



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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December 12, 2013

VIA FEDERAL EXPRESS & EMAIL
(anna@thecollegeofchicago.com)

Ms. Anna Kang, President
The College of Chicago
1400 Business Center Drive
Mount Prospect, IL 60056

***Re: Initial Accreditation Denied
(Appealable, Not a Final Action)
ACCET ID #1393***

Dear Ms. Kang:

This letter is to inform you that, at its December 7, 2013 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to The College of Chicago located in Mount Prospect, Illinois.

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 September 11-12, 2013), and the institution's response to that report, dated October 29, 2013. It is noted that of the 17 weaknesses cited in the team report six were adequately addressed in the institution's response and accepted by the Commission. However, the Commission determined that the institution has not demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard II-A: Governance

The institution failed to demonstrate that its management structure ensures the integrity and effectiveness of the institution and its compliance with statutory, regulatory, and accreditation requirements.

The team report identified multiple areas of non-compliance with this standard, including the following: (1) In its accreditation application, the institution identified its downtown campus as a classroom extension; however, the team found that the downtown campus was not merely offering training to students, but was operating as a separate branch campus where students were enrolled, provided student services, instructed, and evaluated, under the management of the Extension Center Supervisor. (2) The institution's application for accreditation and ASER identified the program length of the IEP and TOEFL programs as 704 clock hours and the ESL program as 576 clock hours; however, the team found that the institution was offering the IEP, TOEFL, and ESL programs at the main campus with 576 total clock hours and at the downtown campus with 704 total clock hours (128 additional clock hours). (3) The institution's transfer policies and procedures found in the catalog and SOP manual fail to comply with SEVP and ACCET requirements by creating impermissible barriers to transfer. The institution requires that students wishing to transfer must first: (a) pay a \$100 transfer fee, (b) fulfill all financial obligations to the institution, and (c) be in good standing. (4) At the time of the visit, the institution was pending recertification by

SEVP to issue I-20s to enroll non-immigrant foreign students. According to the CEO/PDSO, the institution's application was submitted on July 17, 2013; however, SEVP denied the updates submitted by the institution, including additional new programs (e.g. Business Program) which were not included in the institution's state approval by IBHE or in the application for ACCET accreditation. Further, the I-17 application identified the institution's Mount Prospect campus location, but not the downtown location.

The institution in its response only resolved one of the four areas of non-compliance identified under this standard in the team report. As required, the institution modified its published transfer policy to eliminate the transfer fee and provided refunds to 15 students charged this transfer fee in the past two years. In its response, the institution acknowledged that activities at the downtown location (123 Madison) extended beyond the scope of a classroom extension, and the center was operating without the required SEVP approval. The institution also confirmed that the program length for the TOEFL, ESL, and IEP programs were different at the main campus (576 clock hours) than at the downtown campus (704 clock hours). Further, the institution conceded that there remained discrepancies in the programs and locations approved by SEVP, IBHE, and those submitted to ACCET. However, the institution's response was incomplete, insufficient, and non-compliant with statutory, regulatory, and accreditation requirements. Instead of immediately ceasing the instruction of F-1 students at the downtown location, the institution stated that, "*It would no longer offer instruction to F-1 students after December 14, 2013*" and provided notification to students of this change, effective December 14, 2013. Further, the institution stated that, "*The College of Chicago has decided to withdraw the instructional center at 123 Madison from consideration of accreditation*"; however, there was no definitive statement that all instruction will cease at the downtown location. ACCET grants institutional accreditation (not programmatic accreditation); therefore, all training offered by an institution must be considered for accreditation. The institution also failed in its response to resolve the issues relative to the pending SEVP recertification and the discrepancies between the programs and locations approved by SEVP, IBHE, and those submitted for accreditation by ACCET. Following the on-site visit, the institution submitted updates to SEVP, including adding the TEFL program; however, the institution stated that the TEFL program was denied, because it did not meet the minimum hours of instruction required. The institution was advised to wait until the pending accreditation process was completed before resubmitting to SEVP. In its response, the institution also addressed the issue of different program lengths at the two campuses, by converting the IEP and TOEFL programs from 567 to 704 clock hours at the main campus. However, from the supporting documentation provided, this program change disrupted the training of current students and resulted in all students enrolled in the IEP program transferring to the shorter ESL program, due to schedule conflicts after the IEP program increased from 18 to 22 hours of training per week. Therefore, the institution has failed to demonstrate that it has systematically and effectively implemented policies and procedures that ensure that its management structure operates in compliance with statutory, regulatory, and accreditation requirements.

2. Standard II-B: Operational Management

The institution failed to demonstrate that its operational management systematically and effectively implements policies within an organizational framework that is clearly defined,

understood, and effective or that written policies and procedures guide the day-to-day operations of the institution.

The team report indicated that the day-to-day operation of the institution was not being effectively led by senior management as demonstrated by multiple areas of non-compliance with SEVP requirements and ACCET standards, policies, and practices. Further, the administrative and senior management of the College of Chicago assumed many roles, making lines of communication and oversight of individual responsibilities difficult to distinguish. Additionally, the team's review of the employee manual, Standard Operating Procedures (SOP) manual, school catalog, and draft International Student Handbook identified conflicting policies among the various manuals, making it difficult to discern the current and prevailing policy. In an interview with the School Director, she acknowledged that she had not reviewed the newest version of the SOP Manual and was not aware of the conflicting and inaccurate policies. This was indicative of a lack of managerial oversight over the formulation and review of current and proposed policies. The institution stated in its response that it has taken the following steps to address these weaknesses, by hiring three consultants to improve the management practices, including: (1) an IT consultant to improve electronic recordkeeping, (2) an accounting firm (BH Wang) to complete monthly financial reviews and quarterly reports, and (3) a consulting firm (Cyanna) to review all policies and procedures in the catalog, SOP manual, and employee manual to ensure consistency and compliance. Attached were revised documents and minutes of weekly meetings in which the revised documents were discussed. While the institution has acquired the temporary expertise of outside consultants, absent was documented evidence of the sustainable enhancement, training, and development of the in-house operational management team. Therefore, the institution has failed to demonstrate that its operational management is able to systematically and effectively implement policies and procedures in practice over time, as required to demonstrate compliance with this standard.

3. Standard II-D: Records

The institution failed to demonstrate that it has an organized record-keeping system that ensures that: (1) all records are maintained in an accurate, orderly, and up-to-date manner; (2) record-keeping system facilitates ready access and review of those records by appropriate parties; and (3) records are maintained for a period of time consistent with applicable statutes, regulations, and sound business and educational practices.

The team report stated that records reviewed by the team, including personnel records, refund records, student attendance and academic records were frequently not readily available to the team, disorganized, incomplete, inconsistent, out-of date, and/or non-existent in some cases (e.g. grade reports). The team found that: (1) Personnel files were disorganized, inaccurate, incomplete and difficult to review. Student academic records were missing or lacking grade reports and information to verify progression and academic status. Student attendance and program completion information was missing from the permanent student record and was not made available in a timely manner upon team requests. (2) Student files contained unsigned copies of the I-20 and incomplete grade reports and academic progression records. Attendance records frequently were not in the student files. According to the ASER, grade

reports are kept in a Google Drive; however, the team was not provided access to these reports, although grade reports for a sample of current students were requested by the team. (3) Attendance records were kept electronically; however they could not be accessed in a timely manner when requested by the team. The administrative staff had to complete and calculate by hand attendance reports for individual students requested by the team. (4) Further, the team found inconsistencies regarding the institution's record retention policies and practices. The ASER states that student files are maintained for a minimum of two years after program completion, while the record retention policy in the SOP stated that records are kept for six years after course completion. (5) This overall lack of systematic and effective record keeping that permeated all aspects of the institution (admissions, academic, and financial) indicated a significant lack of administrative capability and understanding of employment law, enrollment procedures, and student monitoring.

The institution in its response provided updated policies relative to record keeping, including a revised record retention policy and a policy establishing a monthly audit of student files by the registrar to ensure that documents are timely and accurate. However, no documented evidence was provided of such completed audits. Additionally, the institution indicated that an IT consultant was contracted by the institution to improve the electronic records of students; however, this transition to electronic records remains a work in progress. Attached to the institution's response were the files of 8 of 10 students sampled by the team during the visit, which demonstrated improvement in the records of selected students, but the institution did not provide conclusive evidence of comprehensive change to all student records and files. In fact, the Commission found financial records submitted in the institution's response to be inaccurate, incomplete, and/or confusing, as described below under Standard III-B. Therefore, the institution failed to demonstrate that it had systematically and effectively implemented policies and procedures to document that the institution's record keeping is consistently maintained in accordance with this ACCET standard.

4. Standard III-B: Financial Procedures

The institution failed to demonstrate that: (1) written policies and procedures exist for the proper financial controls and supervision of financial management staff; (2) tuition charges are applied fairly and consistently, with receipt of tuition payments and other monies were properly recorded and tracked; (3) cancellation and refund policies are fair and equitable, consistently administered, and comply with statutory, regulatory, and accreditation requirements; and (4) qualified and capable individuals manage and evaluate the effectiveness of the financial operation and practice.

The team report identified multiple issues relative to the institution's cancellation and refund policy and its financial procedures: (1) The institution did not have an equitable, clearly defined, and uniformly administered cancellation and refund policy for cancellations, withdrawals and terminations. Conflicting and non-compliant cancellation/refund policies were included in the student catalog, enrollment agreement, and SOP manual. One withdrawn student (P. Rompothong) signed an enrollment agreement and Tuition Refund Policy containing two conflicting refund policies. Significant discrepancies were found between the published policies, with the enrollment agreement indicating pro-rated refunds

through 60% of the course of instruction, while the tuition refund policy and catalog identified no refund after completion of 50% of the total period of instruction. Some documents stated that refunds would be made within 30 days and other indicated 45 days. The catalog and enrollment agreement included a five-day cancellation period, while the Tuition Refund Policy referenced no cancellation period. Without clear and consistent cancellation/refund policies and practices and appropriate documentation for each withdrawn student, the institution failed to demonstrate that appropriate refunds were made in a timely manner in accordance with ACCET Document 31.ESL- Cancellation and Refund Policy. (2) The institution failed to compare the state's cancellation and refund policy against ACCET's policy and follow the one that is consistently more lenient towards the student, as required by ACCET policy. (3) The institution failed to provide the documentation required to verify that refunds were made in an appropriate, accurate, and timely manner. The institution did not utilize a refund calculation form for each cancelled, withdrawn, or terminated student to determine the student's final account status and identify the appropriate amount of any refund. When the team reviewed a sample of ten withdrawn student files, the institution failed to provide the information requested by the team. Missing information included the student's last four digits of SSN, scheduled program end date, last date of attendance (LDA), date of determination (DOD), percentage of program completed, and documented evidence of any refunds due the students. (4) Although the institution provided tuition discounts, there were no written policy and procedures for tuition discounts or waivers and no public disclosure of the terms and conditions for tuition discounts/waivers in the school catalog or other notice to prospective students. (5) The on-site review indicated a lack of financial oversight and managerial control. The institution had insufficient financial controls and checks and balances relative to collecting, recording, and depositing student payments. Additionally, there was insufficient evidence that systematic and effective financial reviews are conducted at least quarterly. The School Director indicated that she does not receive and review quarterly Profit and Loss reports as stated in the ASER.

The institution provided in its response documentation, including: (1) a new refund calculation form and four sample completed forms, (2) revised refund policy, procedures, and checklist, (3) new tuition discount policy and notice to staff of the discount policy, (4) sample student ledgers showing timely updates to student accounts, and (5) a proposal for the institution to contract with a CPA to review student accounts and compile quarterly reports. However, upon review, the attached supporting documentation was often inaccurate, incomplete, and/or confusing. For example, there were confusing entries such as unexplained "tuition adjustment" on the sample ledgers of some students (S. Hyunji), incorrect refunds on refund calculations worksheets (Y. Park), incorrect dates for former students (J. Bazarov with last date of attendance of 10/3/13 and date of determination of 5/1/13), and incorrect calculations of program completion (J. Bazarov with worksheet indicating 99% of his program completed, after attending four weeks of a 32-week enrollment period), and copies of refund checks but missing refund calculation worksheets (J. Kaewmano and N. Karmaze). Therefore, the Commission determined that the institution failed to demonstrate the systematic and effective implementation of policies and procedures relative to proper financial controls and supervision, fair and equitable cancellation and refund policies consistently administered, and qualified and capable individuals managing and evaluating the financial operation and practice of the institution, as required by this standard.

5. Standard IV-C: Performance Measurements

The institution failed to demonstrate that its performance measurements ensure instructional effectiveness and a sound written assessment system that appropriately relates to the performance objectives of programs offered by the institution.

The team report identified multiple issues relative to the performance measures utilized by the institution, including the following: (1) Participation and attendance represent 50% of the grade for ESL classes; (2) Instructors are allowed to adjust the weighting of the criteria to determine grades; (3) The institution failed to provide meaningful grade reports for current students; (4) Instructors are not required to provide to the institution the supporting documentation showing how student grades were derived (e.g. the score sheet); (5) The institution failed to provide evidence that it is systematically and effectively tracking the progress of students through levels.

The institution in its response identified the following measure to address the issues identified under this standard in the team report, including: (1) reducing the weighting of participation and attendance in the grade for ESL classes, (2) no longer allowing instructors to adjust the weighting of the criteria for determining grades, (3) preparing meaningful grade reports for current students and requiring instructors to provide supporting documentation to identify how grades are derived, and (4) creating a policy and procedures to track the progress of students through levels. However, the institution failed to demonstrate consistent compliance with this standard and to provide documented evidence of the systematic and effective implementation of these new policies which can only be evidenced in practice over time, including the policy relative to the progress of students through levels.

6. Standard V-A: Instructional Methods

The institution failed to demonstrate that its instructional methods: (1) are consistent with current training industry standards and appropriate to the educational goals and curricular objectives, facilitate learning, and serve students' individual learning needs; (2) encourage active and motivated responses from participants; and (3) provide encouragement, motivation, challenges, and learning opportunities for all participants.

The team report stated that the team observed all seven instructors and found five with instruction that was teacher dominated instead of teacher facilitated, with little effective student interaction. These instructors failed to demonstrate their ability to create a student-centered classroom. The institution indicated in its response the following measures to address this weakness: (1) an in-service training on the student-centered approach to instructional delivery conducted on October 4, 2013 by the Program Director for all instructors, including a required assessment upon training completion; (2) a description of the institution's preferred instructional methodology added to the Employee Manual and catalog; (3) spot checks of instructors by the Program Director, Academic Director, and Lead Teacher; and (4) revisions to the annual Peer Observation/Evaluation form adding questions related to a student-centered classroom. However, the institution provided only two completed classroom observations stating that the peer observations/evaluations will take

place in the fall of 2014. Further, the institution provided no documentation to demonstrate that all instructors are now implementing the student-centered approach in the classroom, nor is it realistic to expect that instructors could, with one workshop, be proficient in these teaching techniques. Therefore, the institution has failed to demonstrate compliance with this standard and the systematic and effective implementation of its prescribed student-centered methodology which can only be evidenced in practice over time.

7. Standard VI-B: Supervision of Instruction

The institution failed to demonstrate that the supervisors of instructional personnel demonstrate good practice in the evaluation/direction of instructors or that regular classroom observations are documented and effectively utilized to enhance the quality of instruction.

The team report noted that, although highly capable, the Program Manager's full teaching schedule at the downtown campus limited the time available for her to supervise and mentor instructional staff. Further, classroom observations conducted once a year were insufficient, particularly in light of the issues identified under instructional methodology. The institution in its response indicated that it had increased the number of annual classroom observations/evaluations from one to three observations and provided a schedule of observations for 2013 and 2014. Additionally, the institution stated that it hired an Academic Director in September and Lead Teacher in October to assist with the supervision of instructional personnel. While the response indicated that the job descriptions and resumes for these positions were attached, none were provided. Therefore, it remains unclear as to the roles and delineated responsibilities of the Program Manager, Academic Director, and Lead Instructor relative to the supervision of instructional personnel, particularly since the attached organizational chart showed instructors reporting directly to both the Program Manager and Academic Director. Therefore, the institution has failed to provide documented evidence of a clear and effective structure for supervising instructional personnel and a process for utilizing classroom observations in the constructive evaluation/direction of instructors which can only be demonstrated in practice over time, as required by this standard.

8. Standard VII-B: Enrollment

The institution failed to demonstrate that it includes in all students' enrollment agreements a cancellation and refund policy that complies with statutory, regulatory, and accreditation requirements.

The team report stated that the enrollment agreements contained refund/cancellation policies that were non-compliant with ACCET policies and inconsistent with policies found in the catalog, International Student Handbook, and SOP manual. By way of example, the refund policy stated that should a student's enrollment be terminated, the school will not refund any tuition or fees. The institution in its response provided blank enrollment agreements containing a refund/cancellation policy that is consistent with both ACCET policy and the revised policy in the institution's catalog. However, the institution provided no evidence that all current students have signed revised enrollment agreements or an addendum to their enrollment agreements with the revised refund/cancellation policy. Therefore, the institution

has failed to provided documented evidence that it has systematically and effectively implemented its new enrollment agreement containing the revised refund/cancellation policies relative to all students.

9. Standard VIII-A: Student Progress

The institution failed to demonstrate that it effectively monitors, assesses, and records the progress of participants utilizing a sound assessment system with a set of defined elements that are appropriately related to the performance objectives of the programs or courses.

The team report stated that, during the visit, the team identified multiple areas of non-compliance relative to student progress, including the following: (1) Although the IEP and ESL programs are divided into only five levels, the team observed classes with students of multiple levels in the ESL and IEP programs. With a total enrollment of 51 current students divided between day and evening class schedules at two campuses, multiple levels of students were combined in a single class for practical logistical reasons, without consideration of sound educational practice. (2) The team was provided insufficient documented evidence to demonstrate that students are making linear level progress. Although requested, the institution failed to provide the team with academic transcripts or other documents to show the progression of a sample of students through the five levels of the ESL and IEP programs. (3) The ASER stated that teachers meet with students to inform them of their percentage grade every four weeks; however, there was no documented evidence provided in the student files or by the institution of teacher consultations with students about their grades. (4) The team confirmed that a percentage grade is computed and recorded in the institution's database for each student every four weeks; however, the team was given no documented evidence that students are provided written attendance and grade reports every four weeks. (5) The academic reports given to the team as a sample of current and former students provided incomplete information and only identified the student's name, program, and grades (percentage, letter, and GPA) for each semester and block. The grade report failed to identify the student's level, name and dates of courses completed, and assessment of ability relative to listening, reading, speaking, and writing. Although requested, the team was given no clear and informative grade reports for the sample students identifying: the linear level progression of students; the separate evaluation of students' language proficiency (e.g. ability in listening, reading, speaking, and writing); and how the student's grades were derived (e.g. the grading criteria and weighting of the grading criteria).

The institution in its response addressed the issues by stating that, following the on-site visit, it took immediate steps to end the practice of combined levels and to increase the number of courses offered. However, it failed to provide revised policies/procedure or documented evidence of these changes. Further, the institution provided in its response complete student files, including informative grade reports prepared every four weeks for 8 of 10 students sampled by the team during the visit. While the institution demonstrated some improvement in monitoring the academic progress of selected students, it failed to demonstrate that it has systematically and effectively implemented policies/procedures relative to monitoring and assessing the progress of all student which can only be evidenced in practice over time.

Therefore, the institution failed to demonstrate its consistent compliance with this standard over time.

10. Standard VIII-D: Employer/Sponsor Satisfaction:

The institution failed to demonstrate that written policies and procedures are followed that provide an effective means to regularly assess, document, and validate employer/sponsor satisfaction relative to the quality of the education and training services provided.

The team report stated that, at the time of the visit, the institution had not developed nor implemented written policies, procedures, and/or survey instruments for regularly assessing, documenting, and validating sponsor satisfaction. The institution failed to provide any evidence that it was measuring the satisfaction of sponsors, including the employers sponsoring two current students. Although the ASER stated that the institution would be developing and administering a sponsor survey at the midpoint and conclusion of the training of sponsored students, the institution had yet to do so at the time of the visit. The institution in its response provided a policy, procedures, and blank survey form to be used for obtaining feedback from sponsors. Although the institution stated that it had administered the survey to sponsors, no completed surveys had been received by the institution. Therefore, the institution failed demonstrate compliance with this standard by providing documented evidence of the implementation of an effective policy to assess and validate employer satisfaction in practice over time.

11. Standard VIII-E: Completion & Placement:

The institution failed to demonstrate that written policies and procedures are followed that provide an effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion rates.

The team report stated that the institution failed to provide the team with: (1) the institution's policy and procedures for tracking, documenting, and validating completion rates consistent with Document 28 – Completion and Placement Policy, (2) separate completion rates for each campus (Mt. Prospect and downtown) for each program, and (3) the supporting documentation necessary to verify the reporting completion rates, including the grades and attendance records of the students reported as completers. The institution in its response provided revised policies and procedures for calculating completion and indicated that completion may be verified based on currently available documentation, such as student progress reports and transcripts maintained in student files. However, the institution's revised policy and procedures for calculating completion rates did not provide a definition of a completer nor identify the criteria by which a student is identified as a completer. No completion rates were provided to indicate that the institution is now calculating completion rates for each program and campus (main and classroom extension). Although the response indicated that a student transcript was attached, no transcript was provided. Additionally, the attached sample progress report showed grade and attendance information for a currently enrolled student, not a completer. The institution is still unaware or has not yet put into practice the requirement to provide completion rates for each program and campus. Therefore, the institution failed to demonstrate systematic and effective implementation of an

effective completion tracking policy in practice over time, consistent with ACCET standards, policy, and practices.

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 regarding the grounds for the appeal, saved as **PDF documents (with exhibits bookmarked) and copied to six 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.

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 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

C: Ms. Kay Gilcher, Director, Accreditation Division, USDE (aslrecordsmanager@ed.gov)
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