog, and state approval.

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

9. Standard IV.B: Program/Instructional Materials

The institution failed to demonstrate that program materials, including syllabi, and lesson plans demonstrate the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives.

The team report indicated that while IECT claims to utilize “a lesson plan and syllabi schedule that is tailored to each interaction with the student,” only two rudimentary syllabi were presented for a Basic and Masters’ course, and no lesson plans were made available for the team’s review. In addition, all of the institution’s IDL curriculum delivery is contracted out. The institution’s residential staff (i.e., the President and Academic Director) articulated no familiarity with the on-line content or modality, including the number of clock hours attributed to online training or the degree of interaction between instructors and students or between students and other students.

In its response, the institution provided lesson plans and a syllabus, referred to as a schedule, for one course, “Manual Exfoliation/ Exfoliation.” Additionally, the institution provided a document title “Esthetics Lesson and Assignments LMS Record,” presumably for student ■■■■■; however the hyperlinks included could not be opened, as they require a login and password.

The institution indicated that, “Our schedules are kept in the LMS for which the IDL SME had complete access.” The institution provided no syllabi or lesson plans for the online component of the IDL modules, nor did it demonstrate that the IDL instruction includes student-to-instructor interaction and student-to-student interaction as required by the ACCET Specific Field Criteria for IDL.

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

10. Standard V.A: Instructional Methods

The institution failed to demonstrate that instructional methods encourage active and motivated responses from students; that written policies and procedures are in place to ensure that the

curricula are followed and that there is consistency of application by all instructional staff; and that the instructional methodology is consistent with contemporary training industry standards and appropriate to the educational goals and curricular objectives, facilitates learning, and serves the individual learning needs and objectives of students.

The team report indicated that while the team's observations regarding residential instruction reflected the institution's claims to adhere to a "student-centered" methodology, the team found that the institution's ability to facilitate the appropriate level of instructor-to-student and student-to-student interaction consistent with the IDL modality were limited. Specifically, the team found that there was minimal two-way communication between the instructor and students and no interaction at all between students and other students, as required by ACCET field specific criteria. As the IDL modality accounts for the majority of the institution's instruction, the team found that the institution did not demonstrate that its instructional methodology was consistent with contemporary training standards or appropriate to the educational goals and curricular objectives of its program offerings.

In its response, the institution provided screen shots of online discussions between the instructor and one student, [REDACTED], but failed to demonstrate the interactivity of the instructor with all students throughout all blended programs. The institution indicated that, "To augment the online assignment and the classroom face to face discussion - the students respond with email feedback as a result of their reflection of the classroom discussion. This (email) serves as a virtual student to student engagement." However, no emails or other form of documentation were provided to demonstrate student-to-student interaction. Additionally, the institution provided Word documents that illustrate topic bullet points, but failed to demonstrate interactivity between students and the instructor or student-to-student interaction, as required by the standard.

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

11. Standard V.B: Learning Resources, Equipment, and Supplies

The institution failed to demonstrate that learning resources support the goals and objectives of the programs offered by the institution.

The team report indicated that while the institution's spa and physical equipment are consistent with State Board requirements for esthetics schools, and that the equipment was up to date and in good repair, the institution did not demonstrate that it had developed an online platform for delivery of IDL content which ensures an appropriate level of instructor-to-student or student-to-student interaction consistent with ACCET standards on IDL program delivery.

In its response, the institution provided a number of screenshots of the institution's LMS and webpage; however, none demonstrated the capability of the online platform to facilitate student-to-student interaction or student-to-instructor interaction.

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

12. Standard VI.A: Qualifications of Instructional Personnel and Standard VI.B: Supervision of Instruction

The institution failed to demonstrate that instructional personnel possess the appropriate combination of relevant educational credential(s), specialized training and/or certification, work experience, and demonstrated teaching and classroom management skills, which qualifies them for their training assignments; that supervisors of instructional personnel demonstrate good practice in the evaluation and direction of instructors; and that regular classroom observations are conducted at least annually by qualified supervisors and are documented and effectively utilized to enhance the quality of instruction.

The team report indicated that while the institution's instructors are qualified to deliver the residential esthetics programs offered at the institution, the institution provided no documentation to support claims that its instructors are trained or competent in the delivery of these programs by way of Interactive Distance Learning (IDL). Further, there was no indication of any supervision of instruction (observations or evaluations) in employee files.

In its response, the institution indicated that the IDL instructor completed a "rigorous 9-week course, Online Teaching and Learning Certificate with the Thomas Jennings Open Learning Village." While the institution provided a certificate of completion, no additional documentation was provided to evidence the rigor of the training or demonstrate the topics covered. Further, the institution indicated that the instructor receives feedback from the institution's consultant, [REDACTED] "who was responsible for creating the course structure and recommending the NEO LMS." However, no evidence of observation completed by [REDACTED], or feedback provided by [REDACTED] was submitted. The institution provided a screenshot of an email scheduling a classroom observation for May 25, 2018, but no evidence of the completed evaluation was provided.

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

13. Standard VI.C: Instructor Orientation and Training

The institution failed to demonstrate that the institution develops and implements written policy for the effective orientation and training of instructional personnel to ensure a consistent, high level of instruction; and that regular and relevant in-service training and/or professional development of instructional personnel are conducted and documented.

The team report indicated that while both faculty were well-qualified to teach the programs offered on a residential basis at the institution, no documentation of any training was available for the team's review. While the institution has a general policy to require "all instructors to receive training" prior to instruction, it does not maintain a checklist or document any such

training. In addition, while ACCET Document 6 – Faculty/Administrative Personnel Form for the Academic Director indicated that she had completed an “Online Teaching and Learning Course” in 2014, there was no documentation in the employee’s file to support this assertion. The institution did not provide the team with any documentation to ensure that it had written policies and procedures for the ongoing training of instructors, any in-service training, or any documentation to indicate that any training had been conducted or received.

In its response, the institution indicated that instructor training is documented in instructor files, including informal training, formal training certification, instructor licensure and training at events. The institution provided evidence of CPR certification for both instructors completed in 2016 with a recommended renewal date of 12/2018, along with evidence of completion of a blood-borne pathogens training dated 2016, holistic nutrition and health care practitioner certifications (██████████) from 2012, an estheticians license (██████████) with an expiration of 2003, evidence of membership at ASCP with an expiration of 3/24/2019, and the certificate of completion for the online teaching and learning course from Thomas Jennings Open Learning Village (██████████) dated 7/16/2014. The institution failed to provide evidence of IECT instructor training or orientation, evidence of instructional training, updated or current certifications, or evidence of planned professional development for the future.

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

14. Standard VII.B: Admissions/Enrollment

The institution failed to demonstrate that the written enrollment agreement, contract, or application, as applicable, is furnished to appropriate parties before any payment or obligation is made and clearly identifies the rights, obligations, and responsibilities of all parties; and that this document includes all costs stated in clear and explicit language.

The team report indicated that the enrollment agreements for the three graduate files provided by the institution charged a tuition rate that did not correspond to published tuition costs (students ██████████, were each charged \$6,100 in tuition, while the catalog provided for \$8,000 in tuition costs). In addition, these files did not itemize fees or other charges for students, although the institution charges a non-refundable registration fee (\$50, according to the ASER, and \$10, according to the student catalog), as well as non-detailed fees for books, supplies, uniforms, and “miscellaneous expenses.”

Further, prospective students, for purposes of the institution’s IDL course offerings, are not informed of how the authenticity of coursework will be verified, as required by ACCET specific field criteria.

In its response, the institution indicated that students received a discount of \$1,900 in 2018 and that the current cost of tuition is \$8,700 with a discount of \$1,700. The institution submitted a draft catalog for 2019 that includes the tuition cost and discounted cost with the miscellaneous charges removed; however, no updated enrollment agreement or completed forms were

provided to demonstrate implementation. Additionally, the institution failed to address the requirements of coursework authenticity for the IDL components of the blended programs.

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

15. Standard VIII.A: Performance Measurements

The institution failed to demonstrate that performance measurements are written, periodically evaluated, and updated to ensure instructional effectiveness; that it has a sound, written assessment system that contains a set of defined elements, such as grading scale, weighting factors, tests, quizzes, reports, projects, attendance, and participation, that are appropriately related to the performance objectives of the program or course; and that it clearly and effectively communicates the assessment system to students at orientation and/or the beginning of the course/program.

The team report indicated that student evaluations, according to the institution's ASER, "are measured on [a] standard percentile basis," and measured by means of tests and evaluations each week, although "[t]he evaluation is typically done in two segments – one to measure the progress to meet the objectives and the other is to provide a formative assessment so that students can build upon the coursework so that the summative exams will be second nature." An orientation on required pass rates, according to the institution's ASER, is conducted prior to each course, but a sound, written assessment system that contains a set of defined elements is not otherwise communicated to students and is not clearly defined in any of the institution's catalogs, policies, or student records. In addition, the institution was only able to provide the team with student files for three graduates, none of which contained evidence of the implementation of a sound, written assessment system, with defined elements, to calculate performance measurements or the completion of defined elements to calculate academic attainment of the institution's rudimentary measurements for any of the students. Further, the institution's assessment system is not clearly communicated to students or published and recorded in a manner that is readily-reviewable by third parties.

In its response, the institution provided an assessment policy, but failed to include the performance measurements for each course/program. The policy did not include a set of defined elements, such as grading scale, weighting factors, tests, quizzes, reports, projects, attendance, and participation, that are appropriately related to the performance objectives of the program, as required by the standard. The institution's narrative addressed the use of formative and summative assessments to help students achieve academic and practical success, noting that these include quiz/tests, projects, performance demonstrations, grading scales, discussions, homework assignments, participation, as tools to engage, evaluate and measure student outcomes, but failed to provide evidence of the breakdown of these criteria by program for review by the student, and implementation by the instructor.

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

16. Standard VIII.B: Attendance

The institution failed to demonstrate that it establishes and implements written policies and procedures for monitoring and documenting attendance; that the attendance policy ensures that student attendance and participation are consistent with: (1) the expected performance outcomes of the course or program; and (2) statutory, regulatory, and accreditation requirements, including at a minimum the required student attendance rate established by the Accrediting Commission; and that the institution publishes a clear description of its attendance requirements and informs students of their attendance on a regular and timely basis.

The team report indicated that the institution did not provide documented evidence of attendance tracking other than online instruction. One example of the institution's "Attendance Schedule and Record" was pre-signed (up to 20 lessons in advance, by both the instructor and the student) for all program weeks, with no date, weekly hours, or "remarks" noted.

While the institution's attendance policy, as published in the student catalog, states that "students are expected to attend all schedules regularly and on time in order to achieve the learning goals for their program of study," it does not define minimum attendance requirements and does not communicate a minimum 80% attendance requirement to students. It is noted that the catalog mentions an 85% attendance requirement for SAP but does not indicate that percentage as part of the attendance criteria. The institution defines tardiness as arriving five minutes late for class but does not define early departures nor consequences for arriving late or leaving early, as required by ACCET Document 35 – Attendance Policy.

The institution's leave of absence policy does not define the circumstances under which an LOA can be requested, the length and frequency of such requests, the documentation of the institution's approval of LOAs, or limitations on LOAs, as required by ACCET Document 36 – Leave of Absence Policy.

The institution did not demonstrate that its record-keeping system could validate, for third-party review, that it adhered to its own attendance policy or the ACCET standard.

In its response, the institution provided a draft 2019 catalog with an updated attendance policy but failed to provide evidence of attendance tracking, implementation of an attendance policy, or documentation that its revised attendance policy had been communicated to students and staff. Additionally, the revised policy defines tardiness as, "a student entering a scheduled and published classroom meeting more than 5 minutes after the scheduled and published time. Students who clock out before the scheduled class end time will be considered having an early departure;" however, consistent consequences of late arrival and early departure are not defined, as the policy states that they "may result in suspension at the discretion of administration." Similarly, the policy indicates that, "excessive absences, tardies and/or early departures may result in probation, suspension, or termination from the program," but no specific consequences are provided, nor is the requirement of 80% attendance published in compliance with ACCET Document 35. Further, the institution's

policy indicates that “tardies and early departures may be excused if the student provides documentation including, but not limited to, medical notes, or legal-related documentation;” which does not comply with ACCET Document 35 which require, “a clear statement that excused absences will count as absences in the calculation of attendance rates and will not increase the maximum number of allowable absences.” Further, the institution’s updated Leave of Absence policy does not comply with ACCET Document 36 as it does not specify that a leave of absence is reserved for emergency situations such as a serious illness, debilitating injury, or death in the immediate family.

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

17. Standard VIII.C: Student Progress

The institution failed to demonstrate that the institution effectively monitors, assesses, and records the progress of students utilizing the sound and clearly defined assessment system established by the institution; that student progress is documented consistently in accordance with institutionally established performance outcomes and is communicated to all students; that students are informed of their progress on a regular and timely basis; and that 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 team report indicated that while the institution provided the team with student transcripts for a limited number of students, it provided no substantiating evidence that it had accurately tracked student progress other than a clinical performance grading checklist for skill sets (termed as “protocols”). The institution has not developed a set of defined elements for student evaluations that is communicated to students. The institution did not provide the team with a policy, procedures, or student files to demonstrate that it effectively monitors, assesses, and records the progress of students by means of its assessment system. None of the institution’s documentation or the limited records (three graduate students) made available to the team demonstrated that the institution informs its students of their progress on a regular or timely basis or that the institution publishes a clear description of its requirements for satisfactory student progress to determine student compliance or document results.

In its response, the institution indicated that, “we track student progress through the NEO LMS as well as our Web portal.” The institution provided screenshots of the LMS that show attendance for one student (████████) and gradebook entries for ██████████ and ██████████, with percentages ranging from 101% to 106%. The institution failed to provide a policy and procedure for the tracking of student academic progress, failed to demonstrate that student are made aware to the requirements to maintain academic progress, and failed to provide documentation that students are notified of their progress on a regular basis.

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

18. Standard IX.A: Student Satisfaction

The institution failed to demonstrate that interim evaluations and a final evaluation upon completion of the term of enrollment are specified components of determining student satisfaction, and that student feedback is utilized to improve the education, training, and student services provided by the institution.

The team report indicated that student feedback was not consistently solicited or documented and that the limited student feedback reviewed contained substantive suggestions for improvement upon which the institution had not acted. The team was provided only three student files which, upon review, contained the following suggestions or comments: (a) a recommendation for the institution to create a school calendar; (2) "I was confused and it took me til week 7 and 8 to know what I was doing;" and (3) a student indicated that he or she would like a syllabus to "know what is next."

In its response, the institution provided screenshots of a February 2019 administrative calendar which included office hours and campus tour dates, as well as a October 2018, February 2019, and March 2019 Esthetics Group calendars; however no calendars were submitted to demonstrate future group schedules. Additionally, the institution provided copies of four student surveys; two from [REDACTED] dated 12/12/18 and 3/13/19, and two from [REDACTED] dated 12/6/18 and 2/20/19; however, these survey did not demonstrate that all students are provided an opportunity to share feedback at the interim and final stages of the program as required by the standard.

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

19. Standard IX.B: Employer/Sponsor Satisfaction

The institution failed to demonstrate that the institution establishes and implements written policies and procedures that provide an effective means to regularly assess, document, and validate employer satisfaction relative to the quality of the education and training provided; and that feedback from employers who hire graduates is documented and utilized to improve the education, training, and student services of the institution.

The team report indicated that the institution did not demonstrate that any written polices or procedures had been developed or effectively implemented to regularly assess, document, or validate employer satisfaction.

In its response, the institution indicated that "we have had a consistent survey process that solicits and documents the feedback we obtain from employers." However, no completed surveys were provide. The institution provided an Employer Satisfaction Policy, yet the policy indicates what the institution plans to do, not what it is doing. For example, the policy indicates that "the team will identify the key indicators that drive employer satisfaction which will include (but not limited too): 1. Knowledge of esthetics tools and techniques 2. Quality

of soft skills (e.g., communication skills, dress and appearance, etc.) 3. Areas for improvement 4. Knowledge of the esthetics industry,” noting that “each area will be measured on a scale determined by the team,” yet no scale is provided. The policy further indicates that the institution will, “develop a mechanism for providing contact/feedback to the employer,” but no procedure for soliciting employers is included. Finally, the policy indicates that the institution will “share results during annual planning meetings,” but no evidence of this review was provided.

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

20. Standard IX.D: Completion and Placement

The institution failed to demonstrate that it establishes and implements written policies and procedures that provide effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion and placement rates, as applicable; that the number of students who complete the programs and courses in which they enroll is consistent with the benchmarks established by the Accrediting Commission, and that job placement assistance is provided to enhance the effectiveness of the training services provided; and that the quality of such programs is validated by positive training related outcomes consistent with the benchmarks established by the Accrediting Commission.

The team report indicated that the institution’s student records did not contain sufficient documentation to evidence that attendance or academic progress supported the completion rate provided. The single ACCET Document 28.1 – Completion and Placement Statistics, provided to the team during the on-site visit, indicated a completion rate of 116.67%, with no supporting documentation.

The institution provided no evidence that it conducts career preparation or training outside of its training modules, identifies or posts job openings, schedules job interviews for its graduates, or participates in career fairs.

The single ACCET Document 28.1 was provided with no supporting documentation (including any placement documentation or On-Site Verification Forms) to validate the institution’s claims of 100% placement of five graduates eligible for placement in 2018. No documentation for 2017, requested two weeks prior to the on-site visit, was provided to the team.

In its response, the institution claimed that the ACCET Document 28.1 provided to the team was submitted with a minor error. A revised document was provided, in addition to 28.1s for calendar year 2017. The institution indicated that, “as for the supporting documentation, we present feedback from graduates and employees that validates their status as either self-employed in the industry or gainfully employed at an industry related business;” however, no supporting documentation was provided. The institution did not address the team’s concern relative to the lack of career preparation, the integrity of the completion rates provided, or the

missing OSVFs. As a result, the institution's completion and placement statistics could not be verified.

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

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

If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of \$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 or withdraw accreditation. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the Commission's action to deny or withdraw accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III-A, Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information provided all of the following conditions are met:

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

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

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

Institute of Epidermal Cell Therapy

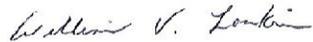
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changes to its operations, such as additional programs or sites, until a notice of final action is forwarded by the Commission.

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

Sincerely,



William V. Larkin, Ed. D.

Executive Director

WVL/lao

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