



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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VIA EMAIL & FEDERAL EXPRESS
(anastasia.isba@gmail.com)

Ms. Anastasia Usova, Manager
International Skin Beauty Academy
830 N. Meacham Road
Schaumburg, IL 60173

***Re: Initial Accreditation Denied
(Appealable, Not a Final Action)
ACCET ID #1453***

Dear Ms. Usova,

This letter is to inform you that, at its April 2015 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to International Skin Beauty Academy, located in Schaumburg, Illinois. The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted February 18 – 19, 2015), and the institution's response to that report, dated April 3, 2015. It is noted that some weaknesses cited in the team report were adequately addressed in the institution's response and accepted by the Commission. However, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard II-A: Governance

The institution failed to demonstrate that it is compliant with statutory, regulatory, and accreditation requirements.

The team report indicated that the institution used multiple d/b/a names. The catalog indicated that the institution used "International Skin Beauty Academy" for skin care programs and "International Training Academy" for health care programs; the letterhead was for "International Training Academy"; internal forms indicated "International Skin Beauty Academy"; the building sign stated "International Training/Skin Beauty Academy"; and Illinois Board of Higher Education listed the institution as "International Skin Beauty Academy Inc./International Training Academy". In addition, the PDSO was a contract employee of the institution, not a direct employee as required by SEVP. The institution's I-17 listed two additional programs, Massage Therapy and Nursing Assistant, which the institution indicated it was not offering.

In its response, the institution indicated that it would consistently use the d/b/a name International Training Academy in the future, and provided a letter to the IBHE requesting this name change, a copy of its Facebook page, and a page from its website. The Commission noted that the institution's response for other standards includes the catalog and some internal forms, which include the correct d/b/a name. However, the institution did not provide evidence of a change in d/b/a name on all the items mentioned by the team, specifically the building signage. Additionally, the institution's website, under "About Academy", continues to indicate that the institution uses two different names depending on the type of program. The institution stated in its response that the PDSO was now a direct employee, and provided a Form I-17 with changes to its programs. However, the institution did not provide any documentation to evidence the change in employment status of the PDSO. Therefore, the Commission determined that the institution has not demonstrated that it has systematically and effectively maintained compliance with state, federal, and accreditation requirements.

2. Standard II-B: Operational Management

The institution failed to demonstrate that its senior management has systematic and effective policies that are implemented by operational management, and that written policies and procedures are effective in guiding the day-to-day operations of the institution.

The team report indicated that the institution did not have all policies and procedures required by ACCET in its operations manual and catalog. Further, the policies published in these materials did not consistently align with ACCET requirements, including policies for transfer of credit, attendance and leaves of absence. Policies and procedures were not consistent across different documents.

In its response, the institution provided an updated program catalogue and operations manual, and stated that it was making every effort to implement the policies. However, the updated operations manual did not include more than a dozen policies required by ACCET. By way of example, the manual did not include policies regarding employee and student record maintenance, policies for financial control and financial procedures, or policies for advertising. Further, the institution stated that the operations manual is also the institution's employee handbook, yet the Commission notes that this manual does not include necessary information relative to employment, including employee benefits, employee record keeping, equal opportunity, and payroll and working hours. As discussed in other standards, policies provided in the revised operations manual and catalog are not consistently compliant with ACCET requirements. Finally, the Commission noted that while the institution stated that it was implementing the policies in the revised manual and catalog, no documentation was submitted to evidence the systematic and effective implementation of the policies apart from those addressed in other standards. Therefore, the institution failed to demonstrate that it has written policies and procedures to systematically and effectively guide the operations of the institution as required by this standard.

3. Standard II-D: Records

The institution failed to demonstrate that it has an organized record-keeping system that ensures that all records are maintained in an accurate, orderly, and up-to-date manner.

The team report indicated that student records did not contain documentation relating to admissions requirements, progress reports, attendance records, evidence of academic/attendance counseling, clinic hours and tasks, and externship evaluations.

In its response, the institution indicated that it had updated the student files to include high school diplomas, and included a sample of diplomas as evidence. The response included examples of test score logs, a lab evaluation score log, a month of student sign-in sheets with an attendance log, and six copies of clinic teacher notes/client feedback forms. However, the response did not demonstrate how information from these logs and notes is tracked and documented in student files. The response stated that the institution had updated processes, including student progress, attendance, and student evaluations, but did not address the issue of recording and maintaining documentation on these areas in student files. Therefore, the institution has failed to demonstrate that it has an organized record-keeping system that ensures that all records are systematically and effectively maintained in an accurate, orderly, and up-to-date manner.

4. Standard III-B: Financial Procedures

The institution failed to demonstrate that its cancellation and refund policy complies with accreditation requirements.

The team report indicated that the institution's cancellation and refund policy was not compliant with the ACCET policy. The institution published only the Illinois policy in its catalog and enrollment agreement, not ACCET's. The institution did not calculate student refunds under both the state policy and ACCET policies and apply the one that was the most generous to the student. Additionally, the team report indicated that there had been only one refund in the past twelve months, which was for a student who had completed 30% of the program. However, the institution's refund calculation indicated that the student owed 70% of the tuition and 100% of the fees for books and supplies, neither of which are consistent with ACCET policy.

In its response, the institution indicated that it had updated its policy to align with ACCET Document 31 and provided blank enrollment agreements that included the revised policy. It stated that it had distributed a new policy addendum to student files, and that students would receive the most favorable refund calculation. However, no evidence that students had received information regarding this addendum, and no completed enrollment agreements were provided. The institution acknowledged in its response that the refund cited by the team had the incorrect calculation, but indicated that the refund itself was compliant, as the student should have owed money, but the school did not collect any additional payment. However, the response did not include a corrected calculation in line with ACCET policy. No further refunds or other

documentation were provided to evidence implementation of the revised policy. Finally, the Commission noted that the MA enrollment agreement continues to indicate that books and supplies are non-refundable, contrary to ACCET policy which states that only the cost for books and supplies for the portion of the program the student was enrolled can be kept by the institution. Therefore, the institution has not demonstrated that it has systematically and effectively implemented a cancellation and refund policy that complies with accreditation requirements and is fair and equitable for all students.

5. Standard IV-A: Educational Goals and Objectives

The institution failed to demonstrate that the length of its programs are consistent with the clock hours assigned, that students are provided with appropriate information about the courses in which they are enrolled, and that sufficient and appropriate knowledge and skill elements are included in the curriculum to ensure adequate preparation for the expected performance outcomes of that program.

The team report indicated that the institution was awarding more than one clock hour in a 60-minute period, and that as a result, the programs offered by the institution had incorrect clock hour lengths. The syllabi distributed to students did not provide information regarding performance objectives, how and when assessments occur, the grading scale, the grading criteria, and weighting of the grading criteria. The team report also indicated that the student clinic was not effectively integrated into the Esthetics program, as students were not required to complete a minimum number of clinic hours or perform certain types of treatments. Further, the institution did not track student hours or tasks in the clinic, and there was insufficient instructor supervision of students in the clinic.

In its response, the institution indicated that it had been defining clock hours as 50 minutes, but had added extra classes and weeks to its programs to reach the advertised clock hours using the definition of 50 minutes within a 60 minute period, as required by ACCET. The institution provided a teaching syllabus and a weekly course schedule for the Esthetics and Medical Assisting programs. However, the Commission noted that the teaching syllabus for Esthetics does not include the extra classes indicated in the institution's response, as it only appears to have 116 classes, which equates to 638 clock hours, and the Esthetics weekly course schedule indicated 22 weeks of class, not the 27 listed in the catalog. No other evidence of a revised curriculum for the Esthetics program to support the institution's revised schedule was provided. The institution's response also included revised syllabi for the Esthetics and Medical Assisting programs that included dates or weeks when evaluations occur. The syllabus provided for the Esthetics program consisted solely of dates, chapters covered, and a description of the topics and activities for the week. The Medical Assisting syllabus had a program schedule, books, and daily or weekly topics and activities. However, the Commission noted that neither syllabus provided the student with performance objectives, how evaluations occur, the grading scale, the grading criteria, and the weighting of the grading criteria. The institution's response indicated that students in the Esthetics program are supervised during procedures by an instructor, who evaluates the students using a form. The institution indicated that each student is required to complete ten procedures before

graduation, and procedures are tracked in a notebook. However, the Commission noted that while the description of the Esthetics program in the revised catalog indicates that students must complete ten procedures before graduating, the graduation requirements for the Esthetics program do not include these procedures. Further, no process or evidence was provided to track the completion of the amount of procedures completed by each student to ensure that he or she is on track to graduate on schedule. Therefore, the institution failed to demonstrate that its programs have accurate clock hour lengths, that students are provided with appropriate information about the programs in which they are enrolled, and that sufficient and appropriate knowledge and skill elements are included in the curriculum to ensure adequate preparation for the expected performance outcomes of that program.

6. Standard IV-C: Performance Measurements

The institution failed to demonstrate a sound, written assessment system containing a set of defined elements which are appropriately related to the learning objectives of its programs.

The team report indicated that the institution's grading and graduation requirements were inconsistent in different documents. The weighting for final grades consisted of 80% written tests and exams and 20% final practical exam, which was not appropriately weighted for programs with a majority of laboratory hours. The team report also indicated that student performance in the Esthetics clinic and the lab for both the Esthetics and the Medical Assisting program was not adequately assessed. There was no evidence that student performance in the clinic was evaluated by instructors or that client feedback was used to improve student proficiency. Students in the Esthetics program only had two graded assessments, one for waxing and one for facials, and neither assessment utilized a rubric to ensure consistent grading. The Medical Assisting program had skill assessments based on instructor observation, with no rubric or competency checklist to ensure consistency. Students in the Medical Assisting program did not receive a list of minimum tasks required to be completed for graduation, and the president indicated that she remembered which students have completed tasks or not because classes are small. The institution provided the team with a newly created Tests and Procedures Checklist for the Medical Assisting program during the visit, but could not evidence implementation.

In its response, the institution indicated that it had updated its grading scale and graduation requirements in its operations manual and catalog. However, grading scales were not included on syllabi or other materials other than the catalog, and no evidence of the implementation of this grading scale was included in the documentation provided. The institution's response indicated that practical evaluations had been incorporated into the syllabi for both programs, and that students received a list of all the evaluations as well as an evaluation form for each procedure. However, the completed evaluations form for the Esthetics program had a number of errors. First, instructors sometimes provided total points or a single score for a pair of procedures, instead of providing the student with individual scores for each procedure. Second, the institution's rubrics for the labs and clinics did not provide sufficient information to ensure that consistent and appropriate scores were given to students. The rubrics give multiple points for specific steps in the activity (for example, 10 points for "Had hygiene before and after using gloves" or 13 points

for “Client assisting into the bed face down”), and rubrics show partial points for a given step. However, no rationale is consistently provided for partial points, nor does the rubric outline the breakdown of points awarded. The ramifications of this issue were demonstrated in the evaluation forms provided by the institution: one student was given a 7/8 in “Hands sanitation and gloves preparation” with the comment “Forgot gloves”, but on a different evaluation form, a student received a 4/8 in the same area with the identical comment. In the Medical Assisting and Esthetics clinic evaluation rubrics, no feedback was provided to the student regarding partial points. The employee handbook did not provide any rubric or other guidance for instructors on how to assign partial points in the areas listed on the evaluation form. Additionally, the Commission noted questionable scoring; for example, an Esthetics student received an 18/20 for “Patient assistance after procedure, post procedure consultation” with the comment “Didn’t consult.” In its response, the institution demonstrated its checklists for tracking progress of lab evaluations. However, the individual evaluation forms indicate that a student must get a minimum score of 75% to pass, but the catalog and the “Test and Procedures Check List” indicates that students must pass with an 85% accuracy. The Commission noted that while completion of the practical evaluations are required for graduation, the institution’s grading system continues to solely consist of performance on exams. While the institution requires students to complete procedures, complete an externship, and pass a final theoretical exam, the institution’s transcript form lists these items separately, and does not indicate how the exam is weighted into the student’s final grade. Further, while the institution’s catalog indicates that students are required to complete ten procedures in the clinic, the transcript form for Esthetics does not include information on clinic evaluations. Therefore, the institution has not demonstrated a systematic and effective assessment system consisting of a set of defined elements appropriately related to the learning objectives of the program, nor has it demonstrated consistent and logical grading of assessments in practice over time.

7. Standard V-B: Externships/Internships

The institution failed to demonstrate that externships are based on a preplanned outline of the specific knowledge, skills, and experience to be acquired and that written policies and procedures for the supervision and evaluation of externships are followed by the institution to ensure consistency and effectiveness.

The team report noted that the institution had optional externships for the Esthetics and Medical Assisting programs, respectively, and that these opportunities were not guided by objectives and competencies, had little to no assessment or feedback on student performance, and had no inspection visits to the site before or during their use. Additionally, the institution charged students differentially for the Medical Assisting externship. There were multiple externship sites, but only students who externed with the local university’s medical center were charged \$750 for participating in the externship. Finally, the team noted that the transcript for the Esthetics program listed a grade for “Internship Program,” which actually referred to the grade for advanced training in the lab.

In its response, the institution indicated that it had made the Medical Assisting (MA) externship

mandatory except for G.I. Bill students who receive an exemption. It provided a blank form for evaluating externship sites and indicated that externship sites would be visited twice for the optional Esthetics externship program and every two weeks for the MA program. However, the institution did not address how the institution was assessing externship sites prior to the externship to ensure their suitability, and did not provide any evidence of implementation of the form or visit process. The institution provided blank competency checklists for the MA and optional Esthetics externship. However, the checklists did not indicate whether all competencies were required for successful completion of the externship, and did not provide sufficient detail on many of the competencies. For example, the MA competency checklist includes “Clinical MA Procedures (please specify in comments),” as well as “EKG.” The Commission also noted that the MA competency checklist included “Makeup Application.” The institution’s response included an externship evaluation form and a Rush Medical School extern performance evaluation tool. However, the externship evaluation form provided by the institution does not have any scored criteria specific to the skills for esthetics or MA students, with criteria largely consisting of professionalism, along with the following two metrics: “The extern displays theoretical knowledge and practical skills relevant for the field” and “The extern performs all tasks at a level consistent with an entry-level employee.” The inclusion of the Rush Medical School evaluation is concerning to the Commission, as it provides different criteria for assessment than the institution’s own form and indicates that students may not be assessed consistently across different externship sites. Further, the institution’s externship objectives as listed in the catalog are vague, consisting of general goals of practical training, performing “tasks that are directly relevant to their chosen career,” gaining insight into the work environment, and professional networking, instead of specific performance objectives and skills to be learned on the externship. The institution did not provide any written policies and procedures to guide either of the externships. Additionally, the Commission noted that while the institution has made the Medical Assisting externship a requirement, the clock hours for this externship have not been incorporated into the clock hours of the program, and the externship is not listed under the graduation requirements in the catalog. Therefore, the institution has not demonstrated that its externships are based on a preplanned outline of the specific knowledge, skills, and experience to be acquired and it has not demonstrated that written policies and procedures for the supervision and evaluation of externships have been systematically and effectively implemented.

8. Standard V-C: Equipment and Supplies

The institution failed to demonstrate that it provides appropriate supplies to safely and effectively provide the education and training services at the institution or that written policies and procedures for acquiring and maintaining equipment and supplies are effectively implemented.

The team report indicated that the institution did not have a written policy for acquiring and maintaining equipment and supplies. Additionally, the institution did not have a process for disposing of medical waste consistent with OSHA requirements, as the president took the waste and transported it to the local medical center for disposal. The team further noted that the Medical Assisting lab/classroom could not be locked to secure the medical waste.

In its response, the institution provided a copy of the revised operations manual, which included a new policy for monitoring and purchasing equipment and supplies, including the requirement of weekly equipment checks and end-of-month product inventory. However, no evidence of the communication or implementation of this policy was provided. The institution indicated that it has signed a contract with a company to dispose of medical waste, added a policy to the revised operations manual, and trained staff on the new procedure during a staff meeting. However, the “Sharps Container Agreement” attached to the response was a receipt for three sharps recovery systems, not an agreement or contract as stated in the response. Neither the response nor the institution’s policy addressed the issue raised in the team report regarding the inability of the Medical Assisting lab/classroom to be locked to secure the medical waste. Therefore, the institution has failed to demonstrate the systematic and effective implementation of its policy for acquiring and maintaining equipment and supplies and failed to demonstrate implementation of safe procedures for disposing of medical waste.

9. Standard VI-C: Instructor Orientation and Training

The institution failed to demonstrate that it has developed an effective written policy for the orientation, training, and ongoing professional development of instructional personnel that is systematically implemented, monitored, and documented.

The team report indicated that the institution did not have a clear written policy for the orientation and training of instructional personnel. Further, while the institution required instructors to attend at least one continuing education class per year, no documented evidence of recent continuing education was provided to the team, and the institution indicated that it did not require instructors to provide documentation of training.

In its response, the institution provided an updated operations manual with an orientation and training policy for instructors. The policy indicated that it showed preference for hiring graduates, and, therefore, the onboarding policy was minimal, as “instructors are already familiar with the standards, procedures, and requirements of the Academy.” However, the Commission noted that instructors’ responsibilities are much different than students’, including human resource requirements, payroll, administrative duties, and various other policies pertaining to instructional methodology and record keeping which may not be familiar to former students. The policy does not indicate any orientation to the position of instructor, nor any orientation in the event that the institution cannot implement its preference for hiring alumnae. The institution’s response also indicated that instructors were now required to submit a yearly form to list the outside continuing training they have received and included a copy of a completed form for two of the institution’s four instructors. However, the Commission noted that documented evidence of training was not provided for either of the two instructors and no information on continuing education was provided for the other two instructors. Therefore, the institution has not demonstrated that it has developed an effective policy for onboarding and training of instructors, nor that it is systematically and effectively implementing its policy for the continuing professional development of instructional personnel.

10. Standard VII-A: Recruitment

The institution failed to demonstrate that advertising made by the institution for recruiting purposes make only justifiable and provable claims regarding the institution and student outcomes.

The team report indicated that the institution made claims in its catalog, advertising, and website that were not justifiable or provable, many of which utilized superlatives and exaggerated claims regarding its programs, reputation, student outcomes, job prospects, and exam pass rates.

In its response, the institution indicated that it had updated its website, catalog, and other promotional materials. However, a review of the institution's website indicated a number of statements with superlatives or claims that could not be justified or proved. By way of example, the Commission found the following statements: "We prepare the most professional, confident, and successful Skin Care Therapists and Medical Assistants through our strong and well-structured education. Our graduates are universally successful! They take the best positions wherever they go, whether working with doctors, in salons, or in hospitals"; and "We can confidently say that we prepare the best professionals, and our graduates have the highest State exam and National Certification scores". Therefore, the institution has not demonstrated that it has a systematic and effective process to ensure that its advertising makes only justifiable and provable claims regarding the institution, including its programs, instructors, and student outcomes.

11. Standard VIII-A: Student Progress

The institution failed to demonstrate that it effectively monitors, assesses, and records the progress of participants using a sound assessment system with a set of defined elements appropriately related to the performance objectives of the programs. Further, it failed to demonstrate that student progress is documented consistently in accordance with institutionally established performance outcomes and communicated to all participants on a regular and timely basis, or that it publishes clear descriptions of its requirements for satisfactory student progress and uses sound written policies and procedures to determine student compliance with these requirements.

The team report indicated that the institution did not have a satisfactory academic progress policy in the catalog or operations manual. The institution provided the team with conflicting timeframes for progress reports. While the ASER indicated that students received a progress report every other month, the operations manual indicated that progress reports were completed and distributed every month, and the president indicated to the team that progress reports were provided at the midterm and end of the program. The institution did not provide any documentation evidencing the distribution of progress reports. Further, the team found that the institution's practices were not consistent with ACCET policies. For example, one student failed ten chapter tests and had a 68% attendance rate, but there was not documented evidence of any actions taken by the institution, such as counseling, warnings, or probation.

In its response, the institution provided documentation relating to student progress, including copies of progress reports, copies of its catalog and operations manual with a revised student progress policy, attendance and grade documentation. The institution's narrative response indicated that the institution created a formal plan for the student cited in the team report; however, this plan was not provided. The institution's response indicated that students are provided progress reports every month, and provided copies of five progress reports, one with a note to the student regarding academic probation. However, the Commission noted that two of the progress reports, for S.D. and O.S., did not have any attendance information. Additionally, while the institution provided a number of separate sheets recording attendance, test scores, and practical evaluations, all three of which are assessed as part of student progress, the progress reports did not include practical evaluations, but only attendance and test scores. The institution's written policy indicated that students confirmed receipt of progress reports by initialing a spreadsheet; however, no evidence of this spreadsheet or other documentation verifying that students received progress reports was provided. Further, the academic counseling form provided for the student on academic probation for March indicated that the student would "attend makeup hours in April if March attendance falls below 90%." However, the institution's policy indicates that students are on probation for one month, and, therefore, the probation plan must include steps that can be accomplished within that month. The Commission also noted that the student progress policy does not provide a minimum cumulative grade percentage, the maximum timeframe for completion of the program, how a student is notified of failure to meet satisfactory progress standards, an appeals process, and the effect of incomplete grades on student progress. Additionally, the institution's policy on student progress appears to be inconsistent. For example, the Esthetics student progress policy under Practical Skills Evaluation indicates that students who do not succeed at a practical procedure after three attempts are reported as "unsatisfactory progress" to the school's manager or president, and the student will be dismissed from the program. However, the following section, Official Transcript, states that, "if students have failed to succeed during additional attempts a report of unsatisfactory progress has to be presented to the school's manager or president. A program is considered incomplete and students need to take another rotation of the entire program." It is unclear whether students who fail to meet the requirements are dismissed from the program or allowed to re-start the program. Therefore, the institution has failed to demonstrate that it is systematically and effectively implementing a written policy for student progress to monitor, assess and record progress consistent with ACCET policy.

12. Standard VIII-B: Attendance

The institution failed to demonstrate that it has established and implemented written policies and procedures for monitoring and documenting attendance that are effective in ensuring that student participation and preparation are consistent with the expected performance outcomes of the program.

The team report indicated that the institution did not have a consistent attendance policy, as different documents contained different policies, and that none of the policies were compliant

with ACCET Document 35 – Policy on Attendance Requirements. The institution’s policies had inconsistent attendance minimums, consequences for attendance issues, and definitions for tardiness and early departure. Attendance was not tracked adequately, as departure times were not recorded, the attendance log did not indicate time deducted for tardies or early departures, students were not notified of their attendance on a regular and timely basis, and hours completed and attendance rates were not included on student transcripts. The institution did not provide evidence that the institution took appropriate actions for students with poor attendance, and found that one student, M.A., had a 68% attendance rate with no documented actions taken by the institution. Finally, the institution’s leave of absence policy did not meet the requirements of ACCET Document 36 – Leave of Absence Policy, as it did not limit leaves to a maximum of half the published program length. The leave of absence policy was also inconsistent between the catalog and the leave request form.

In its response, the institution indicated that it had updated its attendance policy and made it consistent among all documents. It provided progress reports, templates for transcripts, a catalog with an updated attendance and leave of absence policy, and attendance records. It also indicated that student M.A. cited in the team report had been provided a formal plan, but no evidence of this plan was provided. The Commission noted that the institution’s method of attendance tracking did not ensure that attendance was monitored appropriately, as students completed sign-in sheets without any documented instructor oversight to verify the times listed by the students. The institution’s attendance policy indicates that attendance is tracked to the nearest quarter hour, and that if a student misses more than five minutes of any class period, that hour will not be counted. The policy also indicates that a late arrival to class is marked “Tardy” and a student who leaves before class is dismissed is marked “Early Departure.” The Commission notes that the documentation provided by the institution does not indicate a method to track attendance every quarter hour or to mark tardies or early departures, as the sign-in sheets only denote the beginning and end of class, and do not include any breaks or other quarter hour checkpoints, and the attendance records only show total clock hours for each day. Further, the sign-in sheets were not accurately recorded on the attendance records. For example, the sign-in sheets indicate that Esthetics student S.D. left 20 minutes earlier than other students on March 11, 2015, but the attendance spreadsheet indicates that she received full attendance credit for that day, inconsistent with the institution’s policy. Finally, the Commission noted that the institution’s attendance policy does not provide clear consequences for failing to meet attendance standards. The catalog indicates that students on academic probation whose attendance is below 90% are reported to the manager or president and *may* be dismissed from the school. However, the policy also indicates that a student *has to be* dismissed from the program for failure to meet the terms of probation. This does not provide students with clear information regarding the consequences of failure to meet the terms of probation. Therefore, the institution has failed to demonstrate that it has systematically and effectively implemented written policies and procedures for monitoring and documenting attendance that are effective in ensuring that student participation and preparation are consistent with the expected performance outcomes of the program.

13. Standard VIII-D: Employer/Sponsor Satisfaction

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

The team report indicated that the institution did not have a systematic process in place for regularly obtaining and using meaningful feedback from employers to improve the institution's programs and services. While the institution wrote procedures for employer satisfaction during the team visit and had recently emailed an employer survey, it had not received any responses to this email and was unable to demonstrate the implementation of its procedure.

In its response, the institution indicated that it had implemented its email survey but was additionally following up with employer phone calls to improve its response rate. The institution provided an updated operations manual and catalog, a job placement survey, employer satisfaction emails, and a blank employer satisfaction call log. The institution's policy indicates that the institution contacts employers by phone to track satisfaction with hires, sends out a yearly questionnaire, and follows up by phone each month. However, the Commission noted that the "employer satisfaction emails" provided by the institution were largely placement emails from graduates, and the few emails from employers provided general feedback that was incidental to placement information. The "job placement survey" provided in the response is meant to be completed by graduates, not employers, and the call log provided in the response had no completed entries. Therefore, the institution has not provided evidence of the implementation of this policy. The Commission also noted that the institution's written policy indicates how information on employer satisfaction will be collected, but does not provide information on how that information will be used to improve the institution's training and services. Therefore, the institution has failed to demonstrate the systematic and effective implementation of written policies and procedures to assess, document, and validate employer satisfaction relative to the quality of the education and training services provided.

14. Standard VIII-E: Completion and Placement

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

The team report indicated that the institution did not have a consistent definition of completion or graduation requirements. Further, the institution was not implementing written policies and procedures for monitoring and tracking placement and did not verify job placement of graduates in accordance with ACCET Document 28 – Completion and Placement Policy. During the placement verification process, two placements were discounted for not being training-related. In both cases, the institution indicated that the graduates had completed both the Esthetics and the Medical Assisting programs. However, the graduates were not using the skills of the program for

which they were noted as a placement: 2014 Esthetics graduate M.P. was employed as a part-time Medical Assistant for two years, and 2014 Medical Assisting graduate L.D. was self-employed as an esthetician. The adjusted placement rate for the Medical Assisting program was 50% (2 placed/4 eligible completers) for January through September 2014.

In its response, the institution indicated that it had updated its graduation requirements and policy for verifying job placement, and provided a catalog and updated job placement survey form. However, the Commission noted that graduation requirements as listed in the catalog do not include information on the clinics or externship, as noted under Standard V-B. Further, the placement tracking policies provided in the catalog do not include documentation of all the items required in ACCET Document 28, including employment start date, name and contact information for employer, and attestations for temporary, part-time, and continuing employment, as applicable. Additionally, the catalog indicates that students who are self-employed must complete an attestation, but does not indicate what the graduate is attesting to, and no attestation form was provided. The institution's policy does not include procedures for both completion and placement relative to filling out ACCET Document 28.1, collecting attestation and waivers, or tracking and documenting completion and placement. Further, the institution did not provide evidence of attestations or waivers, and the blank job placement survey submitted in the response does not include the employment start date. As a result, 30 days of employment cannot be verified. Therefore, the institution has failed to demonstrate that it has implemented written policies and procedures which provide a systematic and effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion and placement rates, which can only be evidenced in practice over time.

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

If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of \$8,500.00, payable to ACCET, for an appeals hearing.

In the case of an appeal, a written statement, plus six (6) additional copies regarding the grounds for the appeal, saved as **PDF documents and copied to individual flash drives**, must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny or withdraw accreditation. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the Commission's action to deny or withdraw accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III-A, Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information provided all of the following conditions are met:

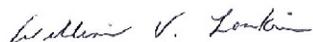
- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's failure to meet ACCET Standard III-A, Financial Stability, with the institution's non-compliance with Standard III-A the sole deficiency warranting a final adverse action.
- The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

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

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

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

Sincerely,



William V. Larkin, Ed.D.
Executive Director

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CC: Mr. Herman Bounds, Chief, Accreditation Division, USDE (aslrecordsmanager@ed.gov)
Ms. Nina Tangman, Assistant Director, IL Board of Higher Education, (tangman@ibhe.org)