



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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April 29, 2019

VIA EMAIL & FEDERAL EXPRESS
(complianceenglishspot@gmail.com)

Mr. Massimiliano Luca
Compliance
English Spot
11402 NW 41st St. #222
Doral, FL 33178

Re: Initial Accreditation Denied

ACCET ID #1568

Dear Mr. Luca,

At its April 2019 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to English Spot located in Doral, Florida.

The decision was based upon a careful review and evaluation of the institution's record, including the institution's application for accreditation, Analytic Self-Evaluation Report (ASER) (submitted November 16, 2018), on-site visit team report (visit conducted January 31-February 1, 2019), and the institution's response to the report (dated March 20, 2019). The team report cited the institution for weaknesses under sixteen of ACCET's thirty-three Standards for Accreditation, with thirteen of those weaknesses having ratings of 1 or 2. It is noted that one weakness cited in the team report, under Standard I-C Planning, was adequately addressed in the institution's response and accepted by the Commission. However, the Commission determined that the institution has not adequately demonstrated compliance in its responses to the remaining weaknesses cited thereby failing to meet the requirements of ACCET standards and failing to demonstrate implementation of policies and procedures relative to the following findings:

1. Standard I-A: Mission

The institution failed to demonstrate that its mission provides a definitive basis upon which to assess its education and training programs. The institution did not demonstrate that it has established systematic and effective policies and procedures that utilizes specific criteria to measure whether it is achieving its mission.

The team report indicated that the institution had not defined specific criteria to measure its mission nor did it have systematic procedures in place to gather relevant data to inform its mission. The institution's mission statement, "*Our main motivation is to get our students to fulfill their dreams and goals*" was not substantiated by evidence to demonstrate that students were fulfilling their dreams and goals thereby failing to validate the effectiveness of the training offered.

In its response, the institution submitted a revised mission statement as follows: "To be an educational institution with innovative techniques and fun activities that motivate and promote language learning as one of the steps towards personal improvement and as an obligatory element in the process of communication with other cultures."

The institution indicated that it will begin to measure the success of its mission through exit tests and further stated that, "...our measure of success will be to be able to get 70% of students who have started the course with a satisfactory level of conversation according to our GPA policies." However, no supporting documentation was provided to include: evidence of dissemination of the revised mission to staff and faculty and evidence of training on relevant (and revised) policies and procedures to demonstrate systematic and effective implementation of this new plan.

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

2. Standard II-A: Governance

The institution failed to demonstrate that it has a clearly defined and accountable governance structure that successfully guides the overall direction and effectiveness of the organization. Further, the management structure of the institution did not demonstrate that it is capable of maintaining compliance with regulatory and accreditation requirements.

The team report indicated that the institution did not demonstrate comprehensive knowledge of ACCET's standards of accreditation.

In its response, the institution indicated that important adjustments have been made to adapt to ACCET standards. The mission was revised to be measurable, and long term plans were updated and modified to suit the institution's objectives. Additionally, the institution indicated that various new policies and procedures are in the process of being implemented to ensure efficient operation of the institution over time. Some of the newly created policies and procedures mentioned in the institution's response included: purchasing policies; the launch of an Educational Management System to more effectively track attendance and record grades; changing the independent contractor status of several teachers to permanent employees; and the implementation of automatic calculations for the reimbursement of students who drop, withdraw, or cancel to better guarantee correct application of the refund policy.

The Commission noted that while the institution made some needed adjustments to policies and procedures and is commended on adapting a new educational management system (Student Information System called STARS), the institution continued to demonstrate throughout the entirety of its response to the team report that it does not have a solid understanding or comprehensive knowledge of ACCET's standards for accreditation. The institution failed to include revised/updated policies and procedures for review by the Commission, therefore, the Commission could not determine compliance with ACCET standards. Further, the institution did not demonstrate systematic and effective implementation of new policies and procedures.

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

3. Standard II-B: Institutional Management

The institution failed to demonstrate its management responsibly develops and effectively implements written policies and procedures within an organizational framework that is clearly defined, understood, and effective. The institution also failed to demonstrate that written policies and procedures guide the day-to-day operation of the institution.

The team report indicated that the institution does not demonstrate that it has all the necessary established policies and procedures required to cover key areas of operation. While some policies and procedures exist, they are not implemented and/or developed to meet specific regulatory requirements and institutional needs.

In its response, the institution stated the following: "Our academy has been going through a process of transformation from being an English academy that only taught face to face and with few controls, to an academy where group classes are taught with a defined curriculum, with periodic evaluations, and processes... This has been a major change in our work philosophy and it has taken time to adapt. We know that we are on the right road even though the new owners, dedicated to health businesses, have been generating the appropriate knowledge of this concept." The institution further indicated that while it had revised its attendance policy, it had not been strict enough in enforcing it and now teachers have been instructed on how to properly take attendance and mark tardies.

Despite its statement of earnest intentions, the institution did not provide any supporting documentation to evidence staff/faculty meetings and/or trainings on new or revised policies and procedures, nor did the institution submit formalized plans, timelines, schedules, or agendas for administrative staff to meet ACCET standards.

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

4. Standard II-C: Human Resource Management

The institution failed to demonstrate that it has established HR policies and procedures that

address the orientation, supervision, evaluation, retention, training and/or professional development of all personnel.

The team report indicated that the institution did not have sufficient policies and procedures regarding the recruitment, selection, hiring, retention, orientation, supervision, evaluation, and professional development of employees. At the time of the on-site visit, the institution did not have evidence of I-9 forms for employees, however there were W-4 forms on file for employees. It was further noted that the majority of staff and faculty were hired as independent contractors on 1099s, however the job descriptions indicated that the instructors had assigned schedules and the administrative staff had regular office hours indicating that these employees did not meet the definition of independent contractors. For the four employees considered direct hires of the institution, there also were no I-9 forms on file.

In its response, the institution provided a "Recruitment and Selection Policy." The institution further indicated that all faculty who were previously employed as independent contractors were transferred to direct employees of the academy. The institution also provided evidence of payroll deductions for faculty and staff to evidence this change in employee status. Additionally, the institution provided evidence of completed I-9 forms for employees that were not available during on-site visit.

However, the institution did not submit policies and procedures covering all of the elements required to be in full compliance with this standard. There was no evidence of policies and procedures relative to the onboarding, training, and orientation of faculty and staff. The institution did not provide evidence of policies and procedures related to retention, supervision, evaluation, and professional development of faculty and staff.

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

5. Standard II-D: Records

The institution failed to demonstrate that it has fully implemented a reliable record-keeping system that ensures all records are maintained in an accurate, orderly, and up-to-date manner. It is not evident that the institution's record-keeping system facilitates ready access and review by authorized third parties. Further, the institution failed to demonstrate that records are maintained for a period of time consistent with applicable statutes, regulations, and sound business and educational practices.

The team report indicated that students' grades, attendance records, financial information, and completion data were either out-of-date, missing, or incomplete. By way of example, English Spot's Enrollment Agreements (EAs) were missing a signature (or official stamp) from the institution verifying student acceptance. Dates on Enrollment Agreements were found to be inconsistent with students' actual start dates, and estimated program/course completion dates were inconsistently filled out on the EAs. Overall, student records were found to be disorganized and did not facilitate ease for a third party review. There was no

evidence of policies and procedures for record retention and/or record maintenance, auditing, and oversight.

In its response, the institution indicated that it has a newly implemented STARS system that is being utilized as a comprehensive educational management system. The institution indicated that it has been loading students' records, teachers' schedules, attendance records, and grades into this database, and it was expressed in the response that this recordkeeping system shows great potential to: "fulfill our aspirations of being an academy with systems that support operational processes." The institution further explained that its registrar functions have been redistributed, and it is hoped that this reorganization will improve the maintenance of students' information from the time of their arrival at the academy. It was indicated that all records will now be digital and stored directly in each student's profile through the new STARS system.

While the institution has begun implementation of a new Student Information System (STARS), it has not demonstrated evidence of internal training of faculty and staff on this system. Because the new recordkeeping procedures have not been fully executed, the institution could not demonstrate systematic and effective implementation of these key procedures and processes over time. Additionally, the institution did not provide new and/or updated/revised policies and procedures on record retention, record auditing, maintenance, and oversight.

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

6. Standard III-B Financial Procedures

The institution failed to demonstrate that systematic and effective procedures are implemented for proper financial controls and that receipt of tuition payments and other monies are properly recorded and tracked. In particular, the institution failed to demonstrate that cancellation and refund policies are consistently administered in compliance with regulatory and accreditation requirements.

The team report indicated that the institution did not implement refund calculations in compliance with ACCET Document 31.ESOL Cancellation and Refund Policy. At the time of the visit, the institution did not provide refund calculation worksheets to verify how refund amounts were determined. The institution's Refund Manager was able to assist the team in verifying that the refunds issued were accurate and issued in a timely manner in compliance with the stipulations of Document 31.ESOL, however, without the assistance of the Refund Manager, review of refunds was not transparent for ease of a third party review as there were no refund calculation worksheets indicating key details to include: a student's start date, the student's projected end date, the date of determination (DOD), the last date of attendance (LDA), indication of any leaves of absence (LOAs), percentage of program completed, determination if a refund is due, date of payment (if applicable), and proof of refund (if applicable).

In its response, the institution provided evidence of a newly created refund calculation worksheet that meets the ACCET standard, however, the institution failed to submit actual examples of this worksheet in use to verify systematic and effective implementation of the new refund procedure.

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

7. Standard V-B Learning Resources, Equipment, and Supplies

The institution failed to demonstrate that it has established policies and procedures governing the oversight, functionality, maintenance and tracking of inventory of learning resources to ensure the effective delivery of the institution's education and training.

The team report indicated that the institution did not provide evidence of an established (and published) policy for purchasing, oversight, inventory tracking, and maintenance of educational equipment and supplies when requested by the team on-site. The Academic Director and the Purchasing Coordinator were not aware of any such policy and/or procedures concerning learning resources, equipment, and supplies.

In its response, the institution copied and pasted the policy provided in its ASER, and there was no additional evidence to indicate that the institution's staff had been informed about and trained to implement this policy.

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

8. Standard VI-A Qualifications of Instructional Personnel

The institution failed to demonstrate that instructional personnel possess the appropriate combination of relevant educational credentials, specialized training and/or certification, and demonstrated classroom teaching experience, which qualifies them for their training assignments.

The team report indicated that the minimum requirements for instructors at the institution do not meet the ACCET standard as English Spot states that a university degree is *preferred*. Further, while it states that six months teaching experience is required, it does not specify that the experience needs to be in the areas of ESL or foreign language instruction. Review of faculty files on-site revealed that the majority of instructors were missing documentation of bachelor's degrees. Five faculty had evidence of TESOL certificates from a program which does not include a practicum component as required by this standard. The TESOL certifications reviewed by the team were from Open Academy which offers a 120-hour online program, but no practicum is included. Five instructors did not have evidence of six months of teaching experience at the time of hire as required by the institution's own policy. Three faculty members did not have bachelor's degrees noted on their resumes, and one teacher had

no resume on file with only a partially completed Document 6 -- Faculty Administrative Personnel Form.

In its response, the institution did not fully address the issue of its minimum requirements for instructor hires going forward, therefore, the Commission could not verify that the institution has a revised and compliant hiring policy with the appropriate requirements to include at minimum: 1) a bachelor's degree with at least three months of full-time equivalent ESL or foreign language classroom teaching experience, or (2) a bachelor's degree, along with a certificate in teaching ESL or a foreign language that includes a practice teaching component.

The institution stated that three of the individuals cited in the team report for insufficient teaching experience (██████████) were "not working as teachers at the academy," however, it was unclear to the Commission if this meant that these individuals were no longer working at the academy or if this meant that they are staff members with non-teaching duties. The institution did not address the issue of insufficient teaching experience for ██████████ (minimum six months at the time of hire as stipulated by the institution's own policy). Further, the institution did not address the weakness cited with respect to those teachers who had online TESOL certifications without a practicum component. While the institution attempted to make a case for instructors employed without BA degrees (i.e. ██████████), hired prior to the institution's initial application for accreditation, no information or documentation was provided to address the lack of a bachelor's degree for L. Castellon.

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

9. Standard VI-B Supervision of Instruction

The institution failed to demonstrate that individuals with relevant education and experience in instructional delivery and management supervise instructional personnel.

The team report indicated that the Academic Coordinator's qualifications did not meet the English Spot's own published criteria for the position which states that applicants must have management experience, a bachelor's degree, a TESOL certification, and a minimum of six months of ESL teaching experience. The current Academic Coordinator, ██████████, was hired in 2016. His expected graduation for his bachelor's degree was in March 2019. Additionally, the team report noted that the institution did not provide a policy and procedure for substitute teaching coverage.

In its response, the institution provided a policy/procedure for substitute teaching coverage, however, there was no evidence of communication and/or dissemination of this policy to faculty and relevant staff. The institution did not provide evidence of ██████████ bachelor's degree scheduled for completion on March 28, 2019. The institution indicated that the Academic Director, ██████████, has a Master's degree but this individual does not have TESOL

certification, nor does he have evidence of ESL teaching experience as required by the institution's own policy for qualifications for instructional supervision.

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

10. Standard VII-B Admissions/Enrollment

The institution failed to demonstrate that its written Enrollment Agreement is applicable to the type of training that the students are enrolling in. The institution did not demonstrate that its Enrollment Agreement clearly and *accurately* identifies the relevant rights, obligations, and responsibilities expected of all parties.

The team report indicated that the institution's Enrollment Agreement (EA) includes non-applicable and/or irrelevant details not appropriate to avocational training that present an inaccurate representation or misinformation to students at the onset of their training. The enrollment agreement includes the following section:

"CREDENTIAL AWARDED: Upon satisfactory completion of the program the student will be awarded a _____ (Enter only one credential – Degree level- Diploma, Certificate, Associate,)" Additionally, the institution's EA also includes a statement pertaining to disclosure of truthful information regarding: a) financial assistance and responsibilities, b) the obligation for repayment of loans, and c) the institution's stated intention to refrain from promises of job placement, salary amounts, and Florida state licensure examination passing guarantees. It was noted in the team report that English Spot is an avocational institution that does not prepare students for specific careers and job placement. The institution awards certificates of completion but does not have credentials that include a degree, a diploma, or an associates degree. Further, English Spot, as an avocational institution, does not offer government funded financial aid nor does it support loan funding.

In its response, the institution provided an Enrollment Agreement, however, the document submitted is the same EA that was cited in the weakness in the team report with no evidence of revisions or updates.

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

11. Standard VIII-A Performance Measurements

The institution failed to demonstrate that performance measurements are written, periodically evaluated, and updated to ensure instructional effectiveness. The institution did not demonstrate that it has a sound, written assessment system that measures the success of its programs against recognized benchmarks by providing documented evidence of at least one of the following: (1) a valid and reliable exit proficiency exam administered to students who complete at least 12 weeks of language training, and/or (2) a comparison of the institution's current curriculum with a recognized language framework such as the CEFR. The institution

must demonstrate that it compiles, analyzes, and utilizes the data obtained from measuring its programs against recognized benchmarks to improve the institution's curriculum and its training.

The team report indicated that review of student files did not evidence that an exit exam is administered to validate the training received by completers of the institution's programs.

In its response, the institution submitted an example of an exit exam, however, it did not provide evidence of systematic and effective implementation of this exam with completed examples that showed that this exit tool was being administered to students since the on-site visit. Further, the institution's response failed to include key details relating to the policy and procedure of administering this exam, and compiling, analyzing, and utilizing the data gathered from its implementation and results to inform improvements to the institution's curriculum and training.

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

12. Standard VIII-B Attendance

The institution failed to demonstrate that it systematically and effectively implements written policies and procedures for accurate monitoring and documenting of attendance. Further, the institution failed to demonstrate that it publishes a clear description of its attendance requirements and informs students of their cumulative attendance on a regular and timely basis.

The team report indicated that although the institution includes a procedure for tardies and early departures in its attendance policy, the institution failed to demonstrate that tracking of attendance (specifically including tardies and early departures) is monitored and accurately recorded during the institution's four-hour class periods. Students are given the responsibility for signing in and signing out. While the institution requires students to sign the attendance sheet, there is no date or time indicated on the form thereby impeding the ability of a third party to verify accurate recording of tardies and/or early departures. During the on-site visit, the team was provided with attendance records that were incomplete and/or missing required data, thereby confirming that attendance was not accurately tracked and correctly recorded.

In its response, the institution submitted completed attendance sheets, but these sheets did not provide evidence of what time students are signing in and out. The institution indicated that teachers will be entering attendance into the new Student Information System (STARS), however, there was no evidence in the response that this system had been systematically and effectively implemented. The attendance policy submitted for Commission review is not fully compliant with ACCET Document 35 Policy on Attendance Requirements.

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

13. Standard VIII-C Student Progress

The institution failed to demonstrate that it effectively monitors, assesses, and records the progress of students utilizing a sound and clearly defined assessment system established by the institution. Student progress is not documented consistently in accordance with institutionally established performance outcomes. The institution did not evidence that students are informed of their progress on a regular and timely basis nor did it demonstrate that it publishes a clear description of its requirements for satisfactory student progress. Lastly, the institution did not show that it utilizes sound written policies and procedures to determine student compliance with SAP requirements and that it effectively documents students' results.

The team report indicated that eleven student files were reviewed and were found to be incomplete and confusing for a third party review. Periodic evaluations by instructors were not consistently evident in these files. Further, review of student files failed to demonstrate students' regular linear progression through proficiency levels. Additionally, the institution could not articulate to the team its policy for repeating levels. While student files included mid-term and final test scores, other measures of performance such as grades for homework, grades for participation and final presentation scores were not reliably recorded, thereby bringing into question how final grades were systematically calculated and arrived at. For example, a review of [REDACTED] student file revealed the following issues: 1) although the student's placement test indicated an Intermediate level of proficiency, the student was placed in Basic due to the lack of full functionality of the institution's old SMART system; 2) attendance records for the July-August 2018 session were not recorded and complete, so the team had to manually tabulate the attendance for this period; and 3) although there were two evident absences, the student was awarded a participation grade of 100% (which is weighted as 15% of the total grade according to the SAP policy). The Academic Coordinator indicated to the team that the definition of Participation is at each instructor's personal discretion, however, this contradicts the institution's Attendance Policy which states that "*Attendance will affect students' final grade.*" The institution could not provide student transcripts and indicated that official and unofficial transcript requests will take approximately five to ten business days to process, thus the institution could not demonstrate that its transcripts reflect the key details for each graded component and each session attended.

In its response, the institution submitted a new participation rubric but failed to demonstrate systematic and effective implementation of this tool by way of completed rubrics. There was no evidence to indicate that this new rubric was distributed to teachers, students and relevant administrative staff or that these parties had been trained on how to utilize the rubric to ensure norming across the faculty. The institution explained that it allows new students to waive the placement test procedure if they simply wish to start at the Basic level. This is educationally unsound and does not meet ACCET requirements for this standard. The institution did not address the other issues cited in this weakness, which are significant, and outlined under this standard in detail.

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

14. Standard IX-A Student Satisfaction

The institution failed to demonstrate that it systematically implements procedures that provide an effective means to regularly assess, document, and validate student satisfaction relative to the quality of education, training, and student services provided. Further, the institution did not demonstrate that it is responsive to student issues and that student feedback is utilized to improve key areas of operation relative to curriculum, learning resources, instruction, and extra-curricular activities.

The team report indicated that the institution does not systematically compile and summarize survey results of student feedback and, therefore, could not provide such data to the team. There were partial summaries and results evident for one survey, but the data was not complete. Overall, the institution failed to show how its survey procedures systematically and effectively inform the important processes and key operations of the school. There was no evidence of improvements to training, curriculum or student services based on compilation of data and analysis of student feedback.

In its response, the institution explained that its surveys were processed manually through printed format which did not lend itself to easy analysis. As a result, the institution indicated that it has chosen to conduct electronic surveys based on the Google platform. This survey administration method will instantly generate reports as data is gathered allowing greater ease of analysis going forward. The institution indicated that it has approved three survey formats for use. The institution also included screen shots of the new surveys, however, there was no evidence of implementation of these new tools to include completed surveys and the resulting reports for analysis.

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

15. Standard IX-D Completion and Placement

The institution failed to demonstrate that it has established and implemented 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 of programs. The institution could not verify that the number of students who complete its programs and courses is consistent with the benchmarks established by the Accrediting Commission.

The team report indicated that the institution defines a completer as a student who completes his/her paid period of enrollment, however, at the time of the on-site visit, the institution could not provide the team with completion rates for calendar year 2018.

In its response, the institution provided positive completion data by program for calendar year 2018, however, there was no accompanying policy submitted to explain the systematic procedure of how and when this data is gathered and compiled and what system or software tools are used to assist in storing the data and calculating the rates.

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

It is noted that while the Commission does not feel the institution is currently ready for initial accreditation with ACCET, it is encouraged to continue its positive improvements toward meeting ACCET standards.

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 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 appeals 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:

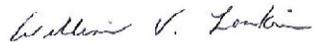
- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's failure to meet ACCET Standard III-A Financial Stability, with the institution's non-compliance with Standard III-A the sole deficiency warranting a final adverse action.
- The financial 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 materially as established by the Commission. Further, any determination made by the Appeals Panel relative to this new financial information shall not constitute a basis for further appeal.

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

It remains our hope that 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/cc

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