



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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VIA EMAIL
(tess@sticcc.com)

Ms. Teresita Merluza
Eagle Rock College
fka Career College Consultants, Inc.
2607 Colorado Boulevard
Los Angeles, CA 90041

***Re: Reaccreditation Deferred;
Institutional Show Cause Issued;
Interim Report Required;
Follow-Up Visit Required
ACCET ID #1186***

Dear Ms. Merluza,

At its April 2017 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) considered the application for reaccreditation of Eagle Rock College with a main campus and branch in Los Angeles, California, the on-site visit team reports (visits conducted on February 6-9, 2017), and the institution's responses to those reports, dated March 28, 2017. 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 2017 meeting. Further, 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voted to issue a Show Cause directive, requiring the institution to show why its accredited status should not be withdrawn due to the volume and pattern of non-compliance with ACCET standards, policies, and procedures. The Commission also directed that the required change of ownership visit to the main campus scheduled in the August 2017 cycle be expanded to two follow-up visits (each two-days/three-person teams) to be conducted to the main and branch campuses to validate whether the corrective actions presented in the institution's responses are systematically and effectively implemented to demonstrate that the institution operations and educational programs are compliant with ACCET requirements. As the institution's responses failed to adequately address the weaknesses raised in the on-site team reports, the following fifteen issues are in need of further clarification and/or resolution relative to ACCET standards, policies, and procedures:

1. Standard I-C Planning (Main and Branch Campuses)

The team report indicated that the institution did not provide sufficient documentation of the planning process for the transition of the institution to the new ownership, including timelines and processes to ensure the smooth operation of the institution during the transition. For example, the institution's admissions process required the former president to interview and approve each prospective student at the main and branch campuses, and there was no plan in place as to how the admission process would change following the ownership transition. Further, there was no

documentation to indicate that the new President and/or senior management had met with current staff to review and discuss revised business plans.

The institution provided in its response minutes and sign-in sheets for the following meetings: (a) an introductory meeting between the prospective owners, existing owners, faculty, and staff on December 15, 2016, before the change of ownership and (b) a meeting of the new owners, previous owners, faculty, and staff on January 10, 2017, after the ownership change. Minutes of the first meeting indicated that the prospective owners distributed long-term and short-term business plans and assured staff that they would all be employed under the new ownership. Minutes of the subsequent meeting indicated there was discussion regarding preparations for the ACCET reaccreditation visit and distribution of an updated organizational chart. The institution also indicated that scheduled training for new staff was underway, including admission training for the new Executive Vice-President for Admissions and Marketing by the outgoing president. However, there was no documented evidence provided of implementation of the institution's business plans following the ownership change, a meeting schedule for the institution's planning process, or evidence that the planning meeting schedule is being followed.

Therefore, the institution must provide a narrative update on these issues, including documented evidence that the institution utilizes an effective planning process and that updated business plans containing all required elements are utilized to improve the institution and its education, training, and services. Documentation must include, but is not be limited to the submission of: (a) the institution's short-term and long-term business plans, (b) the 2017 meeting schedule for the institution's planning process, (c) minutes of planning meetings; and (d) evidence that specific objectives and strategies in the plans have been implemented following the ownership change.

2. Standard II-A Governance (Main and Branch Campuses)

The team report indicated that the institution's naming conventions were inconsistent. The catalog, website, and some promotional materials referred to the institution as "Eagle Rock College," which is the d/b/a currently approved by ACCET. However, signage at the school, the enrollment agreement, the ECAR, and other promotional materials continued to refer to the institution as "Career College Consultants." The institution indicated it had not yet received approval from all other regulatory agencies for the new name.

The team also found that the institution was approved to issue F-1 visas, specifically for its occupational associate degree and Vocational English for Speakers of Other Languages (VESOL) programs. As both of these programs are classified as vocational, the team questioned the process of issuing academic student visas (F-1) for vocational programs. Further, the team found that the institution was offering a short avocational course (ICD-10/CPS Training), which was not approved by ACCET, as required.

The institution indicated in its response that it received approval for the name change from the California Bureau of Private Postsecondary Education (BPPE) on November 29, 2016, but was still waiting for approval from the U.S. Department of Education, so that the institution can move forward with the sign change.

It also noted that despite having F-1 and M-1 approvals from the Student Visitor's Exchange Program (SEVP) for its VESOL program, it was not enrolling international non-immigrant students under F-1 visas.

Further, the institution indicated that it was teaching the ICD-10/CM as a service to its graduates who are trained on ICD-9. However, the institution failed to address why it was teaching the course without ACCET approval and provide any documentation of applying for approval.

Therefore, the institution must provide a narrative update on these issues, along with documented evidence that the institution is operating in compliance with state, federal, and accrediting agencies, as follows:

- a. **The institution must demonstrate that it is operating under a consistent name that is approved by state, federal, and accrediting agencies. The institution must submit evidence that it has updated its E-App with the Department of Education within the 10-day requirement to notify the department of a name change. Upon receipt, the institution must provide a copy of the updated ECAR to ACCET to demonstrate that the institution is operating under the name "Eagle Rock College."**
 - b. **The institution must provide evidence to demonstrate that it is appropriately enrolling international non-immigrant students in vocational programs under M visas, and that it is not enrolling F-1 students in its programs, as all programs approved by ACCET are vocational in nature.**
 - c. **Finally, the institution must submit a written affirmation stating that it has ceased offering the ICD-10 course until it seeks and obtains ACCET approval for the course by submitting ACCET Document 25.1 – Application for New and/or Revised Program/Course.**
3. Standard II-B Institutional Management (Branch Campus)

The team report indicated that the institution did not have written policies and procedures that address the specific job responsibilities and operations of the branch campus. Policies and procedures were written for main campus personnel and referred to job titles and processes that exist at the main campus only. For example, the policy for equipment and supplies indicated that supplies are kept in the reception's office, but at the branch they are kept in the office of the Branch Director. The team found that responsibilities for student counseling were not well defined at the branch, and policies for LOAs and attendance were not understood by staff or students at this campus. The team noted that the Branch Director was the only administrative employee at the branch, with responsibility for admissions, enrollment, student services, and the general operation of the branch.

Additionally, the institution failed to demonstrate effective oversight of branch operations by the main campus, including career and student services, academic counseling, student progress monitoring, and financial management. The team was provided with the Branch Director's job description, but there were no written policies and procedures to document how her position was

designed to interact with and/or report to the main campus department managers or senior managers.

The institution indicated in its response that the on-site supervisor is responsible for implementing policies and procedures at the branch campus. The institution also submitted a manual that had some information regarding attendance policies, academic policies, student services, and admissions requirements. While the manual contained a number of policies, it generally lacked procedures for staff to follow. It also listed the previous ownership of the institution.

Therefore, the institution must provide a narrative update on these issues, including: (a) a revised manual that incorporates policies with detailed step-by-step procedures to ensure the systematic and effective oversight of the branch campus; and (b) other documentation to demonstrate regular reporting, training, communications (e.g. meetings conducted face-to-face and remotely) and visits between the campuses.

4. Standard III-B Financial Procedures (Main and Branch Campuses)

The team report indicated that the branch campus does not have the capability of taking student tuition payments, so all students enrolled at the branch must either be funded by a third party or sign a contract for payments through TFC, a third-party financing company.

The team report for the main campus identified that the enrollment agreement and refund calculations did not demonstrate a maximum one-year period of financial obligation, as required for the part-time programs and the associate degree. The program percentages listed on the refund calculation referred to percentages of the program as a whole, and the refund eligibility and pro-rated amount were not based on a percentage of each period of financial obligation, as required by ACCET Document 31 – Cancellation and Refund Policy.

Further, the institution's published catalog indicated on pages 21-22 that students are ineligible for refunds following 50% of program completion. This is less favorable to the student than the California state refund policy, which requires a pro-rata refund of tuition up through 60% of program completion. A revised policy was provided during the on-site visit.

Also published in the catalog on page 61 was a "Refund Table," that provided examples of what refund students might expect based on how much of their program is completed. However, this table implied that the institution would make refunds to students through 75% of hours completed. It should be noted that refunds reviewed by the team indicated that the institution was refunding through 60% of program completion.

For one student, J. Mata, who suffered a heart attack during his program, the institution's LOA policy as published did not provide for managed oversight of LOA by means of illness. No LOA documentation was in the student file aside from an instructor notation on the attendance sheet indicating that the student was out for medical reasons. As a result, the absence was left open-ended without any scheduled return date for the student. The institution provided an undated, unsigned LOA form, but this form was not in the student file. Without LOA documentation, the subsequent withdrawal of the student resulted in too long a period between the last date of

attendance (LDA) and the date of determination (DOD).

A general, non-itemized category labeled “Books/Supplies” was identified as a flat cost for each program on the enrollment agreement and supporting materials. However, there was no further information on what this category represented, or what portion of this cost may be refundable or non-refundable, or under what circumstances. During the visit, a request was made of staff to provide an itemized inventory breakdown for each program for what is contained in the “Books/Supplies” category, but the lists were not provided before the conclusion of the visit. Lists were provided to the team during the branch visit, but were not yet systematically and effectively implemented. The team noted that itemized lists are a requirement of the California BPPE along with detail as to what is refundable and what is non-refundable.

The institution indicated in its response that with additional staff to be hired, the branch campus will be able to receive payments and not require students to be either funded by a third party or sign a contract for payments through TFC. However, the institution provided no additional information regarding the new staff positions, their responsibilities, or the projected hire dates. Further, the institution did not provide documented evidence that students enrolling at the branch campus were given a complete range of payment options.

The institution also indicated that it made revisions to the catalog to reflect that once a student completes 60% of his/her program, the institution may retain the full tuition for the period. The institution also removed the misleading refund table in the catalog.

The institution also submitted a refund policy that only obligates the student for the portion of the program being attended when the student dropped instead of the entire program; however, the revised policy may be confusing to a student who is enrolled for a program greater than 12 months, as no information was included on the lengths of multiple periods of financial obligation, which cannot exceed 12 months consistent with ACCET policy. Further, the institution did not provide sample completed enrollment agreements for programs greater than 12 months to demonstrate compliance with ACCET policy regarding maximum 12-month periods of financial obligations and to demonstrate when charges for periods of financial obligation occur.

The institution also provided an itemized book list that identified the books provided to the student; however, the itemization did not meet requirements to include the cost of each book and ISBN number. Further, the institution failed to clarify if the “books and supplies” category is refundable or non-refundable.

The revised LOA policy provided in the team report response meets the criteria of ACCET; however, the LOA form provided was illegible. Therefore, it remains unclear whether the form has all the required information and whether it addresses all concerns noted in the team reports.

Therefore, the institution must provide a narrative update on these issues, including the following:

- a. A narrative explanation of the financial obligations of students attending the associate degree program and part-time programs that exceed 12 months in length, along with**

documented evidence that a corrected policy has been implemented that no longer obligates students for payment periods exceeding 12 months.

- b. Revised documents that clearly identify whether specific items such as equipment, books, supplies, and uniforms are refundable or non-refundable.**
- c. An itemized book list for each program that identifies the books provided to the students, including the cost of each book and ISBN number.**
- d. Documented evidence of implementation of items a-c above, including the submission of an updated catalog, enrollment agreements, and internal policies/procedures that incorporate these changes. This includes at least five sample completed enrollment agreements for the AAS in Health Information Technology, Medical Assistant, and Medical Billing & Coding programs which clearly identify the 12-month maximum payment period, itemize costs, and any non-refundable items.**
- e. Legible copies of five completed LOA forms.**
- f. Documentation pertaining to the hiring of additional staff to process tuition payments at the branch campus, including: (i) the job description for the new position(s), (ii) the date of hire, and (iii) a listing of the policies and procedures that the position(s) will be responsible for implementing.**

5. Standard III-C Financial Assistance/Scholarships (Main and Branch Campuses)

The team report indicated that the President's Scholarship was listed in the catalog, although not offered in 2016. The team noted that the catalog failed to provide a full description of the scholarship program, including the application process, eligibility criteria, selection process, and pertinent deadlines, as required. Further, it was unclear whether funds were set aside for this scholarship.

The institution indicated in its response that it did not offer the President's Scholarship in 2016, and all references to the scholarship were removed from the catalog. The institution stated that it was working on a sustainable plan to establish a new policy and procedures for the Presidential Scholarship in hopes that it would be implemented by June 2017.

Therefore, the institution must provide a status update on any new scholarship program, including: (a) written policies and procedures for the scholarship, (b) a catalog description of the scholarship program that fully identifies the application process, eligibility criteria, selection process, and pertinent deadlines, as required, and (c) the source of funding for the scholarship program and documented evidence of this funding.

6. Standard IV-A Educational Goals and Objectives (Main and Branch Campuses)

The team report indicated that the institution had specific clock hours allocated to courses, with a breakdown of lecture and lab listed in the catalog, which the institution indicated was the master

outline of the curriculum. However, the team found that materials were inconsistent with this course breakdown. For example, the program outline in the student catalog listed 30 clock hours for HIM 200. The HIM 200 syllabus handed out to students and the team during the visit to the evening class listed six sessions. The night classes for HIM 200 meet for four hours from 5:30 pm – 9:30 pm, which is equal to 24 clock hours for the class.

The institution indicated that the evening class may have been using the HIM200 syllabus meant for day classes. However, since day classes meet for six hours a day, the course would equal 36 clock hours. The institution indicated that the last hour of class during the day was meant for homework, so class only met for five hours per day but schedules indicated six hours per day to encourage students to stay. The catalog indicated both five-hour/day and six hour/day schedule options for the day program; however, the difference between the two schedules was unclear. The team noted that although this issue was not identified at the main campus, schedules, and materials were identical for both locations.

The institution was implementing a modified wheel system, wherein students may enroll on any given Monday, with certain courses requiring prerequisites. The team found that prerequisites were not being implemented. For example, the team found one student, M. Cook, currently taking HIM210 – Basic Coding of Diagnoses, which had a prerequisite listed in the catalog of HIM120 – Anatomy & Physiology. The student transcript for M. Cook indicated that the student had not taken HIM120.

The team also found that students were taking classes that they had previously taken and passed. Interviews with these students indicated that they did not know when they would complete classes and believed that they were required to take these classes for review. For the day class of HIM210, the team found that only one of six students had not taken HIM210, and that student, as noted above, had not completed the prerequisites for the class. Students (M. Webb, K. Yates, J. Knox, A. Jergensen, and M. Ligon) had previously completed and passed HIM210, the day course observed during the team visit.

The institution provided in its response revised course syllabi for HIT 235 and MA 320 to demonstrate allotted time for homework. Additionally, the institution noted that it created a Drop Box to store the latest curriculum and course material that will be monitored by the DOE and the President of the school to ensure that only the most current versions of the learning material are used.

The institution stated in its response to the team report citation that students were not properly tracked and were repeating classes instead of going on externship and that these students were going through the natural progression of a modular-based program that allows students to take classes out of sequence. However, the institution's response failed to prove this claim and to adequately address issues pertaining to course prerequisites, students repeating course they previously passed, and discrepancies in clock hours reported for the institution's programs.

Therefore, the institution must provide a narrative update on these issues, along with:

- a. Documented evidence that students are required to take course prerequisites, including a list of all students enrolled in HIM210 – Basic Coding of Diagnoses that identifies the date that each student completed the prerequisite HIM120 – Anatomy & Physiology course.**
- b. An affirmation that students are not permitted to repeat courses they have successfully completed.**
- c. A narrative explanation of homework to demonstrate that while homework and allotted time for homework may be identified on course syllabi and lesson plans, homework is: (i) not completed by students during scheduled hours of instruction, (ii) homework is not included in total clock hours reported for each program, and (iv) only instructional clock hours for lecture, lab, and externship are listed in the catalog and included in the calculation of total clock hours for each program.**

7. Standard IV-C Externships/Internships (Branch Campus)

The team report indicated that there was no documentation to demonstrate that prospective externship sites were evaluated by the institution to ensure that they are safe and appropriate working environments. While the career services advisor indicated that she visits prospective externship sites, there was no documentation of visits completed and no procedures or requirements for what constitutes a safe and appropriate externship site. The institution indicated that contact with the sites is done electronically by phone or fax, and sites are only visited if there is a problem.

The team found that the externship orientation, syllabus, and site agreements failed to identify specific learning objectives required for the externship. Further, while the site's externship supervisor completes a progress report, the focus of the evaluation is on general areas such as appearance and timeliness and not on the proficiency of externs relative to their knowledge and skills.

The active student list provided to the team indicated that two of the eight students at the branch should have already completed their externships (Yates and Webb), and two more students should have been either on externship or preparing for it (Ligon and Knox). The process for externships relies on the instructor communicating to the Externship Coordinator that a given student is close to externship, and the Externship Coordinator indicated that no students were close to an externship at the time of the visit to the branch.

The institution provided in its response an "Externship Site Survey" that was developed to determine whether a site is acceptable as a potential site for a student. The institution included a few examples of completed surveys as evidence that the survey was implemented. However, no site agreements or revised syllabi were provided to demonstrate specific learning objectives required for the externship.

The institution also provided an update on the students cited above with the dates they began their externships. However, all students began their externships well after the end dates listed by the team.

Therefore, the institution must provide a narrative update on these issues, including evidence that students are placed in suitable externships in a timely fashion, and appropriate policies and procedures relative to externships are being followed. The institution must include:

- a. Revised syllabus, externship orientation, and externship agreements containing specific and measurable learning objectives for the externships.**
- b. A revised evaluation form to be completed by the externship supervisor that assesses the specific knowledge and skills students learn during their training program and demonstrate during their externships.**
- c. Documented evidence of visits conducted to new sites in advance of being approved as externship sites for the branch campus.**
- d. A list of all students at the branch who currently are on externship, which identifies the following dates for each extern: (i) last date of didactic training, (ii) start date of externship, and (iii) scheduled end date of externship.**

8. Standard V-C Facilities (Main Campus)

The team report indicated that the institution did not have a Material Safety Data Sheet (MSDS) log that reflects all chemicals maintained at the institution for its medical programs. Only alcohol and Purell were listed, but not all chemicals required for the programs such as hydrogen peroxide, iodine, germicide, betadine, and formaldehyde.

The institution indicated in its response that it is the responsibility of the instructor of the Medical Assisting program to maintain the MSDS log to ensure the proper maintenance of chemicals required for the institution's medical programs. The institution also provided an attachment showing the management of chemical waste in February 2017, but provided no updated MSDS log that includes all the chemical required for the institution's medical programs. Additionally, the institution submitted a log entitled "Annual Review of Chemicals" that stated that "all chemicals stored will be reviewed annually," which is inadequate to ensure the proper control and maintenance of chemicals.

Therefore, the institution must provide a narrative update on these issues, including submission of:

- a. The previously requested Material Safety Data Sheet (MSDS) log that properly reflects all chemical maintained at the institution to support its medical programs.**

- b. Written policies and procedures for the frequent review, recording, and maintenance of chemicals for the medical programs to ensure sufficient supplies, proper controls, and adequate maintenance of these substances.**
- c. Documented evidence of the implementation of the policies and procedures for the review, recording, and maintenance of chemicals for medical programs.**

9. Standard I-C Qualifications of Instructional Personnel (Main Campuses)

The team report indicated that the minimum qualifications for instructors of general education courses did not meet ACCET's specific criteria, which requires a bachelor's degree with verifiable content expertise in the subjects they are assigned to teach. The Director of Education taught all of the general education courses the first time they were offered, including microbiology and inorganic chemistry, both with labs. She has a bachelor's in history, a master's degree in art, and a doctorate in educational leadership, which does not demonstrate content expertise in microbiology and chemistry. The institution indicated that it would be hiring qualified instructors to teach the general education outside the expertise of current faculty; however, this could not be demonstrated during the on-site visit.

The institution indicated in its response that it had three new qualified instructors to teach the general education courses. Included were resumes that demonstrated that two of the three instructors were qualified to teach the general education courses they were assigned to teach. However, the resume of Ms. B. Valmores did not verify that she has the required content expertise to teach MRCB 21 Microbiology and CHEM 11 Inorganic Chemistry.

Therefore, the institution must provide a narrative update on this issue, along with documented evidence to demonstrate that the chemistry courses (MRCB 21 Microbiology and CHEM 11 Inorganic Chemistry) are taught by an instructor with a bachelor's degree with verifiable content expertise in chemistry. The institution must provide an official transcript of the instructor assigned to teach these courses, as required by the Specific Field Criteria under Standard VI-A Qualification of Instructional Personnel in Document 3.OAD - Occupational Associate Degree (OAD) Template.

10. Standard VII-A Recruitment (Main and Branch Campuses)

The team report indicated that advertising on the building, catalog, and website included inactivated programs such as the Pharmacy Technician program. The team also reviewed the institution's catalog and found the following issues:

- The graduation requirements for the OAD did not include attendance requirements
- The SAP policy was confusing, as it was listed in two separate places in the catalog, and did not include all required elements, as discussed in Standard VIII-C Student Progress.
- The tardy/early departure policy was incomplete, as the institution indicated that students who enter class after 30 minutes are marked absent, but the policy in the catalog provided no upper limit to when a student is marked tardy or departing early.

- There was no schedule of payments or information on the impact of periods of financial obligation with regards to the refund policy, although part-time programs and the institution's OAD program have multiple periods of financial obligation.
- There was no information on the methods for collecting delinquent tuition.
- The catalog included a refund chart that did not provide accurate information on refunds.

The institution provided in its response an updated attendance policy in the catalog that included a 90% attendance requirement for the OAD programs and consolidated its SAP policy into one section. The institution updated its tardy/early departure policy to indicate that students arriving 10 minutes late or leaving 10 minutes early will have the time notated in their attendance records.

The institution also provided a catalog revision that contained a financial aid payment schedule for both degree and non-degree programs. A policy for collecting tuition was also provided to include the penalties for delinquent accounts. Lastly, the institution removed the refund chart from the catalog. However, the Commission noted that additional catalog updates were required as additional institutional policies have been revised in accordance with directives noted in this letter.

Therefore, the institution must provide a narrative update on these issues, including an updated catalog that reflects the required changes identified, including those specified under Standard III-B Financial Procedures, Standard III-C Financial Assistance/Scholarship, Standard VIII-B Attendance and Standard VIII-C Student Progress.

11. Standard VII-B Admissions/Enrollment (Main and Branch Campuses)

The team report indicated that the institution did not provide students with the performance fact sheet and catalog until the enrollment agreement was being signed. The policies and procedures indicate that these documents are provided when the student is informed about prospective start dates, but interviews with staff indicated that these two items were actually provided when students signed the enrollment agreement.

Prospective students in the Medical Billing and Coding program received a packet of information from the admissions representative that included information regarding employers and job descriptions that were misleading. The packet provided an extensive list of employers, but conversations with the institution indicated that this list included all employers for many years, and did not represent accurate potential employers for current students. Additionally, the packet included three job announcements for Los Angeles County. While the institution indicated that these job announcements were included to demonstrate that employers wanted students who graduated from AHIMA approved programs and had certifications, the team found that graduating students would not be qualified for the jobs indicated, and the salary and benefit information contained in the job descriptions were not reflective of entry-level jobs obtained upon graduation. The institution provided the team with a revised packet with more accurate employment information that removed the three job descriptions.

The institution provided in its response updated admissions procedures that indicates that students will now be given the performance fact sheets in the initial interview. An updated packet

for the Medical Billing and Coding program was provided that listed employers where graduates were placed in 2016. The institution indicated that it had stopped providing job announcements from Los Angeles County. However, implementation of the revised policies, procedures, and documents could not be demonstrated over time.

Therefore, the institution must provide a narrative update on these issues, along with documented evidence that the new admissions procedures have been implemented over time, including: (a) the early distribution of the school performance fact sheet and catalog to prospective students; (b) completed employment packet provided to prospective students for all programs; and (c) a copy of the policy and procedures that govern admission's hand-outs and the parties responsible for approving the information distributed.

12. Standard VIII-A Attendance (Main and Branch Campuses)

The team report indicated that the institution recently added ACCET's requirement that make-up work be comparable to the content, time, and delivery of classes missed. However, the team found that make-up was not documented clearly, as only hours were marked down with no indication of what the student did during that time to demonstrate that comparable content was covered. Additionally, staff at the institution indicated that students could make up attendance by completing assignments or sitting in another class and reviewing textbooks on their own. These procedures did not demonstrate appropriate instructor supervision or that students were making up the content missed.

Student academic records indicated that students in the same class had different end dates for classes. For example, the institution was offering a single class of the Medical Assisting program, with three students enrolled. Files from the three students indicated that A. Molina completed the MA210 course on 8/8/2016, A. Prado-Flores completed on 8/11/2016, and C. Lara completed on 8/15/2016. This was particularly concerning as A. Molina's record indicated that she completed a 45-hour Pharmacology course on 8/18/2016, three days after C. Lara completed the previous course. Conversations with the institution resulted in conflicting information, as staff indicated that this could have been the result of a single instructor having students in different courses during the same class period, which raised further concerns regarding instructor supervision and documentation of make-up classes resulting in students having different end dates.

The institution provided in its response an updated make-up time policy that requires instructor supervision over make-up time. Students also must complete work that is comparable to the content, time and delivery of the classes missed. Make-up time is now documented with a make-up form. The institution provided a completed form that listed the program and module in which the work occurred, the date, and number of hours completed. The form was signed by an instructor and the registrar.

Regarding the Pharmacology course, the institution's response included transcripts of the students in question to show that the students all successfully completed the Pharmacology course despite starting at different times. However, the institution did not address the concerns noted in the team report. The way the institution structured the course allows for students to begin the course on any given Monday and join students that are already in progress. While the institution

indicated to the team that the course is more independent study under instructor supervision, the team observed that the instructor was giving a lecture on a given topic, and students indicated that they were all studying the same material at the same time. It remains unclear as to how students can begin a course at different times with the same expected end date or begin at the same time and complete with varying end dates. Further the independent study is not an appropriate teaching methodology for a Medical Assisting program, nor is it a modality approved by ACCCET.

Therefore, the institution must provide a narrative update on these issues, along with documented evidence of implementation of the institution's make-up policy, including: (a) a listing of all students who completed make-up work in their last completed course/module and the make-up records of each listed student; and (b) a list of all students at the branch indicating their last course/module completed and identifying the following information for each listed student: (i) name of the last course/module completed, (ii) student's course/module start date, (iii) student's course/module end date, (iv) total hours attended, total hours scheduled, and attendance rate, and (v) hours of make-up work completed. Further, the institution must provide its internal enrollment policy to demonstrate that students are enrolled in the program at the beginning of a module to ensure that all students in the class receive the same curriculum at the same pace while supervised appropriately.

13. Standard VIII-B Student Progress (Main and Branch Campuses)

The team report indicated that the institution's written Satisfactory Academic Progress (SAP) policy was different than the one currently in place at the time of the visit. The SAP policy was updated in the catalog to incorporate progress evaluations at 25%, 50%, 75%, and the end of the program. However, the team found that this process was not implemented, and administrative staff, instructors, and students interviewed were not aware of the change. The SAP policy as published in the catalog was in multiple places, with consequences for failure to meet SAP requirements in a different place than the requirements themselves. The team reviewed documentation demonstrating that the institution reviewed student progress at the midpoint and at the end of the programs.

There are no written procedures in place for students who fail a course, and the procedures described to the team by the institution did not ensure appropriate instruction and supervision. Staff interviewed by the team indicated that students could bring a textbook/materials and sit in on a different course, and the instructor would check in with them to ensure that they were on track with the content for the other course. The team did not find this to be appropriate instructional supervision, as instructors cannot teach two separate classes at the same time.

The institution provided in its response that a revised consolidated SAP policy is published in one place in the catalog. The policy states that any courses in which a student receives an "F" grade must be retaken and does not make mention of being able to sit in on a different course while doing the work of the course that was failed. Although the institution provided a new policy, it failed to provide documented evidence of implementation of the SAP policy.

Therefore, the institution must provide a narrative update on these issues, including

documented evidence of implementation including: (a) signed forms used to counsel students on SAP, and (b) documentation to show that students who fail a course retake the course instead of making it up concurrently with another class.

14. Standard IX-B Student Satisfaction (Branch Campus)

The team report indicated that the institution did not provide documented evidence of assessing, documenting, and reviewing student satisfaction at the end of their programs at the branch campus. Discussion with both the branch manager and institutional management (Director of Education and Director of Compliance) indicated that end-of-program feedback was not requested from students nor discussed with relevant personnel to ensure continued improvement of the program and services at the branch.

The institution submitted in its response evidence of students providing end-of-program feedback on the instructor and curriculum. The evaluation form provides an area for comments; however, while this survey provides feedback on the instructor, it does not solicit feedback from students relative to the institution as a whole.

Therefore, the institution must provide a narrative update on this issue, including: (a) a revised survey form to solicit feedback on all areas of the institution in order to ensure that quality services are provided across all departments, (b) at least five sample completed surveys to demonstrate implementation of the form, (c) an analysis of the compiled results from the survey in 2017, (d) documented evidence that the survey results are reviewed (e.g. meeting minutes), and (e) documented evidence that the results of the student surveys are utilized to improve the institution and its education, training, and services.

15. Standard IX-B Employer/Sponsor Satisfaction (Main and Branch Campuses)

The team report indicated that the institution did not have a policy and procedures to ensure: (a) the assessment, documentation, and validation of employer/sponsor satisfaction relative to the quality of education and training provided, and (b) the effective utilization of employer feedback to improve the education, training, and student services of the institution. Surveys reviewed by the team did not contain questions to elicit constructive feedback, as most questions related to rating the professional skills of the graduate. Further, the survey consisted solely of ratings, with no space for written feedback.

The institution indicated in its response that the institution updated its Extern/Employee Satisfaction Survey form to solicit feedback from employers to improve the education, training, and student services of the institution. The institution provided one completed Extern/Employee Survey Form and an updated policy on the Extern/Employee Satisfaction Survey. However, there was no evidence of the systematic and effective implementation of the form nor documented evidence that any employer feedback from the survey is utilized to improve the institution.

Therefore, the institution must provide a narrative update on this issues, including: (a) an analysis of the compiled results from the survey in 2017, (b) documented evidence that the survey results are reviewed (e.g. meeting minutes), and (c) documented evidence that the

results of the employer surveys are utilized to improve the institution and its education, training, and services.

16. Standard IX-D Completion and Job Placement (Main and Branch Campuses)

The team report for the main campus indicated that the graduation requirements for the OAD program did not include any attendance requirements. Additionally, the institution was not collecting sufficient information to ensure that placements were training-related, and the institution was verifying placements by means other than direct contact with students or employers.

The team also discounted the following placements during the on-site placement verification process at the main campus:

- Polanco (MA, Jan 2016) – pre-school teacher not training-related.
- Bahman (MA, March 2016) – “assistant” not training-related, employer confirmed during placement phone call that student was a personal caretaker and did not perform MA functions.
- Amayo (MBC, Aug 2016) - generic job title on verification that did not demonstrate training-related placement (General Staff at LA’s Best).

At the main campus, three programs had below-benchmark completion and/or placement rates for January – September, 2016, as follows:

- Computer Repair & Networking Program: Completion – 0% (3 net starts/0 completers)
- Pharmacy Technician Program (deactivated): Placement – 33.33% (3 adjusted eligible/1 placed)
- Medical Assisting Program: Placement – 57.14% (7 eligible/6 placed – 2 discounted)

Additionally, the team found that although the institution had policies and procedures for placement, the procedures were not being consistently followed. For example, the institution’s policy required the career services coordinator to have students sign a series of career preparation documents at the midpoint of the program, but the practice was to have students work through these documents at various times dependent on their individual needs. The policy had outdated definitions of placement for self-employment, temporary and part-time employment, and continued employment. While minor, the policy also indicated a specific way of filing; however, the files were actually kept in a different way (by year instead of by month). The team noted that these issues did not result in insufficient placement services, only discrepancies between written policy and actual implementation.

The team report for the branch campus indicated that one of the institution’s requirements for graduation was that “the student must have paid in full.” The team reviewed three graduated student files from 2016 and found that two of the three graduates still owed the institution money, as they were on a payment plan through TFC that had a longer timeframe than the program, and therefore were not completers.

At the time of the visit, the branch campus offered a single program, Medical Billing and

Coding. During the on-site placement verification process, the team discounted one placement, E. Smith Baker (MBC), as her continuing employment as a realtor was not training-related.

For 2016, the Medical Billing and Coding program had below-benchmark completion and placement rates for January – September, 2016, as follows:

- Completion: 100% (2 net starts/2 completers) -- Because one of these students did not pay in full, as noted above, the completion rate according to the institution's graduation requirements was actually 50% (2 net starts/1 completer)
- Placement: 0% (2 adjusted eligible/0 placed) – The institution has one placement waiver, which exceeded the 15% waiver maximum. The other graduate was discounted, as noted above.

The team found that the current schedule for career services, as indicated by interviews with the Branch Director and the Career Services Coordinator, was one visit a month to the branch. This limited visit schedule did not ensure regular and comprehensive career services support for students at the branch.

The team also found discrepancies between the institution's policies/procedures and the practices of the career services staff. The policy indicated that career services preparation occurs throughout the program, with paperwork to begin around the halfway point of the student's program. The team found that two students (M. Webb and K. Yates) did not have any placement paperwork completed in their files. Further, the enrollment information for these students indicated that they should have already graduated, but the team found that they were still taking coursework and had not yet completed any career services paperwork.

The institution in its response indicated that it had updated the catalog to include attendance in the graduation requirements for the OAD program. The institution also updated the Career Services Department Policies and Procedures, including the placement policy to ensure consistency and to address discrepancies between the written policy and actual implementation for placement purposes. The institution also updated the definitions for full-time employment, self-employment, part-time or temporary employment, self-assessed progress, and continuing education.

In its response, the institution addressed issues found by the team relative to the following students:

- *Q. Liang – Updated employment form to demonstrate at least 30 days of employment.*
- *J. Benasa - Confirmed placement by the team.*
- *M. Mollen - Updated employment verification form with job title that demonstrated training-related placement.*
- *K. dela Cruz - Updated employment verification form with job title that demonstrated training-related placement.*
- *T. Price - The Career Services Coordinator was able to contact and validate student's employment.*

The institution indicated in its response for the branch that part of the institution's requirements

for graduation is that "the student must have paid in full." However, due to the recent economic downfall of the industry, the institution has elected to provide diplomas to students who have not paid in full, so they can work and fulfill their obligations. Despite these changes, no modifications were made to the graduation requirements in the catalog.

The institution's response failed to provide updated 28.1s for the Medical Billing and Coding program at the branch campus and the three programs below benchmark at the main campus. The institution also failed to address the issue of inadequate career services staffing for the branch campus. Additionally, the updated Employment Verification Forms for the five students noted in the team report all indicated that they were verified by "Other: Career Services Staff," instead of employers or students. As a result, the verifications did not demonstrate that the information was provided by the employers or students.

Therefore, the institution must provide a narrative update on this issue, including:

- a. Updated Employment Verification Forms for the five students (Q. Liang, J. Benasa, M. Mollen, K. dela Cruz, and T. Price) noted for the main campus as verified by either the students or employers.**
- b. Updated Employment Verification Form for graduate E. Smith-Baker from the branch campus team report demonstrating 30 days of training-related employment as verified by the student or employer.**
- c. Updated Document 28.1 – Completion and Placement Statistics for calendar year 2016 and the period of January 1 – February 28, 2017 for the Medical Billing and Coding program at the branch campus and three below-benchmark programs at the main campus, including the Medical Assisting program, Computer Repair and Networking program, and Pharmacy Technician (deactivated) program. Included with the submission must be: (i) the attached On-site Sampling Verification: Completion, Placement, and Academic Data Form (OSVF) completed for each monthly student graduation cohort and (ii) supporting documentation for all placements and waivers.**
- d. Updated internal placement tracking policies providing guidance relative to completing the verification form and specifically from whom that information can be provided (employer or student).**
- e. Supporting documentation as to the institution's graduation requirement of "paid in full." Either the institution must updated its completion and placement policy to demonstrate that a student is not counted as a completer until they have met all graduation requirements including payment of all tuition, or the institution must revise its graduation requirements.**
- f. Supporting documentation addressing the team's concern relative to limited career services provided to the branch campus, to demonstrate ample support services, time, and attention provided to the branch campus students and graduates.**

A copy of this report, including the attached **interim report cover sheet**, must be mailed to interimreports@accet.org no later than **June 30, 2017**, in order for the on-site teams to review prior to the follow-up visits and for the institution's application for reaccreditation to be considered further at the Commission's August 2017 meeting.

The follow-up visits must take place prior to the August 2017 Commission meeting. Therefore, it is imperative that the institution submit a copy of ACCET Document 8 – Visit Request Form, requesting two on-site evaluation visits (each three person/two-days) and the on-site visit fee of \$18,900 (refer to ACCET Document 10 – Fee Schedule) for receipt at the ACCET office no later than **May 12, 2017**, to allow for appropriate scheduling of the on-site visit and subsequent review by the Commission. These documents are available on our website at 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 (with the exception of item #2c noted in this letter), 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. 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 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/jhh

Enclosures: Interim Report Cover Sheet
 On-Site Sampling Verification Form
 Invoice

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