



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING  
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April 30, 2019

VIA EMAIL

([tony@labfour.com](mailto:tony@labfour.com))

Mr. Tony Okhiria  
Lab Four Professional Development Center  
1255 Lynnfield Road, Suite 160  
Memphis, TN 38119

***Re: Reaccreditation Deferred;  
Interim Report Required;  
Institutional Show Cause Issued;  
Attendance at C&P Online Workshop Required***

***ACCET ID #1470***

Dear Mr. Okhiria,

At its April 2019 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) considered the application for reaccreditation of Lab Four Professional Development Center with a main campus and branch campus in Memphis and Nashville, Tennessee, respectively, the on-site visit team reports (visits conducted January 14, 15, 17, and 19, 2019), and the institution's responses to those reports, dated February 25, 2019. As a result of its review, the Commission voted to defer consideration and to continue the institution's accredited status pending further review at its August 2019 meeting. In addition, the Commission voted to issue a Show Cause directive, requiring the institution to show why its accredited status should not be withdrawn due to the volume and pattern of non-compliance with ACCET standards, policies, and procedures. While the institution's response adequately addressed a few of the weaknesses raised in the on-site team report, the institution's responses failed to adequately address the majority of the weaknesses raised in the on-site team reports. Therefore, the following 18 issues are in need of further clarification and/or resolution relative to ACCET standards, policies, and procedures:

1. Standard II-A: Governance

The team reports indicated that there was a lack of institutional oversight from the board of directors, that numerous programs listed in ACCET's Database, AMS, were listed as avocational but were found to be offered for vocational purposes, that 14 programs were found to be "dormant"

with no recent enrollments, and that the management, training, and oversight of policies, procedures, and practices were lacking.

*The institution indicated in its responses that minutes of Board of Directors meetings were provided to the team to document institutional oversight. The response included copies of minutes from management meetings, as well as the minutes of a special meeting of the Board of Directors held on February 19, 2019, following the on-site visit. The areas of weakness cited by the on-site team were discussed along with solutions, corrective actions, the implementation of new policies and forms, improved communication between management and the Board, as well as the implementation of the new Human Resource Information System. Although the response and exhibits demonstrate that the governance structure and communication have been improved to ensure that the institution is managed effectively and in compliance with statutory and accreditation requirements, this can only be evidenced in practice over time.*

*The institution also indicated in its responses that the short-term programs (72 contact hours) were initially reviewed and approved by ACCET as avocational at the time of initial accreditation, most likely due to the length of the programs. It is true that short-term programs are most often offered to the public for personal or professional development. However, this does not mitigate the fact that the programs offered by the institution are advertised and offered for vocational purposes. Further, the institution indicated in its responses that the 14 dormant programs with no enrollments are longer programs with medium to high experience and knowledge requirements. Many of these programs were designed for corporate training partners who have more experience. Due to this, demand and enrollment for these programs is significantly lower and much more sporadic. The institution was not aware that program approval would need to be withdrawn for those with no enrollments for 24 months and would like to create a "bucket" for multiple programs. Although "buckets" for short, avocational courses offered for personal and professional development would be an option, programs offered for vocational purposes must be reviewed and approved separately.*

**Therefore, the institution must provide a narrative update on these issues, including copies of all Board of Director and management meetings held at the main and branch campuses since the on-site visit as well as a narrative assessment of the resulting improvements, updates and/or changes that have been made as a result of these meetings.**

**In additon, the institution must review its program offerings as listed in AMS. All programs that have not had enrollments over the last 24 months must be withdrawn. Further, the institution must review the objectives of the shorter programs. All programs that are offered for vocational purposes must be identified as such in AMS. Please contact Donna Hutchison, Co-Chair of the Program Review Committee, to discuss the required notifications (dhutchison@accet.org).**

## 2. Standard II-B: Institutional Management

The team reports indicated that operational staff lack the educational and compliance expertise to effectively manage daily operations as evidenced by a lack of written policies and procedures that are effectively implemented on a consistent and ongoing basis.

*The institution indicated in its responses that it disagreed with the team's assessment and that all the staff have the appropriate education and experience to manage daily operations. Resumes for multiple operations staff were provided to demonstrate the education, professional experience, and tenure to support their assigned positions. The institution believes that being awarded multiple Department of Labor grants over the past ten years and annual reviews by the City of Memphis further supports that the institution operates effectively. However, the institution did not address written policies and procedures, and a current organizational chart reflecting all the operational staff members was not included.*

**Therefore, the institution must provide written policies guiding the day-to-day operation of the institution, including the oversight of compliance, weekly management meetings, and oversight by the Operations Manager. See Standard II-E – Communications. An updated and current organizational chart reflecting names and job titles along with a narrative describing the job responsibilities of each must also be included.**

## 3. Standard II-C: Human Resource Management

The team reports indicated that there was high turnover of the administrative staff which has had a negative impact on school operations. Responsibilities added to the workload of the other staff and the training and oversight of new staff members was clearly a work in progress. Evidence of professional growth and development was missing in the majority of staff files.

*The institution indicated in its responses, as noted above in Standard II-A: Governance, that it had implemented a new Human Resource Information System (HRIS), allowing the effective management, training, and onboarding of new employees; scheduling of performance reviews; and ensuring that all new hire documents are completed as noted on a Personnel File Checklist. A blank Personnel File Checklist and the missing personnel documents as noted by the on-site team were included as exhibits.*

*In addition, the institution included in its response documentation to evidence that new hires receive a training agenda, job description, and are assigned to a mentor (current staff member) to facilitate the onboarding process which is concluded within two to three weeks and is expected to minimize the impact of employee turnover.*

*Finally, the institution indicated in its responses that it has made a significant investment to provide professional development opportunities and materials to staff members (both administrative and instructors) via the Skillsoft Online Library. The contract/agreement between the institution and Skillsoft was included.*

*Although steps have been taken to improve high turnover, handle expanded workloads, and maintain all required documentation, the systematic and effective implementation can only be evidenced in practice over time.*

**Therefore, the institution must provide the following:**

- 1) Documentation to evidence the full implementation of the HRIS system along with completed Personnel File Checklists for all current and new employees to verify that the institution's Personnel Policy is consistently followed and documented;**
- 2) A narrative update regarding the high turnover, noting, for example, new hires since the on-site visits and how the institution has addressed the added workload for current employees; and**
- 3) Documentation to evidence the full implementation of the professional development processes with copies of all professional development that has been accomplished by all personnel, including instructors and staff, since the on-site visits.**

#### 4. Standard II-D: Records

The team report for the main campus in Memphis indicated that the documents were not readily available as noted on the Visit Preparation Checklist.

In addition, the team reports indicated that student and employee records provided to the team were disorganized and did not lend themselves to third-party review. Many were incomplete as detailed above under Standard II-C – Human Resource Management. Further, student records had inaccurate and incomplete attendance and satisfactory academic progress information; and completion and placement records were not compliant with the requirements of ACCET Document 28 – Completion and Placement Policy, including the use of whiteout and scratch-outs on employment verification and attestation forms. Additional detail was noted in the team reports under Standards VIII-B, Attendance, VIII-C, Student Progress, and IX-D – Completion and Job Placement.

Finally, the team report for the Nashville branch campus indicated that the refund records exhibited inconsistencies in refund worksheets.

*The institution indicated in its responses that many documents, including those noted on the Visit Preparation Checklist, as well as student and employee files, are maintained electronically and were available upon request. The responses further indicated that student and employee files follow a specific checklist, and the items listed on the checklist were included in the files upon initial request. However, other requested documents such as transcripts, attendance records, and current financial ledgers are available electronically and took additional time to provide for the team's review. The institution also reiterated in its responses, that it had implemented a new Human Resource Information System (HRIS), to ensure that no documents are missing from employee files. However, the responses did not include new or revised policies and procedures to ensure that all documentation is consistently and systematically maintained or evidence to*

*support that the student and employee files are complete and can be easily reviewed by a third party.*

**Therefore, the institution must provide its policy relative to the institution's recordkeeping system to ensure that all records for employees and students are maintained in an accurate, orderly, complete, and up-to-date manner. In addition, the institution is required to submit complete files for two employees as well as two student files from both the main and branch campus, (one active, one graduated).**

#### 5. Standard II-E: Communications

The team reports indicated that the operational staff was unaware of compliance requirements due to a lack of effective communication resulting in multiple areas of weakness cited throughout the reports.

*The institution indicated in its responses that it had improved company-wide communication by holding weekly department meetings with minutes taken and distributed. The responses also indicated that Senior Management has made additional improvements by developing a compliance department to oversee all compliance issues with a system of checks and balances in all operational areas. A monthly close-out meeting with the Operations Manager is planned to take place with files and processes reviewed to verify the accuracy and organization of all new student files and attendance, check all employment acknowledgement forms, ensure placement verifications have occurred at the 30-day mark, ensure classroom surveys are completed, verify all billing and review open invoices, and ensure onboarding and performance reviews are completed. Although the response provided a plan to improve the cited weakness, the systematic and effective implementation can only be evidenced in practice over time.*

**Therefore, the institution must provide the following:**

- 1) Copies of minutes of weekly meetings which have taken place since the on-site visit.**
- 2) Documentation to demonstrate that the monthly close-out meetings with the Operations Manager have taken place and have resulted in operational improvements, e.g., items reviewed, corrective actions noted, follow-up action required.**

#### 6. Standard II-F: Professional Relationships

The team reports indicated that documentation to evidence collegiate partnerships or agreements with funding agencies was not provided.

*The institution indicated in its responses that evidence of agreements in effect were provided to the on-site team at the time of the team visit. The responses included a contract/agreement with the Memphis Workforce Investment Network and a Memorandum of Understanding with Southwest Tennessee Community College to evidence a relationship with the educational community. The response also indicated that the agreement with Memphis Bioworks was*

*included; however, it was not attached.*

**Therefore, the institution must provide any updates to its professional relationships, if applicable, and include a copy of the agreement with Memphis Bioworks.**

7. Standard III-B: Financial Procedures

The team reports indicated, as noted in Standard II-F – Professional Relationships, that funding agency agreements were not available for the team’s review to verify the accuracy of refunds for students sponsored by the agencies. In addition, the team reports indicated that the institution’s refund policy was not compliant with the requirements of ACCET Document 31 – Cancellation and Refund Policy. Finally, the team report indicated that the randomly selected files of withdrawn students reviewed by the team revealed that the start and end dates noted on enrollment agreements did not align with those listed on the refund worksheets.

*The institution indicated in its responses that not all funding agencies have explicit agreements or contracts. As noted in Standard II-F, above, the contract with the Memphis Workforce Investment Network was included as an exhibit.*

*The responses further indicated that some funding agencies, including Memphis Bioworks (a copy not evident in the institution’s responses), utilize a performance-based billing system resulting in the institution being able to bill the provider for specific activities that are performance-based with extensive documentation. Therefore, if a funding source does not have a refund policy that is required, the institution defaults to its standard refund policy.*

*Finally, the institution indicated in its responses that the refund policy has been revised to reflect the ACCET policies, refund worksheets have also been revised to reflect the revised policy, and a final check and balance is performed in order to minimize errors and ensure accuracy of the process. While the institution provided a revised cancellation and refund policy and a “refund calculator” worksheet, no evidence was provided to demonstrate the systematic and effective implementation of the revised policies.*

**Therefore, the institution must provide documentation to evidence the successful implementation of the revised policies for five withdrawn or cancelled students. The documentation must include a copy of the enrollment agreement, the attendance record, completed refund calculation worksheet, and evidence of the refund, if applicable, for each of the files.**

8. Standard IV – B: Program/Instructional Materials

The team reports indicated that a standard template for syllabi/lesson plans to inform students of the course description, learning objectives, instructional material used, assignments with due dates, and grading policy is not utilized.

*In its responses, the institution provided documentation to evidence that syllabi/lesson plans are being reviewed and revised to ensure consistency. Revision notes and syllabi/lesson plans for two revised courses were provided to demonstrate the process. Although the institution indicated that the revision of all syllabi was underway, the process has not been completed and an estimated timeline for completion was not provided.*

**Therefore, the institution must provide a timeline to demonstrate the plan for completion of the revised syllabi process and copies of five additional syllabi/lesson plans which have been revised since the submission of the institution's responses to the team reports.**

#### 9. Standard IV-D: Curriculum Review/Revision

The team reports indicated that the institution did not provide substantive documentation to demonstrate that curriculum review and revision takes place or is scheduled to ensure that every program is reviewed annually, or that feedback is utilized from faculty, students, graduates, and employers in the curriculum review process, as required by the standard.

*In its response, the institution verified that it does not have formal documentation to evidence curriculum review and revision, e.g., minutes of meetings. However, it indicated that meetings take place between the Executive Director, Compliance Manager, and Job Placement Assistance Services (JPAS) Manager throughout the year on an as-needed basis, and revisions are made, accordingly. In addition, it further provided an example of the program name changes which occurred as a result of feedback received from prospective students and representatives from community partners who provide grant funding for students' training, along with evidence of approval of the changes by the Tennessee Higher Education Commission (THEC) and ACCET. The institution further indicated in its responses that during annual management meeting(s), which take place each December, institutional policies, business and growth plans, and curricula and potential changes are discussed. Documentation was provided to evidence changes made as a result of the December 2018 meeting.*

*Finally, as a corrective action for the lack of meeting minutes, the institution has assigned two staff, one in Memphis and another in Nashville, as the team members responsible for ensuring that meeting minutes are created, organized, and electronically filed for future review. Although evidence of curriculum review and revision was provided, no supporting documentation was provided to evidence the utilization of feedback gathered from student surveys, instructor and staff meetings, community partner meetings, and/or employer meetings as noted in the institution's current policy and procedure; and the impact of the corrective actions can only be evidenced in practice over time.*

**Therefore, the institution must review and revise its formal, written policy and procedures to ensure a comprehensive and ongoing evaluation to review, monitor and improve the curriculum. The policy should clearly specify soliciting and utilizing feedback from relevant constituencies (e.g., faculty, students, graduates, employers, and advisory certification boards) and analyzing student outcomes, including student completion and, if applicable, job**

**placement. In addition, evidence of the surveys or other documentation used to solicit feedback and copies of any formal curriculum meetings that have taken place must be provided.**

10. Standard VI-A: Qualifications of Instructional Personnel

The team reports indicated that three (3) adjunct instructors and a Professional Mentor were not listed on ACCET Document 21 – Personnel File/Qualifications Checklist. The team report also indicated that personnel files for two instructors were not available to the team during the visit.

*The institution indicated in its responses that two of the adjunct instructors were not included because they were not teaching at the time of the visit and were not expected to be teaching in the future. The remaining adjunct instructor and the Professional Mentor were added to ACCET Document 21 which was included as an exhibit. However, the updated Document 21 remains substantially incomplete.*

**Therefore, the institution is reminded that the revised organization chart to be submitted in response to Standard II-B – Institutional Management must include all staff, including the instructional personnel, with job titles and responsibilities noted. In addition, the institution must submit a revised and updated ACCET Document 21 with all columns filled in including certificates/licenses, last employee evaluations and in-service professional development for all employees, including instructors and staff.**

11. Standard VI-B: Supervision of Instruction

The team reports indicated that annual reviews were not consistently conducted. Institutionally, six (6) of 18 instructors did not have performance reviews completed in 2018, and two (2) instructor evaluations that were completed in 2018 included performance reviews that were not signed. In addition, three (3) instructors did not have any classroom observations. Classroom observations reviewed by the teams were found to identify areas of concern with a lack timely follow-up to allow for instructor improvement, and the lack of the instructor signatures indicates that the feedback was not shared.

Finally, the team reports indicated that two unqualified personnel, who lack teaching experience or IT technical credentials, were found to be conducting classroom observations.

*In its responses, the institution indicated that it has implemented a Human Resource Information System that has a built-in performance review portal with a plan and process to complete performance reviews each year. The 2019 performance review schedule, as well as a screenshot of the scheduled 2019 reviews from the HRIS system, were attached.*

*In addition, the institution indicated in its responses that classroom observation forms had not been signed by the instructor but that they are shared with the instructor and discussed extensively in regular instructor meetings with the Job Placement Assistance Services (JPAS)*

*Manager. The JPAS Manager, who has a bachelor's degree, is tenured, understands her role to ensure student satisfaction, is in weekly contact with all instructors, and conveys the contents of classroom observations. The institution further indicated that it has modified its policy to have the instructors sign their classroom observations going forward to prove that they have been reviewed by the instructor and JPAS Manager.*

*Finally, the institution indicated in its responses that the individuals who were deemed to be unqualified to perform classroom observations are in fact qualified in accordance with the guidelines stated in this standard. Both individuals possess the appropriate combination of relevant educational credentials, specialized training and/or certification, work experience, and demonstrated teaching and classroom management skills, which qualifies them for their training assignments. Resumes for both individuals were included as exhibits to demonstrate that they are qualified and meet all relevant accreditation, federal, state, local, and/or industry-specific requirements.*

*Although the institution's responses indicated that the performance reviews are all scheduled in September 2019, the systematic and effective implementation of the revised schedule can only be evidenced in practice over time. In addition, no completed performance reviews for personnel who were employed for at least one year in 2018 were provided. Finally, neither the revised policy, procedure, and form guiding the processes to be followed for classroom observations nor any samples to demonstrate implementation of the classroom observation process were provided.*

**Therefore, the institution must submit its formal, written policy and procedures guiding the processes to be followed for conducting annual performance evaluations for all personnel (faculty and staff.) Completed performance evaluations for calendar year 2018 must also be included. In addition, the formal, written policy and procedures guiding the supervision of instructional delivery, instructional management by qualified supervisors with relevant education and/or experience, and noting what tools are utilized including observation forms, student feedback surveys, etc., must be provided. The institution must also include the methods utilized to communicate the results of the observations and how it will utilize the feedback to enhance the education and training services provided.**

## 12. Standard VI-C: Instructor Orientation and Training

As previously addressed in Standard II-C: Human Resource Management, the team reports noted that only three (3) of 18 instructor files included documentation of annual professional development or continuing education. Only one of those was related to IT technology or education. The team reports further indicated that only one of five instructors hired in 2018 had documentation maintained in the file confirming the completion of new instructor orientation.

*The institution's responses indicated that many of the instructor files evaluated were in their first year of employment and had not completed additional professional development or continuing education and that many other adjunct instructors may not have been active in 2018. The response also indicated that the newly implemented Human Resource Information System will*

*help new instructors by providing reminders as to when professional development activities must be completed. Finally, the response indicated that documentation of new instructor orientations may have been overlooked by the on-site team and additional examples of signed instructor orientation materials from 2018 were provided.*

*However, formal, written policies and procedures or documentation to evidence the systematic implementation of the institution's processes for orienting and training instructional personnel to ensure a consistent, high level of instruction or the ongoing professional development of instructional personnel were not provided.*

**Therefore, the institution must provide its formal, written policies and procedures guiding the processes to be followed for 1) orienting and training instructional personnel to ensure a consistent, high level of instruction and 2) the ongoing professional development of instructional personnel. In addition, the institution must provide documentation to evidence the orientation and training of instructional personnel who have been hired since the on-site visit.**

**The institution must also provide a narrative update regarding the professional growth and development that has taken place since the on-site visit. It is noted that the institution is directed to provide documentation in response to weaknesses cited in Standard II-C and VI-C that will address ongoing professional growth and development of instructional staff. Those responses will be reviewed in the context of this standard, as well.**

### 13. Standard VII-A: Recruitment

The team reports indicated that the institution's flyer entitled *Land a Job in IT* states that "Lab Four is the **only** [emphasis added] accredited local training center for IT certification," but did not provide documentation to substantiate the claim.

The institution's catalog included nine (9) items that were not compliant with ACCET Document 29 – Catalog Guidelines and Checklist.

*The institution's responses included documentation to demonstrate that other institutions offering IT Certification training are not accredited. However, the institution is reminded that ACCET Document 30 – Policy on Recruiting, Advertising and Promotional Practices states the following: "The institution must refrain from utilizing superlatives which create a factual impression that may be misleading." Although the institution's listed in the responses, which are offering IT certification training, may not be accredited, it did not address those colleges and universities that also may offer IT training and are accredited.*

*The institution's responses indicated that the handbook/catalog was posted on the institution's website and provided documentation to evidence the revisions that were made to be in compliance with ACCET Document 29 – Catalog Guidelines/Checklist. However, it is noted that as of the date of this letter, the website included the Handbook/Catalog dated December 5, 2018,*

*and not the updated/revised version dated February 20, 2019. Also, although the institution revised the catalog specific to the nine (9) areas of weakness cited by the team, the following revised statement is not clear: "Students may only enroll in a program before the class begins or prior to the Registration Deadline, which falls at one eighth of the total program length. Program length is measured in contact (clock) hours." This time period has been reduced from one-sixth to one-eighth, which is an improvement. However, for a 72-hour course, one-eighth of the class would equal 12.5 percent or nine (9) hours. It is not clear how the hours affect the overall attendance required for successful completion.*

**Therefore, the institution must provide verification that the current catalog is posted on the institution's website. In addition, the institution must review/revise the statement relative to Registration Deadline and explain its impact on the attendance required for completion.**

14. Standard VII-B: Admissions/Enrollment

As noted above under Standard VII-A – Recruitment, the team reports indicated that students can start up to two weeks after the start of class which was determined not to be educationally sound and further lacked policies and procedures to demonstrate compliance with the requirements of ACCET Document 35 – Policy on Attendance Requirements.

In addition, the team reports indicated that the institution's enrollment agreement included four items that were not compliant with ACCET Document 29.1 – Enrollment Agreement Checklist, inclusive of multiple refund issues.

*As noted above, the institution indicated in its responses that the registration deadline was revised to fall at one eighth the length of the class rather than one sixth. As many of the programs are 72 clock hours, meeting nine hours per week for eight weeks, students can only miss the first week of the class and still register. However, as noted in Standard VII-A, above, it is not clear how the missed time will impact the minimum attendance requirements for successful completion of the program.*

*In addition, the institution included in its responses a revised enrollment agreement to address the four (4) areas of concern. However, the Commission noted that the enrollment agreement provided includes the following statement: "My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract." This statement does not explicitly state that the "Agreement becomes a legal and binding contract once completed and signed by both parties" as noted in ACCET Document 29.1, Item 13.*

**Therefore, the institution must provide a revised enrollment agreement including the statement that the "Agreement becomes a legal and binding contract once completed and signed by both parties."**

#### 15. Standard VIII-B: Attendance

The team reports indicated that most of the programs are 72 clock hours with 16 days of class and that a student could miss up to eight hours of class-time or 11% due to tardies or early dismissals without their attendance being docked. In addition, the team reports indicated that the institution's policy is to administratively withdraw a student who had consecutive absences for 30 calendar days; which was found to be ineffective due to the short duration of the programs. Attendance warning emails were also found to be stored in the sender's email box and not easily retrieved for third-party review. Finally, the team reports indicated that the institution's policy permits students to start up to two weeks after the start of class, which is not educationally sound; and policies and procedures were not available to demonstrate compliance with the requirements of ACCET Document 35 – Policy on Attendance Requirements.

The team report for the Memphis main campus noted that attendance policies and procedures were not effectively or consistently implemented. The team reviewed student attendance sign-in sheets and student records for the current CCNA and MCSA-Windows 10 classes indicating that students were entering the scheduled class start and end times instead of their actual arrival and departure times. Attendance records were not being corrected by the instructor or by the administrative office with inconsistencies and data-entry errors noted. Specific examples observed during class observations and documented in the team report included: 1) an evening class had nine students on the roster, with only three present at the start of class and an additional three arrived late; 2) one student in class MOS 2016 was observed arriving more than 15 minutes late but signed in for the class starting time of 6:00 p.m.; 3) one student in class MCSA Windows 10 was absent but was recorded for 4.5 hours on the attendance spreadsheet; 4) the schedule for the Cisco Systems: CCNA class was to be held on Saturdays from 9 am - 4 pm (seven hours). The class was actually scheduled for six hours each Saturday, and actual start and end times varied across Saturdays. In addition, the attendance sign-in/out data for this class were not entered on the attendance spreadsheet, and a student was observed to have started more than two weeks from the start of class contrary to institution's policy.

The team report for the Nashville branch campus also noted that attendance policies and procedures were not effectively or consistently implemented. Specific examples observed during class observations and documented in the team report included: 1) the CCNA class observed by the team had five students on the roster, with only three students present. One student signed in for four hours but was recorded as being present for 4.5 hours on the attendance spreadsheet. Another student arrived after the 15-minute grace period but signed in at class start time; 2) the MCSA Windows 10 had five students on the roster; one student started more than two weeks after the class start; 3) several rosters did not include a sign out time for several students; yet, full class hours were noted on the record.

*The institution's responses indicated that it had reiterated to all instructors and informed students regarding the expectation that students sign in and out with the actual times of arrival and departure. The Class Attendance Sheet has been revised to include a column for compliance verification as well as a reminder to the instructors where they sign off on each attendance sheet*

*to verify its accuracy. The communication to instructors regarding the revised Class Attendance Sheet and required expectations was included in the responses. In addition, the institution's policies have been revised as presented and reviewed in the Student Handbook and Catalog. The 15-minute grace period at the beginning and end of each class session has been removed, and attendance will be calculated using only the real time of arrival and departure. The attendance policies were revised to reflect that a student is to be withdrawn following an absence of 14 consecutive calendar days. And, as addressed previously, the registration deadline to fall at one eighth the length of the class rather than one sixth has been revised and noted in the Handbook and Catalog. However, it remains unclear how missing one week of a shorter course complies with the requirements of ACCET Document 35 – Policy on Attendance Requirements; and the systematic and effective implementation of the revised policies and procedures for recording and documenting attendance can only be evidenced in practice over time.*

*Finally, the institution indicated that the process to utilize the student management system, Microsoft Dynamics 365, to assign and track Attendance Warnings directly to the student's electronic file is being set up. Until such time as the process update is completed, Student Attendance Warnings will continue to be stored in a designated folder in the sender's email account, and other parties including Compliance, JPAS, and the Instructor will be copied on all Student Attendance communications. A sampling of such communication was included as an exhibit. However, the successful implementation of the update to Microsoft Dynamics 365 and its impact on monitoring student attendance cannot be evidenced at this time.*

**The Commission noted that contrary to the institution's response noting that attendance would be recorded, tracked, and verified utilizing real time, total hours attended was not always documented accurately on the Attendance Sheets provided as exhibits. As examples, the attendance record for [REDACTED] indicates that 3.5 clock hours of class time was awarded, yet the sign-in sheet indicated the arrival as 6:30 p.m. and the departure of 9:00 p.m. which would be 2.5 clock hours; and the attendance record for [REDACTED] indicated 4.5 hours of class time, yet the sign-in sheet indicated the arrival time as 5:23 p.m. and the departure of 8:50 p.m., which would be 3.5 clock hours. Therefore, the institution must provide documentation to evidence that the instructors and staff have been trained regarding the policies and procedures guiding attendance tracking and calculation. Also, five additional Class Attendance Sheets must be provided to demonstrate the systematic and effective implementation of the revised policies and procedures.**

**In addition, the institution must provide a narrative update on the implementation of Microsoft Dynamics 365. If the system has been updated prior to the due date of this response, five examples noting that Attendance Warnings have been issued, communicated to students, and stored in the student's electronic file must be provided.**

#### 16. Standard VIII-C: Student Progress

The team reports indicated that the institution's written Satisfactory Academic Progress Policy was missing various elements as required by ACCET Document 18.1 – Satisfactory Academic Progress (SAP) Policy Checklist. In addition, while the institution's SAP policy dictates that evaluations take place at the 25%, 50% and 75% points in the program, the team saw no evidence that such reviews were actually taking place or that students were being notified of their academic status.

*The institution's responses indicated that the SAP policy was updated to comply with ACCET Document 18.1, although it was not attached as an exhibit as indicated. However, the policy was reviewed as updated in the Student Handbook and Catalog. The written policy addresses all the elements as identified in ACCET Document 18.1, but it is unclear regarding the reference to "financial aid." It is understood that the institution's students will be placed on "Warning" status and would be eligible for financial assistance during the warning period. However, upon failure to meet SAP at the end of the warning period, students may be withdrawn. Upon appeal of the withdrawal, if granted, the student status or the impact on financial assistance is unclear.*

*The institution's responses also provided evidence that the curricula and performance measurement systems are being revised so that they follow the same format and clearly define each program's learning objectives, instructional materials used, assignments with due dates, and grading policy. Samples of the process and revision were provided. However, no additional information was provided regarding the implementation of the SAP policy.*

**Therefore, the institution must provide additional detail and/or an explanation of the reference to "financial aid" as it relates to the status of students who are withdrawn and appeal, including additional detail regarding the expectations, impact on financial aid, and the consequences for failing to meet the stated SAP requirements. In addition, the institution must also provide documentation demonstrating the systematic and effective implementation of the SAP policies along with documentation of communication with the administrative and instructional staff and evidence of any training related to the implementation of the SAP policies. Finally, the institution must also provide documentation of five student files showing evaluation at the designated increments, documentation provided to students notifying them of their progress, and evidence of the being placed on "Warning," as applicable.**

#### 17. Standard IX: Certification and Licensing

The team reports indicated that the main objective for the programs as stated in its ASER, Business Plan, website (i.e. "Why do Employers Want Certifications?") and course objectives, is taking and passing certification exams. However, certification exams and pass rates were found to vary greatly by program due to the low sit rates; and limited data was available to determine if its course objectives are actually being met.

*The institution indicated in its responses that it is in the process of updating and implementing its revised program outlines and syllabi to include a specific “test week” that offers the opportunity for students to sit for certification exams during a regularly scheduled class session. Although students are currently reminded of the importance of taking and passing certification exams, it is expected that the new process will produce better results. The institution’s responses also include updated results as follows:*

*Memphis certification pass rate in 2019 to date is 96.3% (26 exams passed out of 27 attempted). In 2018 overall, the exam pass rate was 63.03% (104 exams passed out of 165 attempted).*

*Nashville certification pass rate in 2019 to date is 83.33% (5 exams passed out of 6 attempted). In 2018 overall, the exam pass rate was 83.87% (26 exams passed out of 31 attempted).*

*However, the results following the implementation of the scheduled test week can only be evidence in practice over time. In addition, the results provided in the response are not attributed to a specific program in order to support the specific learning objectives of each program.*

**Therefore, the institution must provide an update on the implementation of the test week process including the following: 1) The written policy and procedures for collecting and recording data on program graduates who sit for licensure/certification examinations; 2) certification/licensure pass rates noting those who attempt and pass the certification results by program, and 3) a narrative describing how the results will be utilized to measure and improve the quality of the education programs offered.**

#### 18. Standard IX: Completion and Job Placement

The team reports indicated that the institution’s Completion and Placement Policy was found not to be in compliance with ACCET Document 28 – Completion and Placement Policy in several areas including: a) noting that employment cannot be verified until 30 days post-graduation; b) tracking students in each of the cohorts and tracking placement from the last graduation date; c) reviewing/revising the part-time, temporary, self-employment, and continuing employment definitions, and requiring the appropriate written attestation, implementing a placement waiver policy requiring student declaration, tracking placement for both responsive and non-responsive graduates; and d) defining, tracking, and documenting placement for all vocational students. Although the team was able to verify many placements in calls to employers and graduates, many reported placements were discounted due to areas of non-compliance noted above. In addition, due to issues cited and addressed under Standard VIII-B - Attendance, the team was unable to validate that graduates actually attended 80% of the program clock hours.

The team reviewed completion and placement documentation at the Memphis main campus. For the CCNA program, 11 files were reviewed and for the MCSA Window 10 program, 22 files were reviewed. Of the 33 files review, 10 (30%) were discounted by the team for reasons documented in the team’s report.

The main campus in Memphis was below benchmark for completion or placement for calendar year 2017 for four programs. It is noted that two of the programs had statistically small numbers. The results are as follows:

CompTIA A+

21 Starts/19 Completions (90.48% Completion) 19 Eligible/13 Placements (**68.42%** Placement)

Microsoft Certified Solutions Associate (MCSA) Windows Server 2016

6 Starts/4 Completions (**66.67%** Completion) 4 Eligible/4 Placements (100.00% Placement)

Microsoft Office Specialist (MOS)

35 Starts/30 Completions (91.43% Completion) 30 Eligible/17 Placements (**56.67%** Placement)

CompTIA Security+

1 Start/1 Completion (100.00% Completion) 1 Eligible/0 Placements (**00.00%** Placement)

The main campus in Memphis was also below benchmark for completion and/or placement for four programs for partial calendar year 2018 (January 1 – August 31.) It is noted that two of the programs had statistically small numbers and the completion and placement rates were adjusted to account for discounts made by the team. The results are as follows:

CompTIA A+

5 Starts/3 Completions (**60.00%** Completion) 3 Eligible/2 Placements (**66.67%** Placement)

Microsoft Certified Solutions Associate (MCSA) Windows Server 10

96 Starts/76 Completions (79.17% Completion) 76 Eligible/44 Placements (**57.89%** Placement)

Microsoft Office Specialist (MOS)

14 Starts/8 Completions (**64.29%** Completion) 8 Eligible/5 Placements (**62.50%** Placement)

CompTIA Security+

1 Start/1 Completion (100.00% Completion) 1 Eligible/0 Placements (**00.00%** Placement)

The team reviewed completion and placement documentation at the Nashville branch campus. Twelve graduate placements of the 19 sampled (63%) were discounted by the team for reasons documented in the team's report.

The branch campus in Nashville was below benchmark for completion or placement for calendar year 2017 for four programs. It is noted that two of the programs had statistically small numbers. The results are as follows:

CompTIA A+

2 Starts/1 Completions (**50.00%** Completion) 1 Eligible/1 Placements (100.00% Placement)

Microsoft Certified Professional (MCP) Windows 10

22 Starts/28 Completions (82.14% Completion) 22 Eligible/13 Placements (**59.09%** Placement)

Microsoft Office Specialist (MOS)

4 Starts/4 Completions (100.00% Completion) 4 Eligible/2 Placements (**50.00%** Placement)

The branch campus in Nashville was also below benchmark for completion and/or placement for three programs for partial calendar year 2018 (January 1 – August 31.) It is noted that two of the programs had statistically small numbers and the completion and placement rates were adjusted to account for discounts made by the team. The results are as follows:

Cisco Systems: CCNA

11 Starts/8 Completions (72.73% Completion) 8 Eligible/2 Placements (**25.00%** Placement)

Microsoft Certified Professional (MCP) Windows 10

16 Starts/12 Completions (75.00% Completion) 12 Eligible/5 Placements (**41.67%** Placement)

Microsoft Office Specialist (MOS)

5 Starts/3 Completions (**60.00%** Completion) 3 Eligible/0 Placements (**00.00%** Placement)

*The institution's responses included an updated Completion & Placement Tracking Policy, a detailed Completion and Placement Diagram that outlines responsible parties, timeframes, and process, and updated employment and attestation forms that align with ACCET best practice documents. It is noted that the Completion & Placement Tracking Policy includes language under Completion that is not clear, as follows: "The Director of Operations or designee will analyze data on completions, enrollments, and withdrawals and implement policy/practice changes, rewards, or disciplinary actions as necessary."*

*In addition, for the Memphis main campus, the institution provided seven new placement verification forms (including evidence of implementation of the new self-employment and temporary employment forms) for those discounted by the team, although there was no new documentation for three discounts (██████████). For the Nashville branch campus, the institution's response included employment verification forms/attestations for those discounted by the team, although there was no new documentation for four discounts (██████████). No updated Document 28.1s were included in either response.*

*The institution's responses further noted that all the programs for which the placement number fell below benchmark in 2017 and 2018 have been designated as avocational by ACCET since the initial accreditation in 2016. As a result, only completion rates have been documented, tracked, and reported to ACCET. Prior to and during the visit, the institution learned that, although the programs are short-term, the educational goals and objectives may result in the programs being classified as 'vocational.' In spite of the fact that the programs have been*

*classified as avocational in the past, the institution has always been focused on assisting its students progress in their careers. Therefore, placement has been tracked.*

*The institution's responses demonstrated an understanding of ACCET criteria with the implementation of new forms and policies. Also, although the institution indicated in its responses that the programs will be classified as vocational and that placement rates are expected to be above benchmark in the future, additional information is needed as the results can only be evidenced in practice over time.*

**Therefore, the institution must provide updated completion and placement rates for all programs at all campuses for 2018 to include: (i) updated Document 28.1 – Completion and Placement Statistics, (ii) Document 28.2 – On-Site Sampling Verification Forms, and (iii) all supporting documentation for newly recorded placements and waivers since the response to the team reports. Waiver documentation should be included for all graduates even if it exceeds the waiver allowance.**

**All files are to be submitted in pdf form, with one pdf file for each location to include the revised 28.1, followed by the OSVF, and the supporting documentation for new placements and waivers. The institution is directed to include an accurate table of exhibits for each pdf.**

**Finally, the Commission required that a staff member responsible for completion tracking and job placement is directed to register for and attend the ACCET Completion and Placement Webinar, scheduled for April 26, 2019. (Please note that Ms. Linsay Oakden sent an email on April 22, 2019 advising the institution to register for and attend the workshop that was scheduled for April 26, 2019.)**

A copy of this report, **including the attached interim report cover sheet**, must be mailed to **[interimreports@accet.org](mailto:interimreports@accet.org)** no later than **June 28, 2019**, in order for the institution's application for [initial accreditation/reaccreditation/final branch approval] to be considered further at the Commission's August 2019 meeting.

As a reminder, please be advised that late submission and receipt of documents and reports are subject to significant late fees in accordance with Commission policy. These fees are outlined in ACCET Document 10, which can be found at [www.accet.org](http://www.accet.org).

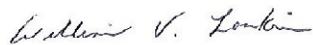
Further, while under a Show Cause directive, the institution is restricted from making any substantive changes including, but not limited to, new programs, major program revisions, new branch campuses or other new sites, or relocations out of the general market area.

Deferral of reaccreditation is not an adverse action and is explained in ACCET Document 11 – Policies and Practices of the Accrediting Commission, which is available on our website at [www.accet.org](http://www.accet.org). The deferral of a final decision is intended to allow for an opportunity to clarify and/or resolve the issues of concern cited herein, specifically focused on the demonstration of

systematic and effective implementation of revised policies and procedures in practice over time. In accordance with Commission policy, no substantive changes including, but not limited to, new programs or major program revisions, new branch campuses or other new sites, and/or relocation out of the general market area, will be permitted during the term of the deferral period.

Your demonstrated capabilities and commitment in support of the institution's accredited status are essential to a favorable outcome in this process. Should you have any questions or need further assistance regarding this letter, please contact the ACCET office at your earliest opportunity.

Sincerely,



William V. Larkin, Ed.D.

Executive Director

WVL/dfh

Enclosures: Interim Report Cover Sheet

CC: Mr. Herman Bounds, Chief, Accreditation Division, US ED ([aslrecordsmanager@ed.gov](mailto:aslrecordsmanager@ed.gov))  
Ms. Valerie Lefor, Accreditation Division, US ED ([valerie.lefor@ed.gov](mailto:valerie.lefor@ed.gov))  
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