U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** American Association for Marriage and Family Therapy (1978/2006)

   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Current Scope of Recognition:** Scope of recognition: the accreditation and preaccreditation ("Candidacy") throughout the United States of clinical training programs in marriage and family therapy at the master's, doctoral, and postgraduate levels.

4. **Requested Scope of Recognition:** The accreditation throughout the United States of clinical training programs in marriage and family therapy at the master's, doctoral, and postgraduate levels, including programs offering distance education.

5. **Date of Advisory Committee Meeting:** December, 2011

6. **Staff Recommendation:** Continue the agency's current recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below. Deny the agency's request for an expansion of scope to include distance education until the agency can demonstrate that it has consistently evaluated and accredited programs via distance education in compliance with the criteria for recognition.

7. **Issues or Problems:** The agency must provide evidence that its Commissioners, appeal panel members, and site evaluators are trained on their responsibilities regarding distance education. In addition the agency must provide evidence of the qualifications and training of its appeal panel members (§602.15(a)(2)).

The agency must demonstrate how it ensures educator and practitioner representation on its appeal panel body (§602.15(a)(4)).

The agency must revise its policy to reflect the limitations of the Secretary's definition. The agency must also provide evidence that its members adhere to the public member definition and provide information about how it ensures public member representation on its appeal panel (§602.15(a)(5)).

The agency must amend its record retention policy to include all the requirements under this section and demonstrate application of the amended policy (§602.15(b).

The agency must reflect a review of the record of student complaints received by, or available to, the agency in its accreditation decision (§602.16(a)(1)(ix)).

The agency must demonstrate that its definition for distance education meets the Secretary's definition, that it has the requisite expertise on its evaluation and decision-making bodies, and that it has provided training on distance education and its assessment in the context of its standards. The agency must also demonstrate that its standards effectively address the quality of a program's distance education in the areas identified under section 602.16(a)(1). The agency must also provide evidence of its application of its standards for programs seeking accreditation for distance education (§602.16(b)(c)).

The agency must make clear in its policy that it makes all materials required under this section available to all decision-makers so they may conduct their own analysis of the self-study and supporting documentation (§602.17(e)).

The agency must ensure that it provides a detailed written report that assesses a program's performance with respect to student achievement in accordance with its policies (§602.17(f)).

The agency must demonstrate that it considers fiscal information in its monitoring approach (§602.19(b)).

The agency must provide evidence that it applies its timeframes in accordance with its adverse action policy (§602.20(a)).

The agency must demonstrate that it has revised its policy for good cause in accordance with the requirements of this section (§602.20(b)).

The agency must demonstrate that it has amended its policy for the revision of standards to initiate the revision within 12 months of the identified need and to complete the action within a reasonable timeframe in accordance with the requirements of this section (§602.21(c)).

The agency must demonstrate that it makes the names, academic and professional qualifications, and relevant employment and organizational affiliations of the agency's principal administrative staff available to the public (§602.23(a)).

The agency must provide evidence that it provides an opportunity for third-party comment concerning the program's qualifications for accreditation in providing public notice that a program subject to its jurisdiction is being considered for accreditation (§602.23(b)).

The agency must provide evidence of its application of its complaint procedures, if it has had occasion to apply such policy (§602.23(c)).

The agency must amend its policy to ensure that it provides for the public correction of incorrect or misleading information an accredited program releases about itself in accordance with the requirements of this section. The agency must provide evidence that it applies it policy for accurate disclosure of a program's accreditation status (§602.23(e)).

The agency must amend its policy to make clear the authority of the appeal panel in accordance with the requirements of this section. The agency must also make clear in its policy that it recognizes the right of the program to employ counsel to represent the program during its appeal, including to make any presentation that the agency permits the program to make on its own during the appeal. The agency must provide evidence of the application of its revised policy, or state that it has not had opportunity to apply it (§602.25(f)).

The agency must amend its appeals policy to ensure that it provides for a process, in accordance with written procedures, through which a program may, before the agency reaches a final adverse action decision based solely on a program's failure to meet its standard related to finances, seek review of new financial information. The agency must also provide evidence of the application of its revised policy, or indicate that it has not had the opportunity to apply it (§602.25(h)).

The agency must demonstrate that it provides written notice of positive decisions to the Secretary, appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision (§602.26(a)).

The agency needs to provide evidence that it provides notifications of negative decisions in accordance with the requirements of this section (§602.26(b)).

The agency needs to revise its policies and provide evidence that it provides public notice of its final negative decisions and decisions to place a program on probation within 24 hours of notification to the program (§602.26(c)).

The agency must evidence that it provides a brief summary of the reasons for the agency's negative decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment to the Secretary, appropriate licensing or authorizing agency, and the public(§602.26(d)).

The agency must evidence that it submits notifications in accordance with the requirements of this section (§602.26(e)).

The agency must demonstrate that it adheres to its policies for submitting an annual report and any proposed change in the agency's policies, procedures, or accreditation standards that might alter its scope of recognition (§602.27(a)(1) and (4)).

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The Commission on Accreditation for Marriage and Family Therapy Education (hereafter, COAMFTE or the Commission) is a programmatic accreditor. Its current scope of recognition is the accreditation and preaccreditation ("Candidacy") throughout the United States of clinical training programs in marriage and family therapy at the master's, doctoral, and postgraduate levels. COAMFTE currently accredits 116 programs in 36 states, with the vast majority of programs in university settings. In addition, the Commission accredits four programs in Canada that are not included in its scope of recognition.

Accreditation by COAMFTE does not enable the entities it accredits to establish eligibility to participate in the Title IV programs. However, accreditation by COAMFTE is a required element in enabling its programs to establish eligibility to participate in Federal non-Higher Education Act programs. Specifically, the Department of Health and Human Services requires that marriage and family therapy programs be accredited by an agency recognized by the Secretary in order to participate in the National Health Service Corps Scholarship (NHSCS) and the Faculty Loan Repayment Program (FLRP).

Recognition History

COAMFTE was first recognized by the U.S. Commissioner of Education in 1978. Its recognized scope at that time included graduate programs and postgraduate clinical training. In 1980, recognition was renewed for three years, and the scope was re-designated as marriage and family therapy. The Commission has had its recognition continuously renewed since that time.

The last full review of the Commission occurred in December 2005, after which the Secretary granted continued recognition for a period of three years and required the Commission to submit an interim report by December 2006, addressing notification issues and standards issues, including student achievement. In May 2007, the Secretary accepted the agency's interim report and extended the agency's recognition for an additional two years.

As part of the agency's current review for continued recognition, Department staff conducted a file review at the agency's headquarters on November 1, 2011.

PART II: SUMMARY OF FINDINGS

§602.15 Administrative and fiscal responsibilities

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that--
(a) The agency has--

> **(2) Competent and knowledgeable individuals, qualified by education and experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions,including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence education;**

The agency demonstrates that it has competent and knowledgeable individuals on its Commission who are well-qualified by their experience. The agency provided documentation that lists the members' academic credentials and institutional affiliation. All members except for the public members have extensive experience in the marriage and family therapy field as well as relevant educational training. Professional Commission members must be senior marital and family therapy educators or clinicians.

The agency has policies that require it to train Commission members on their responsibilities. Members are required to attend an orientation that discusses the Commissioners' role, accreditation process and program reviews. The agency has provided sample powerpoint slides evidencing the content for its Commissioner training.

The agency's policies describe COAMFTE's expectations for site visitors, to include a minimum of five (5) years experience as a practitioner/educator in the field of marriage and family therapy, and significant experience as an educator/trainer in the field of marriage and family therapy (which includes but is not limited to: experience in a university, clinical, or related setting). Site visitors must also successfully complete the COAMFTE Site Visitor Training, for which the agency provided powerpoint slides to evidence the content of the training as appropriate to the role of the site visitor. The agency also provided documentation that lists the academic credentials and institutional affiliations of its site evaluators who are well-qualified in their respective fields.

However, the agency is requesting an expansion of scope to include distance education and none of the materials provided demonstrate that its Commissioners, appeal panel members, and site evaluators are trained on their

responsibilities regarding distance education. The agency has also not provided evidence of the qualifications and training of its appeal panel members.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that its Commissioners, appeal panel members, and site evaluators are trained on their responsibilities regarding distance education. The agency must also provide evidence of the qualifications and training of its appeal panel members.

Analyst Remarks to Response:

The agency has not provided evidence of the qualifications and training of its appeal panel members. Though the agency has described in its response the principles it will use in training its representatives on their responsibilities with regard to distance education, the agency has not implemented such training.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that its Commissioners, appeal panel members, and site evaluators are trained on their responsibilities regarding distance education. In addition the agency must provide evidence of the qualifications and training of its appeal panel members.

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(4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;

As demonstrated by the CVs the agency provided of its Commissioners, the agency's decision-making body is represented by both educators and practitioners in that almost all of the professional members occupy academic and clinical positions, with varying proportions of time devoted to each role. For example, individuals with academic appointments are also practitioners in the field of marriage and family therapy, affirming the agency's narrative of the alignment of scholarship and clinical practice.

Sample site visitor CVs also reflect a mix of educators and practitioners (in some cases, where individuals occupy both positions), and the site visitor roster that the agency provided evidences that the agency is deliberate in ensuring that both educators and practitioners are represented on its visiting teams in accordance with its policy. Site visitors' practitioner experiences represent a breadth of work settings to include; private practice, clinical and hospital settings, and counseling centers.

However, the agency has not addressed in its narrative, how it ensures educator and practitioner representation on its appeal panel body.

Staff determination: The agency does not meet the requirements of this section.

The agency must demonstrate how it ensures educator and practitioner representation on its appeal panel body.

Analyst Remarks to Response:

The agency has stated in its response that it will revise its current policy on the selection of an appeal panel to ensure the appeal panel includes educators and practitioners. The agency plans to finalize such revisions at its meeting in March 2012. Department staff cannot find the agency compliant until Department staff has an opportunity to review and analyze documentation in its final form.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate how it ensures educator and practitioner representation on its appeal panel body.

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(5) Representatives of the public on all decision-making bodies; and

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The agency has policies that require a minimum of two public members on its Commission, which is constituted by nine members. The agency's definition for representatives of the public does not cohere with the Secretary's definition. The agency also did not provide evidence of how it ensures that its public members adhere to the definition of representative of the public. The agency did not provide information about how it ensures public member representation on its appeal panel.

Staff determination: The agency does not meet the requirements of this section. The agency must revise its policy to reflect the limitations of the Secretary's definition. The agency must also provide evidence that its members adhere to the public member definition and information about how it ensures public member representation on its appeal panel.

Analyst Remarks to Response:

The agency has stated in its response that it has convened a task force to make its policy on public members consistent with the requirements of this section. Department staff cannot find the agency compliant until it has an opportunity to review and analyze documentation in its final form.

Staff determination: The agency does not meet the requirements of this section. The agency must revise its policy to reflect the limitations of the Secretary's definition. The agency must also provide evidence that its members adhere to the public member definition and provide information about how it ensures public member representation on its appeal panel.

(b) The agency maintains complete and accurate records of--

(1) Its last full accreditation or preaccreditation reviews of each institution or program, including on-site evaluation team reports, the institution's or program's responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and

2) All decisions made throughout an institution's or program's affiliation with the agency regarding the accreditation and preaccreditation of any institution or programand substantive changes, including all correspondence that is significantly related to those decisions.

The agency's written record keeping policies require it to retain a program's last two full accreditation reviews, as well as interim and annual reports, and "relevant Commission and program correspondence."

The agency provided a sample file of accreditation materials that demonstrates that it adheres to its written policies. However, the agency's policy is silent regarding the requirements under subsection (2) of this section, which require the retention of all decisions made throughout a program's affiliation with the agency regarding the accreditation and preaccreditation of any program and substantive changes, including all correspondence that is significantly related to those decisions.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its record retention policy to include the requirements under this section. The agency must also demonstrate that it adheres to its records retention policy.

Analyst Remarks to Response:

The agency has stated in its response that it believes it meets the requirements under this section though it has not made changes to its policy to adhere to subsection (2) of this section. The agency has also attached sample substantive changes to demonstrate that it adheres to an unwritten practice of retaining substantive changes throughout a program's affiliation with the agency, but the agency has not changed its policy to ensure that it retains all decisions made throughout an institution's or program's affiliation with the agency regarding the accreditation of any program and substantive changes, including all correspondence that is significantly related to those decisions, in accordance with the requirements of this section. A written policy will help to ensure that the agency's good practice of retaining substantive changes is institutionalized as well as help to ensure that the agency will retain in its records all decisions made throughout a program's affiliation with the agency regarding the accreditation of

any program.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its record retention policy to include all the requirements under this section and demonstrate application of the amended policy.

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§602.16 Accreditation and preaccreditation standards

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if -

> **(1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:**
>
> **(a)(1)(ix) Record of student complaints received by, or available to, the agency.**

The agency publishes its complaint policy which states that complaints against programs will be maintained on record by the agency.

As demonstrated by the site visit agenda, site evaluators meet with students to obtain feedback on concerns regarding the accredited program which are incorporated in the site visit report. The agency also has a standard that requires programs to establish policies and procedures by which it defines and reviews formal student complaints, and applies its standard as demonstrated by the sample site visit report. However, it does not appear that the agency has a process by which it reviews a program's record of student complaints or incorporates its review of a record of student complaints in the agency's accreditation decision.

Staff determination: The agency does not meet the requirements of this section. The agency must reflect a review of the record of student complaints received by, or available to, the agency in its accreditation decision.

Analyst Remarks to Response:

The agency has described a process by which site visitors review a program's record of student complaints during the site visit, however, Key Element IV-E as currently stated does not explicitly require that site visitors review records of student complaints as part of the on-site evaluation. Though the agency has stated that going forward, site visitors have been verbally reminded to document their review of a program's record of student complaints, or indicate if no formal complaints have been made, in the site visit report, the agency has not provided

evidence that it reviews a program's record of student complaints and incorporates such review in the agency's accreditation decision.

Staff determination: The agency does not meet the requirements of this section. The agency must reflect a review of the record of student complaints received by, or available to, the agency in its accreditation decision.

(b) If the agency only accredits programs and does not serve as an institutional accrediting agency for any of those programs, its accreditation standards must address the areas in paragraph (a)(1) of this section in terms of the type and level of the program rather than in terms of the institution.

(c) If the agency has or seeks to include within its scope of recognition the evaluation of the quality of institutions or programs offering distance education or correspondence education, the agency's standards must effectively address the quality of an institution's distance education or correspondence education in the areas identified in paragraph (a)(1) of this section. The agency is not required to have separate standards, procedures, or policies for the evaluation of distance education or correspondence education;

The agency is requesting an expansion of its scope to include its accreditation of programs offered via distance education. While the agency has defined distance education, it is not clear that the agency's definition for distance education coheres with the Secretary's definition of distance education.

The agency has not demonstrated that it has requisite expertise on its evaluation and decision-making bodies. Neither has the agency demonstrated that it has provided training on distance education and its assessment in the context of its standards.

According to the agency, programs that offer distance education are required to submit their self-studies in accordance with criteria provided by the agency. The agency has provided minimal guidance in its accreditation manual to those programs that offer distance education focusing primarily on requiring the program to describe the distance education program and the agency's expectation that the program ensure that the technology work during the site visit. The agency has not demonstrated that it has criteria by which it assesses the extent to which a program offered via distance education demonstrates compliance under the agency's standards, for example its student support services and facilities standards. Furthermore, the agency has indicated in its narrative that it has only received one application of a distance education program for pending review of initial accreditation, and therefore has no evidence to demonstrate application of its standards for programs offering distance education.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that its definition for distance education meets the Secretary's definition, that it has the requisite expertise on its evaluation and decision-making bodies, and that it has provided training on distance education and its assessment in the context of its standards. The agency must also demonstrate that its standards effectively address the quality of a program's distance education in the areas identified under section 602.16(a)(1). The agency must also provide evidence of its application of its standards for programs seeking accreditation for distance education.

Analyst Remarks to Response:

The agency has stated in its response that it is still in the process of identifying individuals with knowledge and experience of distance education and developing training procedures.

The agency has not demonstrated that it has requisite expertise on its evaluation and decision-making bodies. Neither has the agency demonstrated that it has provided training on distance education and its assessment in the context of its standards.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that its definition for distance education meets the Secretary's definition, that it has the requisite expertise on its evaluation and decision-making bodies, and that it has provided training on distance education and its assessment in the context of its standards. The agency must also demonstrate that its standards effectively address the quality of a program's distance education in the areas identified under section 602.16(a)(1). The agency must also provide evidence of its application of its standards for programs seeking accreditation for distance education.

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§602.17 Application of standards in reaching an accrediting decision.

The agency must have effective mechanisms for evaluating an institution's or program's compliance with the agency's standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it--

> **(e) Conducts its own analysis of the self-study and supporting documentation furnished by the institution or program, the report of the on-site review, the institution's or program's response to the report, and any other appropriate information from other sources to determine whether the institution or program complies with the agency's standards; and**

The agency has a process by which two primary readers analyze the self-study for completeness and apparent deficiency. The Commission then completes a self-study review template, the results of which are also forwarded to the program, and to which a program must respond prior to the site visit. The site visit team conducts its own analysis of the record prior to the site visit and after its evaluation, prepares a report that incorporates its full analysis. The full record (to include all documents required under this section) is then forwarded to the primary readers on the Commission for review.

However, it is not clear from the agency's policy whether all materials are made available to all Commissioners for decision and review prior to making a decision.

Staff determination: The agency does not meet the requirements of this section. The agency must make clear in its policy and practice that it makes all materials required under this section available to decision-makers so they may conduct their own analysis of the self-study and supporting documentation.

Analyst Remarks to Response:

The agency has stated in its response that it is the Commission's practice to conduct its own analysis of all the materials outlined under this section, however it is not clear to Department staff that all Commissioners have access to all of a programs' documents/record prior to and/or during Commission deliberations. If this is the agency's practice it needs to be reflected explicitly, in its policies and procedures, to ensure that the agency's good practice of providing all Commissioners with access to all of the documents for every program under review and upon which the Commission makes its accreditation decision.

Staff determination: The agency does not meet the requirements of this section. The agency must make clear in its policy that it makes all materials required under this section available to all decision-makers so they may conduct their own analysis of the self-study and supporting documentation.

(f) Provides the institution or program with a detailed written report that assesses--

> **(1) The institution's or program's compliance with the agency's standards, including areas needing improvement; and**
> **(2) The institution's or program's performance with respect to student achievement;**

and

As demonstrated by the sample site visit report and response provided by the agency, the agency uses the site visit report to provide the program with a detailed written report that assesses the program's compliance with the agency's standards, including areas needing improvement.

The agency states in its narrative that it also uses the site visit report to provide a detailed written report regarding a program's performance with respect to student achievement. However, the information regarding a program's compliance with the agency's student achievement criteria is not included in the site visit report, but appears on the agency's "APS" document, which is not a detailed written report. It is not clear how the information is communicated to programs, and though the agency has a procedure for programs to respond to student achievement deficiencies, it is not clear whether and how such information is communicated.

Staff determination: The agency does not meet the requirements of this section. The agency must ensure that it provides a detailed written report that assesses a program's performance with respect to student achievement in accordance with its policies.

Analyst Remarks to Response:

The agency has stated in its response that the site visit report in conjunction with the decision letter provides a detailed written report that assesses a program's performance with respect to student achievement. However, in the site visit reports and decision letters provided, the agency did not evidence a detailed report that assesses a program’s performance with respect to student achievement. Though the agency considers both documents as constitutive of its detailed report, both documents are bereft of the detail required by this section for an agency to assess a program’s performance with respect to student achievement. For example, the decision letters simply state whether the program has met the agency’s benchmarks for student outcomes without any detailed assessment of the program’s performance with respect to student achievement, and the narrative analyses under the correspondent student achievement standards in the site visit reports state, for example, that site visitors could not make an assessment of student competencies.

Staff determination: The agency does not meet the requirements of this section. The agency must ensure that it provides a detailed written report that assesses a program's performance with respect to student achievement in accordance with its policies.

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§602.19 Monitoring and reevaluation of accredited institutions and programs.

(b) The agency must demonstrate it has, and effectively applies, a set of monitoring and evaluation approaches that enables the agency to identify problems with an institution's or program's continued compliance with agency standards and that takes into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent with the provisions of §602.16(f). This provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.

The agency's approach to monitoring is its requirement that accredited programs submit an annual report which has information regarding program enrollment and student achievement criteria. The agency has provided documentation of its collection and action on such reports.

However, the agency's description of its monitoring approach does not consider how it will enable the agency to identify problems with a program's continued compliance with, for example, the agency's standard for fiscal and administrative capacity. The agency has not described how analysis of enrollment and pass rate data alone, will ensure a program's continued compliance with the agency's standards. This criterion requires that an agency collect and analyze key data and indicators including fiscal information and measures of student achievement.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it considers fiscal information in its monitoring approach.

Analyst Remarks to Response:

In its response, the agency has provided documentation of a substantive change review that evidences the agency's review of fiscal information. However, the monitoring requirements under this section stipulate the collection and analysis of key data and indicators, including fiscal information, independent of a program's request for a substantive change review. It is not clear how the agency uses and analyzes fiscal information as part of its approach to monitoring programs to enable the agency to identify problems with a program's continued compliance with agency standards.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it considers fiscal information in its monitoring approach.

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§602.20 Enforcement of standards

(a) If the agency's review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must--

(1) Immediately initiate adverse action against the institution or program; or
(2) Require the institution or program to take appropriate action to bring itself into compliance with the agency's standards within a time period that must not exceed--
(i) Twelve months, if the program, or the longest program offered by the institution, is less than one year in length;
(ii) Eighteen months, if the program, or the longest program offered by the institution, is at least one year, but less than two years, in length; or
(iii) Two years, if the program, or the longest program offered by the institution, is at least two years in length.

The agency has written policies addressing non-compliance with agency requirements that show the agency allows programs the opportunity to correct areas found non-compliant with agency requirements.

The policies require it to impose a probationary status by the mid-point of the second year following a program's notification of it being out-of-compliance. Also at this time a focused visit is conducted at the program; if by the beginning of Year 3 a program continues to be out-of-compliance, accreditation will be revoked. However, the agency’s narrative states that actions are taken immediately upon discovering noncompliance and investigating the situation. There appears to be a discrepancy between the agency’s narrative and the agency’s written policy and it is unclear how the agency applies its adverse action policy.

Also, though the agency has pointed to documentation regarding its application of the policy, the file is incomplete and therefore not sufficient to document that the agency acts in accordance with its policy.

Staff determination: The agency does not meet the requirements of this section. The agency must address the discrepancies in its narrative with its written policy and provide evidence that it applies its timeframes in accordance with its adverse action policy.

Analyst Remarks to Response:

The agency has clarified in its response that the agency applies its written adverse action policy that requires programs two years to come into compliance prior to instituting an adverse action. The policy is in accord with the requirements of this section. However, the documentation that the agency provided is still not sufficient evidence of the agency's compliance under this

section. For example, the initial letter issuing probationary status is dated May 2011, Department staff could not locate any subsequent correspondence to evidence that the agency enforced its timelines within the two-year timeframe.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that it applies its timeframes in accordance with its adverse action policy.

(b) If the institution or program does not bring itself into compliance within the specified period, the agency must take immediate adverse action unless the agency, for good cause, extends the period for achieving compliance.

It is not evident from the agency's accreditation manual what constitutes a good cause, Department staff could only find in the agency's handbook that accreditation is revoked in Year 3 if programs continue to be out-of-compliance with agency standards. As noted by the agency, extensions for good cause are granted only under exceptional circumstances. As the agency reports that it allows good cause extensions, the agency’s policy needs to address this as well as under what circumstances a good cause extension will be considered.

Staff determination: The agency does not meet the requirements of this section. The agency must revise its policy to address its application of good cause extensions and under what circumstances a good cause extension will be considered. The agency must also provide evidence of its application of its policy, as applicable.

Analyst Remarks to Response:

The agency has stated in its response that it will amend its policy to include language for addressing situations for extending the period for achieving compliance for good cause.

Staff determination: The agency must demonstrate that it has revised its policy for good cause in accordance with the requirements of this section.

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§602.21 Review of standards.

(c) If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time. Before finalizing any changes to its standards, the agency must--

(1) Provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the

and other parties who have made their interest known to the agency, of the changes the agency proposes to make;
(2) Give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and
(3) Take into account any comments on the proposed changes submitted timely by the relevant constituencies and by other interested parties.

Though the agency's policies require it to initiate action in the fourth year of its five year review cycle, (and presumably to complete such review in the remaining 12 months), the policy is not clear that the agency is required to initiate action within 12 months to make changes and to complete that action within a reasonable period of time.

The agency has provided evidence of its notice to the agency's relevant constituencies through correspondence and public hearing. However, though it is evident from the agency's outreach to its relevant constituencies that it solicited feedback regarding draft language for its standards in 2005, it is not clear when the agency completed the changes to its standards.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy to make clear that it must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time in accordance with the requirements of this section. The agency must also demonstrate that it adheres to its policy.

Analyst Remarks to Response:

The agency has stated in its response that it will revise its policy to meet the requirements of this section. The agency has not stated whether it has evidence to demonstrate whether it has, in practice, adhered to the twelve-month requirement.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has amended its policy for the revision of standards to initiate the revision within 12 months of the identified need and to complete the action within a reasonable timeframe in accordance with the requirements of this section.

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§602.23 Operating procedures all agencies must have.

(a) The agency must maintain and make available to the public, upon request, written materials describing--
(1) Each type of accreditation and preaccreditation it grants;
(2) The procedures that institutions or programs must follow in applying for accreditation or preaccreditation;

(3) The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and preaccreditation that the agency grants;
(4) The institutions and programs that the agency currently accredits or preaccredits and, for each institution and program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and
(5) The names, academic and professional qualifications, and relevant employment and organizational affiliations of--

(i) The members of the agency's policy and decision-making bodies; and
(ii) The agency's principal administrative staff.

The agency demonstrates that it maintains and makes available to the public, written materials described under this section, except that it did not address how it makes, “the names, academic and professional qualifications, and relevant employment and organizational affiliations of the agency’s principal administrative staff” available to the public. Department staff verified that the agency makes available all the materials described under this section on its website, except that only contact information is available for its staff. The agency did not make explicit in its narrative whether such information would be made available to the public through contact with agency staff.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it makes the names, academic and professional qualifications, and relevant employment and organizational affiliations of the agency’s principal administrative staff available to the public.

Analyst Remarks to Response:

Department staff could not locate the information on the document cited in the agency's response. It is still unclear whether the agency makes information regarding its staff available to the public.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it makes the names, academic and professional qualifications, and relevant employment and organizational affiliations of the agency’s principal administrative staff available to the public.

(b) In providing public notice that an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency must provide an opportunity for third-party comment concerning the institution's or program's qualifications for accreditation or preaccreditation. At the agency's discretion, third-party comment may be

received either in writing or at a public hearing, or both.

The agency has policies that require it to provide an opportunity for third-party comment prior to the renewal of accreditation. Though the agency has provided an example of its solicitation for third-party comment, the documentation appears to be available on a restricted access portion of its website exclusively for program directors, and not intended for the general public.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that it provides an opportunity for third-party comment concerning the program's qualifications for accreditation in providing public notice that a program subject to its jurisdiction is being considered for accreditation.

Analyst Remarks to Response:

The agency has stated in its response that it will be able to provide evidence of its compliance to the Department after November 1, 2011. The agency will need to provide evidence of an effective mechanism to provide opportunity for third-party comment concerning the program's qualifications for accreditation for Department review in its next compliance report.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that it provides an opportunity for third-party comment concerning the program's qualifications for accreditation in providing public notice that a program subject to its jurisdiction is being considered for accreditation.

(c) The accrediting agency must--

(1) Review in a timely, fair, and equitable manner any complaint it receives against an accredited institution or program that is related to the agency's stan-dards or procedures. The agency may not complete its review and make a decision regarding a complaint unless, in accordance with published procedures, it ensures that the institution or program has sufficient opportunity to provide a response to the complaint;

(2) Take follow-up action, as necessary, including enforcement action, if necessary, based on the results of its review; and

(3) Review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review.

The agency has complaint procedures with appropriate timeframes in which to resolve complaints in accordance with the requirements of this section. However, the agency has not provided evidence of its application of its complaint procedures, or stated that it has not had occasion to apply its complaint procedures.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of its application of its complaint procedures, or state that it has not had occasion to apply its complaint procedures.

Analyst Remarks to Response:

The agency has stated in its response that it has not had occasion to apply its complaint policy recently. However, the Department requires the agency to provide evidence of its previous application of its complaint policy in order to verify compliance under this section.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of its application of its complaint procedures, if it has had occasion to apply such policy.

(e) The accrediting agency must provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about—

(1) The accreditation or preaccreditation status of the institution or program;

(2) The contents of reports of on-site reviews; and

(3) The agency's accrediting or preaccrediting actions with respect to the institution or program.

Though the agency's policy prohibits an accredited program from misrepresenting itself, the agency's policy does not explicitly provide for the public correction of incorrect or misleading information an accredited program releases about itself in accordance with the requirements of this section. While the agency states in its narrative that it uses professional publications and its website to provide public correction of misinformation, the agency provided no evidence of its appropriate action in accordance with its policies.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy to ensure that it provides for the public correction of incorrect or misleading information an accredited program releases about itself in accordance with the requirements of this section. The agency

must provide evidence that it applies it policy for accurate disclosure of a program's accreditation status.

Analyst Remarks to Response:

The agency has indicated in its response that it will revise its policy in accordance with the requirements of this section at its November 2011 meeting, which will then be forwarded to the AAMFT Board for final approval in March 2012. As stated in the agency's handbook, the Commission is responsible for establishing standards for competence in clinical education for the profession of marriage and family therapy, and work under procedures approved by the AAMFT Board.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy to ensure that it provides for the public correction of incorrect or misleading information an accredited program releases about itself in accordance with the requirements of this section. The agency must provide evidence that it applies it policy for accurate disclosure of a program's accreditation status.

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§602.25 Due process

(f) Provides an opportunity, upon written request of an institution or program, for the institution or program to appeal any adverse action prior to the action becoming final.

(1) The appeal must take place at a hearing before an appeals panel that--

(i) May not include current members of the agency's decision-making body that took the initial adverse action;

(ii) Is subject to a conflict of interest policy;

(iii) Does not serve only an advisory or procedural role, and has and uses the authority to make the following decisions: to affirm, amend, or reverse adverse actions of the original decision-making body; and

(iv) Affirms, amends, reverses, or remands the adverse action. A decision to affirm, amend, or reverse the adverse action is implemented by the appeals panel or by the original decision-making body, at the agency's option. In a decision to remand the adverse action to the original decision-making body for further consideration, the appeals panel must identify specific issues that the original decision-making body must address. In a decision that is implemented by or remanded to the original decision-making body, that body must act in a manner consistent with the appeals panel's decisions or instructions.

(2) The agency must recognize the right of the institution or program to employ counsel to represent the institution or program during its appeal,

including to make any presentation that the agency permits the institution or program to make on its own during the appeal.

The agency has a process by which it may appeal decisions after it has availed itself of the agency's "reconsideration" procedures by the Commission. A three-person appeal panel is selected by the Commission's Chair and its members are subject to a conflict of interest policy. The Commission selects a list of five members, and with input from the appellate program, makes a final selection of three members. The agency's policy restricts appeal panel members from being current members of the decision-making body that made the adverse decision. The agency’s appeal panel, as a decision-making body, also has to have a public member as required under §602.16(a)(5).

However, the agency's written policy does not make clear the appeal body's authority to affirm, amend, or reverse adverse actions of the original decision-making body, but appears to assume more of a procedural role, given that the Commission's decision on remand is also appealable.

The agency's written policy also does not clearly recognize the right of the program to employ counsel to represent the program during its appeal, including to make any presentation that the agency permits the program to make on its own during the appeal.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy to make clear the authority of the appeal panel in accordance with the requirements of this section. The agency must also make clear in its policy that it recognizes the right of the program to employ counsel to represent the program during its appeal, including to make any presentation that the agency permits the program to make on its own during the appeal. The agency must provide evidence of the application of its revised policy, or state that it has not had opportunity to apply it.

Analyst Remarks to Response:

The agency has indicated in its response that it will revise its policy in accordance with the requirements of this section at its November 2011 meeting, which will then be forwarded to the AAMFT Board for final approval in March 2012. As stated in the agency’s handbook, the Commission is responsible for establishing standards for competence in clinical education for the profession of marriage and family therapy, and work under procedures approved by the AAMFT Board.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy to make clear the authority of the appeal panel in accordance with the requirements of this section. The agency must also make clear in its policy that it recognizes the right of the program to employ counsel to represent the program during its appeal, including to make any

presentation that the agency permits the program to make on its own during the appeal. The agency must provide evidence of the application of its revised policy, or state that it has not had opportunity to apply it.

(h)(1) The agency must provide for a process, in accordance with written procedures, through which an institution or program may, before the agency reaches a final adverse action decision, seek review of new financial information if all of the following conditions are met:

(i) The financial information was unavailable to the institution or program until after the decision subject to appeal was made.

(ii) The financial information is significant and bears materially on the financial deficiencies identified by the agency. The criteria of significance and materiality are determined by the agency.

(iii) The only remaining deficiency cited by the agency in support of a final adverse action decision is the institution's or program's failure to meet an agency standard pertaining to finances.

(h)(2) An institution or program may seek the review of new financial information described in paragraph (h)(1) of this section only once and any determination by the agency made with respect to that review does not provide a basis for an appeal.

The agency has stated in its narrative that though it has a standard for fiscal and administrative resources, the agency has never imposed a final adverse action directly due to a program's fiscal resources. The agency has described a practice by which it would allow such information, if such an occasion would occur. However, the agency must make explicit in its policy that it has written procedures in place, should a program seek review of new financial information in accordance with the requirements of this section.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its appeals policy to ensure that it provides for a process, in accordance with written procedures, through which a program may, before the agency reaches a final adverse action decision based solely on a program's failure to meet its standard related to finances, seek review of new financial information. The agency must also provide evidence of the application of its revised policy, or indicate that it has not had the opportunity to apply it.

Analyst Remarks to Response:

The agency has indicated in its response that it will revise its policy in accordance with the requirements of this section at its November 2011 meeting, which will then be forwarded to the AAMFT Board for final approval in March 2012. As stated in the agency's handbook, the Commission is responsible for establishing standards for competence in clinical education for the profession of marriage and family therapy, and work under procedures approved by the AAMFT Board.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its appeals policy to ensure that it provides for a process, in accordance with written procedures, through which a program may, before the agency reaches a final adverse action decision based solely on a program's failure to meet its standard related to finances, seek review of new financial information. The agency must also provide evidence of the application of its revised policy, or indicate that it has not had the opportunity to apply it.

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§602.26 Notification of accrediting decisions

The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The agency meets this requirement if the agency, following its written procedures--

> **(a) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision:**
>
> > **(1) A decision to award initial accreditation or preaccreditation to an institution or program.**
> > **(2) A decision to renew an institution's or program's accreditation or preaccreditation;**

The agency has compliant policies in accordance with the requirements of this section. However, the agency has not provided evidence of its application of its compliance with the notification requirements.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it provides written notice of positive decisions to the Secretary, appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision.

Analyst Remarks to Response:

The documentation that the agency has provided in its response is evidence of its public notification and not evidence of its written notice to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it provides written notice of positive decisions to the Secretary, appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision.

(b) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but no later than 30 days after it reaches the decision:

(1) A final decision to place an institution or program on probation or an equivalent status.
(2) A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program;
(3) A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (b)(2) of this section;

The agency has established compliant policies in accordance with the requirements of this section; however, Department staff was unable to verify whether the agency submits timely and consistent negative decisions to the Secretary, the appropriate accrediting agencies, and the appropriate state licensing agency.

Staff determination: The agency does not meet the requirements of this section. The agency needs to provide evidence that it provides notifications of negative decisions in accordance with the requirements of this section, or if it has not issued such decisions, it must declare so accordingly.

Analyst Remarks to Response:

The agency has stated in its response that it has not had occasion to apply its policy for notification of negative decisions, “at this time.” However, it appears from the agency’s public website under Appendix J, that it has had occasion to apply its policy on notification of negative decisions since its Fall 2010 meeting. If the agency has had occasion to apply its policy on notification of negative decisions, then the agency must provide evidence of its application of this policy to be found compliant under this section.

Staff determination: The agency does not meet the requirements of this section.

The agency needs to provide evidence that it provides notifications of negative decisions in accordance with the requirements of this section.

(c) Provides written notice to the public of the decisions listed in paragraphs (b)(1), (b)(2) and (b)(3) of this section within 24 hours of its notice to the institution or program;

The agency does not have compliant policies in accordance with the requirements of this section to notify the public within 24 hours of its notification to the program of any final adverse action or action to place a program on probation. Per the agency's accreditation manual policies, "if the program chooses not to request reconsideration or appeal, the decision will be final, and public notice will occur within thirty (30) days." This policy is discrepant with the policy cited in the agency's narrative that it notifies the public within 24 hours of its notification to the program of any final adverse action or action to place a program on probation.

Staff determination: The agency does not meet the requirements of this section. The agency needs to revise its policies and provide evidence that it provides public notice of its final negative decisions and decisions to place a program on probation within 24 hours of notification to the program.

Analyst Remarks to Response:

The agency has not addressed in its response the discrepant policy on page 19 of its Accreditation Manual and identified in the draft staff analysis.

Staff determination: The agency does not meet the requirements of this section. The agency needs to revise its policies and provide evidence that it provides public notice of its final negative decisions and decisions to place a program on probation within 24 hours of notification to the program.

((d) For any decision listed in paragraph (b)(2) of this section, makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's decision and the official comments that the affected institu-tion or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment; and

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The agency has compliant policies in accordance with the requirements of this section. However, Department staff was unable to verify whether the agency makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's negative decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment.

Staff determination: The agency does not meet the requirements of this section. The agency must evidence that it provides a brief summary of the reasons for the agency's negative decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment to the Secretary, appropriate licensing or authorizing agency, and the public; or if it has not issued such decisions, it must declare so accordingly.

Analyst Remarks to Response:

The agency has stated in its response that it has not had opportunity to apply its policy on providing a brief summary to the Secretary, the appropriate State licensing or authorizing agency, and the public within sixty days. However, it appears from the agency's public website under Appendix J, that it has had occasion to apply its policy on providing a brief summary of the reasons for the agency's negative decision to the Secretary, et. al., since its Fall 2010 meeting. If the agency has had occasion to apply its policy on providing such summary, then the agency must provide evidence of its application of this policy to be found compliant under this section.

Staff determination: The agency does not meet the requirements of this section. The agency must evidence that it provides a brief summary of the reasons for the agency's negative decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment to the Secretary, appropriate licensing or authorizing agency, and the public.

(e) Notifies the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited or preaccredited institution or program--

(1) Decides to withdraw voluntarily from accreditation or preaccreditation, within 30 days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation or preaccreditation; or

(2) Lets its accreditation or preaccreditation lapse, within 30 days of the date on which accreditation or preaccreditation lapses.

The agency has compliant policies in accordance with the requirements of this section. However, Department staff was unable to verify whether the agency submits timely and consistent notifications to the Secretary, the appropriate accrediting agencies, the appropriate state licensing agency, and the public, if the program decides to withdraw voluntarily or lets its accreditation or preaccreditation lapse.

Staff determination: The agency does not meet the requirements of this section. The agency must evidence that it submits notifications in accordance with the requirements of this section, or if none of its programs have withdrawn voluntarily or let its accreditation or preaccreditation lapse, it must declare so accordingly.

Analyst Remarks to Response:

The agency has stated in its response that it has not had the occasion to apply its policy on voluntary withdrawal and accreditation lapses, “at the time of the petition.” However, if the agency has ever had occasion to apply such policy, the agency must provide evidence of such application to be found compliant under this section.

Staff determination: The agency does not meet the requirements of this section. The agency must evidence that it submits notifications in accordance with the requirements of this section.

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§602.27 Other information an agency must provide the Department.

(a) The agency must submit to the Department--

(1) A copy of any annual report it prepares;

(2) A copy, updated annually, of its directory of accred-ited and preaccredited institutions and programs;

(3) A summary of the agency's major accrediting activities during the previous year (an annual data summary), if requested by the Secretary to carry out the Secretary's responsibilities related to this part;

(4) Any proposed change in the agency's policies, procedures, or accreditation or preaccreditation standards that might alter its--

(i) Scope of recognition, except as provided in paragraph (a)(5) of this section; or
(ii) Compliance with the criteria for recognition;

(5) Notification that the agency has expanded its scope of recognition

to include distance education or correspondence education as provided in section 496(a)(4)(B)(i)(I) of the HEA. Such an expansion of scope is effective on the date the Department receives the notification;

The agency has compliant policies under the requirements for subparts (a)(1-4) of this section. Department staff also verified the agency's submission to the Department of a copy, updated annually, of its directory of accredited programs.

However, though the agency has terminated its preaccreditation status, thereby altering its scope of recognition, it is not clear that the agency submitted any proposed changes to the agency's policies, procedures, or accreditation or preaccreditation standards in accordance with the requirements of this section. The agency also prepares an annual report and has stated in its narrative its commitment to provide such report to the Department in accordance with the requirements of this section; however the agency did not provide evidence of its routine provision of such report.

Furthermore, the agency has responded to subsection (5) of this section though it is evident under section 602.16(c) of this petition that the agency is seeking an expansion of scope for distance education under section 602.12(b). Because the agency has elected to be reviewed for an expansion of scope under this petition, the agency will not, subsequent to this review, be eligible to notify the Secretary in accordance with the requirements of this section of an expansion of its scope of recognition to include distance education. If the agency elects to expand its scope of recognition to include distance education subsequent to the review of the current petition, the agency must do so in accordance with section 602.12(b).

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it adheres to its policies for submitting an annual report and any proposed change in the agency’s policies, procedures, or accreditation standards that might alter its scope of recognition.

Analyst Remarks to Response:

In its response the agency has provided the summary from its submission to the Department in 2009 of its compliance with the new statutory requirements of the HEOA. This was a one-time request by the Department to all recognized agencies. This report does not address the requirement of this criterion.

The requirement under this section is that if an agency prepares an annual report of its activities, such as the type identified by the agency in its initial narrative under this section, the agency is required to submit that annual report it to the Department. The agency has not addressed nor complied with this requirement.

Also, though the agency has terminated its preaccreditation status, thereby

altering its scope of recognition, it has not provided evidence that it submitted notice to the Department of this change in its activities that affect its scope of recognition. The agency has not addressed nor complied with this requirement.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it adheres to its policies for submitting an annual report and any proposed change in the agency's policies, procedures, or accreditation standards that might alter its scope of recognition.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.

U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** Accreditation Council on Optometric Education (1952/2008)
   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Interim Report

3. **Current Scope of Recognition:** The accreditation in the United States of professional optometric degree programs, optometric technician (associate degree) programs, and optometric residency programs, and for the preaccreditation categories of Preliminary Approval for professional optometric degree programs and Candidacy Pending for optometric residency programs in Department of Veterans Affairs facilities.

4. **Requested Scope of Recognition:** Same.

5. **Date of Advisory Committee Meeting:** December, 2011

6. **Staff Recommendation:** Accept the report.

7. **Issues or Problems:** None.

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The American Optometric Association, Accreditation Council on Optometric Education (ACOE) accredits professional optometric degree (O.D.) programs, optometric technician (associate degree) programs, and optometric residency programs. The agency currently accredits 22 professional optometric degree programs, 5 optometric technician programs, and over 170 optometric residency programs. These programs are predominantly located throughout the United States and Puerto Rico, although a few of the programs are located outside of the United States.

The ACOE is a programmatic accreditor, and consequently is not required to meet the Secretary's "separate and independent" requirements. The agency's programs use the agency's accreditation to enable them to establish eligibility for federal programs under the Title VII Public Health Service Act and for participation in the Department of Veterans Affairs, Veterans Health Administration education and training program for optometry residency programs.

Recognition History

The American Optometric Association was first recognized by the U.S. Commissioner of Education in 1952. Since that time, the agency has been periodically reviewed and has been granted continued recognition.

ACOE last came before the National Advisory Committee on Institutional Quality and Integrity for a full review in December 2007, and was subsequently granted continued recognition for a period of five years. The current report was also requested. (Originally, the agency was asked to submit its report in one year. However, due to passage of the HEOA, the agency's report was put on hold until the NACIQI was reconstituted and the report could be reviewed by the Committee.)

The Department received no third-party comments in connection with the agency's compliance report.

PART II: SUMMARY OF FINDINGS

§602.16 Accreditation and preaccreditation standards

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if -

> **(1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:**
>
> **(i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.**

Previous Issue or Problem:
During its 2007 review of the agency, Department staff noted that ACOE had clarified its expectations regarding the professional optometric degree programs with respect to licensure. Specifically, the agency required itself to “review a professional optometric degree program that has less than a 70% ultimate pass rate for three consecutive years on the National Board of Examiners in Optometry (NBEO) examination. The calculation is to be based on the number of students who have attempted all parts of the NBEO examination by the time of graduation."

In addition, the agency had established procedures to collect the required licensure data by means of the annual report process. However, in order to meet the requirements of this section of the criteria, ACOE still needed to demonstrate that it had actually collected and assessed the licensure data.

Agency Response and Discussion:
In response, the current report demonstrated that ACOE has been collecting the licensure pass rate data from its professional optometric degree programs and has been performing its assessment of the data since June 2008, as required by the ACOE policy previously quoted.

The agency’s response noted that, so far, one program fell below the 70% ultimate pass rate threshold for three consecutive years. As a result, the agency conducted an interim visit to the program for the purpose of assessing the program’s compliance with the standards relating to assessment, curriculum, faculty and students. That site visit report was reviewed at the agency’s summer 2011 decision meeting, subsequent to its submission of the current compliance

report to the NACIQI. The agency did note, however, that the site visit report indicated that the program had taken a number of corrective actions that included curricular enhancements, strengthening its admission requirements and developing examination preparation courses. In addition, the most recently-compiled data (available subsequent to the site visit) indicated that the program's latest licensure pass rate exceeded 70%.

The documentation provided with the current compliance report included annual report templates (to show the questions that its professional optometric degree program must answer), together with sample correspondence to the affected program. As a result, the agency meets the requirements of this section of the criteria.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.

U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** American Podiatric Medical Association (1952/2006)

   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Current Scope of Recognition:** Scope of recognition: the accreditation and preaccreditation ("Candidate Status") throughout the United States of freestanding colleges of podiatric medicine and programs of podiatric medicine, including first professional programs leading to the degree of Doctor of Podiatric Medicine.

4. **Requested Scope of Recognition:** The accreditation and preaccreditation ("Candidate Status" and "Provisional Accreditation") throughout the United States of freestanding colleges of podiatric medicine and programs of podiatric medicine, including first professional programs leading to the degree of Doctor of Podiatric Medicine.

5. **Date of Advisory Committee Meeting:** December, 2011

6. **Staff Recommendation:** Continue the agency's recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below.

   In addition, since the agency has decided to strengthen, improve and distinguish its evaluative processes under preaccreditation, Department staff recommends that the agency's official scope of recognition be revised to include the preaccreditation categories of "Candidate Status" and "Provisional Accreditation" in order to reflect this distinction [see

§602.12(b)].

If granted, the agency's revised scope of recognition would be as follows:

The accreditation and preaccreditation ("Candidate Status" and "Provisional Accreditation") throughout the United States of freestanding colleges of podiatric medicine and programs of podiatric medicine, including first professional programs leading to the degree of Doctor of Podiatric Medicine. Title IV Note: Only freestanding schools or colleges of podiatric medicine may use accreditation by this agency to establish eligibility to participate in Title IV programs.

7. **Issues or Problems:**

-- The agency needs to incorporate into its published documents an adequate description of the type of training to be provided to the members of an Appeal Committee. [§602.15(a)(2)]

-- The agency needs to demonstrate that it has a consistent process for selecting and identifying individuals to represent the categories required of an institutional accreditor on its site teams and decision-making bodies. [§602.15(a)(3)]

-- The agency needs to demonstrate that it has a consistent process for selecting and identifying individuals to represent the categories required of a single-purpose accreditor on its site teams and decision-making bodies. [§602.15(a)(4)]

-- The agency needs to specifically include substantive change decisions in its record-keeping policy, as it did for other significant categories. [§602.15(b)]

-- The agency needs to demonstrate the effective application of its standards regarding student achievement by its on-site visiting teams. In addition, the agency needs to incorporate into its published documents the focused improvements made to the site visit evaluation process itself, as well as to the corresponding training provided to visiting team members. [§602.16(a)(1)(i)]

-- The agency needs to provide each institution and program with a detailed written report that assesses the institution's performance with respect to the achievement of its students. In addition, the agency needs to incorporate into its published documents the focused improvements made to the site visit report-writing process with regard to student achievement, as well as to the corresponding training provided to visiting team members. [§602.17(f)]

-- The agency needs to include in its public documents a sufficiently

detailed written policy outlining the specific procedures it regularly follows in evaluating its standards and practices during the interim review process conducted every three years. [§602.21(a)(b)]

-- The agency needs to have a clear written policy on finalizing changes to its standards. In addition, that written policy needs to adequately describe the steps to be taken before finalizing those changes. The steps to be described include providing notice to all relevant constituencies and interest parties; giving them adequate opportunity to comment on the proposed changes; and taking into account any timely-submitted comments they may provide. [§602.21(c)]

-- The agency needs to amend its substantive change policy to clearly indicate that a new comprehensive evaluation requires another full accreditation process, including a self-study, on-site visit, etc. [§602.22(a)(3)]

-- The agency needs to have a written policy requiring it to maintain and make available to the public, upon request, written materials describing the academic and professional qualifications and relevant employment and organizational affiliations of the members of the agency's policy and decision-making body and principal administrative staff. [§602.23(a)]

-- The agency needs to demonstrate that it requires the public disclosure of the transfer of credit policy elements required by this section, and to demonstrate that it evaluates institutions according to those required elements. [§602.24(e)]

-- The agency needs to provide documentation of the review and evaluation by a site visit team of an institution's policies and procedures for determining credit hour assignments. [§602.24(f)(2)]

-- The agency needs to provide documentation to demonstrate that the site visit team, and the decision-making Council, review and evaluate an institution's policies and procedures for determining credit hour assignments. [§602.24(f)(3)]

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The Council on Podiatric Medical Education (Council or CPME) accredits colleges of podiatric medicine. At present, the agency accredits eight colleges of podiatric medicine and preaccredits one. The agency's recognition enables its freestanding institutions to establish eligibility to receive Federal student assistance funding under Title IV of the Higher Education Act of 1965, as amended (Title IV). The agency currently serves as the Title IV gatekeeper for one institution. Consequently, the agency must meet the Secretary's separate and independent requirements or request a waiver.

In addition to accrediting colleges of podiatric medicine, the CPME also conducts accreditation and recognition activities that are outside the scope of the Secretary's recognition of the agency. Those activities are the accreditation of residency programs, and the recognition of podiatric specialty boards.

Recognition History

The agency was on the first list of nationally recognized accrediting agencies published in 1952. Since that time, the Secretary periodically reviewed the agency and has granted continued recognition.

Originally, the CPME was under the authority of the American Podiatric Medical Association (APMA). However, in order to come into compliance with the Higher Education Amendments of 1992, important changes were made to give the CPME clear autonomy for decision-making for accreditation purposes.

The last full review of CPME took place at the December 2005 meeting of the National Advisory Committee on Institutional Quality and Integrity (NACIQI). After that review the Secretary renewed the agency's recognition for five years.

As part of its review of the agency's request for continued recognition, Department staff reviewed the agency's petition and supporting documentation, and observed a meeting of the agency's Accreditation Committee in Bethesda, Maryland on April 27, 2011.

PART II: SUMMARY OF FINDINGS

§602.15 Administrative and fiscal responsibilities

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that--
(a) The agency has--

> **(2) Competent and knowledgeable individuals, qualified by education and experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions,including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence education;**

On-Site Evaluators:
The Council ensures the competency and qualification of its site evaluators by requiring that they receive appropriate training, and their performance is regularly reviewed. The agency provides extensive documents to be reviewed during training, and shows how they apply to the evaluation process.

In addition, the agency has various roles designated for each site visit and ensures that the site evaluators are assigned to the area they will evaluate based on their background and experience. (This is discussed further under the following two criteria.) The agency has developed a large database of site team evaluators including those who hold a DPM or a PhD.

Policy and Decision-Making:
The Council, which is comprised of 11 members, is both the policy-making and decision-making body. The 11 members are designated as follows: 8 are at-large, 2 are public members, and 1 is a non-podiatric postsecondary educator. (This is discussed further under the following two criteria.) Although a terminal degree is not required for public members, the current non-podiatric postsecondary educator and the at-large members of the Council hold a DPM or PhD, as appropriate to their designated positions. In addition, the agency provides all members of the Council with training that describes the responsibilities and Council operations, as well as regular updating during Council meetings.

In addition, the agency uses an Accreditation Committee, comprised of qualified and trained individuals, to make an initial review of each institution’s/program’s materials and site team report in order to present a recommendation to the Council for their consideration. Department staff observed an Accreditation

Committee meeting and found the individual members to be thorough and meticulous in their examination of the materials upon which the Council would base its decisions.

Although the agency has not had an appeal in over 15 years, it has made some provisions in its bylaws for establishing an Ad Hoc Appeal Hearing Committee (Appeal Committee). However, the agency's published documents do not adequately describe the qualifications, the selection process, the necessary categories to be represented (public, academic and administrative), or the training that must be provided to those serving on an Appeal Committee. Until these matters have been adequately incorporated into the agency's publicly-available documents, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to incorporate into its published documents an adequate description of the qualifications, the selection process, the necessary categories to be represented (public, academic and administrative), and the type of training to be provided with regard to an Appeal Committee.

Analyst Remarks to Response:

The draft staff analysis found that the agency needs to incorporate into its published documents an adequate description of the qualifications, the selection process, the necessary categories to be represented (public, academic and administrative), and the type of training to be provided with regard to an Appeal Committee.

In response, the agency revised its written appeals procedures to briefly describe the qualifications, selection process, and necessary categories to be represented on an Appeals Committee. However, the revisions did not indicate the type of training to be provided to the members of an Appeal Committee. Until it does so, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to incorporate into its published documents an adequate description of the type of training to be provided to the members of an Appeal Committee.

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(3) Academic and administrative personnel on its evaluation, policy, and decision-making bodies, if the agency accredits institutions;

Since the agency is an institutional accreditor, it is required by the criteria to have both academic personnel, and administrative personnel, on all institutional site evaluation teams, and on all policy and decision-making bodies. As a matter of practice, both academic and administrative personnel may be represented on the Council and on the appropriate visiting teams. Furthermore, it is possible that they could be represented on any Appeals Committee that may be appointed.

However, the agency does not have a clear written policy that requires it to maintain an adequate representation of both of the required categories as it makes its selections. For example, on-site evaluators “may” include a generalist who is not expected to have special knowledge of podiatric medicine, but focuses on broader educational issues, such as financing. In addition, the team may have an academician, or an educator, who helps the team understand the special nature of podiatric medicine.

As well, the current focus for selecting Council members is to have an appropriate representation from among the podiatric communities of interest. While this is certainly commendable, there is no selection designation to identify whether a Council member is currently and primarily serving in an academic or in an administrative capacity. As well, the agency does not clearly indicate what would qualify a person to be identified as either primarily an academic, or primarily an administrator. As a result, the agency does not distinguish and identify its decision-makers and site evaluators as primarily one or the other.

Until these matters are addressed, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to have a clear written policy that requires it to have an adequate representation of both academic personnel, and administrative personnel, on its decision-making bodies, including any Appeals Committee, and institutional site teams. In addition, the written policy needs to indicate what the agency uses to designate a person to serve in one category, as distinguished from the other. Furthermore, the agency needs to provide evidence that it currently maintains adequate representation of both academic personnel, and administrative personnel, on its decision-making bodies and institutional site teams.

Analyst Remarks to Response:

The draft staff analysis found that the agency needs to have a clear written policy that requires it to have an adequate representation of both academic personnel, and administrative personnel, as it makes its selections for decision-making bodies, including any Appeals Committee, and institutional site teams. In addition, the written policy needs to indicate what the agency uses to designate a person to serve in one category, as distinguished from the other. Furthermore, the agency needs to provide evidence that it currently maintains adequate representation of both academic personnel, and administrative personnel, on its decision-making bodies and institutional site teams.

In response, the agency made revisions to its bylaws, and to its published procedures, to better identify the basic attributes needed to be selected to fulfill an administrator, educator, academic, or practitioner category. However, there did not appear to be any consistency in how the agency actually decides, in practice, to distinguish its selections for the different categories.

For example, one person identified by the agency as a podiatric medicine dean is designated as an educator, while another podiatric medicine dean is designated as an administrator by the agency. In another example, an individual identified by the agency as an associate dean and assistant professor is designated as an educator, while another associate dean and assistant professor is designated as an academic by the agency. In both cases, the agency has not given any indication as to why the different designations were made.

The agency needs to demonstrate that it has a consistent process for selecting and identifying individuals to represent the categories required of an institutional accreditor on its site teams and decision-making bodies. Until it does so, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it has a consistent process for selecting and identifying individuals to represent the categories required of an institutional accreditor on its site teams and decision-making bodies.

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(4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;

The agency is an accreditor of programs and single-purpose institutions, and as such, it is required to ensure that all site teams, and its decision and policy bodies, including any Appeals Committee, contain clearly identified educators and practitioners.

As similarly noted under the previous section, both educators and practitioners may be represented on CPME visiting teams and on the Council itself. The agency's written policy states that the visiting team "may" have a practitioner. The written policy also indicates that a practitioner is someone who focuses on the relevance of the instructional program to podiatric medical practice, as well as the appropriateness of the school's service activities to the profession. In addition, it is also possible that persons representing the two categories required by this criterion could be represented on any Appeals Committee that may be appointed.

However, the agency does not have a clear written policy that requires it to

maintain an adequate representation of both of the required categories as it makes its selections. Currently, on-site evaluators “may” include a practitioner and may include an educator, or an academician. As well, the current focus for selecting Council members is to have an appropriate representation from among the podiatric communities of interest.

However, there is no selection designation to identify whether a Council member is currently and primarily serving in a practitioner or in an educator capacity. As well, the agency does not clearly indicate what would qualify a person to be identified as either primarily an educator, or primarily as a practitioner. In fact, the agency identifies some persons as both currently program directors and practitioners, without noting their current primary responsibilities. As such, a practitioner could be someone who practices as little as one hour per week. In any case, the agency should not consider the same person as concurrently serving in two distinct required categories. Even more importantly, the agency does not publish distinguishing definitions, or clearly identify its decision-makers and site evaluators as primarily serving in one required category or the other.

Until these matters are addressed, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to have a clear written policy that requires it to have an adequate representation of both educators, and practitioners, on its decision-making bodies, including any Appeals Committee, and all site teams. In addition, the written policy needs to indicate what the agency uses to designate a person to serve in one category, as distinguished from the other. Furthermore, the agency needs to provide evidence that it currently maintains adequate representation of both educators, and practitioners, on its current decision-making bodies and all site teams.

Analyst Remarks to Response:

Similar to the previous criterion, the draft staff analysis found that the agency needs to have a clear written policy that requires it to have an adequate representation of both educators, and practitioners, as it makes its selections for the decision-making bodies, including any Appeals Committee, and all site teams. In addition, the written policy needs to indicate what the agency uses to designate a person to serve in one category, as distinguished from the other. Furthermore, the agency needs to provide evidence that it currently maintains adequate representation of both educators, and practitioners, on its current decision-making bodies and all site teams.

In response, the agency made revisions to its bylaws, and to its published procedures, to better identify the basic attributes needed to be selected to fulfill an administrator, educator, academic, or practitioner category. However, there did not appear to be any consistency in how the agency actually decides, in practice, to distinguish its selections for the different categories.

For example, one person identified by the agency as a podiatric medicine dean is designated as an educator, while another podiatric medicine dean is designated as an administrator by the agency. In another example, an individual identified by the agency as an associate dean and assistant professor is designated as an educator, while another associate dean and assistant professor is designated as an academic by the agency. In both cases, the agency has not given any indication as to why the different designations were made.

Since the agency accredits programs and single-purpose institutions that prepare students for a specific profession, the agency also needs to be clear that those identified as educators are, in fact, educators of podiatric medicine. The only area where there may not be a difficulty is the agency's designation of someone as a practitioner. However, where each individual currently practices podiatric medicine was not identified in the materials supplied by the agency.

The agency needs to demonstrate that it has a consistent process for selecting and identifying individuals to represent the categories required of a single-purpose accreditor on its site teams and decision-making bodies. Until it does so, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it has a consistent process for selecting and identifying individuals to represent the categories required of a single-purpose accreditor on its site teams and decision-making bodies.

(b) The agency maintains complete and accurate records of--

(1) Its last full accreditation or preaccreditation reviews of each institution or program, including on-site evaluation team reports, the institution's or program's responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and

2) All decisions made throughout an institution's or program's affiliation with the agency regarding the accreditation and preaccreditation of any institution or programand substantive changes, including all correspondence that is significantly related to those decisions.

The agency's written policy specifies that the CPME maintains “up to date” documents and materials related to accredited colleges of podiatric medicine, including documents and reports for each institution inclusive of the previous two on site visits. In addition, the agency’s written policy requires the Council to maintain evaluation reports and significant correspondence related to each college from the time of the initial CPME review.

Department staff visited the CPME offices and found that the agency, at present, keeps all documents in hard copy in several file cabinets. Although the agency is converting to more electronic record-keeping methods, the relatively small number of podiatric schools permits a “hard-copy” system to work effectively.

However, to support the agency’s good practice as it moves to electronic record-keeping, the CPME written policy regarding the maintenance of records should be revised to clearly cover the complete and accurate maintenance of the various reports and decisions specified in the criteria, including those related to preaccredited schools and substantive changes, etc. Until these matters are addressed, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to have a records maintenance policy that clearly covers all the complete and accurate records specified by the criteria.

Analyst Remarks to Response:

The draft staff analysis found that the agency needs to have a records maintenance policy that clearly covers all the complete and accurate records specified by the criteria.

In response, the agency revised the appropriate publicly-available document to reflect its procedures for ensuring the proper maintenance of its records. In summary, the policy covers the requirements set forth in most of the Secretary’s criteria.

However, the revised policy was not specific in saying that the agency will maintain decisions about substantive changes. Department staff recognizes that this might be subsumed under the agency’s policy to maintain records of all decisions. However, it is preferable to have substantive change decisions specifically mentioned in the policy, as the agency did for other significant categories of record-keeping.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to specifically include substantive change decisions in its record-keeping policy, as it did for other significant categories.

§602.16 Accreditation and preaccreditation standards

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if -

(1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:

(i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.

The agency's student achievement standard establishes specific thresholds for success with respect to student achievement that includes licensure pass rates and ensures consistent application of the standard across all accredited programs. The standard requires colleges of podiatric medicine to document successful licensure exam pass rates, graduation rates, and residency placement rates.

In order to ensure that the standard is applied to all colleges and programs of podiatric medicine, the standard requires that a college's graduation rates, averaged over the most recent three years, be no lower than one standard deviation below the mean when compared to podiatric colleges nationally. The standard also requires a specific threshold for acceptable licensure pass rates, for first-time test takers of at least 75% on the National Board of Podiatric Medical Examiners (NBPME) part 1 and 80% on NBPME part 2, averaged over the most recent three years.

Residency placement must be consistent with the mission of each college, averaged over three years, and consistent with national trends, as determined by annual reporting mechanisms.

Furthermore, the agency publishes a list of competencies to serve as a primary measure against which student achievement is measured. Each podiatric college is expected to assess changes in residency requirements and in the practice of podiatry, and to revise its related list of competencies to ensure the continued success of its students.

The agency provided evidence that it requires its institutions/programs to provide student achievement data in annual reports and included in the documentation a letter to an institution that failed to meet one of the benchmarks. However, it is unclear from the site team reports provided (cf. Exhibits 26 and 27), whether the

agency's visiting team is effectively applying this standard while on-site. As discussed elsewhere (602.17(f)), because the on-site team focuses more on process when it evaluates student achievement, it is not clear in the team report whether the school is performing well or poorly in regards to the achievement of its students. It is also unclear from the sample reports how the team is incorporating the school's licensure exam pass rates, graduation rates and residency placement rates into their evaluation, as required by the agency's standards. Furthermore, it is unclear whether the agency assesses institutionally-developed standards to demonstrate student success in the context of the agency's student achievement standards. Until the agency addresses this matter, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate the effective application of its standards regarding student achievement by its on-site visiting teams.

Analyst Remarks to Response:

The draft staff analysis found that the agency needs to demonstrate the effective application of its standards regarding student achievement by its on-site visiting teams. Although the agency had provided evidence that it reviewed the student achievement data provided annually by its institutions/programs, it was unclear from the sample site team reports whether the agency's visiting team was effectively applying the published student achievement standards.

As Department staff noted under a related section (602.17(f)), since the on-site teams focus more on process when evaluating student achievement, it was not clear in the team report how well the school was performing with regard to the achievement of its students. As well, it was unclear from the sample site reports how the team was incorporating the school's licensure exam pass rates, graduation rates and residency placement rates into their evaluation, as required by the agency's standards. Furthermore, it was unclear whether the agency assessed the institutionally-developed standards to demonstrate student success in the context of the agency's student achievement standards.

In response, the agency acknowledged that it will not be able to demonstrate compliance with this section, and a related one (602.17(f)), until its visiting teams conduct the two site visits scheduled during 2012. The agency plans to ensure that the application of its student achievement standards will be adequately documented at that time. The agency notes that this will be "the highest priority during the 2012 on-site evaluations."

Department staff notes that changes will need to be made to various aspects of the site visit process, including the training provided by the agency, as well as to the corresponding policy documents, in order to ensure that the emphasis on documenting student achievement will continue after the agency's priority focus of 2012 has passed. Until it does so, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate the effective application of its standards regarding student achievement by its on-site visiting teams. In addition, the agency needs to incorporate into its published documents the focused improvements made to the site visit evaluation process itself, as well as to the corresponding training provided to visiting team members.

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§602.17 Application of standards in reaching an accrediting decision.

The agency must have effective mechanisms for evaluating an institution's or program's compliance with the agency's standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it--

> **(f) Provides the institution or program with a detailed written report that assesses--**
>
> > **(1) The institution's or program's compliance with the agency's standards, including areas needing improvement; and**
> > **(2) The institution's or program's performance with respect to student achievement;**
>
> **and**

After the on-site review the agency provides each school with a detailed written assessment of the areas where it is not in full compliance with each of the agency's standards, together with areas needing improvement.

However, because the on-site team focuses more on process when it evaluates student achievement, it is not clear in the team report whether the school is performing well or poorly in regards to the achievement of its students.

As indicated by the sample on-site visit reports, the team focuses on three processes regarding student achievement. First, the team has to determine if the school has an assessment plan to evaluate the achievement of expected competencies or student learning outcomes. Next, the team has to ensure that the school has actually established the expected competencies or student learning outcomes. And finally, the team has to see that the school has identifiable program outcomes.

Although the success of the students is implicit in the team's approach, the school can establish competencies, have identifiable outcomes, have a plan to assess whether those competencies have been met, yet the team report may not reflect whether the students themselves were achieving satisfactorily. In any case, it was not readily apparent in the sample team reports (cf. Exhibits 26 and 27). In addition, it was not clear from the sample on-site reports how the team incorporated the school's licensure exam pass rates, graduation rates and

residency placement rates into their evaluation, as required by the agency's standards.

Therefore, based on the sample team reports provided, it is difficult to say that the agency provides the institution with a written report that is sufficiently detailed and that assesses the institution's performance with respect to student achievement. The sample reports did not indicate whether the school met its own or the agency's thresholds for measuring student achievement. Until the agency addresses this matter, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to provide each institution and program with a detailed written report that assesses the institution's performance with respect to the achievement of its students.

Analyst Remarks to Response:

The draft staff analysis found that the agency needs to provide each institution and program with a detailed written report that assesses the institution's performance with respect to the achievement of its students. It was found that the sample team reports previously provided by the agency did assess compliance with agency standards, however, when it came to student achievement, the focus was more on process. That is, on-site teams determine if a school has an assessment plan to evaluate the achievement of expected competencies or student learning outcomes; then they determine if a school has actually established the expected competencies or student learning outcomes; and then they see if the school has identifiable program outcomes.

Consequently, it was not consistently clear in the team reports whether a school was actually performing well, or poorly, with regard to the achievement of its students. Department staff found that the success of the students was implicit in the team's approach. However, a school could establish competencies, have identifiable outcomes, and have a plan to assess whether those competencies have been met, nonetheless, the sample team reports did not consistently reflect whether the students themselves were achieving satisfactorily. In addition, it was not clear how the teams incorporated licensure exam pass rates, graduation rates and residency placement rates into their evaluation, as required by the agency's standards. The sample reports did not indicate whether the school met its own or the agency's thresholds for measuring student achievement. Therefore, it could not be documented that the agency consistently provides the institution/program with a written report that is sufficiently detailed regarding the institution/program's performance with respect to student achievement.

In response, the agency acknowledged that it will not be able to demonstrate compliance with this section, and a related one (602.16(a)(1)(i)), until its visiting teams conduct the two site visits scheduled during 2012. The agency plans to ensure that the application of its student achievement standards will be

adequately documented at that time. The agency notes that this will be “the highest priority during the 2012 on-site evaluations.”

Department staff notes that changes will need to be made to various aspects of the site visit process, including the training provided by the agency, as well as to the corresponding policy documents, in order to ensure that the emphasis on documenting student achievement in sufficient detail will continue after the agency’s priority focus of 2012 has passed. Until it does so, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to provide each institution and program with a detailed written report that assesses the institution’s performance with respect to the achievement of its students. In addition, the agency needs to incorporate into its published documents the focused improvements made to the site visit report-writing process with regard to student achievement, as well as to the corresponding training provided to visiting team members.

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§602.21 Review of standards.

(a) The agency must maintain a systematic program of review that demonstrates that its standards are adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of students.
(b) The agency determines the specific procedures it follows in evaluating its standards, but the agency must ensure that its program of review--

(1) Is comprehensive;
(2) Occurs at regular, yet reasonable, intervals or on an ongoing basis;
(3) Examines each of the agency's standards and the standards as a whole; and
(4) Involves all of the agency's relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.

The agency has developed a two-pronged approach to its standards and practices to ensure that its program of review is comprehensive and conducted regularly approximately every six years. The narrative discusses a review that primarily entails a self-study of the agency’s functioning and its processes. A second related, but separate, review focuses on the agency’s public documents. As a result, approximately every six years there is a complete and total review of the agency’s standards, and the agency’s operations with respect to its

application of those standards.

In both cases the agency's constituencies are involved to some degree, although wider involvement and opportunities for comment appear to be connected to the standards review portion. The documentation provided with the petition indicated that the agency typically involves the following constituencies: College Administration, College Faculty, Specialty Boards, Fellowship/Residency Directors, CPME Volunteers, Practice Community, Students, Young Members, House of Delegates, Board of Trustees, and Continuing Education Directors. The results of the input are considered during special meetings where issues can result in proposed revisions and a request for further comments from the constituents.

Although the agency has provided extensive documentation regarding the different facets of these processes, Department staff did not see a developed written policy that outlined the two related processes in any detail. Therefore, to support the agency's good practices, a detailed policy that sufficiently describes each aspect of the agency's entire standards review process is necessary, including how the various constituencies participate. At present, there is a heavy focus in the agency's publications regarding the document review process, but little on the self-study conducted by the agency itself. Until this issue is addressed, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to include in its public documents a sufficiently detailed written policy outlining the specific procedures it regularly follows in evaluating its standards and practices. The policy should address the comprehensiveness of the processes used, the frequency with which they are conducted, and the methods used to involve all of the agency's relevant constituencies in those processes affording them a meaningful opportunity to provide input.

Analyst Remarks to Response:

The draft staff analysis found that the agency needs to include in its public documents a sufficiently detailed written policy outlining the specific procedures it regularly follows in evaluating its standards and practices. As well, the policy should address the comprehensiveness of the processes used, the frequency with which they are conducted, and the methods used to involve all of the agency's relevant constituencies in those processes affording them a meaningful opportunity to provide input. The finding, that the agency should put the processes it uses into writing, was made to support the agency's good practices.

In response, the agency adopted an expanded written policy that provides more detail regarding the processes used, as well as the constituencies that are expected to participate. The overall process for the periodic review conducted approximately every six years has been set down in the new policy. However, the interim review process that is conducted approximately every three years has not been described in the new policy. The interim review process has been

scheduled by the agency to take place in 2012. Therefore, the opportunity should be taken by the agency to incorporate a thorough description of that interim process in a publicly-available document. Until it does so, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to include in its public documents a sufficiently detailed written policy outlining the specific procedures it regularly follows in evaluating its standards and practices during the interim review process conducted every three years.

(c) If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time. Before finalizing any changes to its standards, the agency must--

> **(1) Provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the agency, of the changes the agency proposes to make;**
> **(2) Give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and**
> **(3) Take into account any comments on the proposed changes submitted timely by the relevant constituencies and by other interested parties.**

As noted under the previous section, the agency does have two major facets to its standards review process. And as also previously noted, the agency does not have a written policy adequately describing the steps that it routinely takes to ensure that its standards and practices are regularly reviewed. Furthermore, although it appears that in the past CPME had initiated needed changes within 12 months of identifying those changes, the agency has no corresponding written policy to support that good practice, or to support the other requirements of this section. Until this matter is addressed, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section. The agency needs to have a clear written policy requiring it to initiate changes to its standards within 12 months of identifying the need, and to complete those changes within a reasonable period of time, as defined by the agency. In addition, that written policy needs to address the steps to be taken before finalizing those changes. Those steps must include providing notice to all relevant constituencies and interested parties; giving them adequate opportunity to comment on the

proposed changes; and taking into account any timely-submitted comments they may provide.

Analyst Remarks to Response:

The draft staff analysis found that the agency needs to have a clear written policy requiring it to initiate changes to its standards within 12 months of identifying the need, and to complete those changes within a reasonable period of time, as defined by the agency. As well, that written policy needs to address the steps to be taken before finalizing those changes. Those steps must include providing notice to all relevant constituencies and interest parties; giving them adequate opportunity to comment on the proposed changes; and taking into account any timely-submitted comments they may provide.

In response, the agency adopted a written policy that essentially adopted the language of this section without much elaboration. The petition narrative contains the new policy and contains an important numerical elaboration, that is, to provide “at least four months” for the communities of interest to comment on any proposed changes. However, that phrase is not contained in the policy as it is provided elsewhere with the petition as documentary evidence. Therefore, the agency still needs to provide more detail in its public policy regarding how the communities of interest are involved and the amount of time they are given to comment. Until it does so, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to have a clear written policy on finalizing changes to its standards. In addition, that written policy needs to adequately describe the steps to be taken before finalizing those changes. The steps to be described include providing notice to all relevant constituencies and interest parties; giving them adequate opportunity to comment on the proposed changes; and taking into account any timely-submitted comments they may provide.

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§602.22 Substantive change.

> **(3) The agency's substantive change policy must define when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution.**

The agency's written substantive change policy does not provide for the determination that a comprehensive evaluation of an institution is warranted, nor clearly identify what conditions or circumstances would suggest that the institution would require a new review and grant of accreditation. In addition, the agency did not provide any documentation that such a policy has been implemented.

Staff determination:
The agency does not meet the requirements of this section. The agency needs to demonstrate that it has a substantive change policy that provides for the determination that a comprehensive evaluation of an institution is warranted, and that defines when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution, and to provide evidence of the policy's implementation.

Analyst Remarks to Response:

The draft staff analysis found that the agency needs to demonstrate that it has a substantive change policy that provides for the determination that a comprehensive evaluation of an institution is warranted, and that defines when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution, and to provide evidence of the policy's implementation.

In response, the agency revised its publicly-available substantive change policy to cover typical changes that could require a new comprehensive evaluation of that institution. In addition, the agency's policy speaks of a "comprehensive on-site evaluation, in addition to the evaluation requirements that exist for that type of substantive change." However, although this criterion requires a new comprehensive evaluation of the institution (self-study, on-site visit, etc), the agency's policy is not specific. The agency's substantive change policy needs to clearly indicate that a new comprehensive evaluation requires another full accreditation process, including a self-study, on-site visit, etc.

Although the agency would normally be expected to demonstrate the effective application of this section of its revised substantive change policy, the agency attested that for the last five years there have been no new substantive change requests from its accredited institutions or programs.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to amend its substantive change policy to clearly indicate that a new comprehensive evaluation requires another full accreditation process, including a self-study, on-site visit, etc.

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§602.23 Operating procedures all agencies must have.

(a) The agency must maintain and make available to the public, upon request, written materials describing--
(1) Each type of accreditation and preaccreditation it grants;
(2) The procedures that institutions or programs must follow in applying for accreditation or preaccreditation;
(3) The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any

other action related to each type of accreditation and preaccreditation that the agency grants;
(4) The institutions and programs that the agency currently accredits or preaccredits and, for each institution and program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and
(5) The names, academic and professional qualifications, and relevant employment and organizational affiliations of--

(i) The members of the agency's policy and decision-making bodies; and
(ii) The agency's principal administrative staff.

The agency maintains and makes available to the public on its website its procedures, standards, accredited institutions, and the names of the members of the agency's policy and decision-making body and administrative staff, as required by this section. Department staff verified that the information is available on the agency's website. However, what is not available on the website nor provided as documentation, are the academic and professional qualifications and relevant employment and organizational affiliations of the members of the agency's policy and decision-making body and principal administrative staff.

Staff determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it maintains and makes available to the public written materials describing the academic and professional qualifications and relevant employment and organizational affiliations of the members of the agency's policy and decision-making body and principal administrative staff.

Analyst Remarks to Response:

The draft staff analysis found that the agency needs to demonstrate that it maintains and makes available to the public, upon request, written materials describing the academic and professional qualifications and relevant employment and organizational affiliations of the members of the agency's policy and decision-making body and principal administrative staff.

In response, the agency put the required materials on its website, as verified by Department staff. However, to support the agency’s new practice and to better ensure its continuance into the future, the agency should have a written policy requiring it to maintain and make the specified information available. Until it does so, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to have a written policy requiring it to maintain and make available

to the public, upon request, written materials describing the academic and professional qualifications and relevant employment and organizational affiliations of the members of the agency's policy and decision-making body and principal administrative staff.

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§602.24 Additional procedures certain institutional accreditors must have.

If the agency is an institutional accrediting agency and its accreditation or preaccreditation enables those institutions to obtain eligibility to participate in Title IV, HEA programs, the agency must demonstrate that it has established and uses all of the following procedures:

> **(e) Transfer of credit policies.**
> **The accrediting agency must confirm, as part of its review for initial accreditation or preaccreditation, or renewal of accreditation, that the institution has transfer of credit policies that--**
>
> **(1) Are publicly disclosed in accordance with §668.43(a)(11); and**
> **(2) Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.**
> **(Note: This criterion requires an accrediting agency to confirm that an institution's teach-out policies are in conformance with 668.43 (a) (11). For your convenience, here is the text of 668.43(a) (11):**
> **"A description of the transfer of credit policies established by the institution which must include a statement of the institution's current transfer of credit policies that includes, at a minimum –**
> **(i) Any established criteria the institution uses regarding the transfer of credit earned at another institution; and**
> **(ii) A list of institutions with which the institution has established an articulation agreement.")**

The agency does not have a separate transfer of credit policy, but instead requests disclosure, within the self-study, of any transfer of credit policies within its section on admissions policies standards. What is not clear is if the agency requires an institution to have a transfer of credit policy that includes the criteria established by the institution regarding the transfer of credit earned at another institution, or requires public disclosure of the transfer of credit policy and a list of institutions with which the institution has established an articulation agreement.

The agency did not provide an example to demonstrate that it evaluates its institutions regarding the disclosure of its transfer of credit policy, as required by this section.

Staff determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it requires the public disclosure of the transfer

of credit policy elements required by this section, and to demonstrate that it evaluates institutions according to those required elements.

Analyst Remarks to Response:

The draft staff analysis found that the agency needs to demonstrate that it requires the public disclosure of the transfer of credit policy elements required by this section, and to demonstrate that it evaluates institutions according to those required elements. In particular, it was not clear if the agency requires an institution to have a transfer of credit policy that includes the criteria established by the institution regarding the transfer of credit earned at another institution, or requires public disclosure of the transfer of credit policy together with a list of institutions with which the institution established an articulation agreement.

In response, the agency revised its credit hour definition and corresponding curriculum requirements on how credit hours are assigned. However, the agency did not provide any evidence that it requires an institution to have a transfer of credit policy that includes the criteria established by the institution regarding the transfer of credit earned at another institution, or requires public disclosure of the transfer of credit policy together with a list of institutions with which the institution established an articulation agreement. Until those requirements are clearly established, and until the agency conducts a site visit that applies those requirements, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it requires the public disclosure of the transfer of credit policy elements required by this section, and to demonstrate that it evaluates institutions according to those required elements.

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(2) In reviewing and evaluating an institution's policies and procedures for determining credit hour assignments, an accrediting agency may use sampling or other methods in evaluation, sufficient to comply with paragraph (f)(1)(i)(B) of this section.

The agency provided its interpretation and guidance to institutions regarding the length of pre-clinical and clinical courses in clock or credit hours within its Standard Four regarding the curricula. However, in its narrative, the agency indicates that it defines a credit hour as "50 minutes of instruction per week for a specified term or semester" and that "variations of credit hours or clock hours may be utilized if they are applied consistently." The agency's definition of a credit hour does not conform to the definition in §600.2, and the allowance for consistently-applied variations raises further concerns about the agency's approach to its assessment of an institution's assignment of credit hours.

The agency provided a self-study excerpt to demonstrate that institutions are required to have policies and procedures in place for determining credit hours

and an example of how those policies and procedures have been applied. The review of that Standard occurs at every site visit in conjunction with an initial or renewal accreditation application. However, the agency did not provide documentation of the review by a site visit team of an institution's application of its policies and procedures for assigning credit hours, or in making a determination of whether the institution's assignment of credit hours conforms to commonly accepted practices in higher education.

Staff determination: The agency does not meet the requirements of this section. It must provide documentation of the review and evaluation an institution's policies and procedures for determining credit hour assignments by a site visit team.

Analyst Remarks to Response:

The draft staff analysis found that the agency needs to provide documentation of the review and evaluation by a site visit team of an institution's policies and procedures for determining credit hour assignments.

In response, the agency noted that it will not be able to demonstrate compliance with this section until it conducts the site visits scheduled for 2012. Until it does so, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to provide documentation of the review and evaluation by a site visit team of an institution's policies and procedures for determining credit hour assignments.

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(3) The accrediting agency must take such actions that it deems appropriate to address any deficiencies that it identifies at an institution as part of its reviews and evaluations under paragraph (f)(1)(i) and (ii) of this section, as it does in relation to other deficiencies it may identify, subject to the requirements of this part.

The agency reviews the applicable Standard in conjunction with an initial or renewal accreditation application. Although the agency stated that no institution has been found deficient in this area in 15 years, the agency did not provide documentation of the review and evaluation an institution's policies and procedures for determining credit hour assignments by a site visit team nor the Council.

Staff determination: The agency does not meet the requirements of this section. It must provide documentation to demonstrate that the site visit team and Council review and evaluate an institution's policies and procedures for determining credit hour assignments .

Analyst Remarks to Response:

The draft staff analysis found that the agency needs to provide documentation to demonstrate that the site visit team and the decision-making Council review and evaluate an institution's policies and procedures for determining credit hour assignments.

In response, the agency noted that it will not be able to demonstrate compliance with this section until it conducts the site visits scheduled for 2012. Until it does so, a finding of compliance cannot be made.

Staff Determination:
The agency does not meet the requirements of this section of the criteria. The agency needs to provide documentation to demonstrate that the site visit team, and the decision-making Council, review and evaluate an institution's policies and procedures for determining credit hour assignments.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.

U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** Council on Chiropractic Education, The (1974/2006)
   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Current Scope of Recognition:** The accreditation of programs leading to the Doctor of Chiropractic degree and single-purpose institutions offering the Doctor of Chiropractic program.

4. **Requested Scope of Recognition:** Same as above.

5. **Date of Advisory Committee Meeting:** December, 2011

6. **Staff Recommendation:** Continue the agency's recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below.

7. **Issues or Problems:** The agency must demonstrate that it meets the requirements under 602.14(b) regarding its public members. 602.14(a)

   The agency must demonstrate an effective mechanism for ensuring that its public member selectees adhere to the Secretary's definition of a public member. 602.14(b)

   The agency must provide information and documentation regarding the qualifications and training of its appeals panel members. 602.15(a)(2)

   The agency must provide information and demonstrate its specific use of academicians and administrators on its decision-making bodies, to

include appeals panel members. 602.15(a)(3)

The agency must provide information and demonstrate its specific use of educators and practitioners on its decision-making bodies, to include appeals panel members. 602.15(a)(4)

The agency must provide evidence of an effective mechanism to verify that the public members of both its council and its appeals panel adhere to the Department's definition of a public member. 602.15(a)(5)

The agency must provide evidence of the application of its conflict-of-interest policies. Additional information is also needed regarding its policies and evidence applicable to councilors, site team members, agency staff members, and consultants and other representatives (to include appeals panel members). 602.15(a)(6)

The agency must clarify its file management plan regarding records of substantive changes and correspondence related to accrediting decisions to meet the new requirements of this section. 602.15(b)

The agency must provide evidence of the application of its requirements related to the quality of the program in the area of student support services. 602.16(a)(1)(vi)

The agency needs to provide information on how its standards address quality requirements related to recruiting, catalogs, and publications. The agency must also provide evidence of the application of its standards in assessing the quality of the program related to recruiting and other practices. 602.16(a)(1)(vii)

The agency must provide evidence of the review of its standard that the program have grievance policies and demonstrate that it assesses the record of student complaints in its assessment of a program for accreditation. 602.16(a)(1)(ix)

The agency must provide information regarding its review of reports, such as the review protocol, threshold expectations, and/or triggers it has established that raise concern and action by the council. 602.19(b)

The agency must provide information and documentation of its annual collection and review of headcount data. 602.19(c)

The agency must document that it enforces a two-year time limit for its programs/institutions to bring themselves into compliance with the agency's standards. 602.20(a)

The agency must demonstrate that it has policies that specifically address extensions for good cause, as well as criteria that ensure the

extensions are only granted in unusual circumstances and under limited timeframes. 602.20(b)

The agency must provide documentation of its approval of various substantive changes. 602.22(a)(1)

The agency must add the required change in objectives to its definitions of substantive change. The agency must also provide documentation of its review of various types of substantive change requests. 602.22(a)(2)(i-vii)

The agency must address the requirements of this criterion to include documentation of its application of the protocol, or it needs to state that it will not allow prior approvals for the establishment of additional locations. 602.22(a)(2)(viii)

The agency must establish an appropriate policy/protocol and demonstrate its effective application of the requirements of this criterion regarding when new evaluations are required. 602.22(a)(3)

The agency must establish appropriate policy/protocol and demonstrate its effective application of the requirements of this criterion to establish and demonstrate effective protocols for approving substantive changes that include specific effective dates that are not retroactive. 602.22(b)

The agency must provide documentation of its implementation of its approval of substantive changes; specifically, how it determines the fiscal and administrative capacity of the institution to operate the additional location. 602.22(c)

The agency must provide additional information and documentation that it conducts site visits to newly established additional locations within the required six month timeframe. 602.22(c)(1)

The agency must provide additional information regarding its sampling requirements for site visiting additional locations at an institution having more than three locations. 602.22(c)(2)

The agency must provide additional narrative addressing the conditions that will require a site visit or what alternative mechanisms it will use to ensure educational quality under the conditions of this criterion. The agency needs to also provide documentation of effective application of mechanisms to address the requirement of this criterion. 602.22(c)(3)

The agency must demonstrate that it makes available to the public the names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of the agency's policy and decision-making bodies; and the agency's principal

administrative staff. 602.23(a)

The agency must amend its complaint process to address the concerns described in the analysis of this criterion and provide documentation illustrating its effective review and resolution of complaints under these processes. 602.23(c)

The agency must amend its policies to require a site visit within six months to institutions that have undergone a change in ownership and provide evidence of its conduct of a site visit after a change in ownership. 602.24(b)

The agency must establish policies that require teach-out plans and that include the requirement that an institution submit a teach-out plan on the occurrence of the events listed in the criterion. 602.24(c)(1)

The agency must establish and demonstrate the effective application of its evaluation of teach-out plans that includes agency-established criteria by which it assesses that the proposed teach-out plan provides for equitable treatment of students, specifies additional changes and provides (appropriate) notification to students of those charges. 602.24(c)(2)

The agency must amend its policies to include the requirement that it will notify other agencies of teach-out plans it has approved,as appropriate, and demonstrate effective application as applicable. 602.24(c)(3)

The agency must develop appropriate guidance and review protocol for receiving and reviewing teach-out agreements that includes an assessment of the teach-out criteria under 602.24(5) (i and ii) and demonstrate its effective review and approval of a teach-out agreement in the context of the criterion. 602.24(c)(5)

The agency needs to provide evidence of its effective application of its policy to work with state and federal agencies to ensure that, in the case of a program closing without a teach-out agreement, students are given opportunities to complete their education without incurring additional charges. 602.24(d)

The agency must amend its requirements related to transfer of credit to include the requirements under §668.43(a)(11) and demonstrate its effective application of this requirement during accreditation reviews. 602.24(e)

The agency must provide evidence that it has and effectively applies policies and procedures for the review and determination of the reliability and accuracy of an institution's credit hour assignments. 602.24(f)(2)

The agency must develop and demonstrate that it effectively applies policies related to credit hour review and their enforcement. 602.24(f)(3)

The agency must develop and effectively apply policies related to credit hour review, enforcement, and notification that include the requirement to notify the Department of any systemic noncompliance with the agency's credit hour policies on credit hour assignment. 602.24(f)(4)

The agency must demonstrate that its appeals panel members are subject to its conflict-of-interest policy. 602.25(f)

The agency must clarify the obligation of the agency to provide evidence that it has offered the affected institution the opportunity to provide comments. 602.26(d)

The agency must amend its policy regarding the reporting of Title IV fraud and abuse to reflect the confidentiality requirements under 602.27(b). 602.27(a)(6-7),(b)

The agency needs to amend the language of its policy to more closely conform to the requirements of this section. 602.28(b)

The agency must provide evidence of the application of its policy on providing explanations of over-riding decisions. 602.28(c)

The agency must amend its policies to clarify that it will promptly investigate information it receives from any source regarding negative accrediting actions taken by other agencies and provide evidence of its prompt review of a program that is located in an institution that is the subject of an adverse action or pending action or of a CCE-accredited institution that is subject to a pending or final action. 602.28(d)

The agency must amend its policy to clearly state that information regarding accreditation status or adverse accrediting actions will be available to other agencies upon request and demonstrate effective application of the policy. 602.28(e)

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The Council on Chiropractic Education is recognized as a specialized accreditor. It currently accredits 15 doctor of chiropractic programs at 18 sites in 13 states. Of these programs, CCE accredits one program that is offered through a single-purpose chiropractic institution. The agency's one single-purpose chiropractic institution uses the agency's accreditation to establish eligibility to participate in the Title IV HEA programs. Accreditation by the agency also allows its 15 programs to participate in non-Title IV programs offered through the Department of Health and Human Services (HHS).

Recognition History

CCE was first recognized by the Commissioner of Education in 1974 and has received periodic renewal of recognition since that time. The agency was last reviewed for continued recognition at the Spring 2006 NACIQI meeting. At that time, it received continued recognition for a period of five years and was requested to submit an interim report on items related to four criteria. The agency's subsequent interim report was reviewed and accepted by the NACIQI at its Fall 2007 meeting.

PART II: SUMMARY OF FINDINGS

§602.14 Purpose and organization

(a) The Secretary recognizes only the following four categories of agencies:

The Secretary recognizes...

(1) An accrediting agency

(i) Has a voluntary membership of institutions of higher education;

(ii) Has as a principal purpose the accrediting of institutions of higher education and that accreditation is a required element in enabling those institutions to participate in HEA programs; and

(iii) Satisfies the "separate and independent" requirements in paragraph (b) of this section.

(2) An accrediting agency

(i) Has a voluntary membership; and

(ii) Has as its principal purpose the accrediting of higher education programs, or higher education programs and institutions of higher education, and that accreditation is a required element in enabling those entities to participate in non-HEA Federal programs.

(3) An accrediting agency for purposes of determining eligibility for Title IV, HEA programs--

(i) Either has a voluntary membership of individuals participating in a profession or has as its principal purpose the accrediting of programs within institutions that are accredited by a nationally recognized accrediting agency; and

(ii) Either satisfies the "separate and independent" requirements in paragraph (b) of this section or obtains a waiver of those requirements under paragraphs (d) and (e) of this section.

(4) A State agency

(i) Has as a principal purpose the accrediting of institutions of higher education, higher education programs, or both; and

(ii) The Secretary listed as a nationally recognized accrediting agency on or before October 1, 1991 and has recognized continuously since that date.

The agency is seeking continued recognition under 602.14(a)(3). The agency has a volunteer membership of 14 programs that participate in programs administered by the HHS, as well as one free-standing institution that uses accreditation by the agency as its link to Title IV programs. The agency's bylaws demonstrate that it is an independent organization whose primary purpose is accreditation. The agency is not affiliated with a parent organization. However, the agency has not yet demonstrated that it meets the requirements under 602.14(b) or the waiver requirements under 602.14(d).

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it meets the requirements under 602.14(b) or the waiver requirements under 602.14(d).

Analyst Remarks to Response:

In its response to the draft staff analysis, the agency notes this section's connection to the requirements found under 602.14(b), which is also related to the requirements under 602.15(a)(5). As noted under these two additional sections, the agency still needs to provide additional information regarding the qualifications of its public members.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it meets the requirements under 602.14(b) regarding its public members.

(b) For purposes of this section, the term <u>separate and independent</u> means that--

> **(1) The members of the agency's decision-making body--who decide the accreditation or preaccreditation status of institutions or programs, establish the agency's accreditation policies, or both--are not elected or selected by the board or chief executive officer of any related, associated, or affiliated trade association or membership organization;**
> **(2) At least one member of the agency's decision-making body is a representative of the public, and at least one-seventh of that body consists of representatives of the public;**
> **(3) The agency has established and implemented guidelines for each member of the decision-making body to avoid conflicts of interest in making decisions;**
> **(4) The agency's dues are paid separately from any dues paid to any related, associated, or affiliated trade association or membership organization; and**
> **(5) The agency develops and determines its own budget, with no review by or consultation with any other entity or organization.**

As noted previously, the agency is an independent body and is not affiliated with any parent organization, as is documented in its bylaws. The agency's decision-making body members are independent of any other association or organization. Category 1 councilors, who are full-time employees of the member programs, are chosen by a majority vote of the member representatives. The remaining councilors in categories 2, 3, and 4 are elected by a majority vote of all councilors.

The agency's current roster of commissioners demonstrates that it meets the public member percentage requirements. However, more information is needed regarding the public members' qualifications in order to verify that they meet the definition of a public member.

The agency provided its published conflict of interest declaration. It requires information regarding: which of the agency's programs (if any) a person graduated from; whether a person has served as an employee or consultant for one of the agency's programs; whether a person has been a candidate for employment at one of the agency's programs; if a person is a board member at one of the agency's programs; whether a person's family member has any of the above conflicts; whether a person has any other relationship with one of the agency's programs; and if a person has any other circumstances that could be perceived as a conflict of interest regarding one of the agency's accredited programs. The agency provided meeting minutes demonstrating that councilors had recused themselves from discussions of various programs.

The agency's dues are independent of any other association or organization, and the agency develops its own budget. The agency collects fees, dues, and expenses from its member programs, and the members may be suspended or terminated if they do not pay them.

Staff determination: The agency does not meet the requirements of this section. The agency must provide more information regarding the qualifications of its public members.

Analyst Remarks to Response:

In its response to the draft staff analysis, the agency refers ED staff to its response under 602.15(a)(5). As noted in the staff analysis under that section, the agency’s evidence that its public members meet the Secretary’s definition of a public member is incomplete. While the agency adheres to good practice by using a conflict-of-interest statement to ensure that the circumstances of public members have not changed, two of the signed statements that were provided left the questions unanswered, with a block checked at the bottom of the statement noting that "My conflicts of interest declarations are current." It is unclear what previous document this refers to and is also unclear why members are not simply required to answer the seven yes/no conflict questions on the form rather than stating that their declarations are current. It should also be noted that the form for the fourth public member was missing altogether. Also, it remains unclear how the agency confirms that public members adhere to the

Secretary's definition prior to selecting/seating its public members. The agency still needs to provide evidence of an effective mechanism to verify that the public members of its council and appeals panel adhere to the Department's definition of a public member.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate an effective mechanism for ensuring that its public member selectees adhere to the Secretary's definition of a public member.

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§602.15 Administrative and fiscal responsibilities

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that--
(a) The agency has--

> **(2) Competent and knowledgeable individuals, qualified by education and experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions,including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence education;**

Council:
The agency supplied a list of 24 current councilors (commissioners), including 11 institutional representatives, eight practitioners, and five public members. The agency's bylaws specify that councilors include people who are active in instruction, research, service, and/or administrative components of chiropractic education or doctors of chiropractic currently in practice. Sample resumes provided by the agency indicate that the councilors are qualified by both education and experience for their role. The agency provided a detailed outline of its new councilor orientation training, which was comprehensive and included general information, information on council processes (meetings, accreditation activities, substantive change requests, complaints, policies, conflict of interest, confidentiality, standards revision, and funding), as well as information on the agency's recognition by ED.

Site Visitors:
The agency provided a list of 57 potential site visitors, which included administrators, educators, and practitioners, listing highest degree attained and professional affiliation. Based upon the information provided, all would appear to be appropriately qualified to serve as site team members. However, no policy information was provided showing that the agency specifies the qualifications of its site visitors. The agency provided detailed agendas from recent site team visitor training sessions, which included presentations on council processes,

types of site visits, self-studies, pre-visit activities, site visit activities, post-visit activities, overviews of the agency's manual, preparation for visits, areas of assignment, and practice scenarios. Although the agency's site visitors appear appropriately qualified, documentation regarding the agency's published requirements related to the qualifications of its site visitors is needed.

Appeals Panel:
The qualifications and training of the agency's appeals panel members were not addressed nor documented. More information is needed in this area.

Distance:
Distance/correspondence education is not included in the agency's current scope of recognition, and the agency is not requesting an expansion of scope in this area.

Staff determination: The agency does not meet the requirements of this section. The agency must provide documentation regarding its published requirements related to the qualifications of its site visitors. The agency must provide information and documentation regarding the qualifications and training of its appeals panel members.

Analyst Remarks to Response:

Site Visitors:
In its response to the draft staff analysis, the agency referred staff to Policy 10 in its policy manual, which includes a list of qualifications that individuals must have in order to be eligible to serve as site team members. The policy also specifies that the agency's site team academy committee conducts reviews of all active site members at regular intervals to verify that they continue to meet the site visitor eligibility requirements.

Appeals Panel:
In its response to the draft staff analysis, the agency referred staff to Policy 8 in its policy manual. Under a section on "Criteria for selecting an Appeals Panel" the agency specifies that it shall maintain a standing list of individuals "who have a working knowledge of the CCE accreditation process and the CCE Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status" to serve on appeals panels as needed. This is not sufficiently descriptive to ascertain the agency’s expectations regarding the qualifications expected of appeals panel members. No further information regarding appeals panel members was provided. The agency stated in its narrative that it has not developed training for appeals panel members other than providing members with a copy of Policy 8 and a verbal orientation prior to service on a panel.

Staff determination: The agency does not meet the requirements of this section. The agency must provide information and documentation regarding the qualifications and training of its appeals panel members.

(3) Academic and administrative personnel on its evaluation, policy, and decision-making bodies, if the agency accredits institutions;

The agency accredits one free-standing institution, but did not provide a response to this criterion. More information is needed in this area. In providing this information, the agency clearly must clearly demonstrate that it has/includes these types of representatives on its council, site teams, and appeals panels.

Staff determination: The agency does not meet the requirements of this section. The agency must provide information regarding its use of academic and administrative personnel on its evaluation, policy, and decision-making bodies.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided a list of its councilors and site team members, broken out by category. The agency's list demonstrates that it has several academic/administrator representatives on both its council and on it list of potential site visitors. However, the agency did not address the requirements of this section as they pertain to appeals panel members.

Staff determination: The agency does not meet the requirements of this section. The agency must provide information and demonstrate its specific use of academicians and administrators on its decision-making bodies, to include appeals panel members.

(4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;

The agency must provide a more detailed response specific to its compliance with the requirements of this criteria. The agency must clearly demonstrate that it has/includes these types of representatives on its council, site teams, and appeals panel. The agency has not made clear how it defines, and which councilors represent, the category of educator vs. administrator, or that site teams include each of these perspectives on each programmatic team review.

Staff determination: The agency does not meet the requirements of this section. The agency must provide information and demonstrate its specific use of educators and practitioners on its evaluation, policy, and decision-making bodies (to include appeals panels, as appropriate).

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided a list of its councilors and site team members, broken out by category. However, the agency's documentation raises additional questions as to the accuracy of its designations, since some designations do not appear to match with the person's current employer. While the agency has identified categories, it has not provided sufficient evidence to support its designations. And while the agency's list indicates that it has several educator/practitioner representatives on both its council and on its list of potential site visitors, there was not sufficient information provided about them to be certain that they are assigned to the correct category.

The agency did not address the requirements of this section as they pertain to appeals panel members.

Staff determination: The agency does not meet the requirements of this section. The agency must provide information and demonstrate its specific use of educators and practitioners on its decision-making bodies, to include appeals panel members.

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(5) Representatives of the public on all decision-making bodies; and

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Council:
The agency's bylaws under 6.02(c) specify that at least four of the agency's 24 councilors shall be public members that comply with the definition in the criteria for recognition. The bylaws clearly identify the requirements (i.e., exclusions) relative to the public member position. The current council includes four public members, as required. The four public members, whose resumes were provided, include a university vice president, a regional accrediting agency vice president, the president of a biomedical consulting firm, and an attorney. However, the agency did not provide evidence of an effective mechanism to verify that its public members adhere to the Department’s definition of a public member, specifically components 2 and 3 under the definition.

Appeals Panel:
The agency did not address the requirements of this criterion relative to its appeals panels. More information is needed in this area.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of an effective mechanism to verify that its public members adhere to the Department’s definition of a public member. The agency must also address the inclusion of public members in its appeals panel pool and on its appeals panels.

Analyst Remarks to Response:

Council:
In response to the draft staff analysis, the agency provided signed conflict of interest statements for three of its four public members. The forms do address components (2) and (3) under ED's definition of a public member. However, two of the signed statements that were provided left the questions unanswered, with a block checked at the bottom of the statement noting that "My conflicts of interest declarations are current." It is unclear what previous document this refers to and is also unclear why members are not simply required to answer the seven yes/no conflict questions on the form rather than stating that their declarations are current. It should also be noted that the form for the fourth public member was missing altogether. The agency still needs to provide evidence of an effective mechanism to verify that its public members adhere to the Department's definition of a public member.

Also, staff has a concern that, while the selection process is described, it is not clear that the agency has mechanisms in its process to specifically determine that the individuals meet the public member definition prior to their selection. There is no evidence that nominees are queried regarding whether they meet the definition. Identifying that a member does not meet the definition after the member has been selected and seated is not good practice. There is a difference in the purpose and function of the regulations for situational conflicts of interest vs. the category of a “public member,” which disallows involvement in all decision-making and agency functions by a public member who does not meet the public member definition.

Appeals Panel:
The agency is in the process of clarifying its policies to note that appeals panel members are included in the agency's conflict of interest policy. The agency stated that it currently has three public members available for appeals panels; however, no evidence of their meeting the requirements of the definition of a public member was provided.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of an effective mechanism to verify that the public members of both its council and its appeals panel adhere to the Department's definition of a public member.

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(6) Clear and effective controls against conflicts of interest, or the appearance of conflicts of interest, by the agency's--

(i) Board members;
(ii) Commissioners;
(iii) Evaluation team members;
(iv) Consultants;
(v) Administrative staff; and
(vi) Other agency representatives; and

CCE Policy 18 addresses conflict of interest requirements for councilors, site team members, member representatives, CCE staff, other CCE representatives, and consultants and lists examples of conflicts, such as whether a person is a graduate of a program or institution, has served as a consultant, has been a candidate for employment, etc.

Sample conflict of interest forms were provided as documentation, as well as a list that the office maintains to track which councilors have conflicts with the agency's various programs. However, blank templates do not suffice as evidence of application of the agency's policies. Additional information is also needed regarding policies and evidence applicable to agency staff, appeal panel members, and consultants, as applicable.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of application of its policies. Additional information is also needed regarding policies and evidence applicable to agency staff, appeal panel members, and consultants, as applicable.

Analyst Remarks to Response:

Commissioners:
The agency provided signed conflict-of-interest forms for its council members. However, some of the signed statements that were provided left the questions unanswered, with a block checked at the bottom of the statement noting that "My conflicts of interest declarations are current." It is unclear what previous document this refers to and is also unclear why members are not simply required to answer the seven yes/no conflict questions on the form rather than stating that their declarations are current. The agency provided no other evidence of its effective application of mechanisms to guard against conflict of interest. The agency needs to provide evidence of the effective application of its conflict-of-interest policies for council members.

Evaluation team members:
The agency notes that its policy manual addresses conflicts of interest under Policy 18. The policy specifies that evaluation team members are subject to the agency's conflict of interest policies and lists possible conflicts of interest. It also requires site visitors to declare conflicts prior to a site visit. It is unclear how (or if) the site team members do this; no site visitor examples of the agency’s practices with regard to conflict-of-interest were provided as evidentiary documentation.

Agency staff:
As noted previously, the agency's Policy 18 addresses conflict of interest. The policy specifies that agency staff members are subject to the agency's conflict of interest policies. No examples of conflicts for agency staff are provided in the policy manual, so it is unclear how staff members are to know if they have any conflicts. The agency states in its narrative that staff members do not sign

conflict of interest forms, although they do sign Guest Confidentiality Agreements when they attend site visits.

Consultants and other representatives:
As noted previously, the agency's Policy 18 addresses Conflict of Interest. The policy specifies that consultants and other CCE representatives are subject to the agency's conflict of interest policies. Again, no examples of conflicts for these groups are listed in the policy manual. The agency states that it has not employed consultants or other representatives (including appeals panel members) during this review cycle, and has no evidence, in accordance with its policies, to provide.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of the application of its conflict-of-interest policies. Additional information is also needed regarding its policies and evidence applicable to councilors, site team members, agency staff members, and consultants and other representatives (to include appeals panel members).

(b) The agency maintains complete and accurate records of--

(1) Its last full accreditation or preaccreditation reviews of each institution or program, including on-site evaluation team reports, the institution's or program's responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and

2) All decisions made throughout an institution's or program's affiliation with the agency regarding the accreditation and preaccreditation of any institution or programand substantive changes, including all correspondence that is significantly related to those decisions.

The agency provided detailed file management plans for the maintenance and disposition of the records addressed in this section. The plans specify that documentation regarding its accredited programs be kept for the current and last full accreditation cycles. Documents related to accreditation actions are permanently maintained electronically. The agency also provided lists demonstrating that it reviews its documents on a regular schedule.

However, it is not clear that records are maintained in accordance with the criterion. It appears that records of substantive changes and correspondence related to accrediting decisions are not kept in accordance with the new requirements of this section.

Staff determination: The agency does not meet the requirements of this section.

The agency must modify its file management plan regarding records of substantive changes and correspondence related to accrediting decisions to meet the new requirements of this section.

Analyst Remarks to Response:

In its response, the agency referred ED staff to its file management plan, which requires that the agency maintain records of substantive changes and correspondence related to accrediting decisions in accordance with its Rule 11. Rule 11 requires "Maintain one complete accreditation cycle. Cycle ends on the date of status award by the Council/COA, then the new cycle begins."

The agency's Rule 16 states "Do not destroy. Maintain two years in active files, five years in inactive files. Keep for historical purposes. Turn over to proper records custodian if agency secedes or transfers to other authority." It is unclear from the wording of this rule whether files kept under this rule are never destroyed or whether they are destroyed after five years.

ED's new requirements under this section are that such documentation be maintained permanently. The agency must clarify its file plan to reflect the new requirements of this section.

Staff determination: The agency does not meet the requirements of this section. The agency must clarify its file management plan regarding records of substantive changes and correspondence related to accrediting decisions to meet the new requirements of this section.

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§602.16 Accreditation and preaccreditation standards

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if -

> **(1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:**
>
> **(a)(1)(vi) Student support services.**

The agency's Standard F Student Support Services requires that institutions provide services that help students reach their full academic potential. The standard defines student support services as including the following areas:
-registration
-orientation
-academic advising and tutoring
-financial aid counseling

-career placement
-appeals
-grievances and disciplinary matters

However, it was not clear what are the quality indicators the agency uses to assess that the services meet the expectations or where these areas of student support services are assessed in the sample site visit report provided by the agency.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of the application of its requirements related to the quality of the program in the area of student support services.

Analyst Remarks to Response:

The agency states that it will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of the application of its requirements related to the quality of the program in the area of student support services.

(a)(1)(vii) Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.

The agency's Standard B Ethics and Integrity requires that the program demonstrate adherence to standards in a variety of areas, including: admissions, including academic prerequisites and financial aid; the academic calendar, academic standards, and tuition and fees; grading and other forms of student evaluation, grade appeals, withdrawal, and readmission; and advertising and marketing activities.

The agency's standards do not appear to specifically address recruiting, catalogs, or publications. More information is needed in these areas. Moreover, it was not clear where the requirements of this section, other than minimum admissions requirements, were addressed in the sample site review report provided by the agency.

Staff Determination: The agency does not meet the requirements of this section. The agency needs to provide information on how its standards address quality requirements related to recruiting, catalogs, and publications. The agency must also provide evidence of the application of its standards in assessing the quality of the program related to recruiting and other practices.

Analyst Remarks to Response:

The agency did not provide the requested information and states that it will address the requirements of this section in its report.

Staff Determination: The agency does not meet the requirements of this section. The agency needs to provide information on how its standards address quality requirements related to recruiting, catalogs, and publications. The agency must also provide evidence of the application of its standards in assessing the quality of the program related to recruiting and other practices.

(a)(1)(ix) Record of student complaints received by, or available to, the agency.

Student complaints at the program level are addressed under the agency's Standard F. Student Support Services. The standard requires programs to have policies and procedures to address student complaints and grievances and that hearings and proceedings be documented by related records. However, this standard alone does not establish compliance. This criterion requires that the agency demonstrate that it reviews the "record of student complaints" that are filed against a program in its review of the program for accreditation. The agency would take into consideration whether the complaints against a program establish/identify a systemic problem in any areas under the agency’s standards. Therefore, reviewing only whether the program has a complaint/grievance policy does not get to the heart of the expectation under this requirement.

The agency provided no evidence of the agency's review of its standard that the program have grievance policies. Neither did it demonstrate that it assesses the record of student complaints in its assessment of a program for accreditation.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of the review of its standard that the program have grievance policies and demonstrate that it assesses the record of student complaints in its assessment of a program for accreditation.

Analyst Remarks to Response:

The agency states that it will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of the review of its standard that the program have grievance policies and demonstrate that it assesses the record of student complaints in its assessment of a program for accreditation.

§602.19 Monitoring and reevaluation of accredited institutions and programs.

(b) The agency must demonstrate it has, and effectively applies, a set of monitoring and evaluation approaches that enables the agency to identify problems with an institution's or program's continued compliance with agency standards and that takes into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent with the provisions of §602.16(f). This provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.

The agency has numerous mechanisms in place to monitor the resolution of issues that include site visits, progress reports, substantive change reports, and program characteristic biennial reports. Its primary means of conducting routine monitoring is through the program characteristics report, which is required of all programs/institutions every two years.

A sample report was provided, which documented that the agency requires information and data on numerous indicators and topical areas to include: student enrollment, completion, national test pass rates, planning, outcomes, clinicals and data research activities. The report contained no information on financials. The agency provided no information or insight into its collection or review of financial information. Additionally, the agency provided no information or evidence regarding its review of these reports such as the review protocol, the threshold expectation, and/or triggers it has established that raise concern and action by the council.

Staff determination: The agency does not meet the requirements of this section. The agency must provide information on its collection of financial information, as well as information regarding its review of reports, such as the review protocol, the threshold expectation, and/or triggers it has established that raise concern and action by the council.

Analyst Remarks to Response:

In its response, the agency demonstrated via a sample report that it does require information on financials. The report contained the two most recent years of audited financial statements for the program in question. Since the reports are submitted every two years, this in effect provides the agency with a reasonable and current collection of financial data on which to assess the program against agency standards and expectations. In its response narrative, the agency also provided a description of how a program's/institution's financials are reviewed by the agency and examples of action letters related to financials.

It should also be noted that the requirements of this section refer not only to financial data, but to other key data and indicators required by the agency in its report, including measures of student achievement. It is not clear from the agency's response that it has written procedures for the review of its biannual reports by its staff and council, nor is it clear that such information is provided to programs/institutions. The agency provided no information as to threshold expectations and/or triggers it has established that raise concern and action by the council.

Staff determination: The agency does not meet the requirements of this section. The agency must provide information regarding its review of reports, such as the review protocol, threshold expectations, and/or triggers it has established that raise concern and action by the council.

(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect headcount enrollment data from those institutions or programs.

The agency's Program Characteristics report was described under the analysis of 602.19(b). While the agency does collect headcount information in the report, the agency only requires this report to be submitted every two years, not annually. The agency has recently passed policies requiring the annual collection of aggregated enrollment data. The agency must provide more information and evidence of its collection and review of headcount information on an annual basis, as required in this section.

Staff determination: The agency does not meet the requirements of this section. The agency must provide information and documentation of its annual collection and review of headcount data.

Analyst Remarks to Response:

The agency is amending its procedures to meet the requirements of this section and will address its progress in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must provide information and documentation of its annual collection and review of headcount data.

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§602.20 Enforcement of standards

(a) If the agency's review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must--

(1) Immediately initiate adverse action against the institution or program; or
(2) Require the institution or program to take appropriate action to bring itself into compliance with the agency's standards within a time period that must not exceed--
(i) Twelve months, if the program, or the longest program offered by the institution, is less than one year in length;
(ii) Eighteen months, if the program, or the longest program offered by the institution, is at least one year, but less than two years, in length; or
(iii) Two years, if the program, or the longest program offered by the institution, is at least two years in length.

The agency does not accredit any programs that are less than two years in length, and the agency's 2007 standards document mirrors the requirements contained in 602.20(a)(2)(iii) of this section. The agency provided a sample letter noting its requirement related to the two-year compliance limitation specified under this section. This is not sufficient to demonstrate the agency's compliance with this criterion.

However, based on the agency's procedures outlined in its 2007 and 2012 standards documents it is not clear how the various accreditation statuses are determined and applied. The agency's policies do not demonstrate that it has an effective mechanism to ensure that programs are limited to a timeframe not to exceed two years to correct deficiencies. Also, it is not clear why the agency would require a deferral of one year in order to receive additional information on which to make a determination, thus providing up to three years to a program to come into compliance with agency standards.

Staff determination: The agency does not meet the requirements of this section. The agency must provide additional information and evidence demonstrating its enforcement of two-year timelines for its programs to come into compliance with the agency's standards.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided sample letters demonstrating that its action letters notify programs/institutions of the two-year time limit for correcting deficiencies. While the agency provided evidence that it notifies programs/institutions of the two-year time limit, it did not provide evidence that it enforces the two-year time limit. More documentation is needed in this area.

While not addressed under this section, in 602.20(b) the agency clarifies that it only allows a deferral of up to one year in cases where the deferral will not put the program/institution past the two-year time limit for bringing itself into compliance.

Staff determination: The agency does not meet the requirements of this section. The agency must document that it enforces a two-year time limit for its programs/institutions to bring themselves into compliance with the agency's standards.

(b) If the institution or program does not bring itself into compliance within the specified period, the agency must take immediate adverse action unless the agency, for good cause, extends the period for achieving compliance.

The agency has no policy addressing this in the 2012 version of its standards. As noted in the previous section, the agency's 2007 standards document has a policy that is noncompliant. The agency has not demonstrated that it has established criteria for granting extensions for good cause that it uses as a basis for granting an extension in rare and unusual circumstances. Neither has the agency demonstrated that it takes immediate adverse action to withdraw accreditation in instances that the program does not come into compliance with agency standards.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has established a policy and criteria for granting extensions for good cause that it uses as a basis for granting an extension in rare and unusual circumstances and demonstrate its application of good cause extensions, as applicable, or that the agency takes an immediate adverse action.

Analyst Remarks to Response:

As noted in the previous section, the agency has clarified that it only implements deferrals in order to obtain additional information in cases where the deferral will not result in the program/institution exceeding the two-year time limit to bring itself into compliance. However, deferrals do not fall under the ED definition of adverse actions. Therefore, it is not clear how these deferrals relate to extensions for good cause, nor whether the agency has policies regarding extensions for good cause that ensure that such extensions are only granted in unusual circumstances and for limited periods of time.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has policies that specifically address extensions for good cause, as well as criteria that ensure the extensions are only granted in unusual circumstances and under limited timeframes.

§602.22 Substantive change.

(a) If the agency accredits institutions, it must maintain adequate substantive change policies that ensure that any substantive change to the educational mission, program, or programs of an institution after the agency has accredited or preaccredited the institution does not adversely affect the capacity of the institution to continue to meet the agency's standards. The agency meets this requirement if--

(1) The agency requires the institution to obtain the agency's approval of the substantive change before the agency includes the change in the scope of accreditation or preaccreditation it previously granted to the institution; and

As a Title IV gatekeeper for an institution, the agency is required to address this criterion.

The agency has a comprehensive substantive policy that it applies to its accredited programs and institutions. The preface to the policy specifies that the agency requires prior approval of substantive changes before the change can be included in the program's accredited status. The agency's standards manual further specifies under Section 1.II.D.3. that substantive change applications must be submitted to the council and the program/institution must obtain council approval of the change prior to implementing it. However, the agency did not provide any documentation related to the implementation of this policy.

Staff determination: The agency does not meet the requirements of this section. The agency must provide documentation of its approval of various substantive changes.

Analyst Remarks to Response:

The agency states in its response that it has supplied sample substantive change documents for staff review. However, no documents were attached to the link that the agency provided under Exhibit 81.

Staff determination: The agency does not meet the requirements of this section. The agency must provide documentation of its approval of various substantive changes.

(2) The agency's definition of substantive change includes at least the following types of change:

(i) Any change in the established mission or objectives of the institution.

(ii) Any change in the legal status, form of control, or ownership of the institution.

(iii) The addition of courses or programs that represent a significant departure from the existing offerings of educational programs, or method of delivery, from those that were offered when the agency last evaluated the institution.

(iv) The addition of programs of study at a degree or credential level different from that which is included in the institution's current accreditation or preaccreditation.

(v) A change from clock hours to credit hours.

(vi) A substantial increase in the number of clock or credit hours awarded for successful completion of a program.

(vii) If the agency's accreditation of an institution enables the institution to seek eligibility to participate in title IV, HEA programs, the entering into a contract under which an institution or organization not certified to participate in the title IV, HEA programs offers more than 25 percent of one or more of the accredited institution's educational programs.

The agency's definition of substantive changes include all of the types of substantive changes except for the requirement in 602.22(a)(2)(i) related to a change in objectives. The agency's definition includes a change in mission, without addressing a change in objectives. Further, the agency provided no documentation to demonstrate any substantive change requests it has received in these required areas.

Staff determination: The agency does not meet the requirements of this section. The agency must add the required change in objectives to its definitions of substantive change. The agency must also provide documentation of its review of various types of substantive change requests.

Analyst Remarks to Response:

The agency is in the process of amending its policies and will address the requirements of this section in its report. As in the previous section, staff notes that there are no documents attached to the link for Exhibit 81.

Staff determination: The agency does not meet the requirements of this section. The agency must add the required change in objectives to its definitions of substantive change. The agency must also provide documentation of its review of various types of substantive change requests.

(viii) (A) If the agency's accreditation of an institution enables it to seek eligibility to participate in title IV, HEA programs, the establishment of an additional location at which the institution offers at least 50 percent of an educational program. The addition of such a location must be approved by the agency in accordance with paragraph (c) of this section unless the accrediting agency determines, and issues a written determination stating that the institution has--

(1) Successfully completed at least one cycle of accreditation of maximum length offered by the agency and one renewal, or has been accredited for at least ten years;
(2) At least three additional locations that the agency has approved; and
(3) Met criteria established by the agency indicating sufficient capacity to add additional locations without individual prior approvals, including at a minimum satisfactory evidence of a system to ensure quality across a distributed enterprise that includes--

(i) Clearly identified academic control;

(ii) Regular evaluation of the locations;

(iii) Adequate faculty, facilities, resources, and academic and student support systems;

(iv) Financial stability; and

(v) Long-range planning for expansion.

(B) The agency's procedures for approval of an additional location, pursuant to paragraph (a)(2)(viii)(A) of this section, must require timely reporting to the agency of every additional location established under this approval.

(C) Each agency determination or redetermination to preapprove an institution's addition of locations under paragraph (a)(2)(viii)(A) of this section may not exceed five years.

(D) The agency may not preapprove an institution's addition of locations under paragraph (a)(2)(viii)(A) of this section after the institution undergoes a change in ownership resulting in a change in control as defined in 34 CFR 600.31 until the institution demonstrates that it meets the conditions for the agency to preapprove additional locations described in this paragraph.

preapprove additional locations described in this paragraph.

(E) The agency must have an effective mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations approved under paragraph (a)(2)(viii)(A) of this section.

The agency's policy does not address the requirement of this criterion which allows an agency to pre-approve the establishment of additional locations at an accredited institution, but only after conducting a review that meets the requirements of this criterion.

Staff determination: The agency does not meet the requirements of this section. The agency must address the requirements of this criterion to include documentation of its application of the protocol, or it needs to state that it will not allow prior approvals for the establishment of additional locations.

Analyst Remarks to Response:

The agency will address the requirements for this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must address the requirements of this criterion to include documentation of its application of the protocol, or it needs to state that it will not allow prior approvals for the establishment of additional locations.

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(3) The agency's substantive change policy must define when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution.

The agency's policy does not address the requirement of this criterion, which requires the agency to define (in policy/protocol) those circumstances under which the substantive changes occurring at its accredited institution are sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution and to demonstrate its application of the policy.

Staff determination: The agency does not meet the requirements of this section. The agency must establish appropriate policy/protocol and demonstrate its effective application of the requirements of this criterion regarding when new evaluations are required.

Analyst Remarks to Response:

The agency's policy does not address the requirement of this criterion, which requires the agency to define (in policy/protocol) those circumstances under which the substantive changes occurring at an accredited institution are sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution and to demonstrate its application of the policy.

Staff determination: The agency does not meet the requirements of this section. The agency must establish an appropriate policy/protocol and demonstrate its effective application of the requirements of this criterion regarding when new evaluations are required.

(b) The agency may determine the procedures it uses to grant prior approval of the substantive change. However, these procedures must specify an effective date, which is not retroactive, on which the change is included in the program's or institution's accreditation. An agency may designate the date of a change in ownership as the effective date of its approval of that substantive change if the accreditation decision is made within 30 days of the change in ownership. Except as provided in paragraph (c) of this section, these procedures may, but need not, require a visit by the agency.

The agency's policy (referenced) does not address the requirement of this criterion, which requires the agency to establish procedures for approving substantive changes that must include a specified effective date of the council's approval (which is NOT retroactive) and the council's inclusion of the substantive change in the institution's grant of accreditation.

Staff determination: The agency does not meet the requirements of this section. The agency must establish appropriate policy/protocol and demonstrate its effective application of the requirements of this criterion to establish and demonstrate effective protocols for approving substantive changes that include specific effective dates that are not retroactive.

Analyst Remarks to Response:

The agency will respond to the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must establish appropriate policy/protocol and demonstrate its effective application of the requirements of this criterion to establish and demonstrate effective protocols for approving substantive changes that include specific effective dates that are not retroactive.

(c) Except as provided in (a)(2)(viii)(A) of this section, if the agency's accreditation of an institution enables the institution to seek eligibility to participate in Title IV, HEA programs, the agency's procedures for the approval of an additional location where at least 50 percent of an educational program is offered must provide for a determination of the institution's fiscal and administrative capacity to operate the additional location. In addition, the agency's procedures must include--

The agency's Policy 1.B.5 and 1.B.6 require that a program requesting a substantive change provide information in its substantive change request application regarding any changes in its administrative organization or governance structure, as well as identification of resources to support the change, including financial resources.

No documentation was provided to support the agency's policies under this section.

Staff determination: The agency does not meet the requirements of this section. The agency must provide documentation of its implementation of its approval of substantive changes; specifically, how it determines the fiscal and administrative capacity of the institution to operate the additional location.

Analyst Remarks to Response:

In its response to the draft analysis, the agency stated that it had provided additional documentation as to how it determines fiscal and administrative capacity. However, as under previous sections, no documents were uploaded for Exhibit 81.

Staff determination: The agency does not meet the requirements of this section. The agency must provide documentation of its implementation of its approval of substantive changes; specifically, how it determines the fiscal and administrative capacity of the institution to operate the additional location.

(c)(1) A visit, within six months, to each additional location the institution establishes, if the institution--

> **(i) Has a total of three or fewer additional locations;**
> **(ii) Has not demonstrated, to the agency's satisfaction, that it has a proven record of effective educational oversight of additional locations; or**
> **(iii) Has been placed on warning, probation, or show cause by the agency or is subject to some limitation by the agency on its accreditation or preaccreditation status;**

The agency's Policy 1.C. under Council Action specifies that a site visit will be conducted within six months to each additional location if the institution meets the requirements specified under this section. However, the agency did not provide any evidence of the substance of the site visit review conducted at an additional location nor provide any documentation of its implementation of its policy.

Staff determination: The agency does not meet the requirements of this section. The agency must provide additional information and documentation of the substance of the site visit review conducted at an additional location.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided a sample site visit report that was recently conducted regarding an additional location, as well as the action letter regarding the review. The visit resulted in the approval of the program at the additional location. However, this is not evidence of a review within the requirements of this criterion for a site visit to take place within six months since the campus (additional location) was established and opened in 2009 and the visit was conducted in 2011.

Staff determination: The agency does not meet the requirements of this section. The agency must provide additional information and documentation that it conducts site visits to newly established additional locations within the required six month timeframe.

(c)(2) An effective mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations of institutions that operate more than three additional locations; and

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The agency's Policy 1.C specifies that the agency may conduct visits to additional sites of programs that have more than three locations at reasonable intervals, but does not specify a sampling technique or how those sites to be visited will be determined.

Staff determination: The agency does not meet the requirements of this section. The agency must provide additional information regarding its sampling requirements for site visiting additional locations at an institution having more than three locations.

Analyst Remarks to Response:

The agency states that it has not yet had an occasion to approve more than two additional locations; therefore, the council has not addressed this requirement. Nevertheless, this section requires that agencies have a mechanism in place to deal with such a circumstance. Therefore, the agency must address the requirements of this section.

Staff determination: The agency does not meet the requirements of this section. The agency must provide additional information regarding its sampling requirements for site visiting additional locations at an institution having more than three locations.

(c)(3) An effective mechanism, which may, at the agency's discretion, include visits to additional locations, for ensuring that accredited and preaccredited institutions that experience rapid growth in the number of additional locations maintain educational quality.

The agency's Policy 1.C on Council Action specifies that the agency MAY conduct visits to additional sites of programs that experience rapid growth in order that the agency may determine that educational quality is maintained. The requirement under this criterion is that the agency have effective mechanisms that ensure that the additional locations of an institution experiencing rapid growth maintain educational quality.

The agency has not provided sufficient narrative addressing the conditions that will require a site visit or what alternative mechanisms it will use to ensure education quality under the conditions of this criterion. The agency has provided no documentation of effective application of mechanisms to address the requirement of this criterion.

Staff determination: The agency does not meet the requirements of this section. The agency must provide additional narrative addressing the conditions that will require a site visit or what alternative mechanisms it will use to ensure educational quality under the conditions of this criterion. The agency needs to also provide documentation of effective application of mechanisms to address the requirement of this criterion.

Analyst Remarks to Response:

The agency states that it has not yet had a situation involving rapid growth, so the council has not addressed this requirement. Nevertheless, this section requires that agencies have a mechanism in place to deal with such a circumstance. Therefore, the agency must address the requirements of this section.

Staff determination: The agency does not meet the requirements of this section. The agency must provide additional narrative addressing the conditions that will

require a site visit or what alternative mechanisms it will use to ensure educational quality under the conditions of this criterion. The agency needs to also provide documentation of effective application of mechanisms to address the requirement of this criterion.

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§602.23 Operating procedures all agencies must have.

(a) The agency must maintain and make available to the public, upon request, written materials describing--
(1) Each type of accreditation and preaccreditation it grants;
(2) The procedures that institutions or programs must follow in applying for accreditation or preaccreditation;
(3) The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and preaccreditation that the agency grants;
(4) The institutions and programs that the agency currently accredits or preaccredits and, for each institution and program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and
(5) The names, academic and professional qualifications, and relevant employment and organizational affiliations of--

(i) The members of the agency's policy and decision-making bodies; and
(ii) The agency's principal administrative staff.

ED staff verified that most of the information specified in this section is readily available to the public via the agency's web site; however, evidence of (5) did not appear to be available on the web site. CCE Policy 151 indicates that information specified in this criterion is made available to the public "upon request".

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it makes available to the public the names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of the agency's policy and decision-making bodies; and the agency's principal administrative staff.

Analyst Remarks to Response:

In its response to the draft analysis, the agency referred staff to its web page. In viewing the site, a link to the agency's administrative staff provides the viewer with the name and a picture of each staff member. No additional information is provided, except that it is noted that the agency's president holds a D.C. degree. No information is provided regarding academic and professional qualifications or

relevant employment or organizational affiliations of staff as specified under 602.23(a)(5)(ii).

The link to the councilor directory provides the person's name, degree(s), location by city and state, and, for some of the members, the place of employment. No information is provided regarding where degrees were awarded, professional qualifications, or organizational affiliations, and in some cases no information is provided as to employment affiliation as specified under 602.23(a)(5)(i).

While the agency does not have to provide all of the required information on its website, the agency must be able to demonstrate that it provides this information, on request. The documents provided by the agency as examples of what it provides, on request, do not include all of the required information.

No information is provided regarding the agency's appeals panel members as specified under 602.23(a)(5)(i).

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it makes available to the public the names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of the agency's policy and decision-making bodies; and the agency's principal administrative staff.

(c) The accrediting agency must--

(1) Review in a timely, fair, and equitable manner any complaint it receives against an accredited institution or program that is related to the agency's stan-dards or procedures. The agency may not complete its review and make a decision regarding a complaint unless, in accordance with published procedures, it ensures that the institution or program has sufficient opportunity to provide a response to the complaint;

(2) Take follow-up action, as necessary, including enforcement action, if necessary, based on the results of its review; and

(3) Review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review.

The agency's complaint policies are addressed under its Policy 64 on Complaints. Complaints may be submitted regarding the agency (including councilors, site team visitors, staff, or other representatives), agency standards or policies, or accredited programs.

ED staff is concerned that the agency's complaint policy states that it has both "informal" and "formal" complaint process components. It is unclear how the informal complaint process component would meet the requirements either for a timely review or for the program/institution to have an opportunity to respond to the complaint. Further, it appears that the complainant has no option but to submit to the informal process, absent its stated lack of time constraints, prior to moving to the formal complaint process. This has the potential to greatly add to the time period in which the complaint remains unresolved. The formal complaint process component does meet the requirements of this section with regard to how it addresses time constraints, input from the program/institution, and enforcement action by the Council. As stated previously, the complaint policy also applies to complaints against the agency itself.

The agency provided no documentation related to the handling of any complaints.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its complaint process to address the concerns described in the analysis of this criterion and provide documentation illustrating its effective review and resolution of complaints under these processes.

Analyst Remarks to Response:

The agency will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its complaint process to address the concerns described in the analysis of this criterion and provide documentation illustrating its effective review and resolution of complaints under these processes.

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§602.24 Additional procedures certain institutional accreditors must have.

If the agency is an institutional accrediting agency and its accreditation or preaccreditation enables those institutions to obtain eligibility to participate in Title IV, HEA programs, the agency must demonstrate that it has established and uses all of the following procedures:

> **(b) Change of ownership.**
> **The agency must undertake a site visit to an institution that has undergone a change of ownership that resulted in a change of control as soon as practicable, but no later than six months after the change of ownership.**

The agency's Policy 1.A.2 notes that a change in ownership is considered a substantive change requiring prior approval. However, the agency's Policy 1.C. specifies that in instances of substantive changes involving a change in ownership a site visit is "at the discretion of the Council" (p. 3). The agency's policy does not require a site visit within six months.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policies to require a site visit within six months to institutions that have undergone a change in ownership and provide evidence of its conduct of a site visit after a change in ownership.

Analyst Remarks to Response:

The agency will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policies to require a site visit within six months to institutions that have undergone a change in ownership and provide evidence of its conduct of a site visit after a change in ownership.

(c) Teach-out plans and agreements.

(1) The agency must require an institution it accredits or preaccredits to submit a teach-out plan to the agency for approval upon the occurrence of any of the following events:

(i) The Secretary notifies the agency that the Secretary has initiated an emergency action against an institution, in accordance with section 487(c)(1)(G) of the HEA, or an action to limit, suspend, or terminate an institution participating in any title IV, HEA program, in accordance with section 487(c)(1)(F) of the HEA, and that a teach-out plan is required.

(ii) The agency acts to withdraw, terminate, or suspend the accreditation or preaccreditation of the institution.

(iii) The institution notifies the agency that it intends to cease operations entirely or close a location that provides one hundred percent of at least one program.

(iv) A State licensing or authorizing agency notifies the agency that an institution's license or legal authorization to provide an educational program has been or will be revoked.

The requirement of this section is that the agency have a teach-out plan policy that includes the requirement that the agency require an institution it accredits to submit a teach- out plan upon the occurrence of events listed in the criterion. The agency's policies relative to teach-outs does not clearly require a teach-out plan, nor does it include the events listed in the criterion.

Although the agency submitted documentation prepared by a program on the receiving end of a teach-out, the agency's policies do not appear to address this section's requirements regarding teach-out plans. The only reference to teach-outs in the policies referenced in the agency's narrative involve teach-out agreements, not teach-out plans.

Staff determination: The agency does not meet the requirements of this section. The agency must establish policies that require teach-out plans and that include the requirement that an institution submit a teach-out plan on the occurrence of the events listed in the criterion.

Analyst Remarks to Response:

The agency will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must establish policies that require teach-out plans and that include the requirement that an institution submit a teach-out plan on the occurrence of the events listed in the criterion.

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(2) The agency must evaluate the teach-out plan to ensure it provides for the equitable treatment of students under criteria established by the agency, specifies additional charges, if any, and provides for notification to the students of any additional charges.

Under this requirement the agency is expected to have procedures/protocol for the evaluation of teach-out plans that includes agency-established criteria by which it assesses that the proposed teach-out plan provides for equitable treatment of students, specifies additional changes and provides (appropriate) notification to students of those charges. The agency's policy does not address how the agency will evaluate a teach-out plan in a manner that complies with the requirement of this criterion.

Staff determination: The agency does not meet the requirements of this section. The agency must establish and demonstrate the effective application of its evaluation of teach-out plans that includes agency-established criteria by which it assesses that the proposed teach-out plan provides for equitable treatment of students, specifies additional changes and provides (appropriate) notification to students of those charges.

Analyst Remarks to Response:

The agency is proposing an amendment to its policies and so will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must establish and demonstrate the effective application of its evaluation of teach-out plans that includes agency-established criteria by which it assesses that the proposed teach-out plan provides for equitable treatment of students, specifies additional changes and provides (appropriate) notification to students of those charges.

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(3) If the agency approves a teach-out plan that includes a program that is accredited by another recognized accrediting agency, it must notify that accrediting agency of its approval.

The agency did not address how its policies require the notification of other agencies regarding teach-out plans. Further, the documentation provided was a cover letter that included no information regarding any teach-out plans.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policies to include the requirement that it will notify other agencies of teach-out plans it has approved,as appropriate, and demonstrate effective application as applicable.

Analyst Remarks to Response:

The agency is proposing an amendment to its policies and so will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policies to include the requirement that it will notify other agencies of teach-out plans it has approved,as appropriate, and demonstrate effective application as applicable.

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(5) The agency must require an institution it accredits or preaccredits that enters into a teach-out agreement, either on its own or at the request of the agency, with another institution to submit that teach-out agreement to the agency for approval. The agency may approve the teach-out agreement only if the agreement is between institutions that are accredited or preaccredited by a nationally recognized accrediting agency, is consistent with applicable standards and regulations, and provides for the equitable treatment of students by ensuring that--

(i) The teach-out institution has the necessary experience, resources, and support services to--

(A) Provide an educational program that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the institution that is ceasing operations either entirely or at one of its locations; and

(B) Remain stable, carry out its mission, and meet all obligations to existing students; and

(ii) The teach-out institution demonstrates that it can provide students access to the program and services without requiring them to move or travel substantial distances and that it will provide students with information about additional charges, if any.

The agency policy requires that in order for institutions/programs to enable students to complete their program in the event a program ceases operations, teach-out agreements must be submitted for review and approval.

The agency's policy establishes that only teach-outs with another CCE-accredited program will be approved. The agency's policy requires that the teach-out program have the experience, resources and support services needed to provide an educational experience that is similar in content, structure, and scheduling and that it provide students access to its services without requiring them to move or travel significant distances. However, there is no evidence that the agency has developed a protocol for the review of a teach-out agreement, nor developed guidance on what it expects the institution/program to submit as a teach-out agreement.

The agency needs to develop appropriate guidance and review protocol for receiving and reviewing teach-out agreements that includes an assessment of the teach-out criteria under 602.24(5) (i and ii) and demonstrate its effective review and approval of a teach-out agreement in the context of the criterion.

Staff determination: The agency does not meet the requirements of this section. The agency must develop appropriate guidance and review protocol for receiving and reviewing teach-out agreements that includes an assessment of the teach-out criteria under 602.24(5) (i and ii) and demonstrate its effective review and approval of a teach-out agreement in the context of the criterion.

Analyst Remarks to Response:

The agency is proposing an amendment to its policies and so will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must develop appropriate guidance and review protocol for

receiving and reviewing teach-out agreements that includes an assessment of the teach-out criteria under 602.24(5) (i and ii) and demonstrate its effective review and approval of a teach-out agreement in the context of the criterion.

(d) Closed Institution.

If an institution the agency accredits or preaccredits closes without a teach-out plan or agreement, the agency must work with the Department and the appropriate State agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charges.

The agency's Policy 2 on Teach-out Agreements in the Case of Closure or Cessation of Operation specifies that when a program's governing body decides to cease operations, the agency will work with state and federal agencies to try to ensure that students are given opportunities to complete their education without incurring additional charges. However, the agency has not provided evidence of its effective application of this policy.

Staff determination: The agency does not meet the requirements of this section. The agency needs to provide evidence of its effective application of its policy to work with state and federal agencies to ensure that, in the case of a program closing without a teach-out agreement, students are given opportunities to complete their education without incurring additional charges.

Analyst Remarks to Response:

The agency is proposing an amendment to its policies and will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency needs to provide evidence of its effective application of its policy to work with state and federal agencies to ensure that, in the case of a program closing without a teach-out agreement, students are given opportunities to complete their education without incurring additional charges.

(e) Transfer of credit policies.
The accrediting agency must confirm, as part of its review for initial accreditation or preaccreditation, or renewal of accreditation, that the institution has transfer of credit policies that--

(1) Are publicly disclosed in accordance with §668.43(a)(11); and
(2) Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.
(Note: This criterion requires an accrediting agency to confirm that an

institution's teach-out policies are in conformance with 668.43 (a) (11). For your convenience, here is the text of 668.43(a) (11):
"A description of the transfer of credit policies established by the institution which must include a statement of the institution's current transfer of credit policies that includes, at a minimum –
(i) Any established criteria the institution uses regarding the transfer of credit earned at another institution; and
(ii) A list of institutions with which the institution has established an articulation agreement.")

The agency's Standard G: Student Admissions under Characteristic 3 requires that an institution/program have published policies governing the acceptance of prior academic credit or transfer of credit from one DCP to another. The agency's policy 6.3 on Minimum Admission Requirements further specifies the agency's requirements related to transfer of credits into any of its accredited programs/institutions.

However, the agency's policy does not address the associated requirements under §668.43(a)(11):
(i) Any established criteria the institution uses regarding the transfer of credit earned at another institution; and
(ii) A list of institutions with which the institution has established an articulation agreement.

Additionally, there is no evidence that the agency assesses the transfer of credit policies for their compliance with the requirements of this criterion during the review for accreditation.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its requirements related to transfer of credit to include the requirements under §668.43(a)(11) and demonstrate its effective application of this requirement during accreditation reviews.

Analyst Remarks to Response:

The agency reports that it is working on the issues identified in the draft staff analysis and will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its requirements related to transfer of credit to include the requirements under §668.43(a)(11) and demonstrate its effective application of this requirement during accreditation reviews.

(2) In reviewing and evaluating an institution's policies and procedures for determining credit hour assignments, an accrediting agency may use sampling or other methods in evaluation, sufficient to comply with paragraph (f)(1)(i)(B) of this section.

The agency did not address the requirement of this section. Under this criterion the agency is to have credit hour policies that require it to conduct an effective review and evaluation of the reliability and accuracy of the institution's assignment of credit hours. The review is required to include an assessment of an institution's policies and procedures for determining credit hour and the institution's application of its policies. The agency is required to make a determination whether the institution's assignment of credit hours conforms to commonly accepted practices. The agency is to have a methodology for conducting its evaluation. While the agency stated that it has procedures for this requirement, the citation it referenced did not address the requirement of this criterion.

The agency needs to demonstrate that it has, and effectively applies, procedures that address the requirements as stated.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that it has and effectively applies policies and procedures for the review and determination of the reliability and accuracy of an institution's credit hour assignments.

Analyst Remarks to Response:

The agency reports that it is working on the issues identified in the draft staff analysis and will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that it has and effectively applies policies and procedures for the review and determination of the reliability and accuracy of an institution's credit hour assignments.

(3) The accrediting agency must take such actions that it deems appropriate to address any deficiencies that it identifies at an institution as part of its reviews and evaluations under paragraph (f)(1)(i) and (ii) of this section, as it does in relation to other deficiencies it may identify, subject to the requirements of this part.

As noted in the prior section, the agency does not have any policies related to credit hour review.

Staff determination: The agency does not meet the requirements of this section. The agency must develop and demonstrate that it effectively applies policies related to credit hour review and their enforcement.

Analyst Remarks to Response:

The agency reports that it is working on the issues identified in the draft staff analysis and will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must develop and demonstrate that it effectively applies policies related to credit hour review and their enforcement.

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(4) If, following the institutional review process under this paragraph (f), the agency finds systemic noncompliance with the agency's policies or significant noncompliance regarding one or more programs at the institution, the agency must promptly notify the Secretary.

As noted in prior sections, the agency does not have any policies related to credit hour review or the requirement to notify the Department of any systemic noncompliance with the agency's credit hour policies on credit hour assignment.

Staff determination: The agency does not meet the requirements of this section. The agency must develop and effectively apply policies related to credit hour review, enforcement, and notification that include the requirement to notify the Department of any systemic noncompliance with the agency's credit hour policies on credit hour assignment.

Analyst Remarks to Response:

The agency reports that it is working on the issues identified in the draft staff analysis and will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must develop and effectively apply policies related to credit hour review, enforcement, and notification that include the requirement to notify the Department of any systemic noncompliance with the agency's credit hour policies on credit hour assignment.

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§602.25 Due process

(f) Provides an opportunity, upon written request of an institution or program, for the institution or program to appeal any adverse action prior to the action becoming final.

(1) The appeal must take place at a hearing before an appeals panel that--

(i) May not include current members of the agency's decision-making body that took the initial adverse action;

(ii) Is subject to a conflict of interest policy;

(iii) Does not serve only an advisory or procedural role, and has and uses the authority to make the following decisions: to affirm, amend, or reverse adverse actions of the original decision-making body; and

(iv) Affirms, amends, reverses, or remands the adverse action. A decision to affirm, amend, or reverse the adverse action is implemented by the appeals panel or by the original decision-making body, at the agency's option. In a decision to remand the adverse action to the original decision-making body for further consideration, the appeals panel must identify specific issues that the original decision-making body must address. In a decision that is implemented by or remanded to the original decision-making body, that body must act in a manner consistent with the appeals panel's decisions or instructions.

(2) The agency must recognize the right of the institution or program to employ counsel to represent the institution or program during its appeal, including to make any presentation that the agency permits the institution or program to make on its own during the appeal.

The has a written policy for taking action on appeals. A program may file a notice to appeal within 20 days of receiving an adverse action.

The agency's policies under Criteria for Selecting an Appeals Panel specify that the panel members may not include anyone who was involved with the appellant program, was part of the review process, or current councilors. This section specifies that the program may disqualify panel members it believes to have conflicts of interest, but does not address the agency’s obligation to have and apply its conflict of interest policies as it does for other decision-making bodies.

The agency's policies provide for all of the types of decisions listed in the criterion and do specify that a decision that is remanded by the panel must include specific issues to be addressed. The policy also states that the Council must act in a manner consistent with the panel's decisions or instructions.

The agency's Policy 8, under a section on Hearing Format, specifies that the appellant may be represented by legal counsel.

The agency has stated that it has not had an appeal under its current policies as it has not had an appeal in the past 9+ years .

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that its appeals panel members are subject to its conflict-of-interest policy.

Analyst Remarks to Response:

The agency stated its original intent to implicitly include appeals panel members under the category of “other CCE representatives” in its application of its conflict of interest policy. The Department staff believes this is insufficient. The appeal panel is a recognized decision-making body and as such, its decisions can impact access to federal funds. As the appeal panel members convene irregularly, the necessity to apply the agency’s conflict of interest policies may be overlooked if the cohort is not explicitly identified in the conflict of interest policies.

The agency also notes in its response that it is in the process of clarifying its current conflict-of-interest policy to specify that the policy specifically includes appeals panel members. However, the policy has not yet been formally adopted, and the agency will therefore address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that its appeals panel members are subject to its conflict-of-interest policy.

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§602.26 Notification of accrediting decisions

The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The agency meets this requirement if the agency, following its written procedures--

> **((d) For any decision listed in paragraph (b)(2) of this section, makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's decision and the official comments that the affected institu-tion or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment; and**

The agency's Policy 111.4 specifies that the agency will make a brief summary regarding the adverse actions (listed under its Policy 111.2) available within 60 days to ED, all state licensing boards, and the public.

The agency's policy specifies that the summary will include any comments that the affected program may wish to make, but the policy does not clarify the obligation of the agency to provide evidence that it has offered the affected institution the opportunity to provide comments.

Staff determination: The agency does not meet the requirements of this section. The agency must clarify the obligation of the agency to provide evidence that it has offered the affected institution the opportunity to provide comments.

Analyst Remarks to Response:

The agency reports that it is working on the issues identified in the draft staff analysis and will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must clarify the obligation of the agency to provide evidence that it has offered the affected institution the opportunity to provide comments.

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§602.27 Other information an agency must provide the Department.

> **(a)(6) The name of any institution or program it accredits that the agency has reason to believe is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the agency's reasons for concern about the institution or program; and**
>
> **(a)(7) If the Secretary requests, information that may bear upon an accredited or preaccredited institution's compliance with its Title IV, HEA program responsibilities, including the eligibility of the institution or program to participate in Title IV, HEA programs.**
>
> **(b) If an agency has a policy regarding notification to an institution or program of contact with the Department in accordance with paragraph (a)(6) or (a)(7) of this section, it must provide for a case by case review of the circumstances surrounding the contact, and the need for the confidentiality of that contact. Upon a specific request by the Department, the agency must consider that contact confidential.**

The agency's policy 20: Notification of U.S. Secretary of Education Regarding Fraud, Abuse or Failure to Meet Title IV Responsibilities, specifies that if the agency has reason to believe that any of its programs is failing to meet its Title IV responsibilities, the agency will provide the Secretary the name of the program and the reason for its concern within 15 days of its discovery of the concern. It further states that it will notify the program at the same time of its

intent to notify the Secretary. The agency states that it has not had occasion to enforce this policy and therefore has no related documentation.

The agency's policy does not address the confidentiality requirement specified in 602.27(b).

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy regarding the reporting of Title IV fraud and abuse to reflect the confidentiality requirements under 602.27(b).

Analyst Remarks to Response:

The agency reports that it is working on the issues identified in the draft staff analysis and will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy regarding the reporting of Title IV fraud and abuse to reflect the confidentiality requirements under 602.27(b).

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§602.28 Regard for decisions of States and other accrediting agencies.

> **(b) Except as provided in paragraph (c) of this section, the agency may not grant initial or renewed accreditation or preaccreditation to an institution, or a program offered by an institution, if the agency knows, or has reasonable cause to know, that the institution is the subject of--**
> **(1) A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the State;**
> **(2) A decision by a recognized agency to deny accreditation or preaccreditation;**
> **(3) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or**
> **(4) Probation or an equivalent status imposed by a recognized agency.**

The agency's Policy 46: Adverse Decisions by Other Accrediting Organizations and State Agencies specifies that the agency is "concerned" when another accrediting or state agency "denies, revokes, or places sanctions" on one of the agency's accredited programs/institutions. An "adverse decision" made by another agency will be reviewed by the Council, which will investigate whether the program/institution remains in compliance with the CCE standards and may require a site visit, reports, or further information.

ED staff has concerns that the agency's policy, as written, does not specifically address pending actions by another agency, nor does it specifically address this

section's terminology regarding suspension, withdrawal, or termination. The policy also fails to address another agency's actions related to a program/institution that holds preaccreditation, rather than full accreditation.

Staff determination: The agency does not meet the requirements of this section. The agency needs to amend the language of its policy to more closely conform to the requirements of this section.

Analyst Remarks to Response:

The agency reports that it is working on the issues identified in the draft staff analysis and will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency needs to amend the language of its policy to more closely conform to the requirements of this section.

(c) The agency may grant accreditation or preaccreditation to an institution or program described in paragraph (b) of this section only if it provides to the Secretary, within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, why the action of the other body does not preclude the agency's grant of accreditation or preaccreditation.

The agency's Policy 46, as described in the previous section, also specifies that within 30 days, the agency will provide ED with an explanation consistent with its standards as to why a negative action by another agency against a program/institution does not preclude CCE from granting initial or renewed accreditation to that program/institution. The agency does not grant pre-accreditation.

However, the agency did not provide documentation of its application of its policy.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of the application of its policy on providing explanations of over-riding decisions.

Analyst Remarks to Response:

The agency was requested to provide documentation of its application of this section. The agency’s response that it is “working on this area” does not address the staff concern.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of the application of its policy on providing explanations of over-riding decisions.

(d) If the agency learns that an institution it accredits or preaccredits, or an institution that offers a program it accredits or preaccredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the agency must promptly review its accreditation or preaccreditation of the institution or program to determine if it should also take adverse action or place the institution or program on probation or show cause.

As discussed in the prior sections, the agency's requirements regarding adverse actions by other agencies are addressed in its Policy 46. However, the agency's policy does not include any time constraints associated with a prompt review of adverse actions by other agencies. Further, the policy specifies that it is the program's/institution's responsibility to notify CCE of the adverse action; the policy does not address information regarding adverse actions that CCE might receive from another agency or source.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policies to clarify that it will promptly investigate information it receives from any source regarding negative accrediting actions taken by other agencies and provide evidence of its prompt review of a program that is located in an institution that is the subject of an adverse action or pending action or of a CCE-accredited institution that is subject to a pending or final action.

Analyst Remarks to Response:

The agency reports that it is working on the issues identified in the draft staff analysis and will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policies to clarify that it will promptly investigate information it receives from any source regarding negative accrediting actions taken by other agencies and provide evidence of its prompt review of a program that is located in an institution that is the subject of an adverse action or pending action or of a CCE-accredited institution that is subject to a pending or final action.

(e) The agency must, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation or preaccreditation status of an institution or program and any adverse actions it has taken against an accredited or preaccredited institution or program.

The agency's Policy 111: Notification of CCE Accrediting Decisions specifies that the agency will provide information within 30 days to all state licensing boards and appropriate accrediting agencies regarding final denial, withdrawal, suspension, revocation or termination of accreditation. While this policy would presumably cover most instances in which another agency would need information regarding a CCE-accredited program/institution, it does not specifically state that such information will be available upon request outside the regular notification process, nor does it cover the possibility that another agency that might not be included in the automatic notification process might need information regarding accreditation status or adverse actions.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy to clearly state that information regarding accreditation status or adverse accrediting actions will be available to other agencies upon request and demonstrate effective application of the policy.

Analyst Remarks to Response:

The agency reports that it is working on the issues identified in the draft staff analysis and will address the requirements of this section in its report.

Staff determination: The agency does not meet the requirements of this section. The agency must amend its policy to clearly state that information regarding accreditation status or adverse accrediting actions will be available to other agencies upon request and demonstrate effective application of the policy.

PART III: THIRD PARTY COMMENTS

Staff Analysis of 3rd Party Written Comments

The Department received approximately 4000 comments with regard to this agency from chiropractors, chiropractic educators and administrators, chiropractic students, chiropractic patients, and members of state boards. Of the comments received, thirty were in support of the agency and included practitioners, representatives of state boards, and the public. The remaining comments were in opposition to the agency. Many of the oppositional comments were form letters and petitions and were therefore quite similar, and in some cases identical, in content.

The comments in favor of the agency supported the agency's medically-based approach and stated that the commenters felt that the agency had duly considered all viewpoints in its most recent review of its standards. These commenters included representatives of two state boards.

The comments in opposition to the agency were based largely upon a

long-standing philosophical disagreement within the chiropractic community and continue a pattern of oppositional comments that have been received by the Department each time this agency has been reviewed for recognition over the years. One commenter referred to this as "the political and philosophical issues which have divided the chiropractic profession for the last 115 years." This debate centers largely on whether it is appropriate for chiropractors to dispense drugs or perform surgery. The oppositional commenters feel that CCE is moving the profession toward more medically-based training (and therefore practice) and strongly oppose that approach.

It is not the Department's responsibility to take sides in this ongoing philosophical discussion; rather, the Department may only evaluate the agency's compliance with regard to the Secretary's Criteria for Recognition. Some of the opposing comments were related to the Criteria, whereas some were not.

The opposing comments largely centered around the following concerns:

(1) the elimination of the term "subluxation" from the agency's standards:

This is a professional issue within the chiropractic community. Staff concludes that it is beyond the purview of the Department to dictate to any agency what its curriculum requirements and accreditation standards should be.

(2) the removal from the standards of the specification "without drugs or surgery" when describing chiropractic treatment:

Staff concludes that it is beyond the purview of the Department to dictate to any agency what its curriculum requirements and accreditation standards should be.

(3) concern that the comments of those opposed to a medically-based approach to chiropractic study and practice were not considered during the course of the agency's most recent standards review process:

The staff review concludes that the agency did not provide evidence of its consideration of all comments it received during the course of its standards review process. It should be noted that an agency is required to consider all comments, but is not required to implement all of the comments or suggestions it receives. [602.21(c)]

(4) opposition to the Doctor of Chiropractic Medicine or equivalent degree:

Staff concludes that it is beyond the purview of the Department to dictate to any agency the type of degree/credentials it chooses to accredit. The staff review of the agency’s petition determined, however, that the CCE is not accrediting any programs beyond its recognized scope.

(5) lack of representation of the opposing commenters' philosophy among the agency's current council members:

Staff review found that council members are independently selected by member programs and by other council members based on selection criteria established by the agency in accordance with its bylaws. [602.14(b)]

(6) lack of satisfaction with the accreditation history of the one institution that the agency accredits:

The agency's reevaluation process was examined during the course of the staff review. It should be noted that no complaints have been received by the Department from the institution itself regarding the accuracy of its reevaluation by the agency. [602.19(a)]

(7) concern over the percentage of chiropractic student defaults in the Department of Health and Human Services' (HHS) Health Education Assistance Loans (HEAL) program, which the commenters attribute to student dissatisfaction with medically-based chiropractic education programs:

This concern is not related to the Criteria. It should be noted that the HEAL program has not disbursed funds since 1998. According to an HHS web site, thirteen years after the HEAL program ceased funding there are 523 former chiropractic students who are currently in default. This would not appear to be a high default rate considering that there are approximately 50,000 licensed chiropractors in the U.S., based upon information obtained from the U.S. Bureau of Labor Statistics web site.

(8) concern regarding attrition rates in the profession, which the opposition again attributes to dissatisfaction with the profession's perceived shift to more medically-based treatment options:

This concern is not related to the Criteria. The Department does not monitor information regarding attrition rates in any profession. Again, it is noted that there are approximately 50,000 licensed chiropractors in the U.S. according to the U.S. Bureau of Labor Statistics.

In conclusion, some of the oppositional commenters stated that they would like to establish an additional chiropractic education accrediting body that would be more closely aligned with their chiropractic philosophy. That is an option that those commenters may wish to explore.

Agency Response to 3rd Party Comments

The agency concurs with the staff analysis regarding the comments in all areas noted. However, we would like to provide comments and supporting documentation regarding item (3) where the USDE staff cite the following:

The staff review concludes that the agency did not provide evidence of its consideration of all comments it received during the course of its standards review process. It should be noted that an agency is required to consider all

comments, but is not required to implement all of the comments or suggestions it receives. [602.21(c)]

It is not difficult to explain and evidence the process but all events occurred from 2006 through 2011 and with that in mind, there is alot of evidence and documents to review. We will attempt to provide as clear and concise a reply as possible.

The policy that drives the revision process is contained in CCE Policy 23, this policy clearly outlines the five year revision process that the Standards Review Task Force (SRTF), CCE Committees and the Council itself followed since 2006 up to the approval of the final document (January 2012 Standards) at the January 2011 Council Meeting.

This is also evidenced in many other documents provided within the Renewal Petition to include; Exhibit 43, SRTF Memos-Emails, Exhibit 44, SRTF Meeting Agendas, Exhibit 45, Council Meeting Minutes RE SRTF, Exhibit 46, CCE Timeline of Events during Review Process, Exhibit 47, Public Comment Announcements, Exhibits 48-52, Draft Standards from 2007-2010 and also Exhibit 53, Review of Public Comments Summary for 2009 & 2010.

An important point should be made to clarify the certain misunderstanding and characterization of the “almost 4,000 comments from the public” as noted in many of the comments received. The following facts are submitted to help clear up this misunderstanding.

The exact number of comments received in the CCE Administrative Office by the deadline date regarding the July 23, 2010 CCE Announcement, Revision to the CCE Standards Public Comment, totaled 3,909. The comments submitted were both for and against the draft document. To better clarify, the following examples are submitted:

1. One (1) original letter regarding opposition of two areas of the Standards was submitted and 755 supporting documents followed regarding the same items. In every case, the original letter was copied by all 755 supporters and submitted as an exact copy or with a cover letter. In both the original letter submitted and all 755 supporting documents, there was only opposition to the Standards with no suggested revision that the task force could evaluate as to another option.

2. In another example, there were over 2,000 letters (all copied from the same original) regarding other areas and allegations that a few groups and individuals THOUGHT the task force was going to change but at no time during the process did the task force change these areas or show any evidence that they were going to change these areas. It was clearly a misunderstanding by a minority of individuals and groups in these areas and as it turned out, the allegations were untrue. As a matter of fact, the current version of the revised CCE Standards, January 2012 edition does not indicate any of the changes in the aforementioned comments from the over 2,000 letters. The 2,000 letters were a

direct result of alleged changes with no evidence to support the false claims…unfortunately, these 2,000 individuals were instructed to submit copied letters and failed to do their own due diligence and review the documents posted on the website and mentioned in the announcements.

3. Another example to provide some clarification is the 375 separately submitted comments that were in favor of the revised version of the CCE Standards in certain areas and/or the document in its entirety. These documents were original and submitted from 375 different organizations and/or individuals. Many of the comments also complimented the task force on the long arduous process that began in 2006 and now was coming to an end in 2011, while still others were generally appreciative of the work the task force had provided to the Council and the profession. However, not all of these comments were accepted by the task force as some also delved into areas that were not within the purview of CCE or accreditation related.

So, as the task force moved through the entire process over the five year period, there were a few noteworthy documents to mention. Provided for your review are a series of Memorandums sent to the SRTF (6/6/10, 10/29/10 & 11/12/10) and the Council (12/3/10). These memos highlight the meticulous review of each and every comment received from the July 2010 Public Comment results. These documents certainly evidence that all comments were considered according to both CCE and USDE requirements.

We also would like to clarify the process of revision of the CCE Standards due to the many comments that refer to the process but not correctly. CCE Policy 23 clearly identifies the steps of the process and the following information outlines and evidences the process was followed and completed in a timely and efficient manner.

In sequential order, the following documents were posted to the CCE website along the process to provide the public with the opportunity to comment as outlined in USDE regulations and CCE policies and procedures:

1. Draft #2, CCE Standards (completed, June 2009; posted to website September 4, 2009)
2. CCE Announcement, Public Comment for Standards (posted to website, September 4, 2009)
3. Deadline date for public comments to be received in CCE Administrative Office, November 4, 2009
4. Public Comments reviewed by SRTF and Council, December 2009 & January 2010
5. Final Draft (Draft #3), CCE Standards (completed, June 2010; posted to website July 23, 2010)
6. CCE Announcement, Public Comment for Standards (posted to website, July 23, 2010)
7. Deadline date for public comments to be received in CCE Administrative Office, September 24, 2010

8. Public Comments reviewed by SRTF and Council, October & December 2010

In all instances, the SRTF was provided a summary of public comment and also the public comments themselves to use as a tool in the evaluation and revision of the new CCE Standards and its processes. Just as with all accrediting agencies and the processes of revision of the Standards, the Department of Education requires, and we quote from the USDE Criteria for Recognition, CFR 602.21(c), Review of Standards:

…the agency must --

(1) Provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the agency, of the changes the agency proposes to make;

(2) Give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and

(3) Take into account any comments on the proposed changes submitted timely by the relevant constituencies and by other interested parties.

The agency welcomes any interested party to visit the CCE Administrative Office, with appropriate notification for scheduling purposes, to provide explanation and education in the processes and requirements the agency must adhere to. We are confident that our processes in place meet the necessary requirements and are always willing to share our information in accordance with our procedures.

Our Council Chair has submitted comments (attached) as an FYI.

Staff Analysis of Agency Reponse to 3rd Party Comments

Staff notes that the agency provided additional information and documentation regarding its standards review process, and specifically its consideration of third-party comments, under sections 602.21(a),(b), and (c) of its response to the draft staff analysis. After reviewing the additional information and documentation provided by the agency under those sections, staff found that the agency had met the requirements that it consider (but not necessarily accept) the third-party comments it received during its standards review process.

U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** Commission on English Language Program Accreditation (2003/2005)

   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Current Scope of Recognition:** The accreditation of postsecondary, non-degree-granting English language programs and institutions in the United States.

4. **Requested Scope of Recognition:** Same as above.

5. **Date of Advisory Committee Meeting:** December, 2011

6. **Staff Recommendation:** Continue the agency's recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below.

7. **Issues or Problems:** • The agency must demonstrate that its revised policies are clear in requiring that an Appeal Board includes both academics and administrators, as well as a public member and demonstrate application of compliant policies regarding the composition of the Appeal Board. [602.15(a)(3)]

   • The agency needs to demonstrate the application of its revised monitoring instrument and evaluation process for collecting and analyzing student achievement data and fiscal information required by this section. [602.19(b)]

•The agency needs to demonstrate its assessment of headcount enrollment data and basis on which further action might be taken. [602.19(c)]

• The agency must demonstrate that it has and effectively applies processes and a mechanism for reviewing and approving the types of substantive changes outlined in this section. [602.22(a)(2)(ix-x)]

• The agency must define in its policies when changes made or proposed by an institution are sufficiently extensive to require a new comprehensive re-evaluation of the institution`s grant of accreditation and demonstrate the effective application of its policy as appropriate. [602.23(a)(3)]

• The agency must demonstrate that it has and effectively applies procedures for approving substantive changes that includes an effective date (on which the change is included in the grant of accreditation) and which is not retroactive except as provided in accordance with the regulation for changes in ownership.[602.22(b)]

• The agency needs to provide examples of letters to each of the entities listed in this section [602.26(b)]

• The agency needs to demonstrate that it provides all the entities listed in this requirement a summary of the agency's reasons for any decision to withdraw accreditation and the official comments of the affected institution or evidence that the affected institution has been offered the opportunity to provide official comment [602.26(d)]

• The agency must develop clear and compliant policies which require it to notify all the entities listed in this criterion when a program chooses to voluntarily withdraw or allow its accreditation to lapse. The agency must also provide evidence of the application of its notifications to the entities listed under this criterion. [602.26(e)]

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The Commission on English Language Program Accreditation (CEA) is a national programmatic and institutional accreditor that has been accrediting postsecondary non-degree-granting English language programs and institutions in the United States since 1999.

CEA focuses on institutions and programs that serve international students who need to improve their English language skills before beginning their studies and/or professional activities in the United States. The primary program, offered by colleges, universities and independent English language schools, is commonly called an Intensive English Program (IEP).

CEA accredits sixty-five programs and twenty-four institutions in 32 states and the District of Columbia. It is the freestanding English language institutions' participation in the Department of Homeland Security, Bureau of Immigration and Citizenship Enforcement Certification Program, that CEA cites as its federal link for purposes of the Secretary's recognition process. It does not accredit institutions for the purpose of their seeking to participate in the Department of Education's Higher Education Act (HEA), Title IV programs and, therefore, does not have to meet the Secretary's separate and independent criteria.

Recognition History

The agency was first reviewed for recognition in June 2003, at which time the Secretary granted initial recognition to the agency for a period of two years. The Secretary also required CEA to provide an interim report addressing several compliance issues. At its December 2004 meeting, the National Advisory Committee on Institutional Quality and Integrity (NACIQI) recommended to the secretary that he accept the interim report on all issues except one and grant CEA a six-month extension for good cause and require it to demonstrate full compliance with Criterion §602.16(a)(1)(iii), regarding the establishment of its requirements for faculty qualifications in its next petition for continued recognition. At the NACIQI's Spring 2005 meeting, the agency's petition for continued recognition was reviewed and the NACIQI recommended and the Secretary granted the agency continued recognition for a period of five years.

On August 14, 2008, the Higher Education Opportunity Act amended the Higher Education Act of 1965, which disbanded the existing NACIQI and revised many

sections of the statute affecting the recognition of accrediting agencies. The regulations containing the Criteria for Recognition became effective July 1, 2010. This meeting is the first opportunity for the agency to appear before NACIQI for a review based on the revisions to the criteria for recognition.

PART II: SUMMARY OF FINDINGS

§602.15 Administrative and fiscal responsibilities

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that--
(a) The agency has--

> **(3) Academic and administrative personnel on its evaluation, policy, and decision-making bodies, if the agency accredits institutions;**

The agency has defined academics as a person "involved in English language program teaching-related activities (e.g., classroom instruction, teacher-training, curriculum and materials design, and/or curriculum oversight) for at least 50% of their work load." While the agency identified specific Commissioners and site reviewers by category --administrator or /faculty (academic?), it did not provide documentation supporting its appropriate classification of individuals.

The agency provided no documentation that the appeal board included both administrators and academics.

Staff determination: The agency does not meet the requirements of this section. It needs to provide resumes or other documentation demonstrating that their decision-makers, site team visitors and appeal panel members include both administrators and academics.

Analyst Remarks to Response:

In response to the staff draft analysis the agency provided supporting documentation (resumes and curriculum vitae) demonstrating that the decision-makers, and site team visitors include both administrators and academics.

However, the agency's revised policies are not clear in requiring that an Appeal Board includes both academics and administrators, as well as a public member and the agency has not demonstrated application of compliant policies regarding the composition of the Appeal Board.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that its revised policies are clear in requiring that an Appeal Board includes both academics and administrators, as well as a public member and demonstrate application of compliant policies regarding the composition of the Appeal Board.

§602.19 Monitoring and reevaluation of accredited institutions and programs.

> **(b) The agency must demonstrate it has, and effectively applies, a set of monitoring and evaluation approaches that enables the agency to identify problems with an institution's or program's continued compliance with agency standards and that takes into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent with the provisions of §602.16(f). This provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.**

The agency has a multi-faceted approach to monitoring that includes, annual reporting, review and approval of substantive changes; interim reports from programs midway through the accreditation cycle and agency actioning of complaints . While the agency's approach to monitoring and following-up on institution's/program's actions to come into compliance with agency-identified issues (the cited recommendations) is a strength of its monitoring system, the agency's approach to determining continued compliance with agency standards via the annual report, by having program directors attest to their own continuing compliance, is not adequate. The agency cannot delegate its responsibility to make determinations of compliance to the accredited entity. It not clear that the information requested via annual reporting provides adequate data for an analysis of continued compliance by all programs/institutions. The templates provided are not sufficient to demonstrate how the agency analyses key data and indicators as required by this section; there was no evidence of the collection and analysis of measures of student achievement, and fiscal information, as is required by this criterion.

Staff determination: The agency does not meet the requirements of this section. It needs to provide policies and procedures that clearly define its process for evaluating and making determinations of compliance on the key data and indicators. It also needs to provide completed documentation showing its collection and analysis of student achievement data and fiscal information required by this section.

Analyst Remarks to Response:

In response to the staff draft analysis CEA provided its revised proposed annual report form and reporting policies and procedures which will gather information and sufficiently adequate data for an analysis of continued compliance without relying on determinations by the programs/institutions to their compliance with the requirements. The revised annual report form will be able to collect key data and indicators as required by this section; including the collection and measures of student achievement, and fiscal information, as is required by this criterion.

While the agency has made progress towards compliance with this criterion by developing revised policies and procedures along with the revised annual reporting form, it still needs to demonstrate its collection and analysis of student achievement data and fiscal information using its revised process and forms .

Staff determination: The agency does not meet the requirements of this section. It needs to demonstrate the application of its revised monitoring instrument and evaluation process for collecting and analyzing student achievement data and fiscal information required by this section.

(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect headcount enrollment data from those institutions or programs.

The agency provided a description of its collection and evaluation of enrollment data via the sustaining fees form submitted with the annual report. However, the agency has not defined what it considers to be a substantive change in enrollment nor at what point(s) the agency would initiate further inquiry/action. Neither has it provided evidence of its assessment of headcount enrollment data.

Staff Determination: The agency does not meet the requirements of this section. It needs to demonstrate its assessment of headcount enrollment data and basis on which further action might be taken.

Analyst Remarks to Response:

In response to the staff draft analysis the agency provided its revised annual report form and revised policies and procedures defining what it considers to be substantive changes and the triggers that would initiate further inquiry/action. While the agency reports that it will begin incorporating these revisions it has not demonstrated evidence of its assessment of headcount enrollment data.

Staff Determination: The agency does not meet the requirements of this section. It needs to demonstrate its assessment of headcount enrollment data and basis on which further action might be taken.

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§602.22 Substantive change.

(ix) The acquisition of any other institution or any program or location of another institution.

(x) The addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased

operating before all students have completed their program of study.

This section of the criteria requires the agency to have policies and mechanism in place for reviewing and approving the types of substantive changes that are required by all agencies that accredit institutions. The agency failed to address this section and the Department failed to review it during the agency's initial review.

Staff determination: The agency does not meet the requirements of this section. It must include in its substantive change standards a processes and a mechanism for reviewing and approving the types of substantive changes outlined in this section.

Analyst Remarks to Response:

This section of the criteria requires all agencies that accredit institutions to have policies and a mechanism in place for reviewing and approving the types of substantive changes identified under this criterion. As the agency accredits institutions, it is required to address this criterion. The agency failed to address this section in its original submission and the Department failed to identify the omission in the draft staff analysis. Nonetheless, the agency is expected to address this criterion.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it has and effectively applies processes and a mechanism for reviewing and approving the types of substantive changes outlined in this section.

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(3) The agency's substantive change policy must define when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution.

The types of substantive changes identified in this section are required of all agencies that accredit institutions. The section requires an agency to have a quality control mechanism in place to enable it to assess multiple substantive change request for an institution, either individually and/or holistically, as appropriate and to be able to consider factors established by the agency to determine that there are changes sufficiently extensive enough to require and comprehensive review of the institution. While the agency` substantive change policies and procedures are comprehensive it failed to address this criteria, and the Department failed to evaluate this section during its initial review.

Staff determination: The agency does not meet the requirements of this section. It must developed identify under what conditions or circumstances of change it will require a full and comprehensive evaluation of an institution.

Analyst Remarks to Response:

This section of the criteria requires all agencies that accredit institutions to have identified/defined in its policies when changes made or proposed by an institution are sufficiently extensive to require a new comprehensive re-evaluation of the institution`s grant of accreditation. As the agency accredits institutions, it is required to address this criterion. The agency failed to address this section in its original submission and the Department failed to identify the omission in the draft staff analysis. Nevertheless, the agency is expected to address this criterion.

Staff determination: The agency does not meet the requirements of this section. It must define in its policies when changes made or proposed by an institution are sufficiently extensive to require a new comprehensive re-evaluation of the institution`s grant of accreditation and demonstrate the effective application of its policy as appropriate.

(b) The agency may determine the procedures it uses to grant prior approval of the substantive change. However, these procedures must specify an effective date, which is not retroactive, on which the change is included in the program's or institution's accreditation. An agency may designate the date of a change in ownership as the effective date of its approval of that substantive change if the accreditation decision is made within 30 days of the change in ownership. Except as provided in paragraph (c) of this section, these procedures may, but need not, require a visit by the agency.

These types of substantive change requirement is required by all agencies that accredit insititutions. This section of the criteria requires that the agency's approval of substantive changes clearly designate an effective date and that substantive change approvals are not applied retroactively. the agency failed to address this section and the Department failed to evaluate this section during its initial review.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it has clear policies that prohibit it from making retroactive approvals of substantive changes.

Analyst Remarks to Response:

This section of the criteria requires all agencies that accredit institutions to have procedures for approving substantive changes that includes an effective date (on which the change is included in the grant of accreditation) and which is not retroactive except as provided in accordance with the regulation for changes in ownership. As the agency accredits institutions, it is required to address this criterion. The agency failed to address this section in its original submission and the Department failed to identify the omission in the draft staff analysis.

Nonetheless, the agency is expected to address this criterion.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it has and effectively applies procedures for approving substantive changes that includes an effective date (on which the change is included in the grant of accreditation) and which is not retroactive except as provided in accordance with the regulation for changes in ownership.

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§602.26 Notification of accrediting decisions

The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The agency meets this requirement if the agency, following its written procedures--

> **(b) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but no later than 30 days after it reaches the decision:**
>
> > (1) A final decision to place an institution or program on probation or an equivalent status.
> > (2) A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program;
> > **(3) A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (b)(2) of this section;**

The agency provided documentation demonstrating that it notifies the Education Secretary and Homeland Security of negative accrediting actions in the appropriate time frame required by this section. However, it did not provide examples of notification to the other entities listed and required by this criterion.

Staff Determination: The agency does not meet the requirements of this section. It needs to provide documentation demonstrating that it notifies all of the entities listed in this section of the negative accreditation decisions defined in this requirement within the appropriate time frame.

Analyst Remarks to Response:

In response to the staff draft analysis the agency provided its policies for notifying those entities listed in this section of negative accreditation actions along with letters to regional accreditors. However it has not demonstrated that it notifies all of all of the entities listed in this section of the negative accreditation decisions defined in this requirement within the appropriate time frame.

Staff determination: The agency does not meet the requirements of this section. It need to provide examples of letters to each of the entities listed in this section

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((d) For any decision listed in paragraph (b)(2) of this section, makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's decision and the official comments that the affected institu-tion or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment; and

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While the agency reports that it provides a brief summary of the reasons for its adverse decisions available to various entities within an appropriate time frame, the agency states that it does so only upon request of those entities. The requirement under this criterion requires the agency to be proactive in providing this information, it is not sufficient to provide it only "on request".

Staff Determination: The agency does not meet the requirements of this section. It needs to document that it has and effectively applies written policies that require the agency to notify all the entities listed in this requirement and provide documentation demonstrating that it makes available to all required entities listed, a summary of the agency's reasons for any decision to withdraw accreditation and the official comments of the affected institution or evidence that the affected insitution has been offered the opportunity to provide official comment.

Analyst Remarks to Response:

In response to the staff draft analysis CEA has provided its revised policies and procedures requiring the agency to provide all the entities listed in this requirement a summary of the agency's reasons for any decision to withdraw accreditation and the official comments of the affected institution However, the agency has not demonstrated application of this policy nor has it provided evidence that the affected insitution has been offered the opportunity to provide official comment.

Staff determination: The agency does not meet the requirements of this section. It needs to demonstrate that it provides all the entities listed in this requirement a summary of the agency's reasons for any decision to withdraw accreditation and

the official comments of the affected institution or evidence that the affected institution has been offered the opportunity to provide official comment.

(e) Notifies the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited or preaccredited institution or program--

(1) Decides to withdraw voluntarily from accreditation or preaccreditation, within 30 days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation or preaccreditation; or

(2) Lets its accreditation or preaccreditation lapse, within 30 days of the date on which accreditation or preaccreditation lapses.

CEA policies require it to notify all of the entities listed in the criterion when one of its accredited institutions/programs voluntarily withdraws from accreditation or allows its accreditation to lapse.

Staff Determination: The agency does not meet the requirements of this section. It needs to document effective application of its policies which require it to notify all the entities listed in this requirement and provide documentation demonstrating that it notifies all of the entities required by the criterion when a program chooses to voluntarily withdraw or allow its accreditation to lapse.

Analyst Remarks to Response:

In response to the staff draft analysis CEA provided its revised policies and procedures for withdrawing accreditation. It also provided letters to institutions programs informing them that accreditation had been withdrawn by the agency.

However, the agency's policies are not clear in requiring it to notify all of the required entities when an institution/program allows its accreditation to lapse or if the institution/program itself voluntarily withdraws from its accreditation relationship with the agency. As well, the agency did not provide evidence of the required notifications to the entities listed under this criterion.

Staff Determination: The agency does not meet the requirements of this section. It must develop clear and compliant policies which require it to notify all the entities listed in this criterion when a program chooses to voluntarily withdraw or allow its accreditation to lapse. The agency must also provide evidence of the application of its notifications to the entities listed under this criterion.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.

U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** Joint Review Committee On Education In Radiologic Technology (1957/2006)

   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Current Scope of Recognition:** The accreditation of education programs in radiography, magnetic resonance, radiation therapy, and medical dosimetry, including those offered via distance education, at the certificate, associate, and baccalaureate levels.

4. **Requested Scope of Recognition:** Same as above.

5. **Date of Advisory Committee Meeting:** December, 2011

6. **Staff Recommendation:** Continue the agency's current recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below.

7. **Issues or Problems:**

   • The agency must demonstrate that its appeals panel members are qualified for their role [§602.15(a)(2)].

   • The agency must demonstrate that its appeals panel includes both educators and practitioners [§602.15(a)(4)].

   • The agency must demonstrate effective application of its new review and approval procedures of substantive changes for free-standing

programs. The agency must also demonstrate that approval by the recognized decision-making body is required before a substantive change is included in the free-standing program's grant of accreditation [§602.22(a)(1)].

• The agency must amend its policy to clearly require a new comprehensive evaluation of a program in response to the extensive substantive change conditions or circumstances as defined by the agency [§602.22(a)(3)].

• The agency must provide documentation of the review and evaluation of programs using the revised public disclosure policy [§602.23(e)].

• The agency must revise its policy to require the submission of a teach-out plan for the specific events required by this section [§602.24(c)(1)].

• The agency must demonstrate that it has procedures in place for the review of teach-out plans to ensure for the equitable treatment of students [§602.24(c)(2)].

• The agency must demonstrate that it has procedures and agency-developed criteria in place for the review of teach-out agreements as required by this section [§602.24(c)(5)].

• The agency must provide documentation to demonstrate that the agency does not grant initial or renewal of accreditation to a program that is subject to a negative action by another body as required by this section, or indicate that is has not had the opportunity to do so [§602.28(b)].

• The agency must provide documentation to demonstrate that the agency initiates a review of a program when the agency learns that the program is subject to an adverse action by another body, as listed in this section [§602.28(d)].

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is both a programmatic and institutional accrediting agency for radiography, magnetic resonance, radiation therapy, and medical dosimetry.

The agency was established as a joint effort of the American Society of Radiologic Technologists (ASRT) and the American Medical Association's Council on Medical Education and Hospitals. In 1976, these organizations delegated responsibility for allied health educational accreditation to the Committee on Allied Health Education and Accreditation (CAHEA), the umbrella agency that encompassed JRCERT. When CAHEA dissolved in 1994, JRCERT became an autonomous accrediting agency with responsibility for the accreditation of radiography and radiation therapy education programs.

The agency accredits programs of higher education that are based in hospitals and medical centers, and accreditation of those programs (technically, the hospitals and medical centers offering those programs) is a required element enabling them to establish eligibility to participate in programs under Title IV of the Higher Education Act, as amended (HEA). Consequently, the agency must meet the requirements under the separate and independent provisions of the Secretary's criteria, or must seek and receive a waiver of those requirements.

JRCERT currently accredits 734 programs in 49 states, the District of Columbia, and Puerto Rico. Of these 734 programs, approximately 200 are housed in institutions not accredited by other national accrediting agencies recognized by the Secretary. Approximately 37 of these programs participate in the Title IV funding program.

In conjunction with the current review of the agency for continued recognition, Department staff reviewed the agency's petition, supporting documentation, observed an eMeeting of the agency's board of directors on August 2, 2011, and observed a meeting of the agency's board of directors meeting on October 14, 2011.

Recognition History

The U.S. Commissioner of Education first recognized JRCERT in 1957 (in cooperation with CAHEA) for its accreditation of radiologic technologist programs. Recognition for its accreditation of radiation therapy technologist programs was extended in 1973. The agency has continued to receive renewal of recognition since that time.

After the June 2006 meeting of the National Advisory Committee on Institutional Quality and Integrity (Committee), the Secretary renewed the recognition of the JRCERT for a period of five years, revised the language of its existing scope, granted an expansion of scope to include medical dosimetry, and deferred a decision on including distance education in the agency's scope of recognition until the agency could demonstrate that it has and applies clear written policies, procedures, and interpretive criteria in comprehensive evaluations of programs offered by distance education.

The agency submitted additional information in June 2007 on its evaluation of programs offered via distance education. After the December 2007 meeting of the National Advisory Committee on Institutional Quality and Integrity (Committee), the Secretary granted an expansion of scope to include programs offered via distance education.

PART II: SUMMARY OF FINDINGS

§602.15 Administrative and fiscal responsibilities

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that--
(a) The agency has--

> **(2) Competent and knowledgeable individuals, qualified by education and experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions,including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence education;**

Board of directors: The board of directors is both the policy- and decision-making body of the agency. The agency's bylaws specifically define the qualifications of each seat on the board of directors, thus ensuring that it includes academicians, administrators, educators, practitioners, and public members. However, the agency did not provide any documentation to demonstrate that each director met the qualifications of his/her seat.

The agency demonstrated that it provides training to directors regarding their role and responsibilities, as well as the standards, policies, and procedures of the agency. As indicated in the narrative and documentation, this training is accomplished through an orientation with the chief executive officer, review of the agency's board of directors manual, mentoring with a current director, attendance at a board meeting and accreditation seminar, and observation of on-site evaluations. However, the agency has not demonstrated that its directors are specifically trained on their responsibilities regarding programs offered via distance education.

Appeals panel members: The agency did not provide any information or documentation concerning the qualifications, selection, and training of appeals panel members.

Site visitors: The agency has a list of minimum qualifications, which include specific credentials and professional experience, for site visitors and requests information about those qualifications on its site visitor application (in Section 602.15(a)(3)). The qualification requirements include education and/or experience as an administrator or educator, and provides the agency's definition of a practitioner.

The agency demonstrated that it provides comprehensive and ongoing training to site visitors regarding their role and responsibilities, as well as the standards, policies, and procedures of the agency. This training is accomplished through attendance at a site visitor training workshop, observation of a site visit, and participation in a training webinar. The agency also has a comprehensive evaluation process for site visitors, to include the evaluation by other site visit team members and the visited programs. The agency provided documentation that site visitor evaluations are reviewed by the board of directors annually for re-appointment.

With regards to distance education, the agency states that it specifically recruits individuals with that experience as site visitors and assigns them to review those programs. In addition, the agency provides specific training to all site visitors on its standards and expectations for distance education programs. Although the agency provided a blank site visitor application and a completed site visitor information update form indicating distance education experience, the agency did not provide evidence of distance education expertise nor of what qualifications are required to be a distance education site visitor for the agency.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that its board of directors are qualified for their role, and trained on their responsibilities regarding distance education programs. The agency must also demonstrate that its site visitors are qualified to evaluate distance education programs. It must demonstrate that appeals panel members are qualified and trained, as required by this section.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency demonstrated via curricula vitae that its directors are qualified by education and experience for their role, and provided documentation that each director met the qualification of his/her seat. The agency also demonstrated that its directors are specifically trained on their responsibilities regarding programs offered via distance education, which is accomplished via regular and on-going in-service training sessions. Department staff observed the distance education in-service training session at the October 14, 2011, board of directors meeting.

Although the agency provided its policy (10.100) and addition information and documentation regarding the appeals panel composition, selection process, and training (in this section and in Section 602.25(f)), the agency did not provide documentation to demonstrate that the appeals panel members are qualified for their role, such as curricula vitae for current appeals panel members.

With regards to distance education, the agency provided the updated policy regarding site visitor qualifications, to include specific requirements to be qualified as a distance education site visitor. The agency also provided a completed and newly implemented site visitor application and resume in this section, as well as evidence of a site visit conducted by qualified individuals (in Section 602.16(b) & (c)) to demonstrate distance education expertise on its site

visit teams.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that its appeals panel members are qualified for their role.

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(4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;

Although the agency states that it meets this section of the Secretary's Criteria, it has not provided sufficient information or documentation to demonstrate compliance.

Specifically, the agency provided a list of the current board of directors, however, it is not clear that there are both educators and practitioners included. The list does not indicate the seat on the board of directors for each individual, and no other documentation was provided to demonstrate representation by educators and practitioners personnel, as required by the agency's bylaws.

Although the agency provided the policy relating to the appeals panel composition in Section 602.15(a)(4), the agency has not demonstrated that its appeals panel includes both educators and practitioners, if the agency is serving as a programmatic accreditor for the program under appeal.

In regards to site visitors, the agency included the required qualifications, to include experience as an educator and/or practitioner, in Section 602.15(a)(2). The agency provided documentation, via its listing of site visitors, that its site visitor pool includes both educators and practitioners. Although the agency provided site visit planning documentation, it is not clear how the agency ensures representation by both educators and practitioners during an on-site evaluation, if the agency is serving as a programmatic accreditor for the program under review.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that its board of directors, site visitors, and appeals bodies include both educators and practitioners.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided a list of the current board of directors, noting educator and practitioner personnel represented, and the curricula vitae to document that experience. Although the current board membership fulfills the representative categories required by regulation, the agency has assigned more than one category or role to each director. The Department expects that one director fulfills one category or role at a time except under unusual circumstances.

In regards to the appeals panel composition, the agency provided the revised policy to clearly require both educator and practitioner representation, if the agency is serving as a programmatic accreditor for the program under appeal. However, the agency did not provide documentation to demonstrate that its appeals panel includes members from the appropriate categories, such as curricula vitae for current appeals panel members.

The agency also demonstrated that its site visit teams for programs include both educator and practitioner representation. Specifically, the agency provided the Accreditation Services Coordinator Procedure Manual which includes the requirement of both educator and practitioner representatives on its site visit teams. The agency also provided documentation to demonstrate that its site visitor pool includes members from the appropriate categories. In Section 602.17(c), the agency provided documentation to demonstrate that its site visit teams includes members from the appropriate categories.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that its appeals panel includes both educators and practitioners.

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§602.22 Substantive change.

(a) If the agency accredits institutions, it must maintain adequate substantive change policies that ensure that any substantive change to the educational mission, program, or programs of an institution after the agency has accredited or preaccredited the institution does not adversely affect the capacity of the institution to continue to meet the agency's standards. The agency meets this requirement if--

(1) The agency requires the institution to obtain the agency's approval of the substantive change before the agency includes the change in the scope of accreditation or preaccreditation it previously granted to the institution; and

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The agency provided its written policies and procedures (11.400) regarding substantive changes, which appear to be applicable to all programs and not solely freestanding programs.

The policy does not require a program to obtain the agency's (decision-making body's) prior approval of a substantive change. In addition, the policy and procedures do not provide the agency with the option to deny a substantive change should it determine that the proposed substantive change would adversely affect the capacity of the program to continue to meet the agency's standards. Instead, the procedures only provide the agency the options of maintaining the current accreditation status or initiating the accreditation process

prior to the expiration of the grant of accreditation.

The agency’s procedures also are not comprehensive nor detailed as to the agency’s expectation for submitting notification of a substantive change. And, the documentation did not demonstrate that the agency has clearly defined the review process and consistently followed procedures in this area.

The agency did not provide any examples to verify the process for review and approval of a variety of substantive change types to demonstrate compliance with this section.

Staff determination: The agency does not meet the requirements of this section. It must amend and clarify its substantive change policies and procedures to reflect that decisions made by the recognized decision-making body are required before the change is included in the program's grant of accreditation, and demonstrate effective application of its review and approval procedures.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided its revised substantive change policy and procedures. The revised policy requires a program to obtain the agency's approval of a substantive change prior to implementation, with the exception of a change of ownership, and provides the agency the option to approve or deny a proposed substantive change. The agency also provided documentation that it has notified its membership of this policy change.

However, the agency did not provide information or documentation that the agency has procedures concerning substantive changes that are comprehensive and detailed. Although the agency provided substantive change examples (in this section and Section 602.22(a)(2)(i-vii)), those examples are from the previous substantive change policy and procedures, and do not demonstrate that the agency has a clearly defined review process to ensure that procedures are consistently followed.

In addition, the examples provided do not demonstrate that the agency (decision-making body) provides that approval prior to inclusion in the program's previously granted scope of accreditation, even though the revised substantive change policy requires it. Specifically, those examples indicate that agency staff is granting the initial approval of the substantive change and the board is only reviewing the accreditation status in light of the substantive change(s).

Staff determination: The agency does not meet the requirements of this section. It must demonstrate effective application of its new review and approval procedures of substantive changes for free-standing programs. The agency must also demonstrate that approval by the recognized decision-making body is required before a substantive change is included in the free-standing program's grant of accreditation.

(3) The agency's substantive change policy must define when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution.

The agency's written substantive change policy (11.400) provides for the determination that a comprehensive evaluation of a program is warranted. However, the agency has not clearly identified what conditions or circumstances would suggest that the program would require a new review and grant of accreditation. In addition, the agency did not provide any documentation that this policy has been implemented.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it has defined when the changes made or proposed by a program are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that program, and provide evidence of policy implementation.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided its revised policy to include its requirement for a comprehensive on-site review. The revised policy clearly identifies the extensive substantive change conditions or circumstances that suggest that a program would require a new on-site review. However, it is unclear whether the agency requires a full comprehensive evaluation (i.e. self-study, on-site review, and new grant of accreditation), as required by this section of the criteria.

The agency indicated that it has not had an opportunity to enforce this policy, and therefore could not provide documentation of its implementation.

Staff determination: The agency does not meet the requirements of this section. It must amend its policy to clearly require a new comprehensive evaluation of a program in response to the extensive substantive change conditions or circumstances as defined by the agency.

§602.23 Operating procedures all agencies must have.

(e) The accrediting agency must provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about—

(1) The accreditation or preaccreditation status of the institution or program;

(2) The contents of reports of on-site reviews; and

(3) The agency's accrediting or preaccrediting actions with respect to the institution or program.

The agency requires the accurate disclosure of program information with its Standard One, and provided documentation of review of that Standard by the agency. What is not clear is that the agency has policies and procedures regarding its responsibility to provide for the public correction of incorrect or misleading information. The agency must have policies and procedures in place to provide for public correction when it finds that a program releases incorrect or misleading information, and demonstrate enforcement of those policies and procedures.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it has public correction policies and procedures that meet the requirements of this section, and must provided evidence of enforcement of those policies and procedures.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided its revised public disclosure policy. The policy now includes the requirement that if a program elects to publicly disclose information covered by this section of the criteria, the information must be accurate, and requires the public correction of any incorrect or misleading information. As this policy is new, the agency could not provide documentation of implementation. It is reasonable to expect that the agency may be able to document its application of this revised policy in the upcoming year.

Staff determination: The agency does not meet the requirements of this section. It must provide documentation of the review and evaluation of programs using the revised public disclosure policy.

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§602.24 Additional procedures certain institutional accreditors must have.

If the agency is an institutional accrediting agency and its accreditation or preaccreditation enables those institutions to obtain eligibility to participate in Title IV, HEA programs, the agency must demonstrate that it has established and uses all of the following procedures:

(c) Teach-out plans and agreements.

(1) The agency must require an institution it accredits or preaccredits to submit a teach-out plan to the agency for approval upon the occurrence of any of the following events:

(i) The Secretary notifies the agency that the Secretary has initiated an

emergency action against an institution, in accordance with section 487(c)(1)(G) of the HEA, or an action to limit, suspend, or terminate an institution participating in any title IV, HEA program, in accordance with section 487(c)(1)(F) of the HEA, and that a teach-out plan is required.

(ii) The agency acts to withdraw, terminate, or suspend the accreditation or preaccreditation of the institution.

(iii) The institution notifies the agency that it intends to cease operations entirely or close a location that provides one hundred percent of at least one program.

(iv) A State licensing or authorizing agency notifies the agency that an institution's license or legal authorization to provide an educational program has been or will be revoked.

The agency provided its policies and procedures (12.200) regarding teach-out agreements, which includes the specific events required by this section. It does not appear that the agency has any policies or procedures regarding the requirement to submit teach-out plans.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it has policies and procedures in place to require the submission of a teach-out plan for the specific events required by this section.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency revised its policy to include teach-out plans. However, the revised policy does not include all of the specific events to trigger the submission of a teach-out plan as required by this section. Specifically, the policy does not require a teach-out plan to be submitted when the Secretary notifies the agency that the Secretary has initiated an emergency action against an institution, OR an action to limit, suspend, or terminate an institution participating in any Title IV funding program and that a teach-out plan is required. While the agency has correctly identified actions to limit, suspend, or terminate participation in Title IV funding programs, the requirement also includes emergency actions that may include withholding funds from the institution or its students and withdrawing the institution's authority to obligate funds under any program under this title, if the Secretary—
(i) receives information, determined by the Secretary to be reliable, that the institution is violating any provision of this title, any regulation prescribed under this title, or any applicable special arrangement, agreement, or limitation,
(ii) determines that immediate action is necessary to prevent misuse of Federal funds, and
(iii) determines that the likelihood of loss outweighs the importance of applying the procedures for an adverse action.

The agency indicated that it has not had an opportunity to require the submission of a teach-out plan.

submission of a teach-out plan.

Staff determination: The agency does not meet the requirements of this section. It must revise its policy to require the submission of a teach-out plan for the specific events required by this section.

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(2) The agency must evaluate the teach-out plan to ensure it provides for the equitable treatment of students under criteria established by the agency, specifies additional charges, if any, and provides for notification to the students of any additional charges.

The agency provided its policies and procedures (12.200) regarding teach-out agreements. However, the agency has not demonstrated that it has procedures and agency-developed criteria in place for the review of teach out plans. Procedures are expected to include, for example, guidance to the program on what is to be included in the plan, and agency-developed criteria by which it reviews and approves the plan - only after assessing the viability of the plan with regard to providing equitable treatment of students, any additional charges projected, and the plans to provide notification to the students of those charges.

In addition, the agency did not provide any documentation to demonstrate the review of a teach-out plan to ensure the equitable treatment of students under criteria established by the agency, nor indicate that it has not had the opportunity to apply this policy.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it has procedures and agency-developed criteria in place for the review of teach-out plans, and provide any documentation to demonstrate the review of a teach-out plan to ensure the equitable treatment of students under criteria established by the agency.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency revised its teach-out policies to require that JRCERT review the plan to ensure the equitable treatment of students as required by this section.

Although the agency indicated that it has not had an opportunity to evaluate a teach-out plan, the agency still has not demonstrated that it has procedures in place for the review of teach-out plans, should the agency need to apply the policy in the future.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it has procedures in place for the review of teach-out plans to ensure for the equitable treatment of students.

(5) The agency must require an institution it accredits or preaccredits that enters into a teach-out agreement, either on its own or at the request of the agency, with another institution to submit that teach-out agreement to the agency for approval. The agency may approve the teach-out agreement only if the agreement is between institutions that are accredited or preaccredited by a nationally recognized accrediting agency, is consistent with applicable standards and regulations, and provides for the equitable treatment of students by ensuring that--

(i) The teach-out institution has the necessary experience, resources, and support services to--

(A) Provide an educational program that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the institution that is ceasing operations either entirely or at one of its locations; and

(B) Remain stable, carry out its mission, and meet all obligations to existing students; and

(ii) The teach-out institution demonstrates that it can provide students access to the program and services without requiring them to move or travel substantial distances and that it will provide students with information about additional charges, if any.

The agency's teach-out agreement policies (12.200) state that a program must submit a teach-out agreement for approval and that JRCERT will review and approve a teach-out agreement using the criteria regarding the equitable treatment of students, as required by this section.

Currently, the agency's policy states that it will approve teach-out agreements between programs that are "accredited by an agency recognized by the United States Department of Education or the Council for Higher Education or equivalent". This section of the criteria is directed specifically toward gatekeepers for Title IV purposes; the term “nationally recognized accrediting agency” is, therefore, defined as one that is recognized by the U.S. Department of Education. Teach-out agreements with a program that may have accreditation by an accreditor recognized by another organization, but not a USDE-recognized accreditor, cannot be accepted. The agency must limit its approval to only agreements between programs that are accredited or preaccredited by a USDE-recognized accrediting agency, as required by this section.

Although the agency indicated in Section 602.24(c)(1) that it has not had the occasion to apply its teach-out agreement policy, it did not provide evidence that the agency has specific protocols in place to review and approve a teach-out

agreement against agency-established criteria, should the agency need to apply the policy in the future. For example, the agency has not addressed how it will assess the stability and ability of the teach-out program to meet its obligations with the expansion of its delivery.

Staff determination: The agency does not meet the requirements of this section. It must amend its teach-out agreement policy to only include the approval of an agreement between programs that are accredited or preaccredited by a USDE-recognized accrediting agency, as required by this section. In addition, the agency must provide documentation of its review and approval process for teach-out agreements.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency revised its teach-out policies to only include the approval of a teach-out agreement between programs that are accredited or preaccredited by a U.S. Department of Education-recognized accrediting agency.

Although the agency indicated that it has not had an opportunity to evaluate a teach-out agreement, the agency still has not demonstrated that it has procedures and agency-developed criteria in place for the review of teach-out agreements in accordance with this section, should the agency need to apply the policy in the future.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it has procedures and agency-developed criteria in place for the review of teach-out agreements as required by this section.

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§602.28 Regard for decisions of States and other accrediting agencies.

(b) Except as provided in paragraph (c) of this section, the agency may not grant initial or renewed accreditation or preaccreditation to an institution, or a program offered by an institution, if the agency knows, or has reasonable cause to know, that the institution is the subject of--
(1) A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the State;
(2) A decision by a recognized agency to deny accreditation or preaccreditation;
(3) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or
(4) Probation or an equivalent status imposed by a recognized agency.

The agency's policy (11.800) does not allow it to renew the accreditation of a program that is subject to a negative action by another body.

The policy includes the requirements of this section that it will not grant renewed accreditation to a program that is subject to pending action brought by a State agency to suspend, revoke, withdraw, or terminate the program's legal authority to provide postsecondary education in the State; a pending action brought by a recognized accrediting agency to suspend, revoke, or terminate the program's accreditation or preaccreditation; or probation or an equivalent status imposed by a recognized agency.

However, the policy does not state that the agency will not renew accreditation to a program that has been denied accreditation by a recognized agency or denied legal authority by a State agency. In addition, the policy does not state that the agency will not grant initial accreditation to a program subject to any negative action defined by this section by another agency (State or accrediting).

In addition, the agency did not provide any examples to demonstrate compliance with this section, or indicate that it has not had the opportunity to do so.

Staff determination: The agency does not meet the requirements of this section. It must amend its policy to clearly state that agency will not grant initial accreditation to a program subject to a negative action by another agency (State or accrediting), nor renew accreditation to a program that has been denied accreditation by a recognized agency or denied legal authority by a State agency. It must also provide documentation to demonstrate that the agency does not grant initial or renewed accreditation to a program that is subject to a negative action by another body as required by this section, or indicate that it has not had the opportunity to do so.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency revised its policy regarding the negative actions of State agencies and other accrediting agencies to include all the requirements of this section. Specifically, the policy now states that JRCERT will not renew accreditation to a program that has been denied accreditation by a recognized accrediting agency or denied legal authority by a State agency, and will not grant initial accreditation to a program subject to any negative action by a State or accrediting agency. The agency may choose to grant initial or renewal of accreditation after review of a program that is the subject of a probationary action, as noted in Section 602.28(c).

Although the agency provided an example of notification of a pending decision by a recognized agency to deny accreditation and JRCERT's response, this documentation does not demonstrate that the agency does not grant initial or renewed accreditation to a program that is subject to a negative action by another body as required by this section.

Staff determination: The agency does not meet the requirements of this section.

It must provide documentation to demonstrate that the agency does not grant initial or renewal of accreditation to a program that is subject to a negative action by another body as required by this section, or indicate that is has not had the opportunity to do so.

(d) If the agency learns that an institution it accredits or preaccredits, or an institution that offers a program it accredits or preaccredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the agency must promptly review its accreditation or preaccreditation of the institution or program to determine if it should also take adverse action or place the institution or program on probation or show cause.

The agency's policy (11.800) requires it to initiate a review of a program when the agency learns that the program is subject to an adverse action by another body, as listed in this section. The agency needs to provide evidence of its application of this policy, or indicate that it has not had occasion to apply it.

Staff determination: The agency does not meet the requirements of this section. It must provide evidence of its application of this policy, or indicate that it has not had occasion to apply it.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency stated that it has not had the opportunity to implement its policy to initiate a review of a program when the agency learns that the program is subject to an adverse action by another body, as listed in this section.

However, the agency provided documentation of a program subject to an adverse action by a recognized agency and JRCERT's response in Section 602.28(b). Although JRCERT contacted the program regarding the adverse action, the documentation in this example does not demonstrate that the agency initiated a review of the program when the agency learned that the program was subject to an adverse action by another accrediting agency.

Staff determination: The agency does not meet the requirements of this section. It must provide documentation to demonstrate that the agency initiates a review of a program when the agency learns that the program is subject to an adverse action by another body, as listed in this section.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.

U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** Kansas State Board of Nursing (2007/2007)

   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Scope of Recognition:** State agency for the approval of nurse education.

4. **Date of Advisory Committee Meeting:** December, 2011

5. **Staff Recommendation:** Grant the agency recognition for its approval of nurse education programs for a period of four years.

6. **Issues or Problems:** None.

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The Kansas State Board of Nursing is a state agency for the approval of nurse education. Recognition by the agency enables the professional nurse education programs that it approves to seek eligibility for Federal assistance pursuant to the Nurse Training Act of 1964, as amended. Recognition also allows program graduates of the agency's accredited schools to enter military service in the Nurse Officer Corps.

The agency accredits 46 prelicensure programs that include baccalaureate and associate degree nursing programs and practical nursing programs,and 8 graduate degree nursing programs that include advanced registered nurse practitioner programs, registered nurse anesthetist programs,and nurse midwife programs for a total of 54 programs approved by the Kansas State Board of Nursing.

Recognition History

The Kansas State Board of Nursing is recognized as a state agency for the approval of nurse education. The Board was granted initial recognition in 2007 for a period of two years and requested to provide an interim report addressing issues identified under sections 3(c), 3(d), 3(e)(4), 3(f)(1-2), and 3(g). Due to passage of the Higher Education Opportunity Act (effective on August 14, 2009), the agency's review was placed on hold until such time as the National Advisory Committee on Institutional Quality and Integrity (NACIQI) was reconstituted. The agency was then requested to submit a full petition for recognition which is the subject of this analysis.

PART II: SUMMARY OF FINDINGS

The agency meets the requirements of the Secretary's Criteria for Recognition.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.

U.S. Department of Education

Staff Report
to the
Senior Department Official
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Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** Maryland Board Of Nursing (1985/2007)

   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Scope of Recognition:** State agency for the approval of nurse education.

4. **Date of Advisory Committee Meeting:** December, 2011

5. **Staff Recommendation:** Continue the agency's recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below.

6. **Issues or Problems:**

   * The agency must provide additional information and evidence of the role and functions of its staff and the operating procedures of the agency. [Criterion: 3]

   * The agency needs to demonstrate that it requires programs to include tuition and refund policies for nursing education programs in renewal surveys and in the monitoring mechanisms it uses, and the demonstrate with documentation that it has applied a review of these policies. [Criterion: 3c]

   * The agency needs to demonstrate not only that it collects information in these areas, but that it also assesses the information in accordance with the requirements of this criterion and determines the quality of the educational program. Therefore, the agency needs to enhance the

educational program. Therefore, the agency needs to enhance the reporting requirements in the annual report, ensure that each program lists brief course descriptions in published materials, and evaluate whether the contractual agreements between the program and the entity providing clinical training reflects the expected quality of the accredited academic program, and demonstrates implementation of procedures. [Criterion: 3e]

* The agency needs to ensure that it reviews a copy of a program's audited fiscal report that includes a statement of income and expenditures regularly, but at least every 2 years. It also needs to demonstrate that it reviews the information and determines whether the program's fiscal strength ensures continued operation identifies any strengths or weaknesses affecting the program's ability to offer a quality nursing education program. [Criterion: 3f]

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The Maryland Board of Nursing is a State agency for the approval of nurse education. The agency currently has approved 23 registered nursing programs (Associates Degree in Nursing (ADN) – 15 programs and Baccalaureate Degree in Nursing (BSN)– 8 programs) and 14 licensed practical nursing (LPN) programs, totaling 37 approved programs in Maryland. Of the total number of approved nursing education programs, 16 (3 ADN, 2 BSN and 11 LPN) programs are not accredited by either of the two recognized national nursing accrediting agencies. Therefore, Secretarial recognition of the MBN is necessary to provide professional and financial resources not otherwise available to some students who pursue professional training in Maryland schools of nursing.

Recognition History

The Secretary initially recognized the Maryland Board of Nursing (MBN or Board) as an agency for the approval of nurse education in 1985, and has renewed the agency's recognition continuously since that time. The National Advisory Committee for Institutional Quality and Integrity (NACIQI) last reviewed the MBN at its December 2006 meeting and found the agency in full compliance with the criteria. Following that meeting, the Secretary accepted the NACIQI recommendation and granted continued recognition to the agency for four years.

On August 14, 2008, the Higher Education Opportunity Act amended the Higher Education Act of 1965, which disbanded the existing NACIQI. This meeting is the first opportunity for the agency to appear before NACIQI for a review.

As part of its review of the agency's current petition and supporting documentation Department staff observed a site visit prior to the December 2011 NACIQI meeting.

PART II: SUMMARY OF FINDINGS

3. Has an adequate organization and effective procedures, administered by a qualified board and staff, to maintain its operation on a professional basis. Among the factors to be considered in this connection are that the agency:

The Maryland Board of Nursing is a state agency that by regulation consists of 13 members appointed by the Governor of Maryland. The Maryland Health Occupations regulation §8-202 requires that the Board membership include eight registered nurses representing various specialties, three licensed practical nurses; and two consumers. The Governor appoints individuals with input from the various nursing membership associations. The consumer members appointed by the Governor with advice from the Secretary must receive the consent of the State's Senate. The regulations state the experience and licensure requirements for each nurse category. The list of the Board members for 2010 identifies each member's nursing credentials and the two consumer members.

The State regulations require the Board to have sufficient support staff to enable it to carry out the clerical, administrative, investigative functions and the required information technologies. The Board staff consists of 70 budgeted positions. The agency narrative demonstrates that it has sufficient staff to meet its responsibilities, including approving the 23 nursing education programs throughout the state. The 9 professionals are all academically prepared at the master's or above degree levels in various areas of nursing practice, policy development and analysis, and public administration as demonstrated in the curricula vitae exhibits.

However, the agency has not discussed or provided evidence of the role and functions of its staff nor any operating procedures to demonstrate how the agency performs effectively.

Staff Determination: The agency does not meet the requirement of this section. The agency must provide additional information and evidence of the role and functions of its staff and the operating procedures of the agency to demonstrate the adequacy and effectiveness of the agency operation.

Analyst Remarks to Response:

The role and function of the Director of Education and Licensure and the Director of Education, Examination and Research are detailed in the Job Description. In the job description for the Director of Education and Licensure and the Director of Education, Examination and Research, both are responsible for reviewing and submitting recommendations to the MBON, which describes how the purpose

and positions relate to the agency's mission. For example, among other things, the Directors' responsibilities include providing direction and guidance to applicants, employers, schools of nursing and the public on licensure issues; development and implementation of policies, regulations, and educational materials; review and approval of nursing assistant programs; and provision of information regarding nursing education programs. In addition, these Directors work collaboratively with the Director of Education in conducting surveys of nursing education and examination activities. The agency demonstrated that the nursing staff has the professional qualifications required for conducting approval reviews of nursing education programs in Maryland.

While the agency provided job descriptions for two of its Directors, the agency failed to describe adequately how the MBN's 70 member staff promotes an effective and professional operation for the approval of professional nurse education programs. For example, it remains unclear what proportion of the staff are involved in the approval of nurse education programs. It is not clear how the MBN organizational structure functions to ensure it conducts all critical activities, such as the ones listed under this criterion (for the approval of nurse education programs).

Staff Determination: The agency does not meet the requirements of this section. The agency must provide additional information and evidence of the role and functions of its staff and the operating procedures of the agency.

3
c. Requires each school of nursing accredited to follow clearly defined refund policies governing all fees and tuition paid by students;

All Maryland nursing programs must be located in degree-granting institutions approved by the Maryland Higher Education Commission (MHEC) and therefore subject to the MHEC standards. Section B.02.02.22(B)(8) of the MHEC code requires institutional catalogs and official publications to include the financial policies of the institution, including all costs, schedule of payments, and refunds of academic and other types of charges. Each school of nursing must have a catalog or program handbook that describes all aspects of the program including institutional policies that site evaluators review for accuracy and clarity. Additionally each program must submit a copy of the program or school catalog with its annual report.

The MBN staff will review the catalog as part of its monitoring for continued compliance. During the site visit, the evaluators are expected to regularly elicit information from students to determine whether the school has implemented required refund and tuition policies. The agency has not demonstrated with documentary evidence that it reviews the refund policies of the program and assesses whether the school follows its policies when evaluating or monitoring a

program.

Staff Determination: The agency does not meet the requirements of this section. The agency needs to demonstrate that it has applied the elements of its regulation in its review of the refund policies of a nursing program.

Analyst Remarks to Response:

The agency reports that during site visits to the nursing programs, its representatives query participating students about whether they received information about the institutional and program policies concerning admissions, tuition and refunds. During the site visit, Department staff observed the students from all program levels who acknowledged in response to queries asked by MBN staff representatives that they had received information in the student handbook and program policies regarding tuition and refunds and that they understood them. Many students indicated that they relied on the program's website for tuition and admission policies before applying to the program. In addition, MBN staff interviewed the institution's financial aid director and reviewed student files.

The agency provided a document listing the websites of some of its approved programs to demonstrate approved nursing programs maintain the institutional and programmatic policies regarding tuition, refunds and admissions on the respective websites as required by the COMAR and the Maryland Higher Education Commission. However, while this is indeed good practice, it is not evidence that the agency requires and reviews this information

The agency reports that programs required to submit interim reports must include the most recent copies of their catalogs and program bulletins. The MBN representatives review these documents to verify whether the program made required modifications to support any changes in their policies.

In addition, MBN Representatives review student handbooks, institutional and program catalogs and bulletins to determine compliance with the regulations and document any updates. If changes occurred, the MBN representatives report the changes to the MBN pursuant to the COMAR nursing regulations. The MBN representatives will also inform the MHEC after conducting a review and compliance verification of reports the MHEC provided to the MBN. However, the documentation provided did not specifically include that the agency reviews refund and tuition policies, and the required documentation a program submits with its annual report does not request programs to provide this information.

Staff Determination: The agency does not meet the requirements of this section. The agency needs to demonstrate that it requires programs to include tuition and refund policies for nursing education programs in renewal surveys and in the monitoring mechanisms it uses, and demonstrate with documentation that it has applied a review of these policies.

3
e. Requires each school of nursing accredited to submit a comprehensive annual report, including current data on:

> **(1) Progress toward achievement of its stated objectives in nursing education:**
> **(2) Qualifications and major responsibilities of the dean or director and of each faculty member:**
> **(3) Policies used for selection, promotion, and graduation of students:**
> **(4) Practices followed in safeguarding the health and well-being of students:**
> **(5) Current enrollment by class and student-teacher ratios:**
> **(6) Number of admission to school per year for past 5 years:**
> **(7) Number of graduations from school per year for past 5 years:**
> **(8) Performance of students on State board examinations for past 5 years:**
> **(9) Curriculum plan:**
> **(10) Brief course description:**
> **(11) Descriptions of resources and facilities, clinical areas and contractual arrangements which reflect upon the academic program.**

The agency requires each program to submit a comprehensive annual report, with current information regarding the following:
(1) Progress toward achievement of its stated objectives in nursing education: The annual report requires programs to report on outcomes used in its program evaluation (against program objectives). These outcomes may include, for example, public service, and scholarship as well as graduation, placement, and licensure.

(2) The qualifications and major responsibilities of the dean or director and of each faculty member: The annual report template requires that programs list the current faculty and the qualifications and major teaching responsibilities of the program director, faculty members, and clinical instructors.

(3) Policies used for selection, promotion, and graduation: The report includes data on admissions, and graduation. There is no evidence that the agency collects data on student promotion.

(4) Practices followed in safeguarding the health and well being of students: The annual report requires that programs report any changes to its policies/practices pertaining to the health and well-being of students. Health and well-being policies are to be described in the program catalog. The catalog is to be attached to the annual report.

(5) Current enrollment by class and student-teacher ratios: Each program must

include in the program operations section of the annual report the total number of enrolled students and an enrollment by year (1st year and 2nd year) for pre-nursing and practical nursing courses. The documentation provided contains a compilation of students enrolled in registered nurse education and the practical nurse programs for the period covering FY 2006 – FY 2010. The annual report also includes data on faculty; there is no defined student-teacher ratio required.

(6) Number of admissions to school per year for past 5 years: The annual report includes demographic information on the number of students taking one or more nursing courses and the number of student admitted to the clinical nursing programs and enrolled as of October 15th of each year. The agency provided a listing of the college admissions by schools in Maryland that offer registered degree programs and practical nursing programs covering FY 2006 – FY 2010, excluding FY 2008 annual report data which the Board waived.

(7) Number of graduations from school per year for past 5 years: The agency collects graduation and demographic data for registered nurse and practical nurse programs and consolidated this information in appendix ff. The MBN reports that it obtains this information in annual reports submitted by the programs [see appendix ff, page 7].

(8) Performance of students on State board examinations for past 5 years: The MBN is the originating agency for this data and regularly sends the annual pass rates of each student taking the Maryland licensure exams to each program. Each program includes the licensure examination pass rates in the annual reports they submit to the MBN.

(9) Curriculum plan: The program reports changes in the course offering that will alter the curriculum, philosophy, objectives, outcomes, competencies, or conceptual framework. The types of changes must be included in the annual report and include the rationale for the changes and methods of evaluation used to determine the effect of the change.

(10) Brief course description: The agency narrative reports that it requires that each program send the Board the most recent catalog with its annual report and survey report as described in the annual report template. Although the Board believes program catalogs contain brief course descriptions, the Department staff reviewed the on-line catalogs for the first two nursing programs listed on its five year college enrollment report. One catalog did not contain course descriptions and the other did. No consistency appears to exist with the requirements that nurse education programs provide brief course descriptions in its catalog. The agency needs to demonstrate that each nursing education program it approves complies with the MBN expectation that the program catalog or bulletin contain brief course descriptions.

(11) Descriptions of resources and facilities, clinical areas and contractual arrangements which reflect upon the academic program. The agency requires that a list of current clinical sites and a description of any changes in facilities

and resources is attached to the annual report. There is no evidence that programs are required to provide information/data on contractual arrangements between a program and another entity which reflect on the academic program.

Staff Determination: The agency does not meet the following requirements of this criterion: The agency needs to provide a sampling of completed annual reports. It needs to provide evidence that the agency collects data on student promotion. The agency needs to demonstrate that each nursing education program it approves complies with the MBN expectation that the program catalog or bulletin contain brief course descriptions. The agency needs to demonstrate that it collects information/data on contractual arrangements between a program and another entity which reflect on the academic program.

Analyst Remarks to Response:

The sample annual reports provided in the response demonstrate that the agency collects the student promotion and other elements, but not all of the elements required by this criterion.

For example, the program must prepare an annual report for each nursing program offered, provide contact information on the parent institution and the program dean or director, a copy of any annual report submitted to NLNAC or CCNE, and report on administration, financial aid, outcomes, program operations (tuition, enrollment, operating budget for each nursing program, budget for instructional personnel, levels of expertise and/or primary barriers in faculty recruitment), availability of clinical placements, among other things, including the diversity of student population.

The agency provided redacted copies of annual reports for a Bachelor of Science Nursing program and a Practical Nurse program. The documents demonstrate the MBN representatives have implemented the Maryland regulations and assessed monitoring of the nurse programs under its authority, but not pursuant to the requirements of the Secretary's criteria. For example, the agency collects information through the annual report, but it has not demonstrated that it reviews or assesses the information in a comprehensive manner to ensure that all nursing programs publish brief course descriptions for each course in publications. Additionally, the MBN assesses and determines whether programs describe the resources and facilities, including clinical areas governed through contractual agreements that reflect the agency's expectations for the academic program. The agency provided a copy of a contractual agreement with a clinical facility that did not demonstrate the agency has effective procedures to assess information/data that reflects upon the academic program.

Staff Determination: The agency does not meet the requirements of this section. The agency needs to demonstrate not only that it collects information in these areas, but that it also assesses the information in accordance with the requirements of this criterion and determines the quality of the educational program. Therefore, the agency needs to enhance the reporting requirements in

the annual report, ensure that each program list brief course descriptions in published materials, and evaluate whether the contractual agreements between the program and the entity providing clinical training reflect the expected quality of the accredited academic program, and demonstrate implementation of procedures.

3
f. Regularly, but at least every 2 years, obtains from each accredited school of nursing:

> **(1) A copy of its audited fiscal report, including a statement of income and expenditures:**
> **(2) A current catalog.**

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(1) A copy of its audited fiscal report, including a statement of income and expenditures:
All approved nursing education programs are located in degree-granting institutions of higher education. Therefore, the Maryland Higher Education Commission (MHEC), under the provisions of the COMAR (13B.02.02.21G), has the responsibility to require every degree-granting institution in Maryland to submit audited fiscal reports at least every two years. It is not clear that the agency receives these documents pertaining to its programs.

The agency requires annually information on the total operating budget of each program. It also requires information on total instructional salaries. However, the agency provided no completed annual reports which would provide a better reflection of the extent of the program financial information provided.

(2) A current catalog:
The MBN requires that each nursing education program submit a copy of its current catalog along with the supporting documentation that accompanies its annual report. The agency did not submit evidence that it receives and reviews current catalogs from each program annually. .

Staff Determination: The agency does not meet the requirements of this section. The agency needs to demonstrate with documentation that it receives audited fiscal reports, including a statement of income and expenditures, regularly but at least every two years. . In addition, the agency needs to demonstrate that it receives and reviews catalogs annually in accordance with its monitoring activity.

Analyst Remarks to Response:

The agency responded to the draft staff analysis by reporting that it receives and reviews annual reports submitted by accredited nursing education programs as part of its monitoring a program for continued compliance or a program's progress with a corrective action plan. However, a review of the annual report form only requests a program to provide fiscal information covering the program's operating budget and the instructional salaries. Although, the agency states that all state institutions, with nursing programs, must conduct a financial audit at least every 2 years, there is no evidence that programs obtain and provide a copy of the audited fiscal report, including a statement of income and expenditures, or that the agency reviews and assesses this information as required by this section. In the absence of this information, the agency has not demonstrated that it has adequate or effective procedures to monitor the fiscal strength or weakness of a program for continued operation.

The agency reported that it requires a program to submit a copy of its catalog with the annual report. It appears that the agency accepts an electronic copy of the institutional catalog and uses it to update information that has changed from a prior year annually in August on its own website.

Staff Determination: The agency does not meet the requirements of this section. The agency needs to ensure that it reviews a copy of a program's audited fiscal report that includes a statement of income and expenditures regularly, but at least every 2 years. It also needs to demonstrate that it reviews the information and determines whether the program's fiscal strength ensures continued operation identifies any strengths or weaknesses affecting the program's ability to offer a quality nursing education program.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.

U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** North Central Association Commission on Accreditation and School Improvement (1974/2007)

   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Current Scope of Recognition:** The accreditation and preaccreditation ("Candidacy status") of schools offering non-degree, postsecondary education in Arizona, Arkansas, Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, West Virginia, Wisconsin, Wyoming, and in the Navajo Nation.

4. **Requested Scope of Recognition:** The accreditation and preaccreditation ("Candidacy status")throughout the United States of non-degree granting career and technical education institutions.

5. **Date of Advisory Committee Meeting:** December, 2011

6. **Staff Recommendation:** Deny recognition.

   The staff recommendation to deny recognition is based on the agency's continued noncompliance in most sections of the Secretary's criteria. Department staff has serious concerns regarding the agency's ability to come into compliance due to the depth and the extent of issues surrounding the agency's administrative capacity, its establishment and application of the agency's standards, policies, and accreditation processes, and its overall reliability as a recognized accrediting agency and Title IV gatekeeper. Due to the seriousness of the agency's noncompliance, Department staff also determined that the agency

noncompliance, Department staff also determined that the agency would not be able to demonstrate effective application of the criteria within twelve months or less, and that an extension for good cause is unwarranted.

The agency has demonstrated that it does not consistently follow its own written policies and procedures. The agency was found out of compliance in applicable sections of the criteria not only due to unclear and contradicting policies and procedures but also disregard for its own policies and procedures.

The agency was also found out of compliance regarding the ineffective application of its standards, policies and procedures (particularly with regard to its standards, and decision-making process, but elsewhere as well). The agency has shown that it has been ineffective in its evaluation of institutions under each of the agency's standards, raising serious concerns regarding the validity of the review process to evaluate the quality of postsecondary education.

Overall, the Department continues to have serious concerns with the performance of this agency, and its ability to fulfill its responsibilities as a recognized accrediting agency. In addition to the issues cited here, the overall quality of the agency's submission and response, and the inappropriate responses, information, and documentation that it has provided in its submission, raise serious concerns regarding its understanding of the recognition process and the role of a recognized postsecondary accreditor.

The agency submitted a statement that is included as exhibit 1000, attached to §602.12(b).

7. **Issues or Problems:**

The agency needs to demonstrate with documentation that licensing bodies, practitioners, and employers have widely accepted the agency's standards, policies procedures, and decisions. (602.13)

The agency needs to demonstrate that it meets the separate and independent requirements in Section 602.14(b). (602.14 (a))

The agency needs to demonstrate that it has effective mechanisms in place to ensure that it vets all nominees to its Board, including the public representatives, to identify potential conflicts of interest impacting eligibility prior to becoming a board member (602.14 (b))

The agency must document that it has a process for selecting site team members who are consistent with agency expectations to ensure the qualifications and competence of all members of site teams. The agency must provide more specific information regarding the content of training

provided to site evaluators. (602.15 (a)(2))

The agency needs to demonstrate that as an agency that accredits institutions that it has processes in place to ensure that it includes academics and administrators on its appeal panel. (602.15 (a)(3))

The agency needs to demonstrate that as an agency that accredits institutions that prepare students for a specific profession or vocation, it has processes in place to ensure that it includes educators and practitioners on its appeal panel. (602.15 (a)(4))

The agency needs to demonstrate that it has processes in place to ensure that it includes public members on its appeal panel. (602.15 (a)(5))

The agency needs to revise its application of the conflict of interest policy and demonstrate that it consistently applies the revised policies to assure the integrity of the policies as applied, specifically to the site visit team members. (602.15 (a)(6))

The agency needs to demonstrate that it has and applies clearly specified (quality) indicators for evaluating its requirement that the institution regularly collect and analyze student outcome data and use the results in institutional assessment and implementing continuous improvement plans. It must also demonstrate that it evaluates an institution's data (both quantitative and qualitative) that it collects in the context of compliance with these standards and indicators.(602.16 (a)(1)(i))

The agency needs to provide evidence that it evaluates and verifies that the curriculum is meeting the requirements designated by the agency's standard. (602.16 (a)(1)(ii))

The agency needs to demonstrate that it has and consistently applies faculty standards adequate to ensure minimum quality levels for faculty teaching postsecondary vocational, career and technical education. (602.16 (a)(1)(iii))

The agency needs to demonstrate that it has established and consistently applies standards pertaining to an institution's facilities, equipment, and supplies. (602.16 (a)(1)(iv))

The agency needs to demonstrate that it is consistent in its application of its student services indicators across institutions. (602.16 (a)(1)(vi))

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that its recruitment and admissions standards include established minimum

requirements and demonstrate its effective assessment of institutions against the standards. (602.16 (a)(1)(vii))

The agency needs to demonstrate that it has or uses related or similar industry program length standards or that it has conducted the alternative assessment as required by agency policies in assessing an institution's compliance with its standards on program length. (602.16 (a)(1)(viii))

The agency needs to demonstrate that it incorporates into its accreditation decisionmaking, an assessment of the "track record"/complaint record/history of an institution. (602.16 (a)(1)(ix))

The agency needs to demonstrate that it has implemented its policies and procedures for preaccreditation through application of a decision, which it has failed to do. (602.16 (a)(2))

The agency needs to demonstrate how/that it determines that an institution is successful in achieving its objectives and that it evaluates and verifies during the accreditation process that the institutions' programs maintain certificate requirements that conform to commonly accepted standards. (602.17(a))

The agency must demonstrate that it has and consistently applies a self-study process that requires institutions to conduct a comprehensive in-depth assessment of educational quality. (602.17(b))

The agency must demonstrate that the site teams are appropriately composed with postsecondary administrators and academics, and practitioners and that the agency effectively guards against conflicts of interest and the perception of any conflict of interest. It must demonstrate that all team members receive sufficient training in the interpretation of agency standards and protocols. The agency must also demonstrate that its site team report includes sufficient evidence of its verification of the documentation and the basis for its compliance determinations.. (602.17(c))

The agency must demonstrate that the Board conducts its own analysis of the required documents that contain sufficient information for the Board to determine that the institution complies with the agency's standards. (602.17(e))

The agency must demonstrate that has an effective mechanism for providing an institution with a detailed written report that assesses its compliance/non-compliance with agency standards and an institution's performance with respect to student achievement. (602.17(f))

The agency needs to demonstrate it has written specification of its

requirements to include clear standards. (602.18(a))

The agency needs to demonstrate the effectiveness of its controls by demonstrating consistency in its application and enforcement of its standards, policies, and processes. (602.18(b))

The agency needs to demonstrate effective mechanisms to ensure that the Board has sufficient information on which to demonstrate that its accreditation decisions are based on (compliance with) the agency's published standards. (602.18(c))

The agency needs to provide evidence that it conducts evaluations for accreditation or reaccreditation in compliance with its policies to review an institution every five years. (602.19(a))

The agency must demonstrate that it collects and analyses sufficient information and data to identify problems with an institutions continued compliance with the agency's standards throughout the period of accreditation. (602.19(b))

The agency must demonstrate that it collects headcount enrollment data at least annually. The agency must demonstrate that it reviews the annual headcount data to monitor overall growth at its accredited institutions. (602.19(c))

The agency must demonstrate that it has a written policy defining (reasonable) significant institutional enrollment growth for the purposes of annual monitoring and demonstrate that it monitors the overall growth of institutional enrollment annually, identifies those institutions that experience significant enrollment growth, and monitors, by program, those that experience significant enrollment growth. (602.19(d))

The agency must review and revise its policies to comply with the requirements of this criterion. The agency must also demonstrate its review and determination that institutions found to be non-compliant with agency standards have come into compliance within the timeframes of this criterion. (602.20(a))

The agency must establish policies that reflect that the agency will allow for extensions for good cause as the exception rather than the rule and with case-by-case consideration of its duration. The agency must demonstrate that it has and effectively applies policies for granting extensions or taking immediate adverse action to withdraw accreditation, as appropriate. (602.20(b))

The agency must demonstrate that the agency sought and reviewed input from its communities of interest before developing draft changes to the standards. (602.21(a)(b))

The agency must demonstrate that it notifies all of its relevant constituencies and other interested parties of proposed standards changes, provides an opportunity to comment on the proposed changes, and takes into account any comments on the proposed changes submitted timely. (602.21(c))

The agency must demonstrate that it has policies and procedures for submitting and reviewing substantive change requests that are of sufficient depth and breadth to ensure the quality of the substantive change and to ensure that it has no negative impact on the institution's current offerings and its ability to meet the agency's standards,and that evaluation is consistent. 602.22(a)(1))

The agency must provide further evidence that it has policies which identify those circumstances that it believes may result in the institution morphing into a different institution than that which was previously accredited, that it effectively applies those policies, and that it requires that institutions submit to a full accreditation re-evaluation under those circumstances. (602.22(a)(3))

The agency must clarify in its policies and procedures how it obtains, and assesses, the documentation from an institution and makes a determination of an institution's fiscal and administrative capacity to operate an additional location at which over 50% of a program is offered. In addition, the agency must document and demonstrate its effective application of its additional location review policies and protocols (602.22(c))

The agency must provide documentation of its effective review of an additional location, including a site visit within six months of the establishment of the additional location. (602.22(c)(1))

The agency must clarify what constitutes the review it will conduct of institutions experiencing rapid growth in the number of additional locations and adopt procedures that will establish an effective mechanism for ensuring that institutions that are experiencing rapid growth in the number of additional locations are maintaining educational quality. (602.22(c)(3))

The agency must demonstrate that it has an effective process for collecting substantive information in the required areas for requesting approval to establish an additional location. The agency must also demonstrate that it has an effective process for conducting a site visit at an additional location to ensure that the information upon which the approval was granted is verified and appropriately documented. (602.22(d))

The agency needs to demonstrate that it provides information to the public about the academic and professional qualifications of its staff. (602.23(a))

The agency must demonstrate that it has and applies effective procedures for providing for and receiving third party comments concerning an institution's qualifications for accreditation during the accreditation review process. (602.23(b))

The agency must amend its policy to state it will conduct a site visit within six months of the establishment of a branch campus. The agency must demonstrate that it has procedures for evaluating the business plan and other information that are of sufficient depth and breadth to ensure the quality of the branch campus prior to including it in the institution's grant of accreditation. (602.24(a))

The agency must document that it has and effectively applies, as appropriate, a site visit protocol of sufficient breadth/depth and specificity to identify changes and review the change in ownership and its impact on the institution and its compliance with agency standards and ensures that a new institution is not created as a result nor does the transaction transfer accreditation. (602.24(b))

The agency must demonstrate that it has established and applies agency-developed criteria and procedures in the review of teach-out plans. It also needs to demonstrate that it follows its policies in a consistent manner and bases its determination of compliance on its stated policies. (602.24(c)(2))

The agency must demonstrate that it has established and effectively applies procedures and agency-developed criteria in the review of teach-out agreements. (602.24(c)(5))

The agency must demonstrate its effective application of its transfer of credit policy. (602.24(e))

The agency must establish policies and procedures that will establish an effective mechanism for ensuring that institutions' assignment of credit hours conform with commonly accepted practices in higher education. (602.24(f)(2))

The agency needs to demonstrate that it has and applies its policies and procedures requiring the institution to take appropriate action to address any deficiencies at an institution and to demonstrate that it applies its enforcement of its requirements. (602.24(f)(3))

The agency must demonstrate that it has written policies and procedures compliant with the sections of the criteria pertaining to credit

hours and demonstrate that, upon finding the institution has systemic noncompliance with the agency's written policies or has significant non compliance regarding the assignment of credit hours to one or more programs at an institution, will promptly notify the Secretary. (602.24(f)(4))

The agency must establish and effectively apply policies and procedures to ensure that the composition of appeals panels include the specific types of representation required of a decision-making body under the criteria for recognition, based on the type of accreditor the agency serves as for the institution. (602.25(f))

The agency must demonstrate implementation of its policy to provide written notice of positive accreditation decisions to the appropriate accrediting agencies and appropriate State licensing or authorizing agency. (602.26(a))

The agency must demonstrate implementation of its policy to provide written notice of negative accreditation decisions to all the entities required by this section. (602.26(b))

The agency must demonstrate that it clearly allows the affected institution to provide official comment regarding the negative decision. The agency must also demonstrate that it provides a brief statement of the agency's decision and the official comments of the institution, to the entities listed in this section, no later than 60 days after the decision. (602.26(d))

The agency must demonstrate implementation of its policy to provide written notice of voluntary withdrawals of accredited or preaccredited institutions to all the entities required by this section within 30 days of receiving notification. (602.26(e))

The agency must revise its policies to meet the requirements of this section. The agency must also demonstrate that it understands and adheres to its responsibilities as a Title IV gatekeeper. (602.27(a)(6-7)(b))

The agency must amend all related policies to state unequivocally that it will not accredit any institution that lacks State legal authorization. The agency must provide documentation to demonstrate that the agency confirms that its accredited institutions have legal authorization under applicable State law to provide a program of education beyond the secondary level. (602.28(a))

The agency must provide evidence that it has established procedures for the sharing of information. (602.28(e))

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

In April 2006, the Board of Trustees of NCA-CASI entered into an agreement with the Board of Trustees of the Southern Association of Colleges and Schools, Commission for Accreditation of Schools Improvement (SACS-CASI) and the National Study of School Evaluation (NSSE) along with a relationship with the Commission on International Trans-Regional Accreditation (CITA) to create AdvancED.

After signing the agreement that created AdvancED, the NCA CASI Board of Trustees (BOT) continued to make accrediting decisions until June 2007. At that time, AdvancED created the AdvancED Postsecondary Review Council and delegated to this entity accreditation decision-making authority between September 2007 and September 2008. Beginning in September 2008, the AdvancED BOT undertook the decision-making responsibility and made accreditation decisions until February 2011.

In June 2008, AdvancED submitted a petition for initial recognition. That petition was not reviewed before the NACIQI before the reauthorization of the Higher Education Act, as amended in August 2008. The agency resubmitted its petition in June 2010, expecting to appear before the NACIQI at the December 2010 meeting. However, after receiving the draft staff analysis and meeting with Department staff, the agency withdrew its petition, reorganized the NCA-CASI with new By-laws that named the Board of Directors as the decision- and policy-making body.

The agency has rewritten NCA- CASI policies, procedures, and standards as part of the restructuring and took heed of some of the staff guidance provided in the Department's review of the previous draft staff analysis prepared for AdvancED.

On June 8, 2011, AdvancED and NCA-CASI entered into an agreement that authorizes NCA-CASI to continue as the policy and decisionmaking body for the postsecondary education accreditation function.

Recognition History

The North Central Association, Commission on Schools and Improvement received initial recognition in March 1974 for its accreditation of public secondary schools and independent college preparatory schools. It was granted a 2-year recognition and requested to submit an interim report demonstrating compliance with several criteria. In 1976, the agency was granted a renewal of its recognition along with an expansion of scope to include preaccreditation (candidacy), and accreditation of optional and special function secondary and elementary schools.

In January 1987, there was a major change in the Secretary's recognition process and the agency's scope of recognition changed to include institutional accreditation for postsecondary purposes.

In August 1992, the Secretary renewed the agency's recognition for five years, and required the agency to submit an interim report on issues relating to records of student complaints, conflict of interest, and the inconsistent application of its criteria and standards.

In June 1998, the Secretary renewed the recognition of the agency for two years, and required the agency to submit an interim report addressing nearly as many areas in the criteria, as there are in the current analysis of the agency's petition. For example, the agency had to address a number of concerns relating to separate and independent requirements, competencies and training of site evaluators and Board members, competency and qualifications for the policy and decision-making bodies, conflict of interest, the systematic program of review of its standards, conducting its own analysis of the documentation to determine compliance with agency standards, institutional monitoring, program length, student achievement, enforcement of its standards, timelines for enforcement, etc. The agency explained the numerous problems as primarily due to its having developed new standards, policies, and procedures that moved the agency away from compliance with the criteria for recognition.

In 2000, the Secretary renewed the recognition of the agency for three years, and required the agency to submit an interim report demonstrating its enforcement of its standards.

In June 2004, the Secretary deferred the recognition of the agency for twelve months, in order to allow the agency the opportunity to address ten significant issues. The agency explained the problems with compliance as primarily due to its having implemented new standards, procedures, and policies for accrediting postsecondary schools.

In December 2005, after failing to comply with the requirements of the criteria, the Secretary granted the agency a good cause extension based on mitigating circumstances that affected the agency's timeliness for completing the requirements to comply with the remaining issues.

In December 2006, after addressing the two outstanding issues, the Secretary granted the agency recognition for five years. The re-authorization of the HEOA placed a hiatus on petition reviews until the reconstitution of the NACIQI.

In this petition for recognition, the agency is seeking to expand its recognition from its 19-state regional scope to a national scope. The agency is requesting recognition throughout the United States for its preaccreditation (candidacy status) and accreditation of non-degree granting career and technical education institutions.

PART II: SUMMARY OF FINDINGS

§602.12 Accrediting Experience

(b) A recognized agency seeking an expansion of its scope of recognition must demonstrate that it has granted accreditation or preaccreditation covering the range of the specific degrees, certificates, institutions, and programs for which it seeks the expansion of scope.
(NOTE: Only recognized agencies seeking an expansion of scope need to respond.)

In support of its request for an expansion of its recognition from regional to national in geographic scope, the agency points to its 37 years of experience with accrediting institutions that offer non-degree programs in vocational education across 19 states.

However, the agency has recently developed new policies, procedures, and standards that are specifically applicable to postsecondary education. The agency has not demonstrated its application of the new policies, procedures and standards for the review and evaluation of postsecondary institutions in its current scope, having piloted only two institutions since restructuring in February 2011. The Department does not believe that the agency has demonstrated sufficiently the application of its recently approved revised standards, policies, and procedures to support its request for an expansion of its scope.

Equally critical, the agency has not provided any evidence that it has projected and planned for the impact of an expansion of the scope of its accreditation activities. It has not demonstrated that it has considered and developed strategies for the successful expansion of its activities and functions associated with the accreditation process such as training, evaluation, reviews, monitoring, as well as expanded administrative and financial capacity to meet the challenges.

Staff Determination: The agency does not meet the requirements of this criterion. It needs to demonstrate that it has projected the impact of an expansion of scope on its operation and demonstrate that it has developed effective strategies and plans to ensure the successful expansion and execution of its activities and functions associated with the accreditation process such as training, evaluation, reviews, monitoring, as well as an expanded administrative and financial capacity. The agency also must demonstrate that it effectively applies its policies, procedures, standards and practices for all types of institutions that it accredits outside of its the regional boundaries.

Analyst Remarks to Response:

The agency needed to demonstrate that it has projected the impact of an expansion of scope on its operation and demonstrate that it has developed effective strategies and plans to ensure the successful expansion and execution of its activities and functions associated with the accreditation process such as training, evaluation, reviews, monitoring, as well as an expanded administrative and financial capacity.

The agency outlined its plan to expand its administrative staff to support an expansion of its postsecondary education accrediting function and provided information on how it would fund that increase. Per the agency it will rely on projected application and accreditation fees and on increases in the in-kind contributions from its parent corporation, AdvancED, to support an expansion of the agency's scope. The agency has been found non-compliant under its current scope of accreditation relative to the execution of its activities and functions associated with the accreditation process in the areas of training, evaluation reviews, and monitoring. As a result the agency has not demonstrated that it has the capacity to implement an "exponential" expansion of its activities nationwide and ensure successful execution of all of the required activities.

As a point of clarification, for an agency to demonstrate that it effectively applies its policies, procedures, standards, and practices for all types of institutions that it accredits outside of its regional boundaries is not an impossible hurdle. The agency can accredit outside its region and does not require ED authorization to do this. It is a standard requirement that an agency seeking an expansion of its scope demonstrate that it has granted accreditation covering the range of accreditation activities (range of specific degrees, certificates, institutions, program types and distance and/or correspondence education) for which it seeks recognition. The agency has a history of accreditation and does not have to accredit an institution outside of its current geographic scope.

Recognition affects the ability of an accrediting agency's institutions and programs to participate in federal programs, rather than circumscribing in any way an agency's legal authority to engage in accrediting activities or otherwise conduct its business.

Staff determination: Based on the issues identified throughout the current petition for recognition, at this time, Department staff cannot recommend an expansion of the agency's (geographic) scope of recognition.

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§602.13 Acceptance of the agency by others.

The agency must demonstrate that its standards, policies, procedures, and decisions to grant or deny accreditation are widely accepted in the United States by--
(a) Educators and educational institutions; and
(b) Licensing bodies, practitioners, and employers in the professional or vocational fields for which the educational institutions or programs within the agency's jurisdiction prepare their students.

The agency has demonstrated acceptance and support of its policies, procedures, accreditation standards and decisions by educators. Agency documentation provides evidence that hundreds of educators volunteer their time and other resources to participate on NCA-CASI evaluation and decision-making bodies and various committees. The agency has participants that include 813 postsecondary educators and administrators from postsecondary career and technical (vocational) certificate-granting schools, Board of Regents administrators, community college faculty members, and state departments of education personnel who have participated in NCA CASI activities over the past five years.

The articulation agreements provided by the agency do not demonstrate support of NCA-CASI, rather they demonstrate acceptance of the institution. However, the number of institutions that seek out NCA-CASI accreditation does represent support of the agency as accreditation is voluntary and institutions have choices among accreditors. The agency accredits approximately 193 education institutions.

The agency has not demonstrated widespread acceptance of the NCA-CASI by licensing bodies, employers, and practitioners. Evidence of a requirement for institutional accreditation by licensing bodies does not translate to acceptance of a specific institutional accreditor (NCA-CASI). Nor does having by-laws that require an employer representative on the Board demonstrate wide acceptance of the agency. Department staff, even after reviewing the exhibits listing the participants of site teams and various task forces, could not identify practitioners in the vocational fields for which the educational institutions within the agency's jurisdiction prepare their students. The agency needs to demonstrate that NCA-CASI standards, policies, procedures, decisions are widely accepted by licensing bodies, employers, and practitioners.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that NCA-CASI standards, policies, procedures, decisions are widely accepted by licensing bodies, employers, and practitioners.

Analyst Remarks to Response:

The agency's only requirement for this criterion was to demonstrate that its standards, policies, procedures, and decisions are widely accepted by three groups, specifically licensing bodies, employers, and practitioners. The support letters from several schools and one from a group of educational organizations dated 9/12/09 to the Department of Labor referencing a grant application) do not demonstrate the required support by licensing bodies for the standards, policies, procedures or decisions of this agency. It is noted that the Automotive Service Excellence is also supportive, however, as an accreditor of a broad spectrum of institutions offering educational programs in many licensed occupations, this is not sufficient to represent broad acceptance. That the Board includes members,

identified as practitioners, and some of whom are employers, to make accreditation decisions, policies, procedures, and standards does not demonstrate wide acceptance of the agency by practitioners and employers. The documentation the agency provided of participation of employers and practitioners on review teams was insufficient evidence of wide acceptance of its standards, policies, procedures and decisions by these groups.

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate with documentation that licensing bodies, practitioners, and employers have widely accepted the agency's standards, policies procedures, and decisions.

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§602.14 Purpose and organization

(a) The Secretary recognizes only the following four categories of agencies:

The Secretary recognizes...
(1) An accrediting agency
(i) Has a voluntary membership of institutions of higher education;
(ii) Has as a principal purpose the accrediting of institutions of higher education and that accreditation is a required element in enabling those institutions to participate in HEA programs; and
(iii) Satisfies the "separate and independent" requirements in paragraph (b) of this section.

(2) An accrediting agency
(i) Has a voluntary membership; and
(ii) Has as its principal purpose the accrediting of higher education programs, or higher education programs and institutions of higher education, and that accreditation is a required element in enabling those entities to participate in non-HEA Federal programs.

(3) An accrediting agency for purposes of determining eligibility for Title IV, HEA programs--
(i) Either has a voluntary membership of individuals participating in a profession or has as its principal purpose the accrediting of programs within institutions that are accredited by a nationally recognized accrediting agency; and
(ii) Either satisfies the "separate and independent" requirements in paragraph (b) of this section or obtains a waiver of those requirements under paragraphs (d) and (e) of this section.

(4) A State agency

(i) Has as a principal purpose the accrediting of institutions of higher education, higher education programs, or both; and

(ii) The Secretary listed as a nationally recognized accrediting agency on or before October 1, 1991 and has recognized continuously since that date.

The agency seeks recognition under category 602.14(a)(1). The documentation shows that 193 schools have voluntarily entered into an accrediting relationship with the agency. The agency's by-laws and policies indicate that its primary purpose is to accredit institutions of higher education that voluntarily seek accreditation for the purpose of participating in Title IV student financial assistance programs.

However, the agency has not satisfied the separate and independent requirements under 602.14(b) below.

Staff Determination: The agency does not meet the requirements of this section of the criteria. It must demonstrate that it meets the separate and independent requirements under section 602.14(b).

Analyst Remarks to Response:

The agency has demonstrated that it has a voluntary membership of institutions of higher education that offer postsecondary vocational education programs designed to enter a skilled occupation to obtain work. According to its by-laws and excerpts, the agency's purpose in ARTICLE III states in part "accrediting institutions of higher education in any and all geographic locations authorized by the U.S. Department of Education, including vocational career/technical education institutions, in order to enable those institutions to participate in one or more federal programs under the Higher Education Act (HEA)." The statements and documentation comply with section (a)(1)(i) and (ii) of this criterion.

The agency must demonstrate that it also satisfies the "separate and independent requirements" to establish that it meets all elements in the Section (a)(1) category of this criterion, including section (1)(iii) to achieve recognition by the Secretary of Education.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it meets the separate and independent requirements in Section 602.14(b).

(b) For purposes of this section, the term separate and independent means that--

> **(1) The members of the agency's decision-making body--who decide the accreditation or preaccreditation status of institutions or programs, establish the agency's accreditation policies, or both--are not elected or selected by the board or chief executive officer of any related, associated, or affiliated trade association or membership organization;**
> **(2) At least one member of the agency's decision-making body is a representative of the public, and at least one-seventh of that body consists of representatives of the public;**
> **(3) The agency has established and implemented guidelines for each member of the decision-making body to avoid conflicts of interest in making decisions;**
> **(4) The agency's dues are paid separately from any dues paid to any related, associated, or affiliated trade association or membership organization; and**
> **(5) The agency develops and determines its own budget, with no review by or consultation with any other entity or organization.**

(b)(1) NCA CASI's Bylaws states Board of Directors (Board) will not have less than five (5) nor more than seven (7) members; currently the Board consists of seven members. The Bylaws require half of the Board to have professional experience in postsecondary education and at least one public representative.

After reconstruction of the Board in February 2011, the governance policies and procedures required the Board Chair to appoint a Nominating Committee to identify a slate of nominees to fill officer and vacant seats on the Board through a vetting process. The Nominating Committee contacts potential nominees from a variety of sources including current board members seeking an additional term and the broader education, business, and public communities and obtains written certification by each prospective public representative. The Nominating Committee reviews the submitted nomination forms. After the initial installation in 2011, the Nominating Committee shall nominate the candidates for Officers and for subsequent Director candidates no later than June 1 of each subsequent year. The Board of Directors shall elect by majority vote from among the candidates nominated by the Nominating Committee.

(b)(2) The Governance Policies require that at least one Director must be a representative of the public, and the definition complies with the regulatory definition. The form used by the agency fails to obtain sufficient information from prospective nominees regarding whether they meet the definition of a pubic representative. It is not clear that the agency has effective mechanisms in place to identify and vet public members against the Secretary's definition of a public member. The agency has not identified the two public representatives currently

serving on its Board in its narrative or its exhibits. One current Board member is the CEO of a corporation and presumed to be a public member; he also serves as member of Arkansas AdvancED Council and a member of AdvancED investment committee. Both memberships demonstrate that this Board member serves on committees related to the parent corporation, AdvancED. Another Board member, also presumably a public member, serves on the Board of Trustees for the Southern Association of Colleges and Schools (SACS) and the Board of Trustees for AdvancED, organizations related to the parent organization. Based on the two presumed public members, the agency's public members do not meet the criteria definition of a public member since both serve as board members of related organizations and serve on the decision-making body of the agency.

(b)(3) The agency has a conflict of interest policy covering members of its decision-making body, that seeks to avoid conflicts of interest and to fully disclose any potential conflict when discovered. The policy defines conflict of interest as "an existing or potential financial or other interest which impairs or might appear to impair independent, unbiased judgment in discharging responsibilities on behalf of NCA CASI" and provides a nonexclusive list of "potential financial or other interest[s]." When a potential conflict of interest exists, the person is prohibited from participating in the accreditation process for that school i.e., participating in related financial or other agreements, voting on related matters under consideration or participating in discussions, and being counted in determining a quorum. The agency provided as example a signed statement from a Board member that includes, among other things, any financial or other interests in schools/districts that are accredited or seeking accreditation through NCA CASI; employment or consulting arrangements with schools/districts engaged in the accreditation process; and the seeking of employment or consulting arrangements with schools/districts engaged in the accreditation process. NCA CASI also provided an example of a recusal because of an apparent conflict of interest.

One aspect of the policy shows that the CEO and Board of Trustees for AdvancED make the conflict of interest determinations. This policy needs revising to give oversight to the NCA CASI Board rather than oversight by the CEO or Board of Trustees for AdvancED.

(b)(4/5) The NCA CASI reports that institutions pay dues separately from any dues paid to related, associated, or affiliated trade associations and membership organizations. Through the bylaws and governance policies, the agency reports that the NCA CASI Board of Directors sets and oversees collection of accreditation fees. Specifically, Section 6.02 of the bylaws provides: "Whenever the lawful activities of the Commission involve, among other things, the charging of fees or prices for its services or products, it shall have the right to receive such income. All such income shall be applied to the maintenance and operation of the activities of the Commission ... ." However, the agency submitted the consolidated financial statements for AdvancED covering the 2009 and 2010 fiscal years which specifically provides for it to maintain control over the

interactions of other entities, including NCA-CASI. Accordingly the financial statement notes that as of July 1, 2007, the assets of NCA-CASI were transferred to AdvancED.

The budget provided by the agency, NCA CASI, shows that the agency is a division of AdvancED and as such lists its proposed expenses and revenues for the 2011-2012 fiscal year, beginning July 1, 2011. While the budget projects nearly a $16,000 surplus after expenses, it does not indicate the amount of the in-kind services provided by AdvancED as described in the June 8, 2011 agreement between AdvancED and NCA CASI. Neither the narrative nor the exhibits demonstrate the process by which membership dues are assessed and paid separately to the agency from any dues that the accredited or preaccredited institutions may pay to the related, associated, or affiliated membership organization, AdvancED. Additionally, the agency does not describe and demonstrate how the NCA CASI Board sets and collects dues and fees from its member institutions separately from AdvancED.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to identify its public members and demonstrate that it has an effective mechanism to ensure with documentation that they meet the definition of a public member as required. Additionally, the NCA CASI conflict of interest policy must be revised to demonstrate that AdvancED has no oversight over the conflict of interest policy for the Board of NCA CASI. Finally, the agency has not demonstrated that its membership fees are developed and received separately from AdvancED.

Analyst Remarks to Response:

Section 4.03 in Article IV of the bylaws defines a public representative as follows; “The definition of a Public representative means a person who is not (1) an employee, member of the governing board, owner, or shareholder of, or consultation to, an institution or program that either is accredited or preaccredited by the agency or has applied for accreditation or preaccreditation; (2) a member of any trade association or membership organization related to, affiliated with, or associated with the agency; or (3) a spouse, parent, child, or sibling of an individual identified in section (1) or (2) of this definition”.

The agency has revised its conflict of interest policy to include the various kinds of conflict of interest that would preclude the individual from participating in an institutional review or making an accreditation recommendation or decision on an institution, consistent with its policy and section 3 of this criterion.

However, the revised nomination form the agency now uses to vet nominees does not appear to ask for sufficient information to rule out conflicts of interest that may preclude a persons eligibility to be seated on the Board such as questions that would provide sufficient information to allow the agency to not only determine whether a conflict of interest exists because of an affiliation with an related, associated or affiliate trade association or membership organization in its vetting process. The same is true for the vetting of a public representative

nominee to the Board. Exhibit 323 does not appear useful as an effective mechanism for the agency obtain information to examine the qualifications of nominees to the board, including the public representative, during the vetting process.

The agency has a conflict of interest policy that requires the Board to declare the existence or lack of a conflict during the decision-making. Department staff observed the Board members execute the conflict-of-interest documents during the Board meeting on September 2011; the agency submitted execution evidence with its response.

The agency submitted documentation that it now maintains an operation and budget to carry out its accrediting activities, separately from its parent, AdvancED, as provided Article VI of the NCA-CASI by-laws adopted in February 2011. The by-laws authorize NCA-CASI to receive gifts, devises, bequests and contributions in any form, charge and receive fees for its services and to apply them to the maintenance and operation of the Commission. To demonstrate the independence of its budget, the agency provided a copy of its approved budget covering July 1, 2010 through June 30, 2011 with actual budgeted activities through May 31, 2011, the proposed budgets for 2011-2012 and the out-years covering 2012, 2013, and 2014, that demonstrated a movement from deficit financing in 2009-2010 to a small projected surplus in the current fiscal year.

The budget and projected budgets along with the sample check payable to NCA demonstrates that the agency directly receives fees from institutions, pursuant to the written service agreement with AdvancED, signed on June 8, 2011. The proposed budget for 2011-2012 school year includes the value placed on the in-kind services provided by AdvancED with line items that include facilities and two categories for administrative expenses. In addition, the executed agreement identifies that the types of in-kind services that AdvancED will continue to provide to NCA-CASI until January 1 2017, “unless renewed for another 5-year term by written agreement of the Parties”. The limitation to services and resources that AdvancED may provide to NCA-CASI is restricted to the provision of accreditation services to postsecondary non-degree granting institutions by NCA-CASI.

Staff Determination: The agency does not meet the requirements of this section. The agency needs to demonstrate that it has effective mechanisms in place to ensure that it vets all nominees to its Board, including the public representatives, to identify potential conflicts of interest impacting eligibility prior to becoming a board member.

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§602.15 Administrative and fiscal responsibilities

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that--
(a) The agency has--

> **(2) Competent and knowledgeable individuals, qualified by education and experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions,including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence education;**

Board:
The current Board of Directors is comprised of seven individuals; one of whom must be a public member. The governance policies describe the experience required of the members of the NCA-CASI Board. While its policies require the Board to have collective experience and education in a variety of areas; a majority of the Board (3-4 members depending on the actual size of the Board that may fluctuate between 5-7 members) must have professional experience in postsecondary education though not necessarily postsecondary vocational and career education. The policy continues to say that if there is a vacancy that results in less than half of the Board having postsecondary education experience, the Board may continue to function. Staff is concerned that, by agency policy, the composition of the Board does not ensure sufficient depth of knowledge and experience on the Board in the area of accreditation (non-degree, postsecondary, vocational/technical education) for which it is recognized. The agency needs to demonstrate that its decision-making body has significant depth of knowledge and experience in the area of non-degree, postsecondary vocational/technical education accreditation.

The agency documentation indicates that it had provided training on its standards, policies, and procedures to the new members of the NCA-CASI Board. However, the documents cited as Board member training do not include sufficient information to assess the training conducted by the agency. The agency needs to provide more complete documentation of the training it has conducted.

Appeals Panel:
The agency has documented that it has policies regarding the composition of an appeals panel and selection criteria. However, it unclear what process the agency uses to identify and select appeal panel members. While the agency provided an agenda of a meeting of three potential appeal panel members; it is not clear whether this meeting was a training activity. The agency needs to provide additional information and documentation of its procedures for selecting and training appeal panel members

Site Team members:
The agency has written policy regarding the qualification and selection of team members that includes "pertinent" education, "significant" experience, and licensure /certification, if applicable to the subject area. However, the agency has not documented that it defines more specifically these selection criteria. As the agency tasks its member institutions to select and forward names of two employees to be included in the site team pool, it is not evident that the member institutions make selections consistent with agency expectations to ensure the qualifications and competence of all members of site teams. In addition, the agency provided two listings of team participants (1229 and 600+) that it states underwent training. However, the agency did not provide training documents that include sufficient information to assess the training that that the agency conducted. The agency needs to provide more complete documentation of the mode and content of the site team training it conducted. The documentation for site visit training does not appear to have a systematic and recurring theme.

While the agency narrative addresses qualifications for distance education reviewers, the agency's scope does not currently include the evaluation of distance education.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that the composition of its decision-making body has significant depth of knowledge and experience in the area of accreditation (non-degree, postsecondary, vocational/technical education) for which it is recognized. In addition, the agency needs to provide more complete information and documentation regarding the training it conducts for all members of the Board, Appeals Panel and site teams and chairs. Finally, the agency needs to document that it has a process for selecting site team members that are consistent with agency expectations to ensure the qualifications and competence of all members of site teams and decision-making bodies.

Analyst Remarks to Response:

Board Members: The agency amended its bylaws (section 4.03) to clarify that a majority of its members must have demonstrated the competence and knowledge in the career and technology postsecondary experience to be eligible as a Board member. To ensure that the agency's training of Board members included the review of the agency's standards, policies and procedures, the agency provided three documents that exemplify the areas targeted in the training supported the agency's response through its exhibits 343, 344, 345a, 345b, and 345c. The documents within the training books include the agency's policy book, the Department's August 2010 Accreditation Guide, various forms used by the agency staff, Board members, and institutions, i.e., site visit request forms, standards and indicators, accreditation draft progress report, a power point presentation training institutions on what to prepare and how to submit an annual report information, and a postsecondary resource listing.

Appeals Panel: The agency has amended its policies to create a standing

Appeals Panel Committee (APC) of five who are knowledgeable about postsecondary education requirements confirmed by the Board. The members of the APC include individuals with postsecondary career and technical experience and based on their bio sketches qualify as practitioners, educators/academics, and administrators. The Appeals Panel Committee training agenda shows this committee met for training on conflict-of-interest, appeal panel decisions, and discussed the wording of appeals decisions on February 2, 2011. As part of the training the panel is referred to Section 12 of the training materials in book two, which is a resource listing for the agency.

The agency has expanded its policy regarding the selection of site visitors to include definitions for academic and administrative personnel. However, the agency has not addressed the Department's concern with the agency's process for identifying individuals to be in its site visitor "pool". The agency tasks its member institutions to select and forward names of two employees to be included in the site team pool. While the agency policy is that school administrators are to make their selections based on "education pertinent and significant experience", the agency has not demonstrated that it provided sufficient guidance on what the agency considers to be necessary in terms of that education and experience or other quality factors/traits important for an evaluator to have in assessing education institutions/programs against agency standards.

The agency provided the training schedule for 2011, in which it has scheduled training for each month except July 2011 and a list of schools that sent representatives to attend the training or planned to attend training includes accredited, candidate, and applicant institutions, which must attend prior to serving on an institution's evaluation team, subject to the approval of the institution. The agency has not sufficiently demonstrated the training provided to site evaluators.

Staff determination: The agency does not meet the requirements of this section. It must document that it has a process for selecting site team members who are consistent with agency expectations to ensure the qualifications and competence of all members of site teams. The agency must provide more specific information regarding the content of training provided to site evaluators.

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(3) Academic and administrative personnel on its evaluation, policy, and decision-making bodies, if the agency accredits institutions;

The criterion expects the agency to demonstrate that the Board and Appeals Panel who make accrediting decisions and policies, and the site team members and other reviewing bodies who evaluate institutions include academics and administrators on each body. The agency has not made it clear that the entities listed, include both academics and administrators. Specifically, the agency has not demonstrated that it has defined "academic" and "administrator" (contrary to

what the narrative says, Policy 6.03 does not contain these definitions) and applied those definitions to members of its Board, the Appeal Panel, and the site teams. The agency also needs to demonstrate that its site team pool identifies and includes sufficient numbers of qualified individuals in each category to ensure that each site team will be composed appropriately with academics and administrators and provide documentation that its site teams are composed accordingly.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must demonstrate that its evaluation, policy and decision-making bodies (including the appeals panel) have both academic and administrative personnel.

Analyst Remarks to Response:

After amending its bylaws and policies to ensure that the Board and Appeals Panel Committee now include academics and administrators as defined, the agency included brief biographical information on each member of the Board and Appeals committee to demonstrate their representative capacities as an academic or administrator. However, the revision to the agency policies pertaining to the composition of the appeals panels that establishes that the agency selects individuals on a random basis, does not ensure that its appeals panel will include both academic and administrative personnel, if the agency is serving as an institutional accreditor for the institution under appeal.
The site team reports provided as documentation reflect that site teams include academics and administrators.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that as an agency that accredits institutions that it has processes in place to ensure that it includes academics and administrators on its appeal panel.

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(4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;

The agency is an institutional accreditor of postsecondary institutions that offer vocational education programs that prepare students for a specific profession or vocation. Therefore, its scope of recognition requires that it have practitioners on its decision-making and evaluation bodies. With the exception of the Appeals Panel, the listings for the Board and evaluators do not clearly identify the various positions they hold as participants in the accreditation process. In addition, the agency has not demonstrated that it has implemented its policies to ensure that practitioners serve on the Board and evaluation teams.

Staff Determination: The agency does not meet the requirements of this section

of the criteria. The agency needs to demonstrate that as an agency that accredits institutions that prepare students for a specific profession or vocation, it includes practitioners on its evaluation teams and decision and policy-making bodies.

Analyst Remarks to Response:

The additional information provided evidence that the Board and the site evaluation teams include practitioners.

However, the revision to the agency policies pertaining to the composition of the appeals panels that establishes that the agency selects individuals on a random basis, does not ensure that its appeals panel will include both educators and practitioners, if the agency is serving as a programmatic accreditor for the sole purpose institution under appeal.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that as an agency that accredits institutions that prepare students for a specific profession or vocation, it has processes in place to ensure that it includes educators and practitioners on its appeal panel.

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(5) Representatives of the public on all decision-making bodies; and

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The agency's bylaws and governance policies appropriately address the requirements for members of the public to serve on the appeals panel and the Board of Directors. Of the seven members of the Board, the agency asserts that it has two public representative members. The agency has also developed an information questionnaire for vetting an individual's qualifications to serve on the Board as a regular member or public representative. After reviewing the form, the Department does not see any mechanism that enables the nominating committee to determine whether the individual meets the definition of a public representative as defined by its policies or this criterion. For example, the agency lists all Board members, their work experience and background in its exhibits. It appears that one of the two public members has an affiliation with the parent corporation, AdvancED. The public member has a listing in the biographical sketch showing current membership on the "Arkansas AdvancED Council and the AdvancED investment committee." One provision in the bylaws and governance policies require that the public representative may not be a member of any trade association or membership organization related to, affiliated with, or associated with NCA-CASI, including AdvancED.

The agency also states that it has another public representative on its Board, but failed to identify that individual or provide evidence that his/her qualifications included a vetting that concluded that the individual met the requirements of a public representative. The appeals panel membership includes three persons at

present; however, the agency did not identify the public member or provide evidence that it vetted the individual according to its policies and by laws. The agency needs to do so.

Staff Determination: The agency does not meet the requirements of this section of the criteria. It needs to identify its public representatives on the appeals panel and the Board of Directors. In addition, it needs to provide evidence that each of the public members meet the definition in its governance policies, by-laws, and in this criterion.

Analyst Remarks to Response:

The agency documentation provided in its response included the updated policy and bylaws describing who can serve as a public representative.

The revision to the agency's policies pertaining to the composition of the appeal panels that establishes that the agency selects individuals on a random basis, does not ensure that its appeals panel will include both educators and practitioners, if the agency is serving as a programmatic accreditor for the sole purpose institution under appeal.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it has processes in place to ensure that it includes public members on its appeal panel.

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(6) Clear and effective controls against conflicts of interest, or the appearance of conflicts of interest, by the agency's--

(i) Board members;
(ii) Commissioners;
(iii) Evaluation team members;
(iv) Consultants;
(v) Administrative staff; and
(vi) Other agency representatives; and

The agency has developed policies that include specific, but not exclusive, examples of the kinds of conflicts that would represent recusals from participating in any accreditation activity with a bias or appearance of an existing bias. For example, the policy states, "A NCA CASI representative shall be considered to have a possible conflict of interest if such individual has an existing or potential financial or other interest which impairs or might appear to impair independent, unbiased judgment in discharging responsibilities on behalf of NCA CASI." In addition, a sample of individuals from the groups listed in this criterion has executed a conflict-of-interest form.

However, the team roster for a site team, provided as documentation in this

petition reflects that the team members come from the same state and two of the members are employed at the State Department of Education. This appears to be a conflict of interest or, the perception of a conflict of interest. There was also no evidence in the site team process that the team members comply with the agency procedures regarding conflict-of-interest. The agency needs to demonstrate that its site teams are constituted in a manner that guards against perceptions of conflict of interest and those mechanisms to ensure against conflict of interest are enacted and documented.

The agency provided a copy of the conflict-of-interest/code-of-ethics template and a copy of the form executed by each of the individuals listed in this criterion, but did indicate that it has applied the policy to each of these groups. Exhibit 47, attempts to provide evidence of a recusal by one Board member, but when opened by ED, the exhibit is of the plan to reorganize. However, Department staff attended the Board's decision meeting on September 20, 2011 in Alpharetta, GA, and observed one of the Board members recuse herself from the decision based on having had recent accreditation experience with the School under the Board's review.

Staff Determination: The agency does not meet the requirements of this section of the criteria. It needs to demonstrate that it effectively applies its conflict of interest policies to ensure against the perception of conflict of interest in its activities, specifically, the composition of its site teams.

Analyst Remarks to Response:

In its response, the agency has demonstrated its misunderstanding of the application of its conflict of interest policy where state agency employees participate on the agency's site visit teams in the same state. For example, the agency provided Exhibit 47, a December 10, 2010 letter from two voluntary site evaluators who are Regent members of a state agency with oversight responsibilities for the technical adult work force schools offering postsecondary vocational education programs accredited by the agency. Recognizing the potential conflict of interest, each Regent site team evaluator informed the agency that they would not participate in site visit evaluations of schools located in their state. The actions of these evaluators reflect a specific understanding of “conflict of interest” as that concept is generally understood and accepted by and among recognized accrediting agencies. Bias, or the perception of bias, is inherent in any purported third-party evaluation of a program or institution by an individual who holds supervisory responsibility for the operation of the program or institution. The agency’s response, however, repudiates this understanding by two of its own evaluators. Further the unsigned and undated agreement (Exhibit 351) offered to demonstrate joint visits with Oklahoma, offers no support for demonstrating that no conflict of interest exists when state employees, who have oversight authority over the state schools the agency accredits, are permitted to serve on its site visits teams. In addition, the agency referred to the practices of a state approval agency recognized by the Secretary under the criteria in section 603 that uses a cadre of voluntary site visitors from other schools located in the state to support the two West Virginia employees with oversight over career and

technical schools that offer postsecondary vocational education programs. The Secretary's state approval criteria for recognition of State agencies for approval of public postsecondary vocational education is located in Section 603 and does not apply to accrediting agencies responding to the criteria in section 602, applicable only to accrediting agencies.

It s clear that the competing interpretations of its conflict of interest policy, particularly as applied to site visitors, demonstrate inconsistencies resulting in the ineffective application of that policy, potentially leading to bias and partiality to in the review process.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to revise its application of the conflict of interest policy and demonstrate that it consistently applies the revised policies to assure the integrity of the policies as applied, specifically to the site visit team members.

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§602.16 Accreditation and preaccreditation standards

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if -

> **(1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:**
>
> **(i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.**

The NCA CASI adopted new standards on March 31, 2011. These standards provide clarifying indicators/criteria that more explicitly state the agency's expectation for its accreditation of non-degree postsecondary vocational education institutions. The agency has numerous indicators under each standard in the area of student achievement. These include, for example, requiring institutions to include quantitative measures in the areas of licensure/industry certification, graduation, and placement rates, to include different standards for different programs, to regularly collect and analyze student outcome data and use the results in institutional assessment and implementing continuous improvement plans, and to be held to state/industry established achievement rates, as applicable. However, it does not appear that the agency has established clearly defined quality thresholds to determine compliance with these standards and criteria. Indicator 3.38 says each institution will receive (from NCA-CASI) established composite expected student

achievement rates . . ." But we have no evidence that this has been done.

The Self Assessment Report prepared by the pilot school (Exhibit 81) rated itself as operational or highly functional regarding student achievement although it has not established benchmarks and plans to do so only after the nursing program receives accreditation. Many of the statements throughout the self assessment express future planning rather than a documented verifiable assessment of the current situation at the institution. The institution has not provided evidence of its assessment of student outcomes. The institution's response to the requirement for institutional assessment (Standard 4) using student outcomes raises concern, as many of the indicators appear focused on secondary rather than postsecondary outcomes. At this time, there is no evidence of how the agency evaluated this institution against its standards; the agency has not provided a site team report or Board decision on this institution. The sample site team report developed to assess the postsecondary standards for another institution (Exhibit 98) does not include enough qualitative information regarding the student achievement and evaluation standards and indicators on which to base an assessment of the quality of the institution. For example, the site team report prepared under the new standards and provided with the petition identifies low licensing exam pass rate data but does not cite this as a compliance issue.

The other documentation provided does not reflect the agency's application of its current standards and was found insufficient as a demonstration of compliant application of the agency's standards in its previous submission.

More specifically, the QAR reports prepared under the AdvancED standards in 2009 insufficiently convey whether the review of the institution was at the postsecondary level. At the time of the site visit, AdvancED/NCA-CASI used the same standards to review secondary and postsecondary institutions, and clearly did not indicate whether the credentials earned, graduation rates, and placement applied to the postsecondary graduates. There was no indication that the agency had in place established procedures, guidelines, or standards that it used to measure the effectiveness of the institution's use of student outcomes i.e., whether the agency or institution had expectations based on the external and internal sources for postsecondary vocational education.

The agency provided a snapshot summary of a QAR report that included the rates for completion (graduation), licensing/exam, and placement. Although the site team recorded the school's results in the report summary and the agency's narrative reports the collective student performance rates obtained from institutions over a four year period, it did not demonstrate that it (or the school) had established thresholds and evaluated the extent to which its performance met institutionally established goals or the institution effectiveness/improvement plan of the postsecondary institution.

The agency's evidence to support that it assesses student achievement based on student achievement standards lacks clear evidence of implementation that it has reviewed student achievement under the new standards. The evidence supplied in the other reports clearly indicate that it had no student achievement

benchmarks of its own, the schools that reported licensure, completions, and placement rates did not have a means to determine and measure success rates.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it has clearly defined and measurable, quantitative and qualitative student achievement standards for non-degree postsecondary vocational education and demonstrate effective application of the standards.

Analyst Remarks to Response:

The agency does not meet the requirements of the criterion.

The agency has numerous indicators under each standard in the area of student achievement. These include, for example, requiring institutions to --- include quantitative measures in the areas of licensure/industry certification, graduation, and placement rates; include different standards for different programs; regularly collect and analyze student outcome data and use the results in institutional assessment and implementing continuous improvement plans; and be held to state/industry established achievement rates, as applicable.

The agency's policy 12.03 provides that the NCA CASI Postsecondary Office will annually set student achievement rates for student completion, job placement and licensure pass rates at one (1) standard deviation below the mean of all NCA CASI postsecondary institutions. At the September 2011 meeting observed by Department staff, the NCA-CASI Vice President reported on the student achievement rates for the 2010-2011 year. After the Vice President's presentation and recommendation to the NCA-CASI Board of Directors, the Board voted to adopt the student achievement rates for the 2010-2011 year for the completion, placement and licensure pass rates. After the vote establishing the quantitative thresholds, the Board voted to place 33 schools on probation and notified the institutions of their status. The agency submitted 3 sample letters sent to schools notifying them of the probation status decision rendered at the September 2011 board meeting. The letters show that the Board placed schools on probation if the performance rates fell below the established annual rates for Licensure/Exam Pass Rates and above the established Student Loan Default Rates, according to its policy 12.03 and required the schools to submit a plan within 60 days.

The agency has not demonstrated that it has and applies clearly specified (quality) indicators for evaluating its requirement that the institution regularly collect and analyze student outcome data and use the results in institutional assessment and implementing continuous improvement plans.

The agency has not demonstrated it reviews the institutionally set quantitative measures of completion, licensure, and job placement that it requires an institution to establish to determine that they reflect the agency's expectations for student outcomes achievement and are appropriate to the occupation or industry conditions. For example, the agency's review of one institution against this

measure focused only on whether the institution tracked and shared information, ("Reviewed tracking of student performance measures including attendance, completion rate, graduation rate, grades, and technical competencies. These results are also compiled and shared with all parties.") There is no evidence of a quality assessment.

The agency requires institutions to meet state and industry standards for student achievement. However, the agency did not provide evidence illustrating that it knows what are the standards set by each state nor is there evidence that it has applied them in its assessment of institutions for accreditation.

Staff determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it has and applies clearly specified (quality) indicators for evaluating its requirement that the institution regularly collect and analyze student outcome data and use the results in institutional assessment and implementing continuous improvement plans. It must also demonstrate that it evaluates an institution's data (both quantitative and qualitative) that it collects in the context of compliance with these standards and indicators.

(a)(1)(ii) Curricula.

The agency has curricula standards and indicators under its teaching and learning standard. It has provided review elements and mechanisms to guide institutions toward structuring curricula that integrate academic knowledge and skills as specified by specific industry standards, credentialing entities, state program requirements, and constituent/technical advisory committees in each technical/vocational program offered. The agency requires institutions to state clearly the objectives for each course through syllabi, course sequencing, content, etc., and to ensure that the curriculum for each program correlates to the mission of the institution.

The agency has provided a self-study and a site team report under its new standards to demonstrate its assessment of its curriculum standards. These documents do not provide sufficient evidence of the assessment or that the assessment is of sufficient rigor. It is unclear, for example, how the agency assesses the extent to which an institution's curriculum meets industry standards so as to lead to a conclusion, such as is found in the team report for the Ralph Willis Career and Technical Center, that "all postsecondary career and technical programs lead to recognized industry credentials and curriculum follows these credentialing agency requirements for program hour requirements, standards, and compliance areas for specific programs." In other words, what is the evidence that the curriculum meets the industry standards? How does the site team validate its conclusions?

The agency has not demonstrated effective application of its curriculum

standards in its review and accreditation decision-making.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate how the agency assesses the extent to which an institution's curriculum meets industry standards. The agency must demonstrate effective application of its curriculum standards in its review and accreditation decision-making.

Analyst Remarks to Response:

The agency has multiple indicators to include a requirement that course/program content and flexibility in sequencing support career-technical postsecondary learner achievement and are based on state requirements, industry certificates and degrees, and industry credentials and standards. However, the agency has not demonstrated that it consistently evaluates and verifies that an institution's curricula do conform to state and industry standards, as applicable. It is not sufficient to have an institution self report that it meets industry standards (as is reflected in Exhibit 389) or for the agency to solely identify the name of the industry and/or its standard scheme as is noted in many of the site team reports. The agency has provided insufficient evidence that or how it consistently assesses whether and to what extent the curriculum conforms to the agency's requirement that program content is based on industry standards. There is also no evidence that the agency is assessing and making determinations of the extent to which an institution's programs that do not have recognized industry standards are meeting accepted competency requirements.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to provide evidence that it evaluates and verifies that the curriculum is meeting the requirements designated by the agency's standard.

(a)(1)(iii) Faculty.

The agency's revised standards and 10 indicators address credentials, experience, competence to teach and classroom performance, use of student output and achievement data to inform professional development needs, faculty/student ratios as applicable, the faculty role in curriculum review and development. While some of the indicators are defined clearly, it is unclear that the agency has established parameters of quality or otherwise makes a determination of what is acceptable in other areas such as number of faculty, faculty roles and student achievement data to inform professional development needs.

The sample site team report developed to assess the postsecondary standards does not include enough qualitative information regarding the faculty standard and indicators on which to support the determinations as an assessment of

quality.

In addition, some of the documentation provided by the agency does not show the agency's application of its current standards. The sample site visit excerpts demonstrate a review using its previous standards and do not address all of the current indicators. The site team reports do not provide sufficient information of how the site team came to its determinations in many areas.

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to clearly define its expectations regarding its faculty indicators and document its effective application of its Faculty Standard in making accreditation decisions.

Analyst Remarks to Response:

The agency's response to the draft staff analysis demonstrates that it does not understand the essence of the Department's expectation. The agency must do more than report descriptions of the institution, the agency is expected to demonstrate its assessment of the information against its standards. In this section, the agency is expected to have quality standards regarding faculty qualifications to teach vocational-technical education. If the agency relies on state approval agency requirements, then the agency needs to identify what the state agency requirements are and demonstrate how it determines whether the faculty complies with the state faculty requirements. Where no state requirements exist, the agency must have established its own set of specific threshold expectations for faculty qualifications. If the agency is using industry requirements, the agency must be able to demonstrate what those are and that they are applied consistently to ensure consistent review of faculty. Much of the information the agency provided in its narrative and documentation show that the site team noted the existence of a credential but there is no consistent assessment of whether having a license fully represents expected quality of faculty. The agency failed to demonstrate compliance with creditable documentation and evidence.

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate that it has and consistently applies faculty standards adequate to ensure minimum quality levels for faculty teaching postsecondary vocational, career and technical education.

(a)(1)(iv) Facilities, equipment, and supplies.

The agency has revised its standards to indicate specifically its expectations regarding how institutions may comply with the facilities, equipment, and supplies standard and indicators. To document its application of the new standards, the agency only has implemented this new standard with one school self study and one site visit report (QAR). The self-study completed by the

school does not align with the standards document in this area; does neither the self-assessment nor the site team report provide a qualitative assessment of the facilities standards. The sample site team report developed to assess the postsecondary standards does not include enough qualitative information regarding the facilities, equipment, and supplies standard and indicators on which to support an assessment of quality.

As the breadth and depth of the site team reports is inconsistent, it is not evident what is the agency's threshold for compliance with its standards. The agency needs to demonstrate that it is consistent in its application of its standards. Also, the team report reflects inconsistencies in the assessment. For example, the team report states that the phone system presents a safety issue but the indicator relevant to safety hazards and deficiencies were rated as meeting the indicator. The report identifies a number of proposed or future acquisitions, such as the phone system, and on that basis, concludes the institution meets the the expectation. The expectation for a recognized accreditor is for the agency to make determinations based on the current status of compliance with agency standards, not on plans for future compliance.

The examples of self-study and team reports created under the former standards do not demonstrate the agency's effective application of compliant standards. The descriptions do not clearly align with the standards and quality expectations for this standards area.

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate that it has established and consistently applies facility standards to institutions using the revised postsecondary standards to review facilities, equipment, and supplies. It also needs to correct discrepancies across its documents and accreditation materials in the codification of its standards.

Analyst Remarks to Response:

The agency requires that an institution maintains "sufficient physical resources, including classroom/laboratory space, library offerings, equipment, and supplies required by business industry standards and program accrediting bodies, to achieve the institutional or programmatic mission and goals and accommodate students."

The agency provided insufficient evidence of its review and qualitative assessment of its standard, and particularly in areas of library offerings, equipment, and supplies required by business industry standards and program accrediting bodies.

The agency has not demonstrated that it has developed a set of minimum quality expectations for evaluating the physical resources, including classroom/laboratory space, library offerings, equipment, and supplies of its institutions and their programs. While the agency states that it expects institutions to maintain equipment, and supplies required by business industry

standards and program accrediting bodies, it is not evident that the teams have those standards at the time of the visit and are assessing against them. It is also not evident that teams consistently include subject/occupational specialists on the teams with current working knowledge of those industry standards.

The additional documents are not persuasive. They do not establish that the agency has and consistently applies quality standards in its assessment of institutions for accreditation.

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate that it has established and consistently applies standards pertaining to an institution's facilities, equipment, and supplies.

(a)(1)(vi) Student support services.

The agency has established standards and indicators in the area of student support services (4.33-4.36 under Standard 4). . However, it has not demonstrated its effective application of these standards. For example, the two self-assessment documents submitted by the agency represents the responses provided by schools under Standard 5 rather than Standard 4. The agency needs to correct the misalignments of standards and indicators across documents and correct discrepancies.

One example of the major concern Department staff has with this agency and its application for recognition is located under the "brief comments section" of the self-assessment in which the school stated, "A strong Special Services program exists for all students in secondary and postsecondary programs". Also, apart from a brief paragraph in the self-assessment extolling the Guidance Department, the expansion of the Special Education Department, the listing of activities it hopes it can offer and its belief that good things can happen in Career and Technical Education and hopes that all students are given the opportunity to be successful and have the skill set necessary to be productive citizens within a global society, the agency nor the institution have identified and assessed the institution's postsecondary education.

The recognition of any accrediting agency by the Department is for its accreditation of postsecondary education. The continuing inability of this agency to separate its secondary from its postsecondary accrediting activities, as evidenced here and in the analysis of §602.17(b), calls into question the validity of the information and data provided by the institutions it accredits and/or the agency's assessment of it.

The agency provided a site visit report assessing an institution against the agency’s postsecondary standards. However, the site team report developed to assess the postsecondary standards does not provide an adequate assessment

of the agency's standards for student support services. One indicator expects the institution to ensure that each postsecondary education student has access to needed guidance that includes academic, career, and personal counseling, appraisal, mentoring, referral, financial aid, educational and career planning and employment assistance. The team report reported that "there is no counselor on-site, there is a mental health clinic next door that the school used for adults with those needs" Based on the indicator and the comment of the team, it is unclear how the team came to the conclusion that the institution met the indicator.

Staff Determination: The agency does not meet the requirements of this criterion. It needs to demonstrate that it has and effectively applies the standard pertaining to student support services for postsecondary education as part of its assessment of the institution seeking accreditation.
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Analyst Remarks to Response:

To clarify the Department's concerns regarding the extent to which the agency accredits secondary institutions; first, there is nothing to preclude an institution from serving students at the secondary level. However, the Secretary's recognition under Title IV of the HEA, as amended, is limited to postsecondary education, and includes career and technical education at that level. When the agency reports factual information that raises a question about the application of an agency's review at the secondary level, the Department must inquire and the agency needs to be responsive. The Department notes that until the agency revised its standards, it admitted that it did not distinguish the standards applied to secondary and postsecondary career and technical education.

In its response, the agency provided additional documentation of its application of its student support services indicators. One document (exhibit 369e), a Quality Assurance Review Team Report, indicated by a checkmark that the institution met the indicators and included a brief comment that "Adult student support services are available, but counseling access could be improved. Some student interviews indicated a need for more financial aid counseling." A second QAR (exhibit 367) contained an overall comment that "Student support services are delivered by administration and faculty" and provided information about support for students with special academic needs. The third QAR (exhibit 365f) focused primarily on academic counseling and identified a need for the school to "invest some time determining ways in which the school could possibly accommodate a prospective student with a disability." The other documents are excerpts from different sections of the database, several of which duplicate the information in the team reports. It was not possible to ascertain how the agency is consistent in its application of its student services indicators across institutions.

Staff Determination: The agency does not meet the requirements of this criterion. It needs to demonstrate that it is consistent in its application of its student services indicators across institutions.

(a)(1)(vii) Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.

The agency cites standard 3 and the indicators 3.23 - 3.29 to demonstrate that it assesses each of the factors in this criterion. It has submitted the self-analysis of a school that has piloted the standards (exhibit 81). The institution did respond to a focus question but it did not address the question re its policies regarding the elements of this standards area. The institution provided no evidence of the basis for its self assessment as "highly functional" relative to each of the standards indicators.

The sample site team report developed to assess the postsecondary standards does not provide an adequate assessment of the agency's standards in this area nor does it include enough qualitative information regarding the quality of the institution in this area on which to base an assessment of quality.

The agency has not demonstrated effective application of its standards in this required area.

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate that it has assesses each element in this criterion and clearly incorporates the elements into the accreditation assessment and accreditation decisions of postsecondary educational institutions.

Analyst Remarks to Response:

The citation in the draft staff analysis required the agency to demonstrate that it assesses each element under the recruiting and admissions practices criteria which includes, among other things, academic calendars, catalogs, publications, grading, and advertising, and applies the assessment when making an accreditation decision on an institution that offers postsecondary vocational, career and technical educational programs.

The agency, in its response, provided two site visit reports -- one for Symbol Job Training, Inc. and the other for Hot Rod Institute -- to demonstrate that it made accrediting decisions based on its standards to assess institutional compliance with the recruiting and admissions and other factors included in this criterion. Although each team reported that it had reviewed the areas, the compliance checklist comments for recruiting in the QAR for Hot Rod Institute, stated "student recruitment practices are in place and serve the best interests of prospective students". Additionally, the QAR stated the "ADMISSION PROCESS (emphasis added) was cited by students as one of the most helpful parts of determining HRI as their education provided." Throughout the QAR, the team describes the school's processes and offers support for those processes based

on discussions with students or school administrators, and perhaps faculty to base compliance determinations on responses to interviews with select groups. However, none of the examples provided indicated that the site team or the agency made a determination of compliance based on measurable standards either developed by the agency or the institution. For example, both team reports indicate that the schools have academic calendars, although the agency has not determined what minimum information an institution should include on its academic calendar. In each of the two site visit reports, each institution applied a different interpretation to recruitment. One school applied the standard to faculty recruitment while the other school addressed student recruitment. In the absence of the agency having clear measurable guidelines for student admissions and recruitment and the other factors under this criterion, the agency has not demonstrated that it can ascertain compliance with the standards to ensure consistent application of the standards in a consistent manner that ensures educational quality by not determining the existence of a document, but by evaluating the document to ensure that it provides at least the minimum information to ensure quality, integrity and essential information to students. Otherwise, the agency decisions appear to be based on opinions of facts reviewed in documentation the agency required the institution to produce. The evaluator is making a recommendation and the Board of Directors will make a decision based on inconsistent evidence used to demonstrate compliance with standards for which the institution could select and demonstrate compliance by means of any number of documents, or for just merely having the documents in which quality is never determined.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that its recruitment and admissions standards include established minimum requirements and demonstrate its effective assessment of institutions against the standards.

(a)(1)(viii) Measures of program length and the objectives of the degrees or credentials offered.

The agency states in its narrative that standards 3 and 5 and the responding indicators address the measures of program length and the objective of the credentials offered by the postsecondary vocational institutions it accredits. The guidance provided to schools suggests the type of documentation it considers appropriate to meet the standards. Examples of the documents a school may use to demonstrate compliance are found in indicators 3.29 - 3.32 and includes, among other things, verification of state agency approval, the length and increments of the academic year and grading periods, established time limits for program completion found in academic calendars, course catalogs, governing board policies and procedures manual, grading policy, and handbooks.

The agency offers the pilot school's self-assessment as evidence that a school has used the new standards. While the agency narrative also expounds on its

assessment of program length in relation to the objectives of the credential, the agency has not validated its description of the process and has not demonstrated that it has evaluated or made accreditation decisions on the revised standards involving program length.

The documentation does not provide sufficient evidence that the agency has standards by which it assesses program length in accordance with the objectives of the credential or evidence of their application.

The agency must demonstrate that it effectively applies its standards to institutions offering postsecondary vocational education programs and that it evaluates program length and credentials when it assesses information for compliance with its standards before awarding accreditation or continued accreditation.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that it effectively applies standards for postsecondary education that evaluate the program length and credentials of the education programs offered in its assessment of a postsecondary educational institution for accreditation or continued accreditation.

Analyst Remarks to Response:

The agency supports the application of Standard 3, indicators 3.29 – 3.32 with the comments found in the Documentation Management Tool of the HRI QAR site visit team report regarding program length. Beginning with indicator 3.29, the agency's site team commented that because the program is a 100 percent unique specialization automotive restoration program and the state of South Dakota does not approve non-degree granting institutions, no industry credential or program accreditation existed for this type of institution or program. To receive a HRI special achievement diploma the program requires a student to complete all six classes. If a student completes any 5 of the 6 courses, the student receives a Hot Rod Program 5 Class Diploma. Additionally, a student that completes any four of the six classes receives a Hot Rod Program 4 Class Diploma. Any student may receive a Certificate Program for completion of any one of the six classes each of which covers a quarter of each academic year.

The team found the school met the measure of program length and objectives of the credentials offered by the school, establishing the school as the industry itself. In the absence of a state approval, an industry or accreditation standard, the agency's policies report that the team will use its judgment to assess a school's compliance based on student achievement levels, courses and sequencing, among other things. Department staff finds that it is not evident that the team used or the agency had used similar automotive industry standards to measure program length and the credential offered. Nor is it clear that the team conducted the alternative assessment as required by agency policies.

As required by its evidence guide, the agency evaluation and assessment needed to include evidence to insure the integrity of the process as in this case,

for the single purpose institution, the following assessments:

• Community-based projects
• Contextual learning
• Cooperative learning evidence
• Differentiated instruction evidence
• Interdisciplinary projects evidence
• Lesson plan examples
• Lesson plan review and observations by administrators
• Program approval – state or governing board
• Project-based learning

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it has or uses related or similar industry program length standards or that it has conducted the alternative assessment as required by agency policies in assessing an institution's compliance with its standards on program length.

(a)(1)(ix) Record of student complaints received by, or available to, the agency.

The agency refers to Policy XVII and specifically section(c) to address the record of student complaints in this criterion and demonstrate that it has policies and processes for assessing whether a pattern of student complaints exists that would cause it to question the institution's fulfillment of one or more of the agency's expectations. The agency policy does not address the Department's requirements or an expectation concerning the effectiveness of the agency's standard to address the agency requirements for assessing a record of the institution's student complaints. Rather the agency's policies describe the procedures for submission and review of complaints received about the institution or the agency.

Under this criterion, the Department expects the agency's standards to address at least the following factors as appropriate:

1. Whether the institution and/or the agency is primarily responsible for maintaining the record of student complaints;
2. Whether the record of student complaints covers at least the most recent accreditation period, and includes information about the resolution of the complaints; and
3. Whether the record of student complaints is available and reviewed by the on-site evaluators.

To demonstrate compliance with this required criterion, the agency needs to provide relevant standards, sample self-study excerpts demonstrating the agency's expectation that institutions address the relevant standards and that

the site visit evaluation report excerpts demonstrates the agency's evaluation of the institution against the relevant standards.

The agency also cited Standard 5 (Using Results for Continued Improvements) and indicators 5.8 - 5.11 to demonstrate that it has established standards, to assess the record of student complaints, made against an institution. However, it is not clear that the agency understands the requirement that the agency includes an assessment of the types and number of complaints (record) in its deliberation for accreditation of whether systemic issues exist at the institution that are illustrated in the "record' of student complaints. However, the agency has not demonstrated that it has applied its standards regarding student complaints nor the record of student complaints at its institutions in its accreditation review and decision-making process.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that it effectively applies standards for postsecondary education that evaluate the record of student complaints received by, or available to, the agency in its assessment of a postsecondary educational institution for accreditation or continued accreditation.

Analyst Remarks to Response:

The agency clearly demonstrated in each of the QAR team reports that its revised standards require that schools develop complaint procedures, and in one instance the school demonstrated that it maintained a record with resolutions. The agency has demonstrated that it assesses that the institution has grievance/complaint policies and maintains a record of the complaints. The agency also has indicators requiring the institution to assess the student complaints it receives for systemic issues. The agency needs to demonstrate its expectations pertaining to the institution's assessment.

In response to the agency's misunderstanding of the criterion, the requirement of this criterion is that the agency demonstrate that it incorporates into its accreditation decision-making an assessment of the "track record"/complaint record/history of an institution. This assessment of complaints should reveal if there are any systemic issues pertaining to an institution's compliance under any of the agency's standards. It is commonly accepted practice that the agency review the complaints made at the institution, but an agency may also receive complaints about an institution directly from a complainant. It is insufficient for compliance with this requirement if the agency only assesses that an institution has compliant complaint policies and does not demonstrate that it incorporates into its accreditation decision-making, an assessment of the "track record"/complaint record/history of an institution. Likewise, though the agency has indicators requiring the institution to assess the student complaints it receives for systemic issues, the agency cannot delegate away its own responsibility to make its own assessment and to incorporate that into the accreditation decision.

Staff Determination: The agency does not meet the requirements of this

criterion. The agency needs to demonstrate that it incorporates into its accreditation decision-making, an assessment of the "track record"/complaint record/history of an institution.

(a)(2) The agency's preaccreditation standards, if offered, are appropriately related to the agency's accreditation standards and do not permit the institution or program to hold preaccreditation status for more than five years.

The agency's policy on the procedures for initial accreditation affirm the narrative statement requiring that "institutions seeking initial accreditation must demonstrate that they meet the NCA-CASI standards and policies, have the capacity to support institution improvement, and are committed to growth in student learning and organizational effectiveness." The agency policy also has a two-year limit on the amount of time an institution may remain in candidacy (preaccreditation) status.

The agency described its procedures and referred to exhibits describing review procedures and Board reviews. The Department has concerns about the discrepancies throughout the agency's policies and procedures. For example, in outlining policies and procedures for candidacy under section 4.05, the agency policy states that "time permitting" the QAR team interviews internal stakeholders and makes observations. Under section 4.06, the agency outlines a procedure that indicates the team will conduct interviews and observations. The agency's documents are expansive, not clearly organized, duplicative, and have discrepancies as noted above, making them ineffective mechanisms for demonstrating that the agency has clearly defined policies and procedures for establishing its requirements for preaccreditation.

In addition, the agency has not demonstrated that it effectively applied these policies and procedures to assess and grant candidacy status to a postsecondary education institution using the standards adopted by the agency in February 2011.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must demonstrate that it has effectively applied its revised standards to assess and grant candidacy status to a postsecondary education institution.

Analyst Remarks to Response:

The only issue the agency needed to address in its response to this criterion was to demonstrate the implementation of the revised standards to assess and grant candidacy status to a postsecondary education institution.

The agency reports it did not implement the revised policies (adopted on March

1, 2011), regarding the candidacy procedures until after it submitted its petition in June 2011. The additional documentation provided in the response, demonstrates that it applied the revised policy 4.05 in its review of the Illinois Tax Training Institute (ITTI) through a readiness report conducted on July 27-28, 2011. The information provided on the Symbol Job Training, Inc. is not relevant to this criterion. According to the excerpt from the Illinois Tax Training Institute Candidacy Quality Assurance Review report, the purpose of the Candidacy Quality Assurance Review is to:

1. Evaluate the school's adherence to the NCA CASI quality and compliance accreditation standards and policies.
2. Assess the efficacy of the school's improvement process and methods for quality assurance.
3. Identify commendation and required actions to improve the school.
4. Make a Candidacy recommendation for review and approval by the Board of Directors.

The report indicates that a key aim of the Candidacy Quality Assurance Review (CQAR) is to verify that the school is operating with institutional integrity – that it is fulfilling its vision and mission for its students and has the capacity to continue in preparing for the accreditation phase.

The CQAR Team has a NCA CASI certified external team chair and trained external team members. The team reviews the findings of the school's internal self assessment (SA); analyzes artifacts, student achievement data, procedures, and process documentation organized on the digital Document Management Tool; conducts interviews with representative groups of constituents; and observes practices and daily operations. The team engages in professional deliberations to reach consensus on the school's adherence to the standards for accreditation. The team provides an oral exit report and prepares a written Candidacy Quality Assurance Review Team Report designed to help the school improve.

After the CQAR team completes the Candidacy Quality Assurance Review report, the Chair submits the report to the NCA CASI Postsecondary Department. After review by a nationally trained postsecondary career technical reader reviewer, the report is submitted to the school for review with responses due to the Postsecondary Department. The Postsecondary Department, Reader Reviewer, and Board of Directors review the site team's recommendations. Candidacy status is granted by the Board of Directors and communicated to the school following action from the Board. Applicant institutions that do not achieve Preaccredited (candidacy) status remain in applicant status and may receive technical assistance to continue the process.

The team recommended the ITTI for the pre-accreditation status of Candidate. The report contained recommendations and required actions for improvement. However, there is no relevant documentation indicating that the Board has made a decision to grant preaccreditation (candidacy) status to the institution in its

listing of accreditation decisions through the November 11, 2011 decision meeting.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needed to demonstrate that it has implemented its policies and procedures for preaccreditation through application of a decision, which it has failed to do.

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§602.17 Application of standards in reaching an accrediting decision.

The agency must have effective mechanisms for evaluating an institution's or program's compliance with the agency's standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it--

(a) Evaluates whether an institution or program--

(1) Maintains clearly specified educational objectives that are consistent with its mission and appropriate in light of the degrees or certificates awarded;
(2) Is successful in achieving its stated objectives; and
(3) Maintains degree and certificate requirements that at least conform to commonly accepted standards;

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1. The agency standards require institutions to have written educational objectives and missions that include clear and measureable goals. The agency documentation does reflect that under the previous standards, the agency site team assessed that the institution has a mission statement and in the samples provided made assessment of the institutions ability to demonstrate success in meeting its objectives. There has been no agency assessment of mission under its current standards.

2. It is noted that in the samples provided it was clear that the institutions were assessing their success in meeting their mission, however, it was clearly identified that the assessment was of the secondary education programs and not the adult programs. The agency has not demonstrated its formal assessment of the self-study created against the agency's current standards and its compliance with agency expectations.

The agency's documentation provided in exhibit 12 captures aggregate data for all schools covering rates of completion, job placement, and licensure, but the information is not clear as the agency has not interpreted the data nor explained how it is that for some institutions with no programs, the agency records completion rates and job placement rates. The agency has provided no evidence that or how it uses this information in the accreditation review and decision-making process.

3. Although, the agency refers to competency expectations and identifies a variety of industry certifications and competency standards, it has not demonstrated or provided evidence that it evaluates and verifies that its institutions' programs maintain certificate requirements that conform to commonly accepted standards during its review of institutions for accreditation. .

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate that it has applied the newly revised standards and compliance indicators before reaching a decision to accredit or preaccredit an institution; how it determines that an institution is successful in achieving its objectives in light of the certificates offered; and that it evaluates and verifies that the institutions' programs maintain certificate requirements that conform to commonly accepted standards during its review of institutions for accreditation.

Analyst Remarks to Response:

The agency provided recent site team reports that reflect that the agency has applied the newly revised standards and compliance indicators and reviews that the institution has written educational objectives and missions.

The agency also needed to demonstrate that it evaluates (as part of the process to grant accreditation) whether an institution is successful in meeting its stated objectives. While the agency cites several documents from the DMT, these appear to be used for annual monitoring of compliance with student outcome thresholds as opposed to demonstrating a (comprehensive) evaluation of the institution's success in meeting its stated objectives before reaching a decision to accredit or preaccredit the institution. While the agency provided a number of site team reports, the content of these reports is inconsistent in demonstrating that the agency is evaluating to what extent an institution is successful in achieving its stated objectives particularly when the institutional mission and objectives expand beyond the student achievement measures.

The agency has provided no evidence that it evaluates and verifies that the institutions' programs maintain certificate requirements that conform to commonly accepted standards during its review of institutions for accreditation. It is not sufficient to have an institution self report that it meets industry standards (as is reflected in Exhibit389) or for the agency to solely identify the name of the industry and/or its standard scheme as is noted in the site team reports. The agency has provided no evidence that or how it assesses whether and to what extent the educational program is conforming to recognized industry standards. There is no evidence that the agency is assessing and making determinations of the extent to which an institution maintains credential requirements for educational programs that conform to commonly accepted standards for educational program areas that do not have recognized industry standards.

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate how/that it determines that an institution is successful in achieving its objectives and that it evaluates and

verifies during the accreditation process that the institutions' programs maintain certificate requirements that conform to commonly accepted standards.

(b) Requires the institution or program to prepare, following guidance provided by the agency, an in-depth self-study that includes the assessment of educational quality and the institution's or program's continuing efforts to improve educational quality;

Under this criterion, the agency must require institutions to prepare an in-depth self study that includes an assessment of educational quality (conformance with agency standards) and to address the effort to improve educational quality. The agency must provide institutions with guidance on the development of a self-study to include the involvement of key stakeholders.

The agency has provided an extensive narrative on its self-study process. The agency's policy document confirms that the institution must prepare a self-study as a component of the accreditation process. The agency has developed a standardized template format for the self-study process. While the process describes indicators of institutional activities under the standards areas and against standards, it is unclear from the documentation that institutions' self-studies are undertaken and supported by verifiable documentation.

The agency also reports that it provides training and guidance to institutions. However, the agency has not demonstrated how or that the agency documents the satisfactory completion and effectiveness of the online training. Also, the training documents referenced as evidence of training do not provide sufficient detail to demonstrate the substance of the on-line training provided by the agency.

Also, while the agency's procedures, policies and standards place an emphasis on postsecondary education, the self -tudystudy presented as documentation (developed by the institution that piloted the 2011 standards) clearly reflects a focus on secondary education. For example, the development of the student profile emphasizes compliance with the state's Department of Elementary and Secondary Education. The school reported that the profiles, among other things, aided the school in determining if the students are enrolling in postsecondary education. More alarming is the school's conclusion that their collaborative efforts had produced students ready to access jobs immediately upon GRADUATION FROM HIGH SCHOOL (emphasis added) indicatingindicating, "its focus is on kids".

In the Department's 2010 evaluation of the initial application of AdvancED, the Department requested the agency to demonstrate that it has differentiated its secondary vs. postsecondary accreditation policies, procedures and standards and its accrediting activities prior to February 2011. It has one school in the pilot program to test the revisions and focus of its activities on postsecondary

education. However, the documentation provided does not clearly demonstrate that the assistance provided by the agency's staff had a postsecondary education scope regarding the piloted institution.

The Department finds that the agency used documentation that focuses on the review of secondary education to demonstrate its compliance with the self-study requirements of this criterion, specifically the content did not conform to the current requirements.

Staff Determination: The agency does not comply with the requirements of this criterion. The agency must demonstrate that it has and effectively applies a self-study process specifically for its postsecondary education accreditation.

Analyst Remarks to Response:

Under this criterion, the agency must require institutions to prepare an in-depth self study that includes an assessment of educational quality (conformance with agency standards) and to address the effort to improve educational quality. The agency must provide institutions with guidance on the development of a self-study to include the involvement of key stakeholders.

The agency has provided an extensive response to the draft staff analysis. However, the concerns of the Department have not been addressed. The agency has worked extensively to move the accreditation process documentation to a series of standardized template charts and checklists. The self study process is based on a standardized template of compliance checkboxes and focus questions that is not clear in guiding institutions to complete a comprehensive self study. While the self studies provide varying amounts of description, they do not reflect an in-depth qualitative assessment of the institutions' strengths and weaknesses. There is also inconsistency in the agency's expectation of the involvement of key stakeholders in the self analysis.

The agency also provided documents of the agency's guidance to its institutions on the self study process. However, the training documents (and supported by the self studies provided) do not demonstrate that the agency provides guidance to its institutions on developing an in-depth self study that includes a qualitative assessment of educational quality from which to develop an education quality improvement process.

Staff Determination. The agency does not comply with the requirements of this criterion. The agency must demonstrate that it has and consistently applies a self-study process that requires institutions to conduct a comprehensive in-depth assessment of educational quality.

(c) Conducts at least one on-site review of the institution or program during which it obtains sufficient information to determine if the institution or program complies with the agency's standards;

The agency reports that on site review teams generally include five to seven members (practitioners and academic and administrative personnel) who have expertise in postsecondary institution review, career and technical programs, student services, and other areas as required by the programs offered at the institution. Although the size of the team varies depending on the size of the institution and the number of programs offered, one site visit report shows that four team members worked in career and technical centers. The team Chair whose name the accreditation office highlighted by "PS" appeared as the only team member with postsecondary experience. The agency documented the two-day site visit with a team report that used former standards. For this report, it is not clear that the team included practitioners as suggested in the narrative citing exhibit 90(b), nor is it clear that practitioners served on another site team as shown in the team roster of the site visit report in exhibit 171(b).

The team roster for another site visit team reflects that the team members come from the same state and two of the members appear to be employed at the State Department of Education. This appears to be a conflict of interest and/or the perception of a conflict of interest. The agency needs to provide evidence that it ensures that the composition of its site visit teams guard against the perception of a conflict of interest.

The agency reports the purpose and responsibilities of the site visit team includes evaluating the institutions adherence to the postsecondary standards, assessing the improvement process, and recommending required actions to improve based on a rating system through indicators. The template of the site visit agenda suggests that the team spends time evaluating documents during the site visit, however, there is no evidence that this occurred in the documentation provided.

As noted in an earlier section of the criteria, there is no evidence that the agency trains team members on interpretation of the agency's standards. An undated power point presentation of team member training reviews the agency's accreditation process and does not focus of the standards or policies. The Excel spreadsheet provided in exhibit 22, indicates that while the agency may have held several training sessions in various locations as follows: site visit/institution representatives occurred on April 7, 9, 21, 2009, September 18, 28, 2009, October 21, 2009, December 16, 2009, and October 13, 2010, retention training on May 18, 2009, September 17, 2009, team tool training November 9, 2009, October 13, 2010, and Chair training September 16, 17, 23, 25, 2009, October 6, 2010, all of these dates occurred before the agency adopted the new standards in March 2011. There is no evidence that teams have been trained on the current (postsecondary) standards.

For each standard, the on-site team evaluates compliance with each indicator in relation to the school's focus on systems and methods of attaining high student performance and provides a rating of "meets" indicator (with and without comments) and "partially meets indicator" or "not met" with comments. An institution receives a numeric score based on the sum of the ratings given to each indicator. The team makes a system-generated accreditation recommendation based on the numeric score. The team develops a site team report at the conclusion of the visit. However, the agency's documentation does not provide sufficient evidence of the team's review of the institution's documentation, nor of its interviews and observations to demonstrate how it has verified and concluded compliance by the postsecondary education institution, programs, and student outcomes with each of agency's postsecondary standards and indicators.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must demonstrate that the site teams are appropriately composed with postsecondary administrators and academics, and practitioners and that the agency effectively guards against conflicts of interest and the perception of any conflict of interest. It must demonstrate that all team members receive sufficient training in the interpretation of agency standards and protocols. The agency must also demonstrate that its site team report includes sufficient evidence of its verification of the documentation and the basis for its compliance determinations on the postsecondary institution, programs, and student outcomes.

Analyst Remarks to Response:

The agency was cited, in part, for not demonstrating that its site teams are appropriately composed with postsecondary administrators and academics, and practitioners. The agency has not responded to this issue nor demonstrated that it ensures that each of its site teams are appropriately composed with postsecondary administrators and academics, and practitioners.

The agency site team process was cited, in part, because it was determined that the agency did not demonstrate that it effectively guards against conflicts of interest and the perception of any conflict of interest in the composition of its site visit teams. The agency responded by contesting the citation. The Department's position is that it is a conflict of interest to have persons on a site team that may appear to have other interests and/or influence over the institution they are to evaluate thus raising the potential for bias as to the outcome. It would appear to staff that the state agency does have other interests in and influence over the institutions in its State that the accrediting agency has not considered. It is common practice for accreditors to adhere to practices such as not using site evaluators from the same state in order to avoid potential conflict of interest. The agency did not provide evidence that it ensures that the composition of its site visit teams guard against the perception of bias resulting in a conflict of interest

The agency was cited for not demonstrating that all team members receive

sufficient training in the interpretation of agency standards and protocols. The agency did not provide documentation that it provided training to site team members on interpretation of agency standards and site visit protocols.

The agency was also cited for not providing sufficient evidence of its verification of the documentation and the basis for its compliance determinations on the postsecondary institution, programs, and student outcomes.

The site team reports do not demonstrate that that the team is assessing the institution against agency standards and indicators. Throughout, the team reports do not reflect comprehensive assessment of the agency standards/indicators. For example in one team report provided as documentation, Standard 3 indicator 3.4 requires--

" The institution evaluates competing and/or similar programs offered regionally and locally to gauge employment needs and assist in establishing reasonable program costs."

The team report assessment does not address the requirement of the indicator that the "institution evaluate other programs to gauge needs and establish reasonable program costs'. Rather it states--

"Interviews with students indicate that Symbol provides superior learning opportunities compared with competing programs. Students consistently mention the emphasis of hands-on lab time, the breadth of topics included, and the reasonable time frame for certification as benefits of the Symbol program"

The assessment does not address the agency's expectation that the institution demonstrate it has evaluated other programs.

Standard 3, Indicator 3.7 --

"Curriculum integrates academic knowledge and skills with rigor as reflected by specific industry standards, credentialing entities, and constituent/technical advisory committees.

The team report assessment does not address the curriculum, it states solely--

"Applicants are required to pass a math exam, unless previously screened by another agency (IA),"

From another report--

Standard 3, Indicator 3.36--

"Institution regularly collects and analyzes enrollment data, retention rates, and career-technical and postsecondary student outcome data; uses that data as

part of an institutional evaluation/assessment of success in meeting the mission; and uses evaluation results to develop and implement improvement plans, based on criteria/processes for evaluating the institution's objectives/goals and the outcomes resulting from the improvement plans."

From the site team assessment--

"Data collection and analysis is much improved since the candidacy review. NCA reports are complete and are filed as required. As additional required reporting for financial aid is assumed, professional development will be needed. The DoA is aware of the needs and is willing to restructure/assign staff for these tasks."

The team assessment that "data collection and analysis is much improved" is by commonly accepted standards an incomplete assessment of the requirements outlined in the indicator.

Standard 3, Indicator 3.39--

"Notwithstanding 3.38, an institution may establish its own student achievement standards. If it does so, the institution's standards shall be reviewed to ensure that they address job placement, state licensure, and program completion rates and are reasonable in light of related nationally recognized program credentialing agency standards and state standards for student achievement and shall review the institution's processes for collection and review of student achievement data for accuracy and for use in institutional improvement plans."

From the site team assessment--

"NCA CASI will determine acceptable student achievement rates which will be reported and verified annually."

In each of these examples, the institutions were determined to have met the indicator. Based upon a review of the agency's site team reports, the agency has not demonstrated that its team reports reflect an assessment of the requirements of the indicators/standard, verify the documentation nor that the agency's compliance determinations are consistently based on an assessment of agency written standards/indicators.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must demonstrate that the site teams are appropriately composed with postsecondary administrators and academics, and practitioners and that the agency effectively guards against conflicts of interest and the perception of any conflict of interest. It must demonstrate that all team members receive sufficient training in the interpretation of agency standards and protocols. The agency must also demonstrate that its site team report includes sufficient evidence of its verification of the documentation and the basis for its compliance determinations.

(e) Conducts its own analysis of the self-study and supporting documentation furnished by the institution or program, the report of the on-site review, the institution's or program's response to the report, and any other appropriate information from other sources to determine whether the institution or program complies with the agency's standards; and

The agency has established new policies/procedures in the review process. Once the site team report (QAR) is developed and sent to the Agency office, it is forwarded to a Super Reader who assigns it to a Reviewer ReaderReviewer. The Reader Reviewers hold "contract" positions and review the QAR and ensure it conforms to the agency standards/ indicators. According to the agency, Reader Reviewers are former site team chairs; however, the agency did not document the selection process and qualification requirements for the reader reviewers.

The agency reports that it has developed a training module for the Reader Reviewer function. The documentation of the training raises a number of concerns. First the training documentation applies to the Reader Reviewers for AdvancED accreditation, presumably at the secondary school level, and not at the postsecondary level. Second, according to the documents, a function of the Reader Reviewer is, "Not reader's job to change rating but to strengthen the report to justify the rating." Another portion of the training materials indicates that the Reader Reviewer should contact the chair "to add or delete substantive concepts." These directions suggest that the Reader Reviewer can amend the content of the site team report. Also, the agency reported that the Reader Reviewers' process includes verifying student achievement data, enrollment data, and governance approval. However, the intranet documentation does not reflect these actions occur, nor is it clear whether the Board sees the Reader Reviewers' comments in its deliberations. Furthermore, the agency has not described or documented the role of AdvancED State office personnel in the reader review process, as exhibited in the training webinar.

The criterion requires that the Board conduct its own analysis of the documentation which requires that all Board members have access to the self-study and supporting documentation, site team report, response to the site team report, and information from other sources used in the decision-making. At its September 2011 Board meeting, Department staff asked the members; they indicated that they had access to the institution's documents prior to the meeting through the NCA-CASI secured intranet website.

One particular critical concern regarding the agency's reliability as a recognized accreditor is documented in the minutes of the May 2011 Board meeting. The Board minutes reflect that the Board voted and unanimously approved the “transfer” of a school into its postsecondary membership as "Accredited" until June 30, 2014. The rationale provided in the minutes is that "it serves mostly

international students; most students are from Saudi Arabia. Programs are short term and the school is not considering applying for Title IV funding. A recent change in Sevis regulations effective July 1, 2011 requires that all schools with international students who need visas must be accredited. CITA originally accredited this school and their last accreditation visit was in 08-09." Transfer of accreditation is not an accepted accreditation practice for accrediting agencies recognized by the Secretary of Education. Recognized accrediting agencies are required to conduct a full and comprehensive accreditation review that includes a self study, an on-site review, and Board analysis of the review documents prior to making a decision to accredit an institution. The agency's practice not only calls into question the agency's position as a reliable authority regarding the quality of education at an institution but also disregards its obligation to the Department of Homeland Security.

The agency has not demonstrated that its accreditation decision-making process is sufficiently rigorous to determine that it is reliable as an authority of the quality of education provided by the schools it accredits. In the QAR provided as evidence of its application of its postsecondary education standards/ indicators, Standard 3 is the standard for "Teaching and Assessing for Learning." It includes: curriculum, instructional design, assessment practices guide, ensure teacher effectiveness, and student learning. The 39 indicators under the standard include: Curricula, Instruction, Recruiting/Admission Practices, Measures of Program Length and Objectives of Credentials Offered; and Student Achievement. The agency's review of the institution found that it met only 17 of the indicators under this standard - less than half of the indicators that make up the standard. The agency found that the institution only partially met 18 of the indicators and did not meet one indicator measuring student achievement. The agency assigned a score of 67% to the standard.

The agency's accreditation decision is based on the aggregated score for the 5 standards and the agency does not consider an institution out of compliance with its standards if it scores at least 70% on the overall summary score of its 5 standards. Per agency policy, "An Institution shall be classified as Accredited on Advisement when the institution performs between 70% and 79% on a rating scale of 0 to 100% and, in the opinion of the Board of Directors, it meets the requirements of policies and standards, but indicators suggest that the institution needs to take immediate action to prevent falling into noncompliance."

In the QAR, the required actions identified by the team do not address the not met or the partially met indicators under the standards. Per the report, "In addition to the commendations, the Quality Assurance Review Team identified the following required actions for improvement. The team focused its required actions on those areas that will have the greatest impact on improving student achievement and overall school effectiveness. The school will be held accountable for addressing each of the required actions noted in this section. Following this review, the school will be asked to submit a progress report only on the required actions. These included (1) Review the mission and vision to include a focus on technology in the goals; (2) Enhance the administrator's

career and technical knowledge through mentoring and technical assistance experiences. Providing networking opportunities can result in data-driven decision-making, increase business/industry involvement, and a clear focus on industry credentials, and (3)Establish a formalized marketing plan that promotes all career and technical programs. The lack of rigor in the accreditation review and decision-making process as demonstrated by the agency in this petition for recognition is not of sufficient rigor to establish that the agency is a reliable authority.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that it has and effectively applies an accreditation review and decision-making process that is of sufficient rigor to establish that the agency is effective in its performance and a reliable authority of the quality of the educational institutions it accredits. Also, the agency must establish and document the selection process and qualifications of the Super Readers and Reader Reviewers for NCA-CASI. The agency must explain and document the role of the AdvancED State office personnel in the review process.

Analyst Remarks to Response:

The criterion requires that the Board conduct its own analysis of the documentation which requires that all Board members have access to the self-study and supporting documentation, site team report, response to the site team report, and information from other sources used in the decision-making. At its September 2011 Board meeting, Department staff asked the members about the availability of these materials; they indicated that they had access to the institution's documents prior to the meeting through the NCA-CASI secured intranet website.

The agency appears to have subsequently changed its policies and processes regarding its review and decision-making process. In its response it states, "The clearest and most appropriate documentation of compliance with this criterion relates to institutional reviews conducted under the Agency's new standards and policies subsequent to the submission of our petition." The new policies have revised the numeric scores associated with the accreditation status accorded to an institution. It is not clear on which policies and processes the agency is basing its decisions.

The documents the agency provided regarding the agency's action to place institutions on probation as a result of a review of annual report student outcomes data, do not address the requirement of this criterion which is a requirement to demonstrate that the decision-makers review specific documents in making the decision to accredit an institution.

The agency has clarified for the Department that AdvancED State office personnel are not included in the review and decision-making process for postsecondary institutions

The agency provided revised documents regarding the reader reviewers and

lead evaluators in which some of the Department's concerns were addressed.

The agency contends the issue of "transfer" of accreditation raised by staff in its draft staff analysis. In response, it provided a staff report of a visit to the institution by an agency staff member during which the staff person provided training on agency standards to 2 institution personnel. The 4-page report concluded, " Based on the findings of this review, Madison English as a Second Language School meets NCA CASI standards and policies for accreditation and should be recognized as an NCA CASI Postsecondary accredited school." This report appears to be the basis of the Board's decision to accredit the institution. This action demonstrates the agency's lack of compliance with this section; as the Board made this accreditation decision without reviewing the documents required by this criterion.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that the Board conducts its own analysis of the required documents that contain sufficient information for the Board to determine that the institution complies with the agency's standards.

(f) Provides the institution or program with a detailed written report that assesses--

> **(1) The institution's or program's compliance with the agency's standards, including areas needing improvement; and**
> **(2) The institution's or program's performance with respect to student achievement;**

and

The agency sends a copy of the QAR to the institution prior to the decision, but does not indicate how it informs the institution of the accreditation decision. The agency has not demonstrated that it provides an institution with a detailed written report that assesses compliance with the agency's standards.

The QAR includes a Summary of Findings section in the written report provided to the institution. The summary of findings section includes Commendations and Required Actions. However, is not evident that the required actions correspond to non-compliance with any of the agency standards and indicators. The summary of findings does not identify the relationship of specific standards/indicators to each finding.

In the main body of the report, under each standards area, the site team "notes how the school met the intent of the standard based on the preponderance of evidence" and identifies areas of Strengths and areas of Opportunity for Improvement. It does not appear that these are areas of compliance or non-compliance with specific agency standards and indicators.

Further in the QAR is a Compliance Checklist that identifies several of the USDE criteria for recognition by regulatory citation with a checkbox for either compliant or non-complaint. There is no narrative identifying or supporting the determinations. It is not clear how the agency or the institution is using this Checklist.

Following this, is a table of the agency's standards and indicators and a (met/partially met/ not met) rating for each indicator. Indicators that the team identifies as partially or not met include a brief statement summarizing the reason for the rating. A numeric summary score is generated for each of the 5 standard areas, an aggregate overall summary score is generated, and an accreditation status is determined from the aggregate score.

The agency provides the QAR to the institution prior to the Board's action. The format of the QAR report under the new standards, as provided, appears to be a decision document. Therefore, it is unclear, going forward, whether the Board functions as an independent appraiser of all documents in its role as the decision-making body or adopts the recommendations in the QAR.

The agency's approach to determining and providing a report of compliance also calls into question whether the agency has an approach that is sufficiently rigorous to ensure that the agency is a reliable authority. Of note under this approach, is that the agency does not consider an institution out of compliance with its standards if it scores at least 70% on the overall summary score. Per agency policy, "An Institution shall be classified as Accredited on Advisement when the institution performs between 70% and 79% on a rating scale of 0 to 100% and, in the opinion of the Board of Directors, it meets the requirements of policies and standards, but indicators suggest that the institution needs to take immediate action to prevent falling into noncompliance."

The agency does not provide the institution with a detailed report of the institution's performance with respect to student achievement. While the sample QAR under the new standards cites a programs student outcomes (completion, licensure pass rate and placement), it does not provide any evidence that the agency analyzed the data.

The agency anticipates that institutions and site team evaluators will use the new indicators in Standard 3 to demonstrate student achievement rates for placement, licensure/industry credential rates, and employment rates. In lieu of these rates, the agency encourages the institution to develop qualitative measures when external rates do not exist. The agency states that it will develop uniform mechanisms to assess student achievement when industry, state licensure, credentialing, or placement rates do not exist. The agency has not demonstrated its application of such changes in the current documentation or in the QARs, it sends to institutions.

Staff Determination: The agency does not meet the requirements of this section of the criterion. The agency must demonstrate that has an effective mechanism

for providing an institution with a detailed written report that assesses its compliance/non-compliance with agency standards and the institutions performance with respect to student achievement. It must demonstrate that it has a decision-making process that is sufficiently rigorous to ensure that the Board makes accreditation decisions that are sufficiently rigorous to ensure that the agency is a reliable authority of the quality of the education and training provided by the institution.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency has provided more recent site visit reports. The report format has been revised and expanded to show a clearer link/relationship between the agency's findings (required actions) and the agency's standard/indicator(s).

The agency has also responded to the Department regarding the Compliance Checklist. Per the agency, the compliance checklist "is used by the site team to indicate conclusions of institutional compliance with the relevant standard or indicator." As the checklist identifies the Secretary's criteria for recognition under 602.16 (which are not applicable to institutions but to accrediting agencies) and as there is no evidence what is the expectation, it remains a mystery what the narratives included in the recent examples represent. It is not clear how the agency or the institution is using this Checklist.

The agency has not demonstrated that it consistently assesses student outcomes against agency standards (or state student achievement standards) nor that it provides a detailed written report of an institution's performance with respect to student achievement.

While the agency has a policy stating when and how it will apply state standards, it is not clear how/that the agency knows what are the state student achievement standards nor has the agency provided examples of using them in its assessment of an institution and its vocational programs. The agency also states that it uses state and industry skill standards in its assessment of its institutions. However, apart from identifying the industry skill standards, the agency has not demonstrated that/how it assesses/verifies that the institution/programs are compliant/non-compliant with the appropriate industry skill standards.

Though the agency has identified having made some determinations of compliance regarding student outcomes from data submitted in annual reports on a sample of institutions, it has not demonstrated that it assesses student outcomes during the accreditation decision-making process. While the site team report identifies a completion, placement and licensure rate (as applicable), it is not clear in the report what is the agency or state standard of achievement nor is there evidence of an assessment of the compliance/non compliance of the institution's outcomes rates against the agency or state expectations.

What the agency has done is to provide evidence that it has notified some of its

institutions that they do not meet the agency's annual thresholds for three different student outcome measures- completion, placement, and licensure and placed the institutions on probation.

In some of the site team reports provided to the Department and in the annual report letters regarding student outcomes, the agency includes the institution's completion, placement, and licensure rates. This is not sufficient to meet the requirements of this section to provide a detailed report of the institution's performance with respect to student performance. This requirement applies to all institutions, those both meeting and not meeting the agency standards for student achievement.

In its response and in reaction to the Department's assessment of the compliance of the agency's accreditation statuses, the agency has described another revision to its policies for establishing the accreditation status of an institution. The agency's continual revisions demonstrate that it has yet to establish a consistent and reliable accreditation decision-making process.

Staff Determination: The agency does not meet the requirements of this section of the criterion. The agency must demonstrate that has an effective mechanism for providing an institution with a detailed written report that assesses its compliance/non-compliance with agency standards and an institution's performance with respect to student achievement.

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§602.18 Ensuring consistency in decision-making

The agency must consistently apply and enforce standards that respect the stated mission of the institution, including religious mission, and that ensure that the education or training offered by an institution or program, including any offered through distance education or correspondence education, is of sufficient quality to achieve its stated objective for the duration of any accreditation or preaccreditation period granted by the agency. The agency meets this requirement if the agency--

> **(a) Has written specification of the requirements for accreditation and preaccreditation that include clear standards for an institution or program to be accredited;**

The agency’s inability to demonstrate its effective application of its standards in the postsecondary education accreditation process renders it unable to demonstrate that it has clear standards and compliance with this section of the criteria.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate its effective application of its standards in the postsecondary education accreditation process.

Analyst Remarks to Response:

Criterion 602.18 focuses on consistency in decision making and requires that the agency must consistently apply and enforce standards which are, under (602.18(a), to be a written specification of the requirements for accreditation that include clear standards. If it is not demonstrated that the agency consistently applies and enforces its standards, among the reasons for this may be a lack of clarity on the agency's written specification of the requirements for accreditation.

While the standards themselves may appear to be clear, the agency's assessment of compliance with its standards suggest they are not is not clear and consistent. Throughout the analysis, the Department has identified examples of the assessment not reflecting the requirement of the indicator. For example, Standard 3 indicator 3.4 requires--

" The institution evaluates competing and/or similar programs offered regionally and locally to gauge employment needs and assist in establishing reasonable program costs."

As noted earlier, the assessment of this indicator does not address the requirement that the "institution evaluate other programs to gauge needs and establish reasonable program costs'. Rather it states--

"Interviews with students indicate that Symbol provides superior learning opportunities compared with competing programs. Students consistently mention the emphasis of hands-on lab time, the breadth of topics included, and the reasonable time frame for certification as benefits of the Symbol program"

The site team assessment does not address the agency's expectation that the institution demonstrate it has evaluated other programs.

Neither has the agency demonstrated it consistently applies and enforces its requirements for accreditation to include its standards in order to inform the clarity of its requirements. The numerous revisions of its assessment tools during the past two years result in varying levels of demonstrated assessment. The agency's inability to demonstrate its effective application of its standards in the postsecondary education accreditation process renders it unable to demonstrate that it has clear standards and compliance with this section of the criteria.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate it has written specification of its requirements to include clear standards.

(b) Has effective controls against the inconsistent application of the agency's standards;

The agency cites that its consistent application of its standards is the result of a multiple layer review and the training it provides to all cohorts in the accreditation process. However, the agency has not demonstrated the effectiveness of its training. As cited in earlier sections, the agency's documentation does not provide sufficient content to demonstrate that the agency has trained its site reviewers and Board members and institutions in the agency's interpretation of its postsecondary standards and indicators. Therefore, there is no evidence of their consistent application.

While the agency does have a multiple level review process (site evaluators and Board members) there is insufficient evidence to demonstrate the consistency of the process. The agency has recently adopted postsecondary standards indicators; however, the institutional self-study documentation and the on-site evaluation report insufficiently and ineffectively demonstrate consistency in the application of its standards. The other materials in the review process do not appear to be more than lists of types of documentation that an institution can use as a basis for developing its self-study (Postsecondary Schools Evidence Guide) and a database framework for storing documents and information (Document Management Tool) and of themselves do not provide a sufficient basis for demonstrating consistency in the application of standards by the agency.

The role of the Reader Reviewer in the postsecondary accreditation process has not been documented and therefore cannot at this time verify the effectiveness of the function as an effective control against inconsistency.

The agency provided evidence of the technical assistance given to a school by the NCA CASI Postsecondary Office.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate that it has effective controls against the inconsistent application of its standards.

Analyst Remarks to Response:

In its response, the agency has provided additional documents to further illustrate the agency's documented review of its institutions against its standards and indicators as a means for demonstrating its application of its standards in the review process. It has also provided additional documents regarding its training of its lead evaluators . The agency also cites its system for designating expert team members from accredited institutions to review other institutions and its use of all team chairs to also serve as Reader Reviewers to review draft team reports for the principal purpose of ensuring consistency in applying agency standards and providing feedback on this issue to the team chairs.

While the agency has, in place, processes that should help to ensure consistency in the application of its standards, the effectiveness of the agency's controls is not evident due to the numerous revisions of its assessment tools,

policies, and processes during the past two years. The agency needs to demonstrate the effectiveness of its controls by demonstrating consistency in its application and enforcement of its standards, policies, and processes.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate the effectiveness of its controls by demonstrating consistency in its application and enforcement of its standards, policies, and processes.

(c) Bases decisions regarding accreditation and preaccreditation on the agency's published standards;

It is not clear whether the agency bases its decisions on compliance with the agency's published standards. While the self-study and the site team report are formatted according to agency standards, there is insufficient content and substantive information provided in the documents to make an informed decision on compliance with the standards. For example, the site team report does not demonstrate clearly that required actions cited in the QAR, as a result of the review, are based on specific agency standards. Neither does the report provide substantive content regarding the conclusion of the team regarding an institution's compliance, partial compliance, or non-compliance with the standards and indicators.

Specifically, the agency has not ensured that the Board stays within the perimeters of the standards and the documentation of the complete record before rendering decisions. The Board minutes of the May 2011 meeting clearly show that the Board's secondary reader obtained information about the school from the internet and shared this information with the other members of the Board during a discussion about the institution, prior to making an accreditation decision. The acceptance of outside information creates the appearance that the Board bases its accreditation decisions on more than the review of the record and agency standards.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate effective mechanisms to ensure that the Board has sufficient information on which to base its accreditation decisions on compliance with the agency's published standards.

Analyst Remarks to Response:

The requirement of this section is that the agency demonstrate that it bases its decisions on its published standards. In response to the draft staff analysis, that agency has revised its site team report to more clearly link its findings to its standards.

To demonstrate its compliance with this criterion, the agency references the

Board's decision to place institutions on probation based on student outcome information collected in an annual reporting. This action does not sufficiently illustrate how the agency bases its decisions for accreditation and reaccreditation on its published standards.

The Department cited the agency in part due to the insufficient content and substantive information provided in the site team report documents on which to make an informed decision based on compliance with the published standards. In its response the agency stated that it believes that "staff assumptions regarding the lack of analysis of standards and the failure to link the analysis to specific standards and indicators reflects the staff's refusal to review the Document Management Tool, which contains the principal substantive analysis of the standards and indicators." The agency provided pages from the DMT along with the site team report to demonstrate the extent of the information on the standards available to inform the decision. The information under the standards section of the DMT is the same information in the site team report.

The Department staff reiterate what was noted previously, that there is insufficient content and substantive information provided in the site team report/DMT documents on which to make an informed decision of compliance with the published standards. The examples below (from the DMT and site team report) illustrate the basis for the Department's concern that the information provided in the documents is insufficient to conclude that the Board decision is based on compliance with the published standards--

Standard 4, Indicator 4.8: "Number of faculty meets the mission of the institution and program and learner needs"

The site team report and the DMT assessment of compliance with this standard states--

"In addition to being experts in the industry, the instructors are also at the forefront of new methods and ideas within the hot rod industry. During the past year, the faculty members have started participating in more educational related professional development in an effort to enhance their ability to deliver the vast knowledge they have to the students who they are serving."

It is not clear how this assessment demonstrates compliance with the indicator.

Another example of the limited information provided to assess compliance with the agency's published standards --

Standard 4, Indicator 4.1 - Institution’s faculty is hired with the prescribed education and/or technical skills through specific wage-earning experiences and/or training and has been deemed qualified by the state accountability or industry credentialing agency requirements to instruct adults. Work experience in compliance with state/local standards may be accepted in lieu of education credentials where credentials/education is consistent with state certifications or

industry requirements.
and
Standard 4, Indicator 4.2 -- Faculty demonstrates competence to teach assigned subjects with the requisite knowledge and skills to provide effective instruction.
and
Standard 4, Indicator 4.3 -- Faculty's training, earned degrees, scholarship, experiences, and classroom performance are commensurate for credential/degree level offered.

The site team report and the DMT assessment of compliance with these indicators/standard states--

"South Dakota postsecondary private schools do not have specific criteria for faculty education/credentials. Faculty meet credentials for this unique specialization."

Again, the assessment is not particularly informative; it does not appear to address the expectations of the indicators nor provide the specificity of information to the Board and on which it can make an informed accreditation decision based on (the compliance with) the agency's published indicators and standards.

Also, the agency is incorrect in its response regarding the NIAAA. The Department did not assert that the NIAAA was a secondary institution; the Department asserts that it is NOT a postsecondary education institution for purposes of the Higher Education Act , including the recognition provisions, and review of the NCA-CASI Bylaws suggests that it also may not conform to the Bylaws and purpose of the NCA CASI. See also staff analysis under 602.23(b).

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate effective mechanisms to ensure that the Board has sufficient information on which to demonstrate that its accreditation decisions are based on (compliance with) the agency's published standards.

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§602.19 Monitoring and reevaluation of accredited institutions and programs.

(a) The agency must reevaluate, at regularly established intervals, the institutions or programs it has accredited or preaccredited.

The agency has written policies indicating that it reevaluates institutions every five years. However, the agency has not provided documentation verifying that it accredits institutions within the 5-year intervals of its policy.

Staff Determination: The agency does not meet the requirements of this section.

The agency needs to provide evidence that it conducts evaluations for accreditation or reaccreditation in compliance with its policies to review an institution every five years.

Analyst Remarks to Response:

The agency confirmed that it requires that institutions be reviewed and re-accredited on a five-year cycle. However, the agency documentation does not evidence this. The webshots provided by the agency do not demonstrate that accreditation reviews occur within a 5 year period. The historical actions evidence that the agency does not comply with its policy of conducting 5-year accreditations. For example, Warren County was accredited in April 2005 for a 5 -year period. It was not re-accredited until August 2011; this exceeds the agency policy for revaluations.

Staff Determination: The agency does not meet the requirements of this section. The agency needs to demonstrate that it consistently adheres to its policy to conducts reaccreditation reviews in compliance with its policies to review an institution every five years.

(b) The agency must demonstrate it has, and effectively applies, a set of monitoring and evaluation approaches that enables the agency to identify problems with an institution's or program's continued compliance with agency standards and that takes into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent with the provisions of §602.16(f). This provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.

The criterion requires an agency to demonstrate that it has and effectively applies a set of monitoring approaches that can identify problems with continued compliance with agency standards. It must include periodic reports, the collection and analysis of key data and indicators of fiscal information and measures of student achievement. It does not require annual reporting on each specific accreditation criterion.

The agency has written policies requiring that its accredited institutions submit an annual report; these policies also outline the types of information the report must include. The reports are submitted electronically to an agency database. The agency provides a PowerPoint presentation to guide institutions with their completion and submission of electronic reports.

The agency's report format seeks institution narratives in 33 areas plus demographic information on the institution, staff, programs, student enrollment, and student outcomes data by program. The report did not have evidence of

fiscal capacity data. While it is the agency's prerogative to identify the information it seeks in any periodic reporting apart from the required data and indicators of fiscal information and measures of student achievement, the information and format of the information sought by this agency is not commonly requested information by postsecondary accreditors in annual reports. For example, the agency seeks a narrative in such areas as-
- Admission Policies: Describe your documentation process for policies and procedures.
- State approval or program accreditation compliance: Describe your process for state approval or program accreditation compliance.
- Academic integration: How do you integrate academic competencies into career/technical education programs?
- Faculty considerations: Regarding hiring practices, what is the process for hiring faculty? What are the certification requirements? (For example, "We comply with state department teacher certification requirement")
- Student recruiting practices: Describe recruiting practices.
- Strengths- Identify strengths.
- Opportunities for Improvement: Identify opportunities for improvement.

The information requested appears akin to information requested in a self-study. While the agency's written procedures provide that the Postsecondary Office will do an initial review of compliance and prepare a report for the Board, the agency has not provided documentation of any review of the information and Board action nor any evidence of how the information regarding corrective actions taken by the institution on previously identified issues is assessed. While the guidance to institutions reflects the submission of enrollment and student outcomes data, the sample spreadsheets of annual report responses does not include this data. There is no documentation that key data such as fiscal information and graduate placement, licensure/certification and graduation rates are assessed for compliance with agency requirements.

Staff Determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has and effectively applies a set of monitoring approaches that can identify problems with continued compliance with agency standards. It must demonstrate that it collects and analyses key data and indicators to include fiscal information and measures of student achievement by institution /program, as appropriate.

Analyst Remarks to Response:

In the draft staff analysis, the agency did not demonstrate that it has and effectively applies a set of monitoring approaches that can identify problems with continued compliance with agency standards. It must demonstrate that it collects and analyses key data and indicators to include fiscal information and measures of student achievement by institution /program, as appropriate.

Though some of the documents are redundant, in its response, the agency provided numerous documents verifying its collection of vast amounts of information from its institutions. It is not evident, however, how this information is

analyzed to determine continued compliance with agency standards. While the agency provided an example of its actions against institutions that did not meet its student achievement thresholds and student financial aid default rates this year, it has not provided any documentation that it has conducted an analysis of the other information it requires from institutions to illustrate continued compliance with agency standards. The agency has not demonstrated that it has established triggers or other identifiers of changes that would raise concern and action on the part of the agency.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it collects and analyses sufficient information and data to identify problems with an institutions continued compliance with the agency's standards throughout the period of accreditation.

(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect headcount enrollment data from those institutions or programs.

The agency has developed a policy that defines the items that institutions must include in their annual reports, including student enrollment. The annual report PowerPoint made available to institutions as guidance in their completion of the annual report includes screens that indicate that institutions are to enter enrollment data by program.

The agency's annual report documentation does not include this data. The agency needs to demonstrate that it collects headcount enrollment data at least annually. The agency must demonstrate that it reviews the annual headcount data to monitor overall growth at its accredited institutions.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that it collects headcount enrollment data at least annually. The agency must demonstrate that it reviews the annual headcount data to monitor overall growth at its accredited institutions.

Analyst Remarks to Response:

The agency is required to demonstrate that it collects headcount enrollment data at least annually and to demonstrate that it reviews the annual headcount data to monitor overall growth at its accredited institutions.

The documentation uploaded by the agency with its original petition was Exhibit 82a: 2010 Annual Report Data. This document does not include headcount enrollment data. In its response to the draft staff analysis, the agency has uploaded Exhibit 82a: Annual Report Sample Headcount. This document does include headcount data. The mistake on the part of the agency is

understandable as it has provided over 400 documents.

The agency also provided a sample of a trend analysis of institutional headcount. It is unclear why the agency provided only an abbreviated listing when it has approximately 193 institutions. The abbreviated sample does not demonstrate that the agency collects the data from every institution as required or that it conducts the trend analysis on every institution as part of its monitoring of its overall growth.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that it collects headcount enrollment data at least annually. The agency must demonstrate that it reviews the annual headcount data to monitor overall growth at its accredited institutions.

(d) Institutional accrediting agencies must monitor the growth of programs at institutions experiencing significant enrollment growth, as reasonably defined by the agency.

The agency has a definition of significant enrollment growth/decline in ON-CAMPUS enrollment. Significant enrollment growth is to be reported through the agency's substantive change process. Under the agency's policy, significant growth is defined as a 25% increase in student population or excess of 100 students whichever number is greater. The agency's policy is not compliant as the criterion is not limited to only on-campus enrollment. The agency must revise its policy to apply its definition of significant enrollment growth to the total institution enrollment.

The agency has not demonstrated that it collects and assesses institutional enrollment data. It must also demonstrate that it has an effective mechanism in place to monitor the growth of programs at those institutions experiencing significant enrollment growth.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must revise its policy to apply its definition of significant enrollment growth to the total institution enrollment. The agency must also demonstrate that it collects and assesses institutional enrollment data and also demonstrate that it has an effective mechanism in place to monitor the growth of programs at those institutions experiencing significant enrollment growth.

Analyst Remarks to Response:

The agency is required to monitor overall enrollment growth at institutions it accredits and the enrollment growth of programs at institutions that are experiencing significant enrollment growth. Under this criterion, the agency must define what it considers to be significant institutional enrollment growth.

In its petition, the agency directed the Department to its substantive change policy regarding the agency's requirement to report significant enrollment growth, which the Department accepted as describing the agency's definition of "significant enrollment growth". However, based on the agency's response and a review of the agency's policies, it is unclear that the agency has a policy that defines "significant institutional enrollment growth" for the purposes of the agency's annual monitoring. Neither has the agency demonstrated that it monitors the overall growth of institutional enrollment annually, identifies those institutions that experience significant enrollment growth, and monitors, by program, those that experience significant enrollment growth.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that it has a written policy defining (reasonable) significant institutional enrollment growth for the purposes of annual monitoring and demonstrate that it monitors the overall growth of institutional enrollment annually, identifies those institutions that experience significant enrollment growth, and monitors, by program, those that experience significant enrollment growth.

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§602.20 Enforcement of standards

(a) If the agency's review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must--

(1) Immediately initiate adverse action against the institution or program; or
(2) Require the institution or program to take appropriate action to bring itself into compliance with the agency's standards within a time period that must not exceed--
(i) Twelve months, if the program, or the longest program offered by the institution, is less than one year in length;
(ii) Eighteen months, if the program, or the longest program offered by the institution, is at least one year, but less than two years, in length; or
(iii) Two years, if the program, or the longest program offered by the institution, is at least two years in length.

The agency has written policies and procedures that define the various accreditation statuses and the agency's enforcement practices. The agency's written policies also describe the agency's requirement that institutions address noncompliance with agency requirements within timeframes established by the agency. By policy, these timeframes can extend from 60 days to 18 months (or 2 years if the longest program at the institution is at least 2 years in length). These timeframes as written are consistent with the criterion.

However, the agency has not demonstrated that it enforces the intent of the criterion, which is that when the agency's review under a standard identifies areas that are not in compliance with the standard, the agency will require the institution to take corrective action. The indicators define the standard. As previously identified, the site visit report of an institution under the current postsecondary education standards, identified numerous indicators (to exceed 50% of the indicators in two of 5 standards) that either did not meet or only partially met the agency's measurement indicators, yet the agency has not taken action to require the institution to address these issues/findings.

Neither has the agency provided sufficient documentation to demonstrate the Board had taken action within the proscribed timelines for corrective action. Additionally, the reports provided by the agency represented application of the former standards in which the agency did not distinguish the application of its standards whether applied to secondary or postsecondary vocational educational programs.

Staff Determination: The agency does not meet the requirements of this section of this criterion. The agency must demonstrate that it enforces its standards and indicators in accordance within the intent of the criterion, which is, that when the agency's review under a standard identifies areas that are not in compliance with the standard, the agency will require the institution to take corrective action. The agency must also demonstrate that it has applied its enforcement policies and procedures with documentation sufficient to demonstrate that its actions were taken in compliance with the timelines required by this criterion.

Analyst Remarks to Response:

The agency's revised policy does not appear to comply with the requirements of this criterion that an agency either take immediate adverse action (defined by the criteria as an action to terminate the institution's accreditation) or to allow the institution period of time, specific to the limits of the criterion, to come into compliance. The policy states that "if sufficient progress is not noted within the noted time periods, the Board of Directors shall move the institution to Accredited on Probation status or drop the institution's accreditation/"

The agency's policies are not clear in requiring an institution to come into compliance within the timeframes of the criterion. If the institution does not come into compliance within the timeframes the agency must initiate action to terminate the institution's accreditation unless in rare and unusual circumstances a good cause extension is warranted. Placing an institution on probation if it extends the timeframe of this criterion is not compliant with this criterion.

Though the agency has recently placed institutions on probation for failure to meet student achievement thresholds, the agency has not provided sufficient evidence of its review and determination that institutions found to be non-compliant with agency standards have come into compliance within the timeframes of this criterion.

Staff Determination: The agency does not meet the requirements of this section of this criterion. The agency must review and revise its policies to comply with the requirements of this criterion. The agency must also demonstrate its review and determination that institutions found to be non-compliant with agency standards have come into compliance within the timeframes of this criterion.

(b) If the institution or program does not bring itself into compliance within the specified period, the agency must take immediate adverse action unless the agency, for good cause, extends the period for achieving compliance.

The agency has a written policy for granting extensions for good cause. The policy states that "if an institution does not address the required actions or fails to submit a progress report by the designated deadline, the deadline may be extended for good cause. An institution shall be deemed to be on "probation" only in a case where the time periods prescribed in the regulations for coming into compliance are extended. Said probationary period shall not exceed 12 months . . ."

The Department expects extensions for good cause to be rare and used only under extenuating circumstances of very limited duration. The agency's policy suggests that extensions for good cause may be considered in the failure of an institution to submit a progress report. Failure to submit a report does not meet the threshold of a rare and extenuating circumstance. Also, the agency provides no evidence of any probationary periods of less than 12 months, thereby insinuating that a 12-month extension is the rule, which does not address the threshold of limited duration.

The agency policy further identifies the basis for its consideration of an extension for good cause: evidence provided by the institution that it has made significant progress in coming into compliance, articulates a persuasive, good faith justification for the extension, and provides a realistic plan with specific action steps and timelines for coming into full compliance. However, the agency has not provided the facts or the documentation necessary to support its compliance with this criterion.

Neither has the agency demonstrated that it takes immediate adverse action to withdraw accreditation in instances that the program does not come into compliance with agency standards.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must establish policies that reflect that the agency will allow for extensions for good cause to be rare and used only under extenuating circumstances and of very limited duration. The agency must demonstrate that it has and effectively applies policies for granting extensions or taking immediate adverse action to withdraw accreditation, as appropriate.

Analyst Remarks to Response:

The agency has a written policy for granting extensions for good cause. The policy states that "if an institution does not address the required actions or fails to submit a progress report by the designated deadline, the deadline may be extended for good cause. An institution shall be deemed to be on "probation" only in a case where the time periods prescribed in the regulations for coming into compliance are extended. Said probationary period shall not exceed 12 months . . ."

The Department expects extensions for good cause to be the exception rather than routine. The agency's policy suggests that extensions for good cause may be considered in the failure of an institution to submit a progress report. Failure to submit a report is entirely within an institution's control and reflects that agency policy lacks any substance. Also, the agency provides no evidence of any probationary periods of less than 12 months, thereby insinuating that a 12-month extension is the rule. The length of the extension should be determined based on circumstances rather than an automatic 12 months.

In its response to the draft staff analysis, the agency claims that it cannot provide documentation to support its compliance with granting "Show Cause extensions" [sic] for a period less than 12 months because it has recently amended its policies and no institution has been placed on Show Cause. The issue raised by the Department concerned good cause extensions, not Show Cause.

Though the agency has been accrediting institutions for a number of years, it has not demonstrated in its petition its application of extensions for good cause and/or evidence that it has taken an adverse action when an institution does not come into compliance with agency standards. .

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must establish policies that reflect that the agency will allow for extensions for good cause as the exception rather than the rule and with case-by-case consideration of its duration. The agency must demonstrate that it has and effectively applies policies for granting extensions or taking immediate adverse action to withdraw accreditation, as appropriate.

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§602.21 Review of standards.

(a) The agency must maintain a systematic program of review that demonstrates that its standards are adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of students.

(b) The agency determines the specific procedures it follows in evaluating its standards, but the agency must ensure that its program of review--

(1) Is comprehensive;
(2) Occurs at regular, yet reasonable, intervals or on an ongoing basis;
(3) Examines each of the agency's standards and the standards as a whole; and
(4) Involves all of the agency's relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.

The agency has written policy/procedures to conduct a review of its standards, to assess the clarity, specificity, validity, reliability, consistency, and adequacy of the standards to measure the quality of education being provided, that include each of the requirements under this criterion.

The agency indicated that it reviews its standards every 5 years and on an on-going basis, but has not demonstrated this process. The agency provided no evidence that it has conducted such reviews. Rather the agency reports and provides documents of its recent initiative to develop new standards to evaluate postsecondary institutions offering career and technical programs.

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate that it has conducted a systematic review of its standards as outlined in its policies and procedures and as required by this criterion.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency acknowledged that the previously submitted materials documented the development of a new set of standards to evaluate postsecondary institutions, and that process did not provide documentation of a systematic program of review.

The agency provided documentation of the start of its systematic program of review in 2009, prior to the decision to create a new set of standards. That documentation includes the action plan and timeline to review the standards; and invitation, agenda, presentation, and participant list for a webinar to review standards.

The action plan states that a survey of schools and districts to solicit feedback about the standards would occur in 2009, but no documentation of that survey was provided to demonstrate that the input was solicited, or that comments were reviewed. In addition, the documentation of participation of 10 individuals in one webinar session in 2010 does not demonstrate that the agency involves all of its relevant constituencies in the standards review process. And, no documentation was provided to demonstrate that comments by the participants were reviewed or that any other meaningful opportunity was afforded them or any of the

agency's other constituencies to provide input into the review.

The agency also provided the action plan and timeline to review the standards from 2005, but no documentation was provided to support the plan, or to demonstrate compliance with this section of the criteria.

Finally, the agency provided the composition of the task force convened to significantly revise the standards in 2010, but that composition does not demonstrate that all of the agency's relevant constituencies were included in the review or afforded a meaningful opportunity to provide input into the review.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that the agency sought and reviewed input from its communities of interest before developing draft changes to the standards.

(c) If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time. Before finalizing any changes to its standards, the agency must--

> **(1) Provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the agency, of the changes the agency proposes to make;**
> **(2) Give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and**
> **(3) Take into account any comments on the proposed changes submitted timely by the relevant constituencies and by other interested parties.**

The agency has written policy for the revision of its standards to include initiating this process within 12-months of identifying the need to revise its standards.

The agency has described the process used to develop the current postsecondary education standards, formally implementing these new standards in March 2011. The mechanisms used by the agency involved a task force to review the draft standards, but does not describe all of its constituents, specifically employers, graduates, evaluators, etc. or discuss their input. In addition, the information provided suggests that the agency did not include a representative sample in its survey questions or forums, to ensure the validity and reliability of the review of each and all of its standards. In addition, the students who responded indicated they did not understand the survey questions or did not find the questions relevant to them. Review of the documents reveals that the agency's surveys did not contain sufficient information designed to the target audience.

As stated above the agency must ensure that it provides meaningful notice and adequate opportunity for constituent comments. The agency performed a herculean task in developing the postsecondary standards adopted in March 2011. However, the agency gave its constituents a limited amount of time to respond, less than a month. Based on the limited number of responses from a limited constituent sample, there is no indication that any of the suggestions received were considered in the adoption of the new standards.

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate that it provides notice and adequate opportunity for comment from a relevant sampling of all internal and external constituent groups, and takes into account their comments for proposed changes.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided additional information and documentation concerning its process to change its standards.

The agency stated that it previously included a sample of surveys, but now included the complete set of survey responses received to demonstrate that the survey included sufficient and relevant information to provide a valid and reliable review of all of its standards. However, the survey responses were not attached, therefore the Department could not verify that assertion.

With regard to the sufficient notice and opportunity by all stakeholders in the process, the agency states that the Department was informed of the proposed timeline via the submitted compliance plan and expressed no concern at that time. The Department's acceptance of the plan was not compliance determination, which is noted explicitly in the second paragraph of the letter from the Department.

As no other additional documentation was provided, the Department could not determine that the agency provides notice and adequate opportunity for comment from a sampling of all relevant internal and external constituent groups, and takes into account their comments for proposed changes.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it notifies all of its relevant constituencies and other interested parties of proposed standards changes, provides an opportunity to comment on the proposed changes, and takes into account any comments on the proposed changes submitted timely.

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§602.22 Substantive change.

(a) If the agency accredits institutions, it must maintain adequate substantive change policies that ensure that any substantive change to the educational mission, program, or programs of an institution after the agency has accredited or preaccredited the institution does not adversely affect the capacity of the institution to continue to meet the agency's standards. The agency meets this requirement if--

(1) The agency requires the institution to obtain the agency's approval of the substantive change before the agency includes the change in the scope of accreditation or preaccreditation it previously granted to the institution; and

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The agency has written substantive change policies and procedures that require institutions to submit requests for the approval of substantive changes to the Board of Directors at least 60 days prior to the occurrence of the change. The policies direct that the requested change must include documentation demonstrating that the proposed change does not adversely affect the institution's capacity to continue meeting the agency's standards.

The agency has developed a standardized form identifying the required information/documentation that the institution is to submit with its request. The requirements are tailored to the type of substantive change being requested. The agency submitted an example of a substantive change request as evidence of its application of its policies. The example provided does not contain all of the required information nor does the application provide sufficient information to conduct an assessment of the quality (breadth/depth) of the programs to be offered or the impact of the additional programs on the current program offerings and the institution's ability to meet agency standards.

Furthermore, the information requirements for some of the substantive changes will yield insufficient information on which to make an informed judgment. For example, the substantive change form identifies the information requirements for requesting a change in mission to be: what is the new mission, process to develop the new mission, and implementation of the new mission. The policy identifies two additional information areas, but in neither document does the agency request information on how the change in mission impacts current scope of accreditation, i.e., educational programs and students, an area that it would be expected to review under the circumstances.

The agency provided no evidence of having review protocols and evaluative criteria for assessing the various substantive change requests for quality and its impact on the institution's current programming and its compliance with agency standards. The agency provided no evidence of a review of the example request; it did provide evidence of the Board decision to grant the request.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that it has policies and procedures for

submitting and reviewing substantive change requests that are of sufficient depth and breadth to ensure the quality of the substantive change and to ensure that it has no negative impact on the institution's current offerings and its ability to meet the agency’s standards.

Analyst Remarks to Response:

This criterion requires that the agency ensure that a proposed change does not adversely affect the capacity of the instituiton to continue to meet the agency's standards. The agency stated in its response that it gets sufficient information from the institution on which a judgment can be made, noting that an institution is required to provide specific documentation for each type of substantive change and an explanation to assure the change does not impact adherence to NCA CASI standards and policies. The agency provided one example (of an addition of a new program) that shows the institution submitted the required documents; however, the institution's explanation regarding the impact of the change on its adherence to the agency's standards and policies consisted of a statement that the institution "attest[s] to the fact that this program does not impact our adherence to those standards and policies." Such a self-attestation does not provide sufficient information about the possible impact of the proposed change on continued compliance with agency standards.

The agency also included in its response, that staff and the Board of Directors assess the information in the institution's application by examining all NCA CASI standards "to see which may be implicated by the proposed change and analyzing the institution's ability to meet those standards if the substantive change is approved." However, the agency did not provide any information about the way the information is assessed, such as a protocol or evaluative criteria, claiming that this is not required by the regulation. The minutes of the Board meeting at which six substantive changes were approved, including the addition of a program, indicate that the Board members were given the substantive change package, including the required documentation. However, the minutes do not demonstrate the Board's assessment of that information; they merely report that after discussion and review, the Board approved the change. Absent any guidance on how the staff and Board members should do an assessment, there is no assurance that substantive changes are being thoroughly and consistently evaluated.

Staff determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that it has policies and procedures for submitting and reviewing substantive change requests that are of sufficient depth and breadth to ensure the quality of the substantive change and to ensure that it has no negative impact on the institution's current offerings and its ability to meet the agency's standards, and that evaluation is consistent..

(3) The agency's substantive change policy must define when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution.

The criterion requires the agency to have and demonstrate that it has defined those circumstances when substantive changes requested and/or previously approved result in such extensive changes to the institution that it call into question whether the institution is still for all intents and purposes the same institution that was reviewed and granted accreditation. Under those circumstances the agency is required to conduct a comprehensive evaluation for accreditation (self-study, full on-site review, and decision).

The agency's policies contradict the requirement of this section of the criteria. Under Policy 9.01 the agency policy states. "With the approval of the NCA CASI Board of Directors, a consolidated institution may claim continuing accreditation provided that at least one of the institutions involved in the consolidation was accredited at the time of the consolidation."

The policy continues, "A new institution or institutions formed by reorganization of an accredited institution may continue accreditation with the approval of the NCA CASI Board. The new institution or institutions shall be expected to meet all membership requirements as fully as would any other member institution. The Board shall determine whether the reorganized institution must undergo a full accreditation visit."

These policies are a flagrant disregard of the responsibility of an accrediting agency to conduct thorough reviews whenever there are changes at institutions that may impact the quality of the education provided by that institution. Consolidations and reorganizations result in gross changes in any institution, and most clearly are some of the changes relevant to the requirements of this criterion.

The agency has not demonstrated that it has policies that fulfill the requirement of this criterion. There is no evidence that the agency has given consideration to circumstances that may result in the institution morphing into a different institution than that which was previously accredited. The agency policies do not identify the requirement that institutions are to submit to full accreditation re-evaluation under those circumstances.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that it has policies which identify those circumstances that it believes may result in the institution morphing into a different institution than that which was previously accredited, that it effectively applies those policies, and that it requires that institutions submit to a full accreditation re-evaluation under those circumstances.

Analyst Remarks to Response:

In its response to the draft staff analysis, the agency stated that it had modified its Policy 9.01 concerning institution consolidation or reorganization, and its Policy 8.05 concerning tracking and monitoring of substantive changes. The modifications to Policy 9.01 partially address the Department's concerns by requiring, as part of the approval process for accreditation following a consolidation or reorganization, a comprehensive review of the consolidated or reorganized institution to include a self-study, full on-site review, preparation of a review team report, and Board review and decision. This policy effectively and adequately identifies two instances where changes are so extensive as to require a new comprehensive review. The agency stated that it has not had an opportunity to apply its policy on consolidation/reorganization.

Policy 8.05 states that the agency will track and monitor all substantive changes requested/granted by each institution and that NCA CASI staff will analyze the documentation and rationale and make recommendations for Board consideration. The Board has the authority to require a comprehensive site visit to determine compliance of an institution "where said substantive change requests are deemed by the Board to warrant a comprehensive review with NCA CASI standards." The policy is insufficiently clear about what circumstances would cause the Board to require a new comprehensive review. In addition, the policy speaks of a "comprehensive visit" and a "comprehensive review" as if they were synonymous. This criterion requires that institutions submit to a full accreditation re-evaluation when substantive changes are or would be so extensive that the institution is effectively morphing into a different institution than was previously accredited.

Staff determination: The agency does not meet the requirements of this criterion. The agency must provide further evidence that it has policies which identify those circumstances that it believes may result in the institution morphing into a different institution than that which was previously accredited, that it effectively applies those policies, and that it requires that institutions submit to a full accreditation re-evaluation under those circumstances.

(c) Except as provided in (a)(2)(viii)(A) of this section, if the agency's accreditation of an institution enables the institution to seek eligibility to participate in Title IV, HEA programs, the agency's procedures for the approval of an additional location where at least 50 percent of an educational program is offered must provide for a determination of the institution's fiscal and administrative capacity to operate the additional location. In addition, the agency's procedures must include--

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This section of the criteria regarding substantive changes focuses on the requirement that the agency determine whether the institution has the fiscal and administrative capacity to operate an additional location. This section specifically requires the agency to make this determination if the agency's accreditation enables the institution to seek eligibility to participate in Title IV programs. The agency’s policy is not clear in establishing whether the agency is to review the fiscal viability of the institution to operate the additional location without impact on its current programming or if the agency is to review the fiscal resources provided to the additional location, or both.

The agency documentation of a site visit to two additional locations under a substantive change request did not address the institution's fiscal or administrative capacity to support the additional locations nor the fiscal resources for the additional location.

Staff Determination: The agency does not meet the requirements of this section of the criterion. The agency must demonstrate that it has and effectively applies criteria for determining whether the institution has the fiscal and administrative capacity to operate an additional location.

Analyst Remarks to Response:

The draft staff analysis found that the agency's policy was not clear in establishing whether the agency is to review the fiscal viability of the institution to operate the additional location or if the agency is to review the fiscal resources provided to the additional location, or both. In its response, the agency stated that it has revised its Policy 9.04 to make clear that it examines the fiscal and administrative capacity of the institution to operate the additional location by requiring the institution to submit projected revenues, expenditures, and cash flows; and operation, management, personnel, and physical resources "to demonstrate that it has the fiscal and administrative capacity to operate the additional location." In addition, the policy continues to require a review of documentation and a determination that the additional location has sufficient educational, financial, operational, management, administrative, and personnel and physical resources to meet the NCA CASI standards and policies. The documentation provided to the agency through the substantive change process is focused on the location, rather than the institution. It is not clear what mechanism the agency uses to obtain the documentation of the institution's capacity to operate the additional location.

The agency states that it has not reviewed a request to establish an additional location, though it did provide documentation of such a review in its initial submission, which was found to be insufficient to demonstrate compliance with this criterion. The documentation the agency provided with its response is of the review of a request to operate a branch campus. The documentation makes it clear that the branch campus is the focus of the agency's review and does not demonstrate the agency's assessment of the institution's fiscal and administrative capacity to operate the branch campus/additional location.

Staff determination: The agency does not meet the requirements of this criterion. It must clarify in its policies and procedures how it obtains, and assesses, the documentation from an institution and makes a determination of an institution's fiscal and administrative capacity to operate an additional location at which over 50% of a program is offered. In addition, the agency must document and demonstrate its effective application of its additional location review policies and protocols.

(c)(1) A visit, within six months, to each additional location the institution establishes, if the institution--

> **(i) Has a total of three or fewer additional locations;**
> **(ii) Has not demonstrated, to the agency's satisfaction, that it has a proven record of effective educational oversight of additional locations; or**
> **(iii) Has been placed on warning, probation, or show cause by the agency or is subject to some limitation by the agency on its accreditation or preaccreditation status;**

The agency’s policies with regard to the requirement on the agency to conduct a site visit to additional locations within 6 months of the establishment of the location are not written clearly, are conflicting, and do not meet the requirements of this criterion. The agency's policy 8.02j requires the agency to schedule a site visit within six months of receipt of documentation for a request for approval to establish an additional location. The requirement of the criterion is for the site visit to take place within 6 months after establishing the location to verify that the location has the personnel, facilities, and resources it claimed in the application. The information provided in the one-page site visit document only covered physical resources at the two locations and did not review the institution's operation, management and physical resources, program offerings, projected revenues, expenditures, and cash flow.

Policy 9.04 states, "A special site visit may be recommended by the NCA CASI Postsecondary Office for any Institution opening a new location." Also noncompliant with the requirements of this criterion, the agency’s policy further indicates that if an institution adds two or more additional locations in a calendar year, visits will take place within 6 months of the second location. The criterion requires that site visits take place within 6 months of the establishment of each location. Moreover, the Board approved the additional two locations at its January 2009 meeting, without any indication that the institution met any of the three factors in section (c)(1)(i), (ii) or (iii) of this criterion or that the agency conducted a site visit within six months of establishment at each additional location.

Staff Determination: The agency does not meet the requirements of this section

of the criteria. The agency must amend its policies to meet the requirements for conducting site visits to additional locations established under the requirement of this criterion. It must also demonstrate that the site visit includes a review of all of the elements in this criterion. The agency must document and demonstrate its effective application of its substantive change site visit review policies and protocols.

Analyst Remarks to Response:

The agency was previously cited for not having compliant policies regarding onsite review of additional locations established under the requirement of this criterion. In its response the agency stated that it has revised its Policy 9.04 to make clear that the agency will conduct a visit to an additional location within six months of the establishment of the location.

The documentation the agency provided of a site visit to a branch campus of one of its accredited institutions, which included a site visit report and additional information and documents regarding the facilities, financial and personnel resources housed in the Document Tool, provides evidence that the agency reviewed the personnel, facilities and resources of the branch campus, a specific type of additional location. However, it is insufficient to verify that the visit took place within six months of the establishment of the branch campus.

Staff determination: The agency does not meet the requirement of this criterion. The agency must provide documentation of its effective review of an additional location, including a site visit within six months of the establishment of the additional location.

(c)(3) An effective mechanism, which may, at the agency's discretion, include visits to additional locations, for ensuring that accredited and preaccredited institutions that experience rapid growth in the number of additional locations maintain educational quality.

The agency’s narrative and the policy it cites pertaining to additional locations does not apply, as written, to this criterion. While the agency references its requirement that an “interim visit” will be required in instances of a 25% increase or excess of 100 students, whichever is greater, this policy is not applicable as this criterion addresses rapid growth in the number of locations, not enrollment.

The agency has not demonstrated that it has developed and/or implemented policies and procedures that address the requirement of this criterion, which is that the agency has an effective mechanism (which may include visits to additional locations) for ensuring that institutions that are experiencing rapid growth in the number of additional locations are maintaining educational quality.

Staff Determination: The agency does not meet the requirements of this

criterion. The agency must adopt policies and procedures that will establish an effective mechanism for ensuring that institutions that are experiencing rapid growth in the number of additional locations are maintaining educational quality.

Analyst Remarks to Response:

The agency was previously cited for not having policies and procedures that will establsih an effective mechanism for ensuring that institutions that are experiencing rapid growth in the number of additional locations are maintaining educational quality. The agency states that it has revised its Policy 9.04 to define "rapid growth" as the addition of two or more additional locations in a calendar year and to require a comprehensive accreditation review, including site visits to the main location and the additional locations. The policy further provides that the visits will take place within six months of the establishment of the second location within a calendar year.

What is not clear is what the agency means by the term "comprehensive accreditation review" in the context of this policy. That term generally means the development and review of an institutional self-study, a site team visit and report, the institution's response to the site team report, and a decision by the commission. The agency's policy states that the site visit would take place six months after the establishment of the second additional location, which would seem to provide insufficient time for the development and review of an institutional self-study.

Staff determination: The agency does not meet the requirement of this criterion. The agency must clarify what constitutes the review it will conduct of institutions experiencing rapid growth in the number of additional locations and adopt procedures that will establish an effective mechanism for ensuring that institutions that are experiencing rapid growth in the number of additional locations are maintaining educational quality.

(d) The purpose of the visits described in paragraph (c) of this section is to verify that the additional location has the personnel, facilities, and resources it claimed to have in its application to the agency for approval of the additional location.

The agency has not provided adequate evidence that its site visit, conducted as part of the substantive change process, adequately verifies the personnel, facilities, and resources the institution claimed to have in its application. While the agency has policies for the collection of information in the required areas for this type of substantive change (additional locations), the agency’s substantive change request process lacks adequate guidance to institutions in the development of the request to ensure that sufficient substantive information is provided. As well, the process lacks adequate structure to guide the site visit to ensure that the information upon which the approval was granted is verified and

appropriately documented.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that it has established and implemented a more rigorous and structured process for collecting substantive information in the required areas for requesting approval to establish an additional location. The agency must also demonstrate that it has an effective process for conducting a site visit at an additional location to ensure that the information upon which the approval was granted is verified and appropriately documented.

Analyst Remarks to Response:

In the draft staff report, the agency was cited for having a substantive change request process lacking aadequate guidance to institutions in the development of the request and for providing inadequate structure to guide the site visit to ensure that the information upon which the approval was granted is verified and appropriately documented.

In its response, the agency stated it provides its institutions with adequate guidance regarding the information required and collected for site team visits to additional locations, including information on personnel, facilities, and resources. The guidance takes the form of a list of required documentation to include in a substantive change request. It should be noted that the agency only recently modified its Policy 8.02j by adding two pieces of required documentation: (1) operation, management and physical resources; and (2) personnel at the location; both of which are critical to the required review of "personnel, facilities, and resources." The agency has not demonstrated that the documentation provided by institutions meets the agency's expectations, which would be evidence that the list is sufficient guidance to the institutions.

The two examples the agency provided of reviews of additional locations and a branch campus show the need for more structure to the site visits. The report of the visit to BIR Training Center includes detailed information about the physical facilities, but nothing specific about the personnel at the location such as instructional, administrative, and student support staff. The report of the visit to Computer Systems Institute contained detailed descriptions of the physical facility, information about student orientation sessions, discussion of where information about fiscal and other resources could be found (in the Document Management Tool), and a statement that the reviewer had interviewed 6 staff and 25 students. Neither of the reports refers to the application, The reports do not evidence a structured approach to the site visit. It is not clear if or how site reviewers are informed what should be addressed in the report and what information should be entered into the Document Management Tool.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has an effective process for collecting substantive information in the required areas for requesting approval to establish an additional location. The agency must also demonstrate that it has an effective process for conducting a site visit at an additional location to ensure that the

information upon which the approval was granted is verified and appropriately documented.

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§602.23 Operating procedures all agencies must have.

(a) The agency must maintain and make available to the public, upon request, written materials describing--
(1) Each type of accreditation and preaccreditation it grants;
(2) The procedures that institutions or programs must follow in applying for accreditation or preaccreditation;
(3) The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and preaccreditation that the agency grants;
(4) The institutions and programs that the agency currently accredits or preaccredits and, for each institution and program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and
(5) The names, academic and professional qualifications, and relevant employment and organizational affiliations of--

(i) The members of the agency's policy and decision-making bodies; and
(ii) The agency's principal administrative staff.

The agency has adopted the language from this criterion as its written policy for maintaining and making available information to the public and therefore its policy includes the information required by and listed in Section (a)(1) through (a)(5) of this criterion. The agency has provided evidence that it has a written document that includes the names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of the Board of Directors that it can make publicly available. However, the agency has not documented that it has a similar document for the members of the Appeals Panel, which is a decision making body. It is not apparent that the agency will remember its requirement to make publicly available information about its Appeal panel members unless it specifically identifies this entity in its policies.

Neither has the agency documented that it has a similar document readily available that includes the names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of its principal staff.

Finally, while the agency’s website includes a listing of its accredited institutions, it does not include the year when the agency will next review or reconsider the institution for accreditation or pre-accreditation.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must demonstrate that it makes publicly available a listing of its accredited institutions, that includes the year when the agency will next review or reconsider the institution for accreditation or pre-accreditation. It must also demonstrate that it has readily available, documents that include the names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of its Appeals panel and its principal staff. In addition, the agency needs to revise its policies to ensure that the same information regarding the public information on the Appeals Panel is accessible and available.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided its revised Policies 15.01(d) and 18.02(e), which state that the agency must make publicly available information regarding qualifications and employment affiliations of its principal staff and standing appeals committee members. Staff verified that all of the required information about appeals committee members, and some of the required information for staff members, is available on the agency's website. There is no information about the academic and professional qualifications of staff.

The agency noted that it indicates on its website the year in which the institution will next undergo a comprehensive review. Staff verified that the accreditation expiration date is included in the summary information about each institution and that there is link that brings up a pop-up box that explains that this date marks five years after the begin date of current accreditation term and that the Agency reviews the institution during the school year prior to the expiration of its accreditation date.

Staff determination: The agency does not meet the requirement of this criterion. The agency needs to demonstrate that it provides information to the public about the academic and professional qualifications of its staff.

(b) In providing public notice that an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency must provide an opportunity for third-party comment concerning the institution's or program's qualifications for accreditation or preaccreditation. At the agency's discretion, third-party comment may be received either in writing or at a public hearing, or both.

The agency has a written policy that delegates its responsibility to the institution to notify the public of the upcoming accreditation on-site review and to ensure that third parties have an opportunity to submit comments, as well as to whom to direct their comments.

However, the agency has not demonstrated that it provides sufficient guidance to the institution regarding the notification to ensure that it is an effective mechanism for obtaining public comment. For example, while the agency has provided a “sample’ template, the sample does not include any information on how and when it should be published, where it is to be published, for how long it should be published, what is the timeframe for receiving comments, and what is the nature of the comments it seeks.

The agency has not provided sufficient evidence that the notices are routinely published nor any evidence of the agency taking action to ensure they are published.
However, the documentation provided by the agency under this section that raises a critical issue to the Department -- the agency’s lack of understanding of a postsecondary education institution and its role as an accrediting agency recognized for its accreditation of non-degree postsecondary education institutions.

The notice that the agency provided with the petition was published by the National Interscholastic Athletic Administrators Association announcing its upcoming site visit as part of the process it is undertaking to move forward from candidacy to accreditation. The NCA CASI and the NIAAA websites both verify that NCA CASI did grant accreditation to the organization. The website states, “NIAAA Accredited as a Career, Technical and Postsecondary Education Institution.”

However, the organization is not a postsecondary education institution as defined by the Department, or the organization. The organization is, as stated on its website, “A national organization for any person involved in interscholastic athletics at any level.” “The National Interscholastic Athletic Administrators Association preserves, enhances and promotes the educational values of interscholastic athletics through the professional development of its members in the areas of education, leadership, and service. The NIAAA’s commitment to leadership programs, resources and services support the athletic administrator’s efforts in providing quality athletic participation opportunities for students. The NIAAA promotes a positive working relationship with state athletic administrator and State and national athletic/activity associations in addition to developing strategic alliances with other education based agencies.”

The NCA CASI By-Laws state explicitly that the sole purpose of its accreditation includes—
1. Accrediting institutions of higher education in any and all geographic locations authorized by the U.S. Department of Education, including vocational career/technical education institutions, in order to enable those institutions to participate in one or more federal programs under the Higher Education Act.

The accreditation of this organization does not fall within the Bylaws and purpose of the NCA CASI.

The agency's accreditation of this organization as a postsecondary education institution calls into question both the integrity of the agency and its fundamental lack of understanding of the requirements and expectations of what is postsecondary education accreditation. The latter issue has been pointed out throughout this analysis.

Staff Determination: The agency does not meet the requirements for this criterion. The agency must demonstrate that it has and applies effective procedures for providing for and receiving third party comments concerning an institution's qualifications for accreditation during the accreditation review process. The agency must be able to demonstrate that it understands the requirements and expectations of postsecondary education accreditation and conducts its activities within the scope of its purpose and Bylaws.

Analyst Remarks to Response:

In the draft staff analysis, the agency was cited for failing to demonstrate that it provides sufficient guidance to an institution regarding the institution's notification soliciting public comments when the institution is being considerd for accreditation or preacceditation. In its response, the agency provided its revised Public Notice Template (revision date November 11, 2011), which contains a new paragraph indicating what the comments may address, the timeframe in which it should be published, and the beginning and end dates for submitting comments, providing for at least a 30 day comment period. In the revised introductory paragraph, institutions are told that the notice should be published using the customary medium that the institution ordinarily uses for public notices. These revisions are sufficient to ensure the template is an effective mechanism for obtaining public comment. However, the documentation the agency provided from two institutions did not contain the template paragraph about what the comments could address, nor did it provide the beginning and end dates for submitting comments. In addition, there is no way to verify that either notice was published at least 60 days prior to the site visit and that it provides at a minimum 30 days for comment, in accordance with agency requirements.

The other issue raised in the draft staff analysis was the agency's accreditation of an entity that is not a postsecondary education institution. This came to the Department's attention by means of the documentation provided by the agency related to this criterion. The agency contests the Department's observation that its accreditation of the National Interscholastic Athletic Administrators Association (NIAAA) is contrary to the agency's by-laws. In its response, the agency claims that the Department has mischaracterized NIAAA as being a secondary-level institution. However, that is not the case. Rather, as indicated in the draft staff analysis, the problem is that the NIAAA is not a "higher education institution"; rather, it is an association. The agency's by-laws state that the agency's purpose is "accrediting institutions of higher education in any and all geographic locations authorized by the U.S. Department of Education, including vocational career/technical education institutions, in order to enable those institutions to participate in one or more federal programs under the Higher

Education Act (HEA)." The HEA defines an institution of higher education and a proprietary institution of higher education in 34 CFR sections 600.4 and 600.5. These are entities that, among other things, are legally authorized to provide an educational program beyond secondary education in the State in which the institution is legally located. The agency's accreditation of this organization as a postsecondary education institution, and its continuing lack of understanding of the issue, is a major cause of concern regarding the agency's fundamental lack of understanding of the requirements and expectations of what is postsecondary education accreditation. As an overriding issue, the agency must be able to demonstrate that it understands the requirements and expectation of postsecondary education accreidtation and conducts its activities within the scope of its purpose and bylaws.

Staff determination: The agency does not meet the requirements for this criterion. The agency must demonstrate that it has and applies effective procedures for providing for and receiving third party comments concerning an institution's qualifications for accreditation during the accreditation review process.

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§602.24 Additional procedures certain institutional accreditors must have.

If the agency is an institutional accrediting agency and its accreditation or preaccreditation enables those institutions to obtain eligibility to participate in Title IV, HEA programs, the agency must demonstrate that it has established and uses all of the following procedures:

(a) Branch campus.
(1) The agency must require the institution to notify the agency if it plans to establish a branch campus and to submit a business plan for the branch campus that describes--

(i) The educational program to be offered at the branch campus;
(ii) The projected revenues and expenditures and cash flow at the branch campus; and
(iii) The operation, management, and physical resources at the branch campus.

(2) The agency may extend accreditation to the branch campus only after it evaluates the business plan and takes whatever other actions it deems necessary to determine that the branch campus has sufficient educational, financial, operational, management, and physical resources to meet the agency's standards.
(3) The agency must undertake a site visit to the branch campus as soon as practicable, but no later than six months after the establishment of that campus.

As a Title IV gatekeeper, NCA CASI is required to have written policy/procedures for branch campuses established by its accredited institutions. Branch campuses as defined by the Department are locations of an institution that are geographically apart and independent of the main campus of the institution. The Secretary considers a location of an institution to be independent of the main campus if the location:

(1) Is permanent in nature;

(2) Offers courses in educational programs leading to a degree, certificate, or other recognized educational credential;

(3) Has its own faculty and administrative or supervisory organization; and

(4) Has its own budgetary and hiring authority.

The agency's policy on branch campuses does not make it explicitly clear that the location comports with the required characteristics of a branch campus.

While the agency has a policy that addresses the criterion requirement that the institution submit a business plan that includes the components identified in the criterion, the agency provided no evidence of having review protocols and evaluative criteria for conducting an evaluation of the business plan.

The agency provided documents as "An example of branch campus locations being approved and evaluated relates to BIR Training Center in Chicago." It should be noted that this same documentation was provided under approval of additional locations under 602.22. In addition, the documents do not contain a request for approval of a branch campus nor has the institution provided a business plan as part of its application for approval of 2 teaching sites. Further, there is no evidence of the agency's evaluation of the branch campus approval request. While there is evidence that the agency requested additional information, it is not evident how the agency assessed the components of the request.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that it has policies and procedures for submitting and reviewing branch campus approvals that are of sufficient depth and breadth to ensure the quality of the branch campus prior to including it in the institution's grant of accreditation.

Analyst Remarks to Response:

The agency was found noncompliant with this criterion because its policy on branch campuses was not explicitly clear on the characteristics of a branch campus, as defined in Department regulations; it did not provide evidence of having review prtocols and evaluative criteria for conducting an evaluation of the business plan; and its documentation was insufficient evidence of its effective appplication of its policy. In its response, the agency stated that it has revised its

Policy 9.02 to explictly reference the section of the Department's regulations that contains a definition of a branch campus. This change informs institutions of where to find the definition the agency is using, and at a basic level addresses the first issue raised in the draft staff analysis. Incorporating the definition into the policy itself would be a good practice. The policy states that the agency will conduct a site visit to the institution within six months of "a change in ownership." It needs to be amended to make clear that the site visit will take place within six months of the establishment of the branch campus.

The agency provided documentation of the institution's application to establish a branch campus and the agency's approval of the application, which is the same documentation provided for approval of additional locations under 602.22. The documents contain the request for approval of a branch campus, and information about the physical space, budget, enrollment projections, programs/curriculum, faculty and operations, which taken together constitute a business plan. However, there is no specific documentation of the agency's review of the business plan, and it is not evident how the agency assessed the components of the application.

The agency provided a site visit report and minutes of the Board meeting at which the branch campus application was approved. Together these documents demonstrate that a site visit took place within six months of the establishment of the branch campus.

Staff determination: The agency does not meet the requirements of this criterion. The agency must amend its policy to state it will conduct a site visit within six months of the establishment of a branch campus. The agency must demonstrate that it has procedures for evaluating the business plan and other information that are of sufficient depth and breadth to ensure the quality of the branch campus prior to including it in the institution's grant of accreditation.

(b) Change of ownership.
The agency must undertake a site visit to an institution that has undergone a change of ownership that resulted in a change of control as soon as practicable, but no later than six months after the change of ownership.

The agency has a change of ownership policy requiring the institution to notify the agency within 60 days of the change using the substantive change process and requiring within six months of a change in ownership, an NCA CASI team visit to the institution to evaluate the impact of the change of ownership.

The agency has indicated that it has not had an occurrence of a change in ownership.

However, the agency has not demonstrated that it has an effective protocol in place that it can use to conduct site visit caused by a change in ownership to

assess the capacity of the institution to continue to meet agency standards. As noted previously, changes in ownership can have unintended consequences re transfer of accreditation or the emergence of a new institution. The agency is expected to have a documented site visit protocol of sufficient breadth/depth and specificity to identify changes and review the change in ownership and its impact on the institution and its compliance with agency standards.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must document that it has and effectively applies, as appropriate, a site visit protocol of sufficient breadth/depth and specificity to identify changes and review the change in ownership and its impact on the institution and its compliance with agency standards and ensures that a new institution is not created as a result nor does the transaction transfer accreditation.

Analyst Remarks to Response:

In the draft staff analysis the agency was determined to have a compliant policy. However, the agency was cited because it did not have a documented site visit protocol of sufficient breadth/depth and specificity to identify changes and review the change in ownership and its impact on the institution and its compliance with agency standards.

In its response, the agency noted that its policies require that it conduct an interim site visit following a change in ownership unless the Board determines that the requested change of ownership warrants a comprehensive site visit. It is not clear whether the interim site visit is in addition to the site visit the agency would conduct within the first six months of a change in ownership. In any case, the agency did not provide information about the protocol for the site visit, as required in the draft staff report. Rather, it asserted that its policies and Evidence Guide are sufficient to provide for an effective review. However, unless the institution is undergoing a comprehensive review, the Evidence Guide, which contains examples of school practices and documentation aligned with the specific standards and indicators, would not contain up-to-date information. Absent a specific protocol, it is not possible to determine whether the agency has an effective means for assessing the impact of the change in ownership on the institution and its compliance with agency standards.

Staff determination: The agency does not meet the requirements of this criterion The agency must document that it has and effectively applies, as appropriate, a site visit protocol of sufficient breadth/depth and specificity to identify changes and review the change in ownership and its impact on the institution and its compliance with agency standards and ensures that a new institution is not created as a result nor does the transaction transfer accreditation.

(2) The agency must evaluate the teach-out plan to ensure it provides for the equitable treatment of students under criteria established by the agency, specifies additional charges, if any, and provides for notification to the students of any additional charges.

The agency policy under 9.05(d) mirrors this section of the criteria regarding the treatment of students. However, the agency has not demonstrated that it has procedures and agency-developed criteria in place for the review of teach-out plans. Procedures are expected to include, for example, guidance to the institution on what is to be included in the plan, agency-developed criteria by which it reviews and approves the plan only after assessing the viability of the plan with regard to providing equitable treatment of students, any additional charges projected, and the institution's plan to provide notification to the students of those charges.

While the agency indicates it has provided two examples of its compliance under this criterion, the agency did not provide any documentation that demonstrates the agency's review of a teach-out plan that addresses the requirements of this criterion. As well, the teach-out plan provided does not address the requirements of this criterion; the plan does not address additional charges or provide for notification to the students of any additional charges, as required by this section of the criteria or as provided under Section 9.05(d) of the agency's policies.

The demonstration of implementation of the policy fails to show compliance with the agency policies, yet the team determined the school teach-out plan met the requirements. The agency's application of its policies is inconsistent and demonstrates that it will find compliance outside of the policies in an institution that has numerous programs for which students receive Title IV student financial aid.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must demonstrate that it has established and applies procedures and agency-developed criteria in the review of teach-out plans. It also needs to demonstrate that it follows its policies in a consistent manner and bases its determination of compliance on its stated policies, especially when compliance has an effect on the continued eligibility of the institution to participate in the Title IV student financial aid programs for the benefit of its students.

Analyst Remarks to Response:

In the draft staff analysis, the agency was cited for not demonstrating that it has establisehd and applies procedures and agency-developed criteria in the review of teach-out plans. In its response, the agency stated that it has revised its Policy 9.05 and that the revised policy includes agency criteria for asssessing the viability of the institution's plan to provide equitable treatment of students,

address any projected additional charges, provide students notice of any such additional charges and a procedure for reviewing the institution's teach out-plan, including a site visit that fully reviews the teach-out location referenced in the plan. However, the policy provided by the agency, which is the same as the one provided with the petition, merely states the following:
NCA CASI Postsecondary Office and Board of Directors will evaluate the teach-out plan to ensure it:
1) Provides for the equitable treatment of students under the criteria established by the agency.
2) Specifies additional charges, if any.
3) Provides for a notification process to the students of any additional charges.
It does not include any agency criteria.

The agency did not provide any documentation with its response to the draft staff analysis that demonstrates the agency's review of a teach-out plan that addresses the requirements of this criterion. Documentation provided with the petition was insufficient, as clearly indicated in the staff draft analysis.

Staff determination: The agency does not meet the requirements of this section. The agency must deomonstrate that it has established and applies agency-developed criteria and procedures in the review of teach-out plans. It also needs to demonstrate that it follows its policies in a consistent manner and bases its detemination of compliance on its stated policies.

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(5) The agency must require an institution it accredits or preaccredits that enters into a teach-out agreement, either on its own or at the request of the agency, with another institution to submit that teach-out agreement to the agency for approval. The agency may approve the teach-out agreement only if the agreement is between institutions that are accredited or preaccredited by a nationally recognized accrediting agency, is consistent with applicable standards and regulations, and provides for the equitable treatment of students by ensuring that--

(i) The teach-out institution has the necessary experience, resources, and support services to--

(A) Provide an educational program that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the institution that is ceasing operations either entirely or at one of its locations; and

(B) Remain stable, carry out its mission, and meet all obligations to existing students; and

(ii) The teach-out institution demonstrates that it can provide students access to the program and services without requiring them to move or travel substantial distances and that it will provide students with information about additional charges, if any.

The agency has adopted the language of the regulation as its written policy requiring an institution to submit a teach-out agreement. The agency's narrative states that under Policy 9.05, the agency has a "protocol by which teach-out agreements are submitted by the institution, the format of the submittal, and the Agency's review process." The Department's regulation under this section is intentionally broad to enable agencies to develop procedures and review criteria that are applicable to the organization and to the type of accreditation it conducts. Therefore, it does not provide sufficient evidence that the agency has procedures and criteria for evaluating and approving teach-out agreements. For example, in the event of a teach-out agreement, the agency has not addressed how it will assess the stability and ability of the teach-out institution to meet its obligations with the expansion of its educational program.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must demonstrate that it has established and effectively applies procedures and agency-developed criteria in the review of teach-out agreements.

Analyst Remarks to Response:

In the draft staff analysis, the agency was cited for not providing sufficient evidence that it has procedures and criteria for evaluating and approving teach-out agreements. In its response, the agency noted that its Policy 9.05f. on teach-out agreements mirrors the regulatory language and that it "provides an appropriate and sufficient basis for reviewing teach-out agreements without the need for more detailed criteria." It also stated that none of its accredited institutions has entered into a teach-out agreement.

As stated in the draft staff analysis, the Department's regulation under this section is intentionally broad to enable agencies to develop procedures and review criteria that are applicable to the organization and to the type of accreditation it conducts. Therefore it does not provide sufficient evidence that the agency has procedures for evalulating and approving teach-out agreements. This is made clear in the Department's "Guidelines for Preparing/Reviewing Petitions and Compliance Reports" which were provided to all agencies.

Staff determination: The agency does not meet the requirements of this criterion. The agency must demonstrate that it has established and effectively applies procedures and agency-developed criteria in the review of teach-out agreements.

(e) Transfer of credit policies.
The accrediting agency must confirm, as part of its review for initial accreditation or preaccreditation, or renewal of accreditation, that the institution has transfer of credit policies that--

(1) Are publicly disclosed in accordance with §668.43(a)(11); and
(2) Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.
(Note: This criterion requires an accrediting agency to confirm that an institution's teach-out policies are in conformance with 668.43 (a) (11). For your convenience, here is the text of 668.43(a) (11):
"A description of the transfer of credit policies established by the institution which must include a statement of the institution's current transfer of credit policies that includes, at a minimum –
(i) Any established criteria the institution uses regarding the transfer of credit earned at another institution; and
(ii) A list of institutions with which the institution has established an articulation agreement.")

The agency has a transfer of credit policy. However, the policy cited does not comply with the requirements of this criterion. While the agency's policy does require that the institution make public its transfer of credit policies and procedures, it is not clear that the agency requires the institution to make public the criteria upon which the institution bases its decision to accept or not accept credits transferred from another institution. The agency needs to establish this requirement in its policies.

What is more troubling regarding the agency's policies is the agency's requirement that institutions shall accept and classify credits earned from other institutions (as defined in the policy) and do so "without further validation." The meaning of "validation" is revealed in the portion of the policy dealing with acceptance of credit from non-accredited institutions as "a review of the student's academic record, an analysis of a sending institution's curriculum, a review of a portfolio of student work, or through an assessment of scholastic performance." It is commonly accepted practice for decisions on transfer of credit to be determined by the institution and is considered to be an institutional prerogative. Nevertheless, if the agency's institutional membership concludes to delegate this authority to the accreditor, the Department has no authority to require the agency to amend its policy on this issue. However, the agency's policy directing its institutions to accept credits "without further validation" when they are awarded by an institution that is accredited by an accreditor recognized by the Department, or a State does not comply with the requirements of this criterion which clearly state that credit transfers are to be based on criteria established by the institution.

The agency's application of its policy to include grade placement is another example of the agency's predisposition to secondary education/accreditation that continues to permeate its accrediting function.

The agency has not sufficiently demonstrated that it has effectively reviewed the transfer of credit requirements of this criterion. The documentation provided in the QAR report for the Greene County School District only notes with a checkmark that the institution has a compliant transfer of credit policy. There is

no evidence of what was reviewed or how the institution complies with the agency policy. The agency has not demonstrated implementation of its current policies and procedures to ensure that the site visit team evaluates an institution for compliance based on the requirements of this section of the criteria.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must amend its policy (1) to require that institutions make public the criteria upon which they base the decision to accept or not accept credits transferred from another institution; (2) to strike its current requirement that institutions accept credits “without further validation” (3) to clearly state that credit transfers are to be based on criteria established by the institution. The agency must also demonstrate its effective application of its transfer of credit policies.

Analyst Remarks to Response:

The agency was previously found out of compliance with this criterion. Its policy on transfer of credit did not comply with the criterion and it had not sufficiently demonstrated that it has effectively reviewed the transfer of credit requirements of the criterion. In its response, the agency stated that it had revised its Policy 2.02g by (1) removing all references to "grade placement"; (2) changing the word "shall" to "may" in the provision dealing with acceptance of credit earned at accredited institutions without further validation; and (3) making explicit that an institution must make public any criteria it has established for the acceptance of credit. As amended, the policy is compliant.

The agency submitted additional documentation that demonstrates the agency reviews whether an institution publishes its transfer of credit policies and procedures and whether, and with which institutions, the institution has established articulation agreements. However, the documentation does not demonstrate that the agency's review confirms that the public disclosure includes a statement of the criteria established by the institution regarding the transfer of credit earned at another institution, and a list of institutions with which the institution has established an articulation agreement. The screen shots of the relevant pages from the Document Management Tool had links to the student handbooks of each institution; however, these were not live links, so staff could not confirm the content of the handbooks. Staff checked the websites of both institutions, but were unable to find information about the institutions' transfer of credit policies.

Staff determination: The agency does not meet the requirements of this criterion. The agency must demonstrate its effective application of its transfer of credit policy.

(2) In reviewing and evaluating an institution's policies and procedures for determining credit hour assignments, an accrediting agency may use sampling or other methods in evaluation, sufficient to comply with paragraph (f)(1)(i)(B) of this section.

The agency failed to respond to this criterion.

Staff Determination: The agency does not meet the requirements of this section. The agency needs to demonstrate that it has written policies and procedures for conducting credit hour review when evaluating an institution. In addition, the agency needs to demonstrate that it has applied the written policy with documentation.

Analyst Remarks to Response:

The agency did not respond to this criterion in its petition, for which the agency was cited. In response to the draft staff analysis the agency provided a copy of its Policy 8.02e, which is the agency's substantive change policy for course additions, deletions, or changes in hours, and the associated Appendix H, entitled "Calculating and Reporting Program Length." The policy addresses a change from clock hours to credit hours, or credit hours to clock hours, and requires an institution to submit a substantive change request when there is a 25%+ increase or decrease in clock or credit hours for successful completion of a program. The appendix makes a distinction between "academic" and "federal" credit hours. The agency defines an "academic credit hour" for semester and quarter credits based on the number of clock hours of lecture, lab work, or work-based learning.

The agency's definition of a "federal credit hour" conforms to the Title IV requirements (which allow for a limited amount of out-of-class work to be considered in converting from clock hours to credit hours, if appropriately documented and supported). The agency's policy requires institutions to have written policies and procedures for determining the amount of out-of-class student work and provides information about the kind of documentation an institution must maintain to support the claim of out-of-class work.

Because the policy and related appendix are associated with substantive changes, it is not clear whether the agency reviews an institution's assignment of credit hours as part of a comprehensive review, as required by this criterion. The agency did not provide any documentation of its application of its policies and procedures to demonstrate its effective review and evaluation of the reliability and accuracy of the assignment of credit hours by its accredited institutions.

Staff determination: The agency does not meet the requirements of this criterion. The agency must establish policies and procedures that will establish an effective mechanism for ensuring that institutions' assignment of credit hours

conform with commonly accepted practices in higher education.

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(3) The accrediting agency must take such actions that it deems appropriate to address any deficiencies that it identifies at an institution as part of its reviews and evaluations under paragraph (f)(1)(i) and (ii) of this section, as it does in relation to other deficiencies it may identify, subject to the requirements of this part.

The agency did not respond to this section of the criteria.

Staff Determination: The agency does not meet the requirements of this section. The agency needs to demonstrate that it has and applies its policies and procedures requiring the institution to take appropriate action to address any deficiencies at an institution and to demonstrate that it applies its enforcement of its requirements.

Analyst Remarks to Response:

The agency did not respond to this criterion in its petition, for which the agency was cited. In response to the draft staff analysis the agency provided a copy of its Policy 8.02e, which is the agency's substantive change policy for course additions, deletions, or changes in hours, and the associated Appendix H, entitled "Calculating and Reporting Program Length." As noted in the analysis of the previous criterion, the agency did not provide any documentation of its review and evaluation of an institution's assignment of credit hours.

Staff determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate that it has and applies its policies and procedures requiring the institution to take appropriate action to address any deficiencies at an institution and to demonstrate that it applies its enforcement of its requirements.

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(4) If, following the institutional review process under this paragraph (f), the agency finds systemic noncompliance with the agency's policies or significant noncompliance regarding one or more programs at the institution, the agency must promptly notify the Secretary.

The agency did not provide a response to this criterion.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must demonstrate that it has written policies and procedures compliant with the sections of the criteria pertaining to credit hours and demonstrate that, upon finding the institution has systemic noncompliance with the agency's written policies or has significant non compliance regarding the application of credit hours, will promptly notify the Secretary.

Analyst Remarks to Response:

The agency did not respond to this criterion in its petition, for which the agency was cited. In response to the draft staff analysis the agency provided a copy of its Policy 8.02e, which is the agency's substantive change policy for course additions, deletions, or changes in hours, and the associated Appendix H, entitled "Calculating and Reporting Program Length." As noted in the analysis of 602.24(f)(2), the agency did not provide any documentation of its review and evaluation of an institution's assignment of credit hours.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must demonstrate that it has written policies and procedures compliant with the sections of the criteria pertaining to credit hours and demonstrate that, upon finding the institution has systemic noncompliance with the agency's written policies or has significant non compliance regarding the assignment of credit hours to one or more programs at an institution, will promptly notify the Secretary.

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§602.25 Due process

(f) Provides an opportunity, upon written request of an institution or program, for the institution or program to appeal any adverse action prior to the action becoming final.

(1) The appeal must take place at a hearing before an appeals panel that--

(i) May not include current members of the agency's decision-making body that took the initial adverse action;

(ii) Is subject to a conflict of interest policy;

(iii) Does not serve only an advisory or procedural role, and has and uses the authority to make the following decisions: to affirm, amend, or reverse adverse actions of the original decision-making body; and

(iv) Affirms, amends, reverses, or remands the adverse action. A decision to affirm, amend, or reverse the adverse action is implemented by the appeals panel or by the original decision-making body, at the agency's option. In a decision to remand the adverse action to the original decision-making body for further consideration, the appeals panel must identify specific issues that the original decision-making body must address. In a decision that is implemented by or remanded to the original decision-making body, that body must act in a manner consistent with the appeals panel's decisions or instructions.

(2) The agency must recognize the right of the institution or program to employ counsel to represent the institution or program during its appeal, including to make any presentation that the agency permits the institution

or program to make on its own during the appeal.

The agency has written policies and specific procedures to ensure the institution receives due process prior, during, and after an appeal. It has not conducted an appeal since the last recognition.

However, the agency's policies pertaining to the selection of the appeals panel do not comply with the requirements for the composition of an Appeal Panel. While the standing Appeals Panel Committee includes practitioners, educator/academics , administrators, and public representatives, the agency's process of randomly selecting three members from the 5-person Committee to serve on an appeal panel does not guarantee the required composition of a public representative, an academic/educator, an administrator, and a practitioner on the appeal panel.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must establish and effective apply procedures for the composition of appeals panels that include all of the types of representation required of a decision-making body under the criteria for recognition.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided its revised policies related to appeals. Although the agency revised the policy regarding representation, the policy still provides for the random selection of members to serve on an appeal panel and does not guarantee the required composition. More specifically, the agency has not demonstrated that its appeals panel includes both academic and administrative personnel, if the agency is serving as an institutional accreditor for the institution under appeal, or includes both educators and practitioners, if the agency is serving as a programmatic accreditor for the institution under appeal. . Furthermore, the policy states that individuals may satisfy more than one category of representation on the panel. The Department expects that, under usual circumstances, a single individual will fulfill one defined category/role at a time.

Staff Determination: The agency does not meet the requirements of this section. It must establish and effectively apply policies and procedures to ensure that the composition of appeals panels include the specific types of representation required of a decision-making body under the criteria for recognition, based on the type of accreditor the agency serves as for the institution.

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§602.26 Notification of accrediting decisions

The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The agency meets this requirement if the agency, following its written procedures--

> **(a) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision:**
>
> > **(1) A decision to award initial accreditation or preaccreditation to an institution or program.**
> > **(2) A decision to renew an institution's or program's accreditation or preaccreditation;**

The agency's policy provides for it to send notification of any final decision to grant initial or continuing accreditation or candidacy status to an institution to the United States Secretary of Education, appropriate state agencies, and other appropriate accrediting agencies at the same time as the institution or within five (5) days of the subject action. In addition, the agency policy states that it will notify the public on the NCA CASI web page within 24 hours of institution notification. The agency documentation only demonstrates that it sent notifications to institutions of the positive decisions, and to the Department. However, the documentation the agency submitted does not indicate that other accrediting agencies and state authorizing agencies received notifications of the agency's positive accrediting decisions as provided by its policies.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to demonstrate the implementation of its policies with documentation indicating that it has notified state authorization agencies and other accrediting agencies of positive accrediting actions granting preaccreditation, initial accreditation, and reaccreditation.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided accreditation action announcements, which include the notification of positive accrediting decisions. The announcements state that recipients include "Accrediting bodies affiliated with NCA Postsecondary Accredited Schools" and "State Department of Education Officials"; however the specific recipients are not listed and therefore, a determination cannot be made that the notice was provided to the appropriate entities.

In addition, only one announcement includes documentation that it was sent to entities required by this section. Therefore, the documentation of written notice sent in one instance does not demonstrate that the agency has implemented its

policy and notified all the entities required by this section.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate implementation of its policy to provide written notice of positive accreditation decisions to the appropriate accrediting agencies and appropriate State licensing or authorizing agency.

(b) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but no later than 30 days after it reaches the decision:

(1) A final decision to place an institution or program on probation or an equivalent status.
(2) A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program;
(3) A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (b)(2) of this section;

The agency policies allow the board to place an institution on "probationary" status after the agency has granted the institution an extension for good cause, if the institution fails to come into compliance with one or more standards while on Accreditation Warned status. The agency's documentation does not demonstrate that it notified State authorizing agencies or other accrediting agencies of its negative decision to place an institution on probation.

Based on the documentation provided regarding a final decision to deny, withdraw, suspend, revoke, or terminate an institution's accreditation or preaccreditation, the agency policy complies with the criteria, but the agency has failed to notify all entities required by this criterion of its negative actions.

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate that it has fully implemented this criterion and its policy with documentation that demonstrates it provides timely notifications to all of the entities listed in this criterion listed in section (b)(1), (2), and (3).

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided two documents regarding the notification of negative accrediting decisions.

The documents, a letter addressed to the Department and an accreditation action announcement, do not include any documentation that they were sent. Also, the accreditation action announcement states that recipients include

"Accrediting bodies affiliated with NCA Postsecondary Accredited Schools" and "State Department of Education Officials"; however the specific recipients are not listed and therefore, a determination cannot be made that the notice was provided to the appropriate entities.

In addition, the documents provided include notification of institutions on probation and whose accreditation action is "drop", but do not clearly include the notification of decisions to deny, withdraw, suspend, or terminate accreditation or preaccreditation of an institution or to place an institution on warned status, as required by this section and included in the agency's policy.

Therefore, this limited documentation of written notice does not demonstrate that the agency has implemented its policy and notified all the entities of all the negative decisions, as required by this section.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate implementation of its policy to provide written notice of negative accreditation decisions to all the entities required by this section.

((d) For any decision listed in paragraph (b)(2) of this section, makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's decision and the official comments that the affected institu-tion or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment; and

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Although the agency's policy provides for the institution to provide comment when the Board makes a negative decision, the notification to the Maplewood school failed to emphasize its right to make a comment on the decision. Instead, the tenor of the letter informs the institution to ask questions about the decision. The decision letter discouraged comment contrary to the intent of this criterion and the agency's policy.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency needs to revise its letter to inform institutions receiving a negative decision that it has an opportunity to comment on the decision within a specified date provided in its policy.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided documentation of its revised adverse action letter, which includes the opportunity for the institution to make comments with regards to the accreditation decision. However, the language in the revised letter does not clearly indicate that these comments are official in nature nor that the comments would be provided to the Secretary, the appropriate State licensing or authorizing agency, and the public.

In addition, the agency provides 60 days for the institution to comment on the decision, but that 60-day opportunity does not allow for the agency to provide a brief statement summarizing the reasons for the agency's decision and the official comments no later than 60 days after the decision, as required by this section.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it clearly allows the affected institution to provide official comment regarding the negative decision. The agency must also demonstrate that it provides a brief statement of the agency's decision and the official comments of the institution, to the entities listed in this section, no later than 60 days after the decision.

(e) Notifies the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited or preaccredited institution or program--

(1) Decides to withdraw voluntarily from accreditation or preaccreditation, within 30 days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation or preaccreditation; or

(2) Lets its accreditation or preaccreditation lapse, within 30 days of the date on which accreditation or preaccreditation lapses.

The agency's policies conform to the sections of this criterion.

The agency's documentation applicable to section (e)(1) regarding an institution's voluntary withdrawal does not indicate that the institution was preaccredited or accredited by the agency, rather it indicates that the institution did not want to pursue preaccreditation affiliation with the agency, and does not appear to have had a status with the agency. Any notification, if provided to the named entities, does not apply to this criterion. The criterion applies to institutions that have an affiliation status with the agency. The agency states it does not have experience with an institution allowing its accreditation status to lapse. However, the agency’s petition materials suggest that at least 2 additional schools have either let their accreditation/pre-accreditation lapse or voluntarily withdrawn. The agency has not provided documentation of its application of its policies.

Staff Determination: The agency does not meet the requirements of this criterion. The agency needs to demonstrate application of its policies related to an accredited or preaccredited institution voluntarily withdrawing its accreditation status or letting it lapse and the subsequent notice the agency provides to the entities named in this criterion.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided two documents concerning the notification of voluntary withdrawal - an accreditation action notification email and another email dialogue regarding an institution. The accreditation action notification email includes email addresses, but does not include the specific recipients; therefore, a determination cannot be made that the notice was provided to the appropriate entities. For the email dialogue, there are no State licensing or authorizing agencies or accrediting agencies listed as recipients and no narrative to provide clarification for the omission, so a determination cannot also be made for this example that the notice was provided to the appropriate entities, as required by this section.

The agency provided the timestamp on the website for the public notification of the voluntary withdrawals, as well as the other documentation listed above, but that notification does not demonstrate that the notification occurs within 30 days of receiving withdrawal notification, as the notification from the institution was not provided.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate implementation of its policy to provide written notice of voluntary withdrawals of accredited or preaccredited institutions to all the entities required by this section within 30 days of receiving notification.

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§602.27 Other information an agency must provide the Department.

(a)(6) The name of any institution or program it accredits that the agency has reason to believe is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the agency's reasons for concern about the institution or program; and

(a)(7) If the Secretary requests, information that may bear upon an accredited or preaccredited institution's compliance with its Title IV, HEA program responsibilities, including the eligibility of the institution or program to participate in Title IV, HEA programs.

(b) If an agency has a policy regarding notification to an institution or program of contact with the Department in accordance with paragraph (a)(6) or (a)(7) of this section, it must provide for a case by case review of the circumstances surrounding the contact, and the need for the confidentiality of that contact. Upon a specific request by the Department, the agency must consider that contact confidential.

The agency reports that it received notification from a State agency informing NCA CASI that one of its accredited institutions offers degree levels for which the agency is not recognized. The information received from the state agency implied that the institution possibly was engaging in fraud and abuse in receiving federal Title IV funds based on degree levels not included in the institution's grant of accreditation or in the agency's scope of recognition. The agency has indicated that it has handled the information from the state agency as a complaint, for which it has not yet received a response from the institution. Based on the information provided in the petition and the agency's response, it appears that the agency did not notify the Department of the potential of fraud/abuse and possible failure to comply with its federal student financial aid responsibilities.

The agency has been aware of the requirement of this criterion, as it has initiated new policies on the issue. However, the agency's policies on this issue are written in a manner that suggests that the agency does not understand the requirements of this section. For example, the agency policy under (d) indicates that it will notify the Department, appropriate state agencies, and other appropriate accrediting agencies, and the public of the name of any institution it believes is engaged in fraud and abuse, at the same time it notifies the institution. That said, the agency has also adopted a policy that it will review on a case-by-case basis the circumstances surrounding the allegations of fraud/abuse and the need for confidentiality. This does not, however, relieve the agency from its responsibility as a Title IV gatekeeper to contact the Department before contacting the institution. The agency's lack of understanding and sensitivity to the implications and potential consequences raises the question of the agency's ability to safeguard public funds and act as a gatekeeper of public funds.

Staff Determination: The agency does not meet the requirements of this criterion. The agency must revise its policies in a manner that demonstrates it understands its responsibilities and demonstrate that it adheres to its responsibilities as a Title IV gatekeeper.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided the revised section of its policy concerning notifications to the Department, to include language to suggest approval from the Department prior to transmitting any communications concerning the allegations to an accredited institution that the agency has reason to believe is engaged in fraud or abuse. The agency acknowledged that the policy previously submitted to demonstrate compliance with this section was erroneous; however the revised policy language limits the prior approval from the Department to institutions the agency believes to be engaged in fraud or abuse, but does not include those failing to meet Title IV, HEA program responsibilities, as required by this section.

In addition, the revised policy is included in Policy 16.01 and the introduction in that section states "The NCA CASI Postsecondary Office shall submit the following documentation to the United States Secretary of Education, appropriate state agencies, and other appropriate accrediting agencies at the same time the institution is notified within five (5) days of the subject action. The public will be notified on the NCA CASI web page within 24 hours of institution notification." The continued inclusion this specific policy within this broader notification policy creates a contradictory situation and is both misleading and inconsistent with a recognized agency's fiduciary responsibilities to the Department and the public, as summarized in this section.

The agency also stated that it takes its role and responsibilities as a Title IV gatekeeper seriously. The agency provided a response concerning an institution in West Virginia and stated that there was no allegation of fraud or abuse, and therefore no reason to notify the Department.

However, the documentation previously submitted and reviewed by the Department in this section was for an institution in Illinois. In that documentation, the official from the Illinois Board of Higher Education clearly indicates that the institution was involved in deceptive reporting practices to the Department and was possibly engaged in in fraud and abuse in receiving federal Title IV funds based on degree levels not included in the institution's grant of accreditation or in the agency's scope of recognition. And, since the agency processed the notice as a complaint and conducted an investigation, to include notice and response by the institution, the agency's actual notice to the Department is not simultaneous, but long after, notice to the institution. As the agency did not provide a response or any additional information concerning this institution, it has not demonstrated that it notifies the Department of the potential of fraud or abuse by an institution or that it complies with its federal student financial aid responsibilities.

Staff Determination: The agency does not meet the requirements of this criterion. It must revise its policies to meet the requirements of this section. The agency must also demonstrate that it understands and adheres to its responsibilities as a Title IV gatekeeper.

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§602.28 Regard for decisions of States and other accrediting agencies.

(a) If the agency is an institutional accrediting agency, it may not accredit or preaccredit institutions that lack legal authorization under applicable State law to provide a program of education beyond the secondary level.

The agency has a written policy that indicates it will not grant preaccreditation or accreditation to any institution that lacks legal authorization to provide a program of education beyond the secondary level under state law. Additionally, the agency policy provides that if the State approval agency or another recognized institutional accrediting agency removes the institution's approval or accreditation, the institution "will become subject to being dropped from accreditation in accordance with the agency's procedures. The Department previously notified the agency that its decision of whether to accredit an institution under the circumstances in this criterion must be unequivocal. The current policy represents an improvement over the prior policy by incorporating that the agency will use and apply written procedures. However, the agency has not made a statement that unequivocally states that it will not accredit an institution that lacks state authorization to offer education beyond the secondary level, a basic eligibility requirement.

Staff Determination: The agency does not meet the requirements of this section of the criteria. The agency must amend its policy to state unequivocally that it will not accredit any institution that lacks state legal authorization and demonstrate its adherence to its policy, as appropriate.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided its revised substantive change policy (8.02b), which refers to a change in the legal status of the institution. The revised policy clearly states that the agency will withdraw accreditation should an institution lose its state authorization.

However, the agency did not provide any revision to the State compliance requirement policy (2.02a) submitted previously to state unequivocally that it will not accredit any institution that lacks state legal authorization.

The agency did not provide any examples to demonstrate implementation of the policy.

Staff determination: The agency does not meet the requirements of this section. It must amend all related policies to state unequivocally that it will not accredit any institution that lacks State legal authorization. The agency must provide documentation to demonstrate that the agency confirms that its accredited institutions have legal authorization under applicable State law to provide a program of education beyond the secondary level.

(e) The agency must, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation or preaccreditation status of an institution or program and any adverse actions it has taken against an accredited or preaccredited institution or program.

The requirement of this criterion is that a recognized accrediting agency must, upon the request of another appropriate recognized accrediting agency, share information regarding the accreditation status of one of its institutions or programs and any adverse actions it has taken.

While the agency's written policy does suggest that it will share information (by the fact that it will establish procedures for sharing information), it does not make it explicitly clear that the agency will provide the information regarding the accreditation status required by this criterion. Neither does the agency's policy, which indicates that the agency will develop procedures for sharing information "on a regular basis", comply with the requirement of this criterion to provide that information "upon request."

The agency has not provided evidence that it has established any procedures for the sharing of information, nor has it provided evidence of sharing information as a result of the request by another accreditor or state agency.

Staff Determination: The agency does not meet the requirements of this section. It must establish policy that makes it explicitly clear that the agency will provide the information regarding the accreditation status as required by this criterion and share information "upon request." The agency must also provide evidence that it has established procedures for the sharing of information, and demonstrate that it has effectively applied them.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency provided its revised policy concerning information-sharing, to include language that clearly states that the agency will share the accreditation status information required by this section upon request with other appropriate recognized accrediting agencies and recognized State approval agencies.

Although the agency indicated that it has not had the occasion to apply its information-sharing policy, it did not provide evidence that the agency has established procedures in place for the sharing of information, should the agency need to apply the policy in the future.

Staff Determination: The agency does not meet the requirements of this section. It must provide evidence that it has established procedures for the sharing of information.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.

U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** New York State Board Of Regents (Nursing Education) (1969/2006)

   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Scope of Recognition:** State agency for the approval of nurse education.

4. **Date of Advisory Committee Meeting:** December, 2011

5. **Staff Recommendation:** Continue the agency's recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issue identified below.

6. **Issues or Problems:** The agency must demonstrate that programs comply with its requirement for submission of a current catalog. The agency must also submit the final changes to its annual report form to require audited financial statements every other year (3(f)).

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The New York State Board of Regents (Regents) was established by State Law in 1784 and was granted authority to accredit educational programs through a registration process in 1787. All educational and related institutions in the State are under the leadership of the Regents. The Secretary first recognized the Regents as a State agency for the approval of nurse education programs in 1969. The Regents have received periodic renewals of recognition since that time.

The Regents oversee the education, licensure, practice, and conduct of practitioners in 45 of the 47 licensed professions. The Commissioner heads the Education Department, as the executive administrative arm of the Board of Regents. The Education Department has the responsibility of administering and implementing the policies established by the Regents. Nursing schools and nurse education programs that lead to the associate degree, baccalaureate and graduate degrees are included in the Regents' scope of recognition.

Recognition History

The last full review of the agency occurred in June 2006, after which the Secretary granted continued recognition for a period of four years. After the Secretary issued her decision on the agency's recognition, the Higher Education Opportunity Act of 2008 (HEOA) was passed, which contained a number of provisions related to accrediting agency recognition that were effective upon enactment. The changes included, among others, a reconstitution of the NACIQI. As a consequence, all NACIQI meetings were held in abeyance pending reconstitution of the Committee. The agency's review for continued recognition is the subject of this analysis.

The Department staff's evaluation of the agency included a review of the petition and supporting documentation and a file review on August 9, 2011, at the State Education Department.

PART II: SUMMARY OF FINDINGS

3
f. Regularly, but at least every 2 years, obtains from each accredited school of nursing:

> **(1) A copy of its audited fiscal report, including a statement of income and expenditures:**
> **(2) A current catalog.**

The agency has a process by which the Office of Higher Education annually obtains financial statistics from all public and independent institutions, annual certified audits from all independent colleges and universities, and annual audited fiscal reports from all hospital-based associate degree nursing programs. The one hospital-based program submits these documents to the Office of Health Systems Management in the New York State Department of Health. If there are fiscal problems with a hospital-based program, the Department of Health notifies SED. The Office of Audit Services analyzes the annual audits to identify any at-risk institutions for additional monitoring of their financial status. However, because such fiscal information is gathered at the institutional level, it is not clear if and how, program-relevant fiscal reports are obtained by the PEPR through the OHE.

An institution that requests a new nursing program must submit estimates of initial revenue and expenditures and must project the same information for the first five years of the program. During reviews for registration, using the self-study, nursing programs provide information on income and expenses for the current and previous three years.
To determine whether an institution's fiscal ability will support a new program or a change in mission, the Professional Education Program Review unit staff obtains the fiscal information from the SED Office of Audit Services. The Commissioner's Regulations require site visitors to review a program's resources as a quality indicator by evaluating the institution's fiscal plan for the last three years. While the agency appears to review fiscal reports as part of initial registrations, re-registrations, and when an institution proposes changes to its programs, it is not clear whether the PEPR obtains such data with the regularity and frequency required under this section.

Given the agency’s process for review of fiscal information to include revenue and expenditures, it is not clear whether the agency actually obtains an audited fiscal report, including a statement of income and expenditures, at least every two years from accredited programs. It appears that the agency obtains such information at the time of the program’s registration which occurs every five to

eight years.

Furthermore, the institution is required to submit a copy of its catalog, along with any brochures, with each annual report. (The agency's narrative of the previous section indicates that institutions are prompted to provide such information in the agency's cover memo to the annual report.) The catalog must contain, among other things, information regarding policies used for selection, promotion, and graduation of students, as well as brief course descriptions. However, the agency has not provided the cover memo to the annual report that requests a current catalog, or evidence of a completed annual report form to demonstrate that programs are required to provide a current catalog as part of its annual report.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it regularly, but at least every 2 years, obtains from each accredited school of nursing, a copy of its audited fiscal report, including a statement of income and expenditures, and a current catalog.

Analyst Remarks to Response:

Previously, the agency did not provide evidence of its requirement for a school catalog and fiscal data from its programs in accordance with the requirements of this section. In its response, the agency has provided a copy of its cover memo requesting programs to submit a current catalog with its annual report. However, it is not clear from the annual report that is attached, whether programs submit a current catalog with their annual report.

The agency has stated that it will include a new requirement on its annual report form to require nursing programs to submit audited financial statements every other year. The agency must provide a revised annual report form with the change included to demonstrate its compliance under this section.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that programs comply with its requirement for submission of a current catalog. The agency must also submit the final changes to its annual report form to require audited financial statements every other year.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.

U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** New York State Board Of Regents (Public Postsecondary Vocational Ed) (1974/2005)

   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Scope of Recognition:** State agency for the approval of public postsecondary vocational education.

4. **Date of Advisory Committee Meeting:** December, 2011

5. **Staff Recommendation:** Continue the agency's recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below.

6. **Issues or Problems:** The agency must demonstrate and provide evidence that it receives adequate and timely financial support, as shown by its appropriations, to carry out its operations (§603.24(a)(2)(ii).

   The agency must demonstrate that it selects competent and knowledgeable persons, qualified by experience and training, and selects such persons in accordance with nondiscriminatory practices, to participate on all visiting teams (§603.24(a)(2)(iii)(A)).

   The agency must demonstrate that it consistently selects and includes examiners other than agency staff, to conduct on-site reviews for programs(§603.24(a)(3)(ii)(B)).

   The agency must demonstrate that it has an advisory body constituted in accordance with the requirements of this section. It must also

in accordance with the requirements of this section. It must also demonstrate that the advisory body is carrying out the functions described in the criterion (§603.24(b)(1)(i)).

The agency must demonstrate that it has a functioning the advisory body that makes a real and meaningful contribution to the approval process(§603.24(b)(1)(ii)).

The agency must demonstrate its evaluations are conducted and decisions are rendered under conditions that assure an impartial and objective judgment, by ensuring that it consistently follows its procedures for approval(§603.24(b)(1)(vi)).

The agency must demonstrate it currently and regularly reviews its standards, policies and procedures in order that the evaluative process shall support constructive analysis, emphasize factors of critical importance, and reflect the educational and training needs of the students (§603.24(b)(1)(vii)).

The agency must provide evidence of its application of its credit hour requirements. (§603.24(c)(1)).

The agency must provide evidence of its application of its credit hour requirements (§603.24(c)(2)).

The agency must provide evidence of its application of such actions that it deems appropriate to address any deficiencies that it identifies at an institution as part of its reviews and evaluations under paragraph (c)(1)(i) and (ii) of this section (§603.24(c)(3)).

The agency must demonstrate that it will promptly notify the Secretary if, following the institutional review process, the agency finds systematic noncompliance with the agency's policies or significant noncompliance regarding one or more programs at those institutions (§603.24(c)(4)).

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

Established in 1784, the New York State Board of Regents is the oldest, formally organized accrediting body in the United States. The Regents oversee the education, licensure, practice and conduct of practitioners in 42 of the 44 licensed professions, including practical nursing. The Regents appoint a Commissioner of Education who heads the Education Department, the administrative arm of the Board of Regents. The Regents and the Commissioner of Education are authorized by the State constitution and bylaws to regulate educational activities in the State. More specifically, the State Education Department (SED) is responsible for accrediting, or registering, all credit-bearing programs, whether public or independent. Vocational education programs that lead to associate degrees and credit-bearing certificates and diplomas are included in the agency's application as a recognized approval agency. This application as a State approval agency for public postsecondary vocational education covers only the adult practical nursing programs offered by the Board of Cooperative Educational Services (BOCES), the Educational Opportunity Centers, and the New York City Board of Education to prepare persons for licensed practical nursing careers.

Recognition History

The agency was first recognized by the Secretary in 1974. The last full review of the agency occurred in June 2005, after which the Secretary granted continued recognition for a period of four years and required the agency to submit an interim report by June 13, 2006. The Secretary at the time accepted the agency's interim report in April 2007. The following year, the Higher Education Opportunity Act of 2008 (HEOA) was passed, which contained a number of provisions related to accrediting agency recognition that were effective upon enactment. The changes included, among others, a reconstitution of the NACIQI. As a consequence, all NACIQI meetings were held in abeyance pending reconstitution of the Committee. The agency's current petition for continued recognition is the subject of this analysis.

The Department staff's evaluation of the agency included a review of the petition and supporting documentation and a file review on August 9, 2011, at the State Education Department.

PART II: SUMMARY OF FINDINGS

§603.24 Criteria for State agencies

The following are the criteria which the Secretary of Education will utilize in designating a State agency as a reliable authority to assess the quality of public postsecondary vocational education in its respective State.

> **(ii) Receives adequate and timely financial support, as shown by its appropriations, to carry out its operations;**

The agency stated in its narrative that its total budget for FY 2007-2008 was $325,668 and for FY 2008-2009 its office was budgeted at a slight increase to $339.069. The agency provided in its narrative an explanation regarding some of the different cost-cutting measures it presently performs and plans to perform in the future. Some of the cost-saving measures it uses are using Windows XP operating systems to better able staff to access the internet and LAN connections and to access data from schools, and other accreditors' internet sites.

However, the agency stated in its narrative that since May 2007 Committee meeting budgetary constraints have necessitated a restriction on travel and associated expenses. Consequently, there have been no Committee meetings of the Advisory Committee since May 2007. That budgetary constraints have restricted the existence of an Advisory Committee suggests that it does not receive adequate and timely financial support, as shown by its appropriations, to carry out its operations.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate and provide evidence that it receives adequate and timely financial support, as shown by its appropriations, to carry out its operations.

Analyst Remarks to Response:

The agency has provided a narrative description of its financial support and has highlighted the increases in its budget to carry out its operations. It has also stated that it will receive timely funds to reschedule Advisory Committee meetings. While the agency's description appears to demonstrate that the agency will receive adequate and timely financial support to carry out its operations, the agency has not supplied supporting documentation of such commitments.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence that it receives adequate and timely financial support, as shown by its appropriations, to carry out its operations.

(A) to participate on visiting teams,

The agency provided documentation demonstrating the staff personnel it utilizes to participate on visiting teams are well-qualified to perform their duties. The agency stated in its narrative that it selects qualified consultants to participate on visiting teams, but did not respond completely to the requirement. The agency provided documentation that states its requirement for consultants who participate on visiting teams to be a licensed professional who is currently registered in the State of New York with a bachelor's degree in nursing and a master's degree in nursing or related field. Each consultant should have a minimum of five years teaching experience in practical nursing education. They must be currently employed in practical nursing education and demonstrate skills in written and verbal communication and be knowledgeable of the Commissioner's regulations pertaining to practical nursing. Each consultant's name and credential must be cleared by the institution before each site visit.

However, as evidenced from a sample of the agency's site visit reports, it is not clear that the agency consistently selects consultants to participate on visiting teams. It appears that some of the visits to nursing programs are only conducted by staff personnel.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it selects competent and knowledgeable persons, qualified by experience and training, and selects such persons in accordance with nondiscriminatory practices, to participate on all visiting teams.

Analyst Remarks to Response:

The agency has stated that going forward, it will include consistent use of consultants to participate on visiting teams and that its budget commitments for 2011-2012 reflect such commitments. However, the agency has not provided documentation of its budgetary commitments nor other supporting documentation to demonstrate that it selects competent and knowledgeable persons, qualified by experience and training, and selects such persons in accordance with nondiscriminatory practices, to participate on all visiting teams.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it selects competent and knowledgeable persons, qualified by experience and training, and selects such persons in accordance with nondiscriminatory practices, to participate on all visiting teams.

(B) The visiting team, which includes qualified examiners other than agency staff, reviews instructional content, methods and resources, administrative management, student services, and facilities. It prepares written reports and recommendations for use by the State agency.

The agency provided a narrative and site team reports demonstrating that it reviews instructional content, methods and resources, administrative management, student services, and facilities in its written reports during an on-site visit. The information provided includes examiners other than agency staff, to conduct on site reviews for programs. The team uses the agency's site visit report form for practical nursing education to evaluate whether quality indicators are met or need improvement. However, during the Department's file review of the agency on August 9, 2011, it was not clear whether the agency consistently selects and includes examiners other than agency staff, to conduct on-site reviews for programs.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it consistently selects and includes examiners other than agency staff, to conduct on-site reviews for programs.

Analyst Remarks to Response:

The agency has stated that it intends to use its budgetary commitments to reestablish consistency in selecting qualified examiners other than agency staff to participate in its evaluation teams. However, the agency has not provided documentation of its budgetary commitments nor other supporting documentation to demonstrate that it consistently selects and includes examiners other than agency staff, to conduct on-site reviews.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it that it consistently selects and includes examiners other than agency staff, to conduct on-site reviews for programs

(i) Has an advisory body which provides for representation from public employment services and employers, employees, postsecondary vocational educators, students, and the general public, including minority groups. Among its functions, this structure provides counsel to the State agency relating to the development of standards, operating procedures and policy, and interprets the educational needs and manpower projections of the State's public postsecondary vocational education system;

The agency provided documentation that describes the make-up of its former advisory body which provides representation from public employers, employees, educators, students and general public, including minority groups. The agency's former advisory body is made up of six members in accordance with its standards and the Secretary's requirements to provide counsel. The function of the advisory body is to provide council to the agency relating to the development of standards, operation procedures and policy, and interpret the educational needs and manpower projections of the State's public postsecondary vocational education system. However, according to the agency, due to budget restrictions, the advisory committee has been in abeyance since 2007. Agency staff informed the Department that it anticipates that a new advisory committee could convene as early as late fall 2011.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has an advisory body constituted in accordance with the requirements of this section. It must also demonstrate that the advisory body is carrying out the functions described in the criterion.

Analyst Remarks to Response:

The agency has stated in its response that it has increased its fiscal capacity in order to re-establish consistent Advisory Committee meetings, and has stated that it has begun recruitment for the Committee. However, the agency has not provided evidence of its budgetary commitments for this function. The agency has indicated that it has taken preliminary action to constitute the Advisory Committee, however, the agency will need to provide evidence of a fully functioning Committee in order to demonstrate compliance with this criterion.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has an advisory body constituted in accordance with the requirements of this section. It must also demonstrate that the advisory body is carrying out the functions described in the criterion.

(ii) Demonstrates that the advisory body makes a real and meaningful contribution to the approval process;

The agency provided a narrative and documentation to show that it conducted meetings at least twice a year from 2005 through the spring of 2007. Due to budget cuts, at the time of its submission, the agency stated that it planned to resume its advisory meetings in the subsequent fiscal year.

The agendas and minutes that the agency provided from its advisory committee meetings suggest that the advisory committee discussed issues bearing on educational quality, supply and demand of practical nurses, and the financial revenue generated from BOCES practical nursing programs. It appears from the documentation that the committee engaged in meaningful and relevant

discussion regarding the education of practical nurses, as well as discussion contributing to the approval process. However, the documentation is from 2005-2007, and the agency did not provide current evidence of a functioning advisory body that makes a real and meaningful contribution to the approval process.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has a functioning the advisory body that makes a real and meaningful contribution to the approval process.

Analyst Remarks to Response:

The agency has stated that it has increased its fiscal capacity in order to re-establish consistent Advisory Committee meetings which are scheduled for late 2011 and 2012.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has a functioning the advisory body that makes a real and meaningful contribution to the approval process.

(vi) Demonstrates that it approves only those institutions or programs which meet its published standards; that its standards, policies, and procedures are fairly applied; and that its evaluations are conducted and decisions are rendered under conditions that assure an impartial and objective judgment;

The agency has provided documentation, such as clear guidance and sample site visit reports that help to ensure that decisions are based on the agency's standards, and that its standards, policies, and procedures are fairly applied. The agency's evaluations and decisions are conducted by agency staff who are civil servants of the State of NY and are held to the State's conflict of interest requirements which contribute to conditions that assure an impartial and objective judgment. However, the agency did not provide evidence of its use of other process controls, such as its careful selection of site team examiners (as required by the criteria), and its use of an Advisory Committee, are consistently applied.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate its evaluations are conducted and decisions are rendered under conditions that assure an impartial and objective judgment, by ensuring that it consistently follows its procedures for approval.

Analyst Remarks to Response:

The agency has described the initial steps it has taken to reestablish consistency related to the selection of examiners and an advisory committee to ensure that its evaluations are conducted and decisions are rendered under conditions that assure an impartial and objective judgment. However, the agency did not provide evidence of its adoption of these processes and at the time of the response, was not able to demonstrate implementation of these measures.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate its evaluations are conducted and decisions are rendered under conditions that assure an impartial and objective judgment, by ensuring that it consistently follows its procedures for approval.

(vii) Regularly reviews its standards, policies and procedures in order that the evaluative process shall support constructive analysis, emphasize factors of critical importance, and reflect the educational and training needs of the students;

The agency has provided agendas and minutes from its advisory committee meetings that suggest that a greater part of the committee’s work is The agency has provided agendas and minutes from its advisory committee meetings that suggest that a greater part of the committee's work is concerned with an ongoing review of standards. Agenda items and discussion captured in the minutes suggest that the agency is engaged in a regular review of its standards, policies and procedures in order that the evaluative process shall support constructive analysis, emphasize factors of critical importance, and reflect the educational and training needs of the students. The agency has also provided a systematic evaluation plan document that indicates the regularity with which each registration document and standards are to be reviewed. However, with the abeyance of an advisory committee since 2007, it is not clear how much of the agency's resources are directed toward review of standards.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate it currently and regularly reviews its standards, policies and procedures in order that the evaluative process shall support constructive analysis, emphasize factors of critical importance, and reflect the educational and training needs of the students.

Analyst Remarks to Response:

The agency has described its commitment to regularly review its standards with the restablishment of its advisory committee meetings. The agency must demonstrate its implementation of these measures which it plans to commence in late 2011.

Staff determination: The agency does not meet the requirements of this section.

The agency must demonstrate it currently and regularly reviews its standards, policies and procedures in order that the evaluative process shall support constructive analysis, emphasize factors of critical importance, and reflect the educational and training needs of the students.

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(1) The State agency meets this requirement if--

(i) It reviews the institution's--

> **(A) Policies and procedures for determining the credit hours, as defined in 34 CFR 600.2, that the institution awards for courses and programs; and**
> **(B) The application of the institution's policies and procedures to its programs and coursework; and**

(ii) Makes a reasonable determination of whether the institution's assignment of credit hours conforms to commonly accepted practice in higher education.

The agency has not provided a response to the requirement addressed in this section of the criterion; , that is, the requirement that if an agency approves (LPN) program length in credit hours sans clock hours, it must review an institution's policies and procedures for determining the number of credit hours, as defined in 34 CFR 600.2, that the institution awards for courses and programs. It appears from the excerpts of site visit reports attached below, that the agency reviews as part of its curricula standard, how an institution applies clock hours. In the absence of the agency's response, Department staff could not make an assessment under this section.

Staff determination: The agency does not meet the requirements of this section. The agency must provide a response identifying whether it approves LPN courses and programs in clock hours, credit hours, or both, and, if it does allow/require any LPN courses and programs to be offered in credit hours, demonstrate how it will review an institution's policies and procedures for determining credit hours, the application of the institution's policies and procedures to its programs and coursework, and make a reasonable determination of whether the institution's assignment of credit hours conforms to commonly accepted practice in higher education.

Analyst Remarks to Response:

The agency has described its process of review for credit bearing programs and its requirements that a credit hour is equivalent to 15 hours of 50 minutes each of instruction, and 30 hours of supplementary requirements. The agency's requirements are in accord with the requirements under 34 CFR 600.2 (definition of credit hour). As described in the agency's response, the agency's

requirements for credit-bearing programs are prescribed by regulation and the agency conducts its own review of a program's compliance with credit hour requirements. The agency site visit report template reflects the agency's review of credit hours and clock hours. However, though the agency has been reviewing an institution's assignments for credit hour on a routine basis, it has not provided an example of how it applies it requirements for Department staff to review. The examples provided are for non-credit certificate programs.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of its application of its credit hour requirements.

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(2) In reviewing and evaluating an institution's policies and procedures for determining credit hour assignments, a State agency may use sampling or other methods in evaluation, sufficient to comply with paragraph (c)(1)(i)(B) of this section.

The agency has not responded to the requirements of this section, and it is unclear what kind of review the agency plans to undertake in reviewing and evaluating an institution's policies and procedures for determining credit hour assignments, if applicable. It appears from the excerpted site visit reports attached below, that the agency currently assesses clock hour equivalents as part of its evaluation under its curricula standard. However, if the agency bases approval on credit hours, it must respond to how it plans to implement a systematic procedure for reviewing and evaluating an institution's policies and procedures for determining credit hour assignments.

Staff determination: The agency does not meet the requirements of this section. The agency must describe and provide evidence of its procedures for reviewing and evaluating an institution's policies and procedures for determining credit hour assignments, if applicable.

Analyst Remarks to Response:

The agency has cited the relevant regulation which defines credit and semester hour and under which the agency reviews credit-bearing programs. The site visit report form with guidance clearly states requirements for evaluators to review credit hour assignments. The agency's review of credit hour assignments are therefore, not a review of the institution's policies and procedures, but are prescribed directly by the agency. According to the agency's narrative, evaluators review each nursing course syllabus to determine that the appropriate amounts of time are allocated to classroom and clinical instruction.

However, though it appears that the agency has, (in effect), been reviewing an institution's policies and procedures for determining credit hour assignments as its regular practice, the agency has not provided an example of its application of

its credit hour requirements.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of its application of its credit hour requirements.

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(3) The State agency must take such actions that it deems appropriate to address any deficiencies that it identifies at an institution as part of its reviews and evaluations under paragraph (c)(1)(i) and (ii) of this section, as it does in relation to other deficiencies it may identify, subject to the requirements of this part.

It appears from the excerpts of site visit reports provided by the agency, that it reviews as part of its curricula standard, how an institution applies clock hours in establishing course and program length. If the agency approves courses and programs in credit hours, it will need to demonstrate that it reviews and cites deficiencies in the institutions' application of credit hours and require corrective action by the institution for registration/approval purposes. More information is required to determine if the agency is required to comply with this section of the criteria.

Staff determination: The agency does not meet the requirements of this section. The agency must provide a response identifying whether it approves LPN courses and programs in clock hours, credit hours, or both. If it approves courses /programs based on credit hours, it must demonstrate that it reviews and cites deficiencies in the assignment of credit hours and require corrective action by the institution for registration/approval purposes.

Analyst Remarks to Response:

The agency reports that it ensures that deficiencies are noted and fixed before signing off on the course and the program when the course proposal is submitted for approval. The agency provided no evidence of the remediation process prior to that approval.

Also as described in the agency's response and supported by the site visit report form template provided, the agency has prescribed requirements for credit hour assignments and its review during regular reevaluations. However, the agency has not provided evidence of its application of its credit hour requirements or any attendant actions it has taken as a result of any deficiencies at an institution as part of its reviews and evaluations under paragraph (c)(1)(i) and (ii) of this section.

Staff determination: The agency does not meet the requirements of this section. The agency must provide evidence of its application of such actions that it deems appropriate to address any deficiencies that it identifies at an institution as part of its reviews and evaluations under paragraph (c)(1)(i) and (ii) of this section.

(4) If, following the institutional review process under this paragraph (c), the agency finds systemic noncompliance with the agency's policies or significant noncompliance regarding one or more programs at the institution, the agency must promptly notify the Secretary.

The agency has stated the procedures it will adopt to notify the Secretary if, following the institutional review process under paragraph (c), the agency finds systemic noncompliance with the agency's policies or significant noncompliance regarding one or more programs at the institution.

The agency states that it will initiate action to deregister the program in accordance with its regulations if an institution fails to take necessary corrective action with credit hour requirements, and that it will notify the Secretary of the institution's noncompliance. However, without knowing whether the agency approves LPN courses and programs in clock hours, credit hours, or both, Department staff could not make an assessment of whether this section applies to the agency. If the agency approves courses /programs based on credit hours, it must demonstrate that it will promptly notify the Secretary if, following the institutional review process, the agency finds systematic noncompliance with the agency's policies or significant noncompliance regarding one or more programs at the institution.

Staff determination: The agency does not meet the requirements of this section. The agency must clarify whether the agency approves LPN courses and programs in credit hours. If the agency approves LPN courses and programs in credit hours, it must demonstrate that it will promptly notify the Secretary if, following the institutional review process, if the agency finds systematic noncompliance with the agency's policies or significant noncompliance regarding one or more programs at those institutions.

Analyst Remarks to Response:

Though the agency has stated in its response that it will promptly notify the Secretary if, following the institutional review process, the agency finds systematic noncompliance with the agency's policies or significant noncompliance regarding one or more programs at those institutions, the agency has not provided evidence that it has codified this practice into its written procedures nor demonstrated application of the requirements of this criterion, as applicable.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it will promptly notify the Secretary if, following the institutional review process, the agency finds systematic noncompliance with the agency's policies or significant noncompliance regarding one or more programs at those institutions.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.

U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** Oklahoma Board of Career & Techology Education (1976/2007)

   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Scope of Recognition:** State agency for the approval of public postsecondary vocational education.

4. **Date of Advisory Committee Meeting:** December, 2011

5. **Staff Recommendation:** Continue the Oklahoma State Board of Career and Technology Education's (OBCTE) current recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below. Deny the agency's request for an expansion of scope to include distance education until the agency can demonstrate that it has consistently evaluated and accredited programs via distance education in compliance with the criteria for recognition.

6. **Issues or Problems:** The agency must provide information describing how it reviews and approves career majors that include a distance education component. It must also provide additional information specifically regarding the standards and process for accrediting institutions that include offerings via distance education, illustrating its evaluation of institutions and their programs (against the agency standards and their quality indicators) that offer distance education. (603.24(a)(1)(iii))

   The agency must correct its site evaluator training manual to remove references to business and industry representatives serving on site

references to business and industry representatives serving on site evaluation teams. The agency must provide information on the selection process, to include selection criteria and qualifications of the members of its site evaluator pool, and specifically address how the agency ensures expertise on distance education delivery is included on site teams, as appropriate. (603.24(a)(2)(iii)(A))

The agency needs to include information on reinstatement of accreditation status in its handbook. (603.24(a)(3)(i))

The agency must demonstrate how the industry or national accrediting agency standards it accepts crosswalk with the state requirements and how they are applied/verified in the course of the on-site review. It must also demonstrate that it includes an assessment of distance education in its self-studies, on-site review process, and training. (603.24(a)(3)(ii))

The agency must provide additional information and evidence of how an institution self-assesses its distance education offerings against agency standards and indicators, as appropriate. (603.24(a)(3)(ii)(A))

The agency needs to provide information on the content of the orientation sessions. It must provide further information and justification that the use of "crucial" suggestions in the review process is clearly identified and the agency application and decision-making in this context are applied consistently. (603.24(a)(3)(ii)(B))

The agency needs to document student participation on its advisory council. The agency also needs to provide documentation to demonstrate the advisory council's assigned functions. (603.24(b)(1)(i))

The agency must provide information regarding its standards review process. (603.24(b)(1)(vii))

The agency must provide documentation of how it monitors changes that may occur during an institution's accreditation period. (603.24(b)(1)(xi))

The agency must address how its standards (as opposed to its evaluation instrument) require ethical institutional practices related to fair and equitable student tuition refunds (i.e., financial aid practices). (603.24(d)(1))

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The Oklahoma Board of Career and Technology Education (OBCTE) is recognized for the approval of public postsecondary vocational education programs offered at institutions in the State of Oklahoma that are not under the jurisdiction of the Oklahoma State Regents for Higher Education. The OBCTE is vested with the power to govern and establish criteria and procedures for 29 technology center districts encompassing 57 campuses across the state. Approval(accreditation) by the OBCTE enables the technology centers to receive funding under Title IV, as well as under other federal programs related to vocational education.

Recognition History

The OBCTE was first recognized in 1976 and has held continued recognition since its initial recognition. The agency was last reviewed at the December 2006 meeting of the NACIQI, which at that time recommended the maximum four-year period of recognition allowable for state approval agencies. The Secretary concurred with the Committee's recommendation and signed the agency's decision letter in April 2007.

On August 14, 2008, the Higher Education Opportunity Act amended the Higher Education Act of 1965, which disbanded the existing NACIQI. This meeting is the first opportunity for the agency to appear before NACIQI for a review based on the revisions to the criteria for recognition.

In this petiton, the agency is requesting an expansion of its recognition to include its approval (accreditation) of public, postsecondary vocational education institutions offering non-degree vocational education including those programs offered via distance education.

PART II: SUMMARY OF FINDINGS

§603.24 Criteria for State agencies

The following are the criteria which the Secretary of Education will utilize in designating a State agency as a reliable authority to assess the quality of public postsecondary vocational education in its respective State.

> **(iii) Delineates the process by which it differentiates among and approves programs of varying levels.**

The OBCTE has responsibility for all non-degree public vocational training across the state. Vocational education in OK is organized by clusters into career pathways and career majors and placed in an instructional framework. The instructional framework represents the minimum hours of instruction for career majors identified at the state level. The career majors vary in length depending upon degree of difficulty; all culminate in a certificate. All public vocational technical education institutions (secondary and postsecondary) select their program offerings from this framework and seek/receive state approval for their selections to include revisions/modifications to program offerings as appropriate. The agency has outlined its process for granting approval of courses and majors and provided documentation of such requests.

In addition, the OBETC has a voluntary accreditation process for public postsecondary non-degree granting career and technology education institutions that seek to participate in the federal student financial aid program. Only career majors of at least 600 clock hours are approved for offering by public postsecondary non-degree granting institutions. Upon approval of the request to seek accreditation (and title iv eligibility), the institution must undertake a self-assessment process of how it meets the agency's 11 program standards and undergo an on-site evaluation. The agency provided sample self study template and evaluation questionnaires as documentation.

However, the agency is seeking to expand its recognition to include its approval of courses and majors offered in whole or in part via distance education; it provided no information describing how the distance education program was reviewed and approved. And while it provided pieces of the on-site evaluation report for a distance education program, it is not comprehensive in describing how the program was assessed against the quality indicators of its eleven (11) standards.

Also, the Department has distinct definitions for distance education vs. correspondence education. The agency needs to determine if the programs and courses it evaluates comply with the definition of distance education or correspondence education or both. If the agency seeks to include correspondence education in is scope, it must provide the same type of

information regarding its review of correspondence programs

Also, the agency states that “the State Board accepts, wholly or in part, the national program certification and/or accreditation in lieu of the on-site program evaluation provided the association's standards are equal to or more comprehensive than the standards established by the State Board. This does not comply with the accreditation process expected of a recognized agency and is discussed later in this analysis.

Staff determination: The agency does not meet the requirements of this section. The OBCTE must provide more information describing how it reviews and approves career majors that include a distance education component. It must also provide additional information specifically regarding the standards and process for accrediting institutions that include offerings via distance education illustrating its evaluation of institutions and their programs (against the agency standards and their quality indicators) that offer distance education. If the agency seeks to include correspondence education in is scope, it must provide the same type of information regarding its review of correspondence programs.

Analyst Remarks to Response:

In its response to the draft staff analysis, the agency stated that it does not plan to modify its standards to reflect any requirements specific to distance education and that it will instead include "a few additional questions" for distance education instructors as a means of evaluating distance education programs. This is not a sufficient basis for the approval and review of distance education programs. The agency must address distance education requirements in its standards and quality indicators and in turn base its qualitative approval/review process (and review instruments) specific to distance education upon the requirements for assessing the quality of the distance education programs as set forth in its standards.

The agency provided additional documentation in its response, but it was related to (and apparently developed by) the distance education program at one institution. It is not clear that the agency has developed and adopted distance education requirements for use at a statewide level. ED staff's observation of an agency on-site review only served to reinforce this conclusion.

Staff determination: The agency does not meet the requirements of this section. The agency must provide information describing how it reviews and approves career majors that include a distance education component. It must also provide additional information specifically regarding the standards and process for accrediting institutions that include offerings via distance education, illustrating its evaluation of institutions and their programs (against the agency standards and their quality indicators) that offer distance education.

(A) to participate on visiting teams,

The agency's on-site evaluator training manual states that the evaluation team consists of:
- agency program specialists and coordinators
- teachers with expertise in the program areas
- technology center administrators and staff
- business and industry representatives

A sample on-site evaluation agenda showed a team with 18 members, including eight staff members from the state agency and ten state technology center staff members, including only one instructor. No business or industry representatives were listed as team members. No information was provided as to whether this sample is typical of team size and composition.

The narrative states that the agency's accreditation coordinator also attends each on-site visit and that other state agency staff team members are chosen by virtue of their current and prior experience. Instructors are recommended by state program administrators and program specialists (apparently this refers to state agency staff, rather than technology center staff). They are chosen based upon knowledge and experience in a particular trade, subject matter, or administrative area (in the narrative, the use of the term "instructor" appears to encompass members in the category of technology center administrators and staff, who are later grouped under the term "educators" in the narrative). No information was provided on how business and industry representatives are chosen.

The narrative states that all evaluators are practicing/certificated educators as specified under state law. First year teachers and administrators may also participate on review teams as observers. No information was provided regarding how many people are currently in the agency's pool of on-site evaluators.

The narrative states that "state staff members have served on and/or chaired numerous evaluation teams" but it is not clear if state agency staff always chair the teams or how team chairs are chosen.

The narrative states that team members are provided with a copy of the evaluators' training manual prior to the review, and training is conducted at the start of the on-site visit. The sample manual that was provided includes information on the evaluators' role in the evaluation process, how to use the evaluation instrument correctly, evaluation practice exercises, the standards, a sample agenda, characteristics of good evaluators, and a sample evaluation report.

A sample signed conflict of interest form for evaluation team members who are not state employees was provided. The agency also provided a copy of the state government ethics commission rules governing ethics and conflicts of interest on the part of state employees, which would cover the state agency staff members

who are participating as team members.

The narrative states that the agency complies with federal and state anti-discrimination laws, although no documentation regarding the state laws were provided.

Staff determination: The agency does not meet the requirements of this section. The agency must provide additional information regarding requirements as to the size and composition of its on-site review teams, including the choice of business and industry representatives. The agency must provide information on the number/qualifications of members of its site evaluator pool and specifically address how the agency ensures expertise on distance education delivery is included on site teams, as appropriate. The agency must provide additional information regarding how team chairs are chosen. The agency must provide documentation regarding its non-discrimination laws.

Analyst Remarks to Response:

Size and Composition of Teams:
The agency notes in its response that the typical site team consists of approximately 17 members, which aligns with the sample documents provided showing a team of 18 members. Teams include state agency and technology center staff. The agency states in its response that it no longer includes business and industry representatives on its site teams due to the potential for conflicts of interest. This conflicts with the information in the agency's site evaluator training manual, which states that the team will include business and industry representatives.

Site Evaluator Pool:
The agency uses educators from other technology centers on its site teams. The agency has not described and documented the process it uses to select educators nor the selection criteria and qualifications required of educators selected to participate on site visit teams.

Distance Education:
The agency reports that its technology centers are offering programs via distance education. The inclusion of competent and knowledgeable persons, qualified by experience and training in distance education, on the site evaluation teams for reviews at institutions offering distance education is essential. The agency has not described and documented the process it uses to select persons with expertise in distance education, the selection criteria it uses to select them and the qualifications required to be selected.

Team Chairs:
Both the overall team and individual program teams are chaired by state agency staff, who are chosen based upon their area of expertise.

Non-discrimination:
The agency provided a copy of its rules, which include specific requirements

related to non-discrimination.

Staff determination: The agency does not meet the requirements of this section. The agency must correct its site evaluator training manual to remove references to business and industry representatives serving on site evaluation teams. The agency must provide information on the selection process, to include selection criteria and qualifications of the members of its site evaluator pool, and specifically address how the agency ensures expertise on distance education delivery is included on site teams, as appropriate.

(i) Maintains clear definitions of approval status and has developed written procedures for granting, reaffirming, revoking, denying, and reinstating approval status:

The agency's accreditation handbook, under Section G, Categories of Accreditation Status, defines four categories of approval status: candidacy status; full accreditation; probational accreditation; and accreditation dropped.

Procedures for granting, reaffirming, revoking, and denying accreditation are included in the definitions. However, reinstatement of accreditation does not appear to be addressed in this section. More information is needed on how the agency handles reinstatement of accreditation status.

Staff determination: The agency does not meet the requirements of this section. The agency needs to provide more information on how it handles reinstatement of accreditation status.

Analyst Remarks to Response:

The agency states in its response that no technology center has ever been placed on probational accreditation or had its accreditation status dropped. Nevertheless, the agency includes the possibility of dropped accreditation in the categories of approval status listed in its handbook. Therefore, procedures for reinstatement of accreditation should be included in its handbook, as well.

Staff determination: The agency does not meet the requirements of this section. The agency needs to include information on reinstatement of accreditation status in its handbook.

(ii) Requires, as an integral part of the approval and re-approval process, institutional or program self-analysis and on-site reviews by visiting teams, and provides written and consultative guidance to institutions or programs and visiting teams.

The agency's accreditation handbook, under Evaluation and Review Procedures, specifies that, as part of the comprehensive evaluation process, each technology center will be required to submit a self-study and undergo an on-site review. The handbook describes the nature of the self-evaluations and specifies that both programmatic areas and administrative/support services will undergo these reviews.

The agency narrative states that, “The self-study in the programmatic areas for which there is no national program accreditation or certification consists of each teacher or team of teachers completing a summary evaluation questionnaire. It is not clear what this distinction means. More clarification of this is necessary.

In an earlier section of the petition narrative, that agency also reported that “the State Board accepts, wholly or in part, the national program certification and/or accreditation in lieu of the on-site program evaluation provided the association's standards are equal to or more comprehensive than the standards established by the State Board.” It is not commonly accepted practice in recognized accreditation that the decision making entity accept the standards and evaluation of another entity in lieu of its own. More information on this practice is required.

The agency provides questionnaires that outline the quality indicators for each of its standards for the centers to use in conducting their self-studies and for evaluation teams to use in conducting their on-site reviews. However, while the agency is seeking an expansion of its state approval to include distance education, there is no evidence of the review of the distance education component in the self study assessment nor evidence of the use of the questionnaire during the on-site review evaluation. The agency must provide additional information and evidence of its review of distance education in each component (self study and the on-site evaluation) of the accreditation process at those institutions offering education via distance education.

The agency also provides a training manual for conducting on-site reviews to its evaluators. The narrative states that training is also provided to technology centers and evaluation team members; however, no documentation was provided regarding these training activities. Documentation is needed in this area.

Staff determination: The agency does not meet the requirements of this section. The agency needs to provide additional information clarifying the caveat pertaining to programmatic areas that have no national program accreditation or certification. The agency need to provide additional information on its practice of accepting national program certification and/or accreditation in lieu of the on-site program evaluation provided the association's standards are equal to or more comprehensive than the standards established by the State Board. The agency also must provide documentation of its self-study and on-site evaluation training activities for its schools and evaluation teams.

Analyst Remarks to Response:

National program accreditation:
The agency states that an evaluation questionnaire (i.e., self-study) is completed by program staff for the various program areas at an institution. It is apparently the agency's policy to allow programs that hold some form of national program certification or accreditation to allow those programs to only fill out portions of the questionnaire, or only provide portions of the required documentation, and substitute the self-study or documentation related to the national program certification/accreditation in lieu of the materials that would normally be required by the state. The agency states that the state requirements and the national requirements have been crosswalked. However, the agency provided no evidence of how the industry or national accrediting agency (such as NLNAC, etc.) standards crosswalk with the state requirements. It is unclear what effect this arrangement has on the members of the on-site review team, which have been trained in the agency's standards and review documents, but presumably have not been trained on either the industry standards nor the national accrediting agency's standards and review process and documents. The agency must demonstrate how it assesses that the industry or national standards comply with the agency requirements and how the agency verifies that the programs continue to meet an industry or national certification or conduct its own program reviews using its own standards, processes, documentation, etc.

Distance education:
The agency provided links to two on-site review reports. However, distance education did not appear to be addressed in these documents. The agency stated in a previous response that it will be adding "a few questions" regarding distance education to its review documents, but it does not appear that this has yet happened.

Training activities:
The agency provided an agenda outlining training on the agency's review process that was provided by state agency staff for technology center staff. The agenda did not provide sufficient detail to ensure that distance education was covered in the training session.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate how the industry or national accrediting agency standards it accepts crosswalk with the state requirements and how they are applied/verified in the course of the on-site review. It must also demonstrate that it includes an assessment of distance education in its self-studies, on-site review process, and training.

(A) Self-analysis shall be a qualitative assessment of the strengths and limitations of the instructional program, including the achievement of institutional or program objectives, and should involve a representative portion of the institution's administrative staff, teaching faculty, students, governing body, and other appropriate constituencies.

The agency's accreditation handbook specifies that a self-study must be conducted prior to each onsite review as an element of the comprehensive evaluation process. The handbook requires that self-evaluations be conducted by each faculty member, as well as by a group representing the administration and support services areas. While the participation of students, the governing body, or other constituencies in the self-study process is required, there were no apparent requirements regarding the participation of these groups in the handbook. More information is needed on these groups' participation in the self-study process.

The agency has developed questionnaires for various program and administrative/personnel areas that are tied to the state standards and serve as guides for technology centers to use in conducting their self-studies. Two blank sample questionnaires were submitted, but contained no ratings or comments to reflect an actual self-study. It is unclear to ED staff if the questionnaires serve as the actual self-study documents or if the areas included in the questionnaires instead serve as an outline of the areas that should be addressed in a narrative document that is developed by the school. The agency must provide additional information and evidence of how an institution self-assesses its distance education offering against agency standards and quality indicators as appropriate.

Staff determination: The agency does not meet the requirements of this section. The agency must provide more information on the groups that are required to be involved in the self-study process. It must also provide additional information and evidence of how an institution self-assesses its distance education offering against agency standards and quality indicators as appropriate

Analyst Remarks to Response:

Participation in self-analysis:
The agency's on-site review document requires the participation of faculty, staff, and students (including representatives of minorities, nontraditional students, and individuals with disabilities) in the writing and review of the institution’s mission and vision statements, goals, and objectives, but does not require their participation in the writing of the self-study, as required in this section.

Distance education:
The agency did not provide additional information and evidence of how an institution self-assesses its distance education offerings against agency standards and quality indicators, as appropriate.

Staff determination: The agency does not meet the requirements of this section. The agency must provide additional information and evidence of how an institution self-assesses its distance education offerings against agency standards and indicators, as appropriate.

(B) The visiting team, which includes qualified examiners other than agency staff, reviews instructional content, methods and resources, administrative management, student services, and facilities. It prepares written reports and recommendations for use by the State agency.

As noted previously, the agency's handbook requires that on-site evaluation teams consist of state agency staff, teachers, technology center administrators and staff, and business and industry representatives. The agency conducts reviews both in program areas and in administrative areas, using separate teams for the two types of reviews.

The agency provides a copy of its training manual to on-site reviewers for study prior to the on-site review. A sample letter to a reviewer confirming participation in an upcoming on-site review referenced an enclosed training manual. The agency states that it follows up with additional guidance and an orientation session at the beginning of the review, but no documentation was provided to support this.

Sample on-site programmatic and administrative review reports were provided. In the programmatic review, at least one technology center representative was paired with at least one state agency representative in order to review/evaluate each program area at the technology center. For the administrative review, the report was organized by administrative area, but no indication was given as to who reviewed each area. It should be noted that in the case of the sample administrative review, a representative of a regional accrediting agency served as a co-chair of the team, along with the accreditation director for the OBCTE. No information was provided in the agency's narrative regarding the type of participation that is provided by regional accrediting agency representatives in the review process; more information is requested in this area.

The sample on-site review reports that the agency provided covered all of the areas required in this section of the ED regulations. The sample reports contained sections tied to each of the agency's standards and included: an overview; commendations or strengths; specific recommendations for improvement; and general recommendations for improvement. In the samples provided, each of the standards was evaluated as having been met, and no specific recommendations for improvement were provided; however, under each standard, general recommendations for improvement were noted. It is unclear to ED staff why the standards were marked as being met, then followed by recommendations for improvement. It is also unclear whether the general

recommendations carry the full force of findings requiring follow-up action and reports to the agency. More information is needed in this area.

It is further noted that the introduction to the agency's Summary Evaluation Questionnaire states that the document was developed for use in conducting both the self-evaluation and the on-site team review. However, it is unclear how this document is used during the course of the on-site review since it does not appear to be part of the package that is provided to reviewers prior to the on-site visit. More information is needed on the use of the questionnaires during the on-site review process.

Staff determination: The agency does not meet the requirements of this section. The agency needs to provide more information on the content of the orientation sessions. It must provide more information on the participation and role of regional accrediting agency representatives (and any others not listed as review participants in its accreditation manual) in the review process. It must provide more information on the significance of the general recommendations for improvement in the review process. More information and documented evidence of the agency's use of questionnaires and particularly the quality indicators during the course of the on-site review process is necessary.

Analyst Remarks to Response:

Reviewer orientation:
Not addressed.

Regional agency participation:
The agency coordinates site visits with NCA-CASI and the teams share information on their findings. The agency states that the two teams write separate on-site review reports.

Recommendations vs. suggestions:
The agency clarified that the specific recommendations included in its on-site evaluations are, in fact requirements. It also states that general suggestions are suggestions, but not requirements. However, the agency also states that "crucial" suggestions must be addressed by the time of the next review. This is confusing, as it appears that general suggestions are indeed suggestions, but crucial suggestions take the form of deferred recommendations (i.e., requirements). It is unclear how an institution knows which suggestions are truly suggestions, and which are deferred requirements. It is also unclear why suggestions that are serious enough that they must be addressed within five years do not rise to the level of recommendations (requirements). This approach raises questions as to the consistency of the decision-making process.

Questionnaires:
ED staff noted during its on-site visit observation that the agency's questionnaires are used as evaluation instruments by team members. Various questionnaires, which are subject area specific, have been developed by the state agency and are completed by team members during the course of their

interviews with school staff, as well as during their documentation review/verification process.

Staff determination: The agency does not meet the requirements of this section. The agency needs to provide information on the content of the orientation sessions. It must provide further information and justification that the use of "crucial" suggestions in the review process is clearly identified and the agency application and decision-making in this context are applied consistently.

(i) Has an advisory body which provides for representation from public employment services and employers, employees, postsecondary vocational educators, students, and the general public, including minority groups. Among its functions, this structure provides counsel to the State agency relating to the development of standards, operating procedures and policy, and interprets the educational needs and manpower projections of the State's public postsecondary vocational education system;

The agency provided a list of advisory council members. The agency noted that student participation was planned for the near future.

No charter or similar documentation was provided to demonstrate the advisory council's functions. More information is needed in this area.

Staff determination: The agency does not meet the requirements of this section. The agency needs to document student participation on its advisory council. The agency also needs to provide documentation to demonstrate the advisory council's assigned functions.

Analyst Remarks to Response:

Student participation:
Documentation of student participation in advisory council meetings was not provided.

Advisory council functions:
The agency states that its advisory council does not have a charter. No other documentation was provided to delineate the council's assigned functions.

Staff determination: The agency does not meet the requirements of this section. The agency needs to document student participation on its advisory council. The agency also needs to provide documentation to demonstrate the advisory council's assigned functions.

(vii) Regularly reviews its standards, policies and procedures in order that the evaluative process shall support constructive analysis, emphasize factors of critical importance, and reflect the educational and training needs of the students;

The agency submitted meeting minutes that document that its advisory council is actively involved in the review of the agency's procedures. However, no information was provided as to indicate that the advisory council is actively engaged in any review of the agency's standards, how often the standards are reviewed, or who is involved in the review process. More information is needed in this area.

Staff determination: The agency does not meet the requirements of this section. The agency needs to provide more information and documentation regarding its standards review process.

Analyst Remarks to Response:

The agency's response to the draft analysis referred staff to Exhibit 32 in its original documentation. However, this documentation was related to ongoing discussions of the agency's review process, not its standards. One page included the following goal: "To submit recommendations to the Accreditation and Evaluation Process Team regarding the consistency of evaluation standards." Under this goal were recommendations to "work on a standard each week for two hours to reach consensus of the quality indicators" and "complete all standards by December 15, 2010." While this would indicate that the agency did recommend a standards review, no documentation was provided to show that the recommendations were followed, that the review took place, who was involved in the review, etc.

Staff determination: The agency does not meet the requirements of this section. The agency must provide information regarding its standards review process.

(xi) Requires each approved school or program to report on changes instituted to determine continue compliance with standards or regulations;

The agency's accreditation manual states that, within the five year comprehensive review period, continuing accreditation is extended on a yearly basis and may be withdrawn at the conclusion of the fiscal year. The narrative states that the board should be notified of any changes that have been made. However, it is unclear if the agency requires a formal annual report to collect information on any changes that may have occurred. It is expected that the agency will make the assessment that changes have been made that could jeopardize the institution's accreditation status, and not the institution. More

information is needed on how the agency can effectively monitor changes that may occur throughout the accreditation period.

Staff determination: The agency does not meet the requirements of this section. The agency must provide more information on how the agency can effectively monitor changes that may occur throughout the accreditation period

Analyst Remarks to Response:

The agency states that schools are required to submit enrollment data and follow-up reports annually. However, the agency did not submit any documentation to substantiate that it is collecting this required information.

Staff determination: The agency does not meet the requirements of this section. The agency must provide documentation of how it monitors changes that may occur during an institution's accreditation period.

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(1) Promotes a well-defined set of ethical standards governing institutional or programmatic practices, including recruitment, advertising, transcripts, fair and equitable student tuition refunds, and student placement services;

The agency has apparently interpreted this criterion as relating primarily to equal access in admissions. While the agency has provided ample evidence of its requirements related to equal opportunity, it has not addressed the requirements of this criterion. The agency must provide information regarding its standards' requirements related to ethical recruitment practices, ethical (i.e., truthful) advertising, the right to easily obtainable and accurate transcripts, equitable student refund policies, and the provision of student placement services.

Staff determination: The agency does not meet the requirements of this section. The agency must address how its standards require ethical institutional practices related to recruitment, advertising, transcripts, fair and equitable student tuition refunds, and student placement services.

Analyst Remarks to Response:

Recruitment and advertising:
The agency's Standard J requires that recruitment and admission policies shall be non-discriminatory. Its standard M requires that printed materials and other media be presented in an accurate and ethical manner. The agency's evaluation questionnaire requires that an institution have a marketing plan that is evaluated annually and include individuals with disabilities, non-traditional students, and minorities.

Transcripts and placement:
The agency states that its institutions do not provide transcripts. However, it

states that schools do provide completion evidence. The agency's standard C.11 requires that enrollment, placement, continuing education, and follow-up records be maintained for each program. The agency's evaluation questionnaire requires that students be assisted with managing the process for transitioning to collegiate studies or other advanced credentials related to their career goals.

Refunds:
The agency's evaluation questionnaire requires that an institution have developed a fair and equitable refund policy that adheres to federal student aid requirements. However, it is not clear where requirements related to refunds/student aid are addressed in the agency's standards.

Staff determination: The agency does not meet the requirements of this section. The agency must address how its standards (as opposed to its evaluation instrument) require ethical institutional practices related to fair and equitable student tuition refunds (i.e., financial aid practices).

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.

U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** Pennsylvania State Board for Vocational Education, Bureau of Career and Technical Education (2004/2007)

   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Petition for Continued Recognition

3. **Scope of Recognition:** State agency for the approval of public postsecondary vocational education.

4. **Date of Advisory Committee Meeting:** December, 2011

5. **Staff Recommendation:** Continue the agency's recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below.

6. **Issues or Problems:** • The agency must provide an explanation of how this budget, which is less than planned, is adequate enough to support its accreditation operations. [603.24(a)(2)(ii)]

   • The agency must provide documentation identifying that the IAAG includes representation by each of the categories required by this section. [603.24(b)(1)(i)]

   • The agency must provide documentation of its timely, fair and equitable treatment of complaints or indicate that it has had no opportunity to apply its complaint procedures. [603.24(b)(1)(ix)]

   • The agency must provide evidence that it provides all institutions with a written report of its evaluation of the institution's strengths, weaknesses, suggestions for improvement, and areas of

weaknesses, suggestions for improvement, and areas of non-compliance prior to making the accreditation decision. [603.24(b)(2)(ii)]

• The agency must demonstrate that institutions have an adequate window of opportunity to respond to the final site report before an accreditation decision is made. [603.24(b)(2)(iii)]

•The agency must provide evidence that it provides an institution with information regarding its right to appeal before a body designated for that purpose, or indicated that it has had no situations that an institution may appeal.[603.24(b)(2)(iv)]

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The Pennsylvania State Board of Vocational Education (PSBVE), Bureau of Career and Technical Education (BCTE), is a state agency recognized for the approval of public postsecondary vocational education. Its legal authorization was established by Pennsylvania Statute and gives the agency jurisdiction to oversee the public institutions that offer public postsecondary vocational education.

Currently there are approximately 79 occupational or comprehensive institutions, which include 21 high schools and 58 vocational-technical schools offering public postsecondary vocational education to approximately 19,361 participating adults enrolled in 552 non-degree programs across the state.

These are non-degree programs provided at Area Vocational-Technical Schools (AVTS) that offer education and training for employment to adults in a variety of occupations. The Pennsylvania Department of Education views this as a viable means for expanding quality postsecondary education and training opportunities in local communities across the state, for reaching a cohort of the state's population that has been unable to access traditional higher education institutions, and for enhancing collaboration and addressing the needs of the local labor markets.

Recognition History

The Pennsylvania State Board of Vocational Education (PSBVE), Bureau of Career and Technical Education (BCTE) was initially recognized in 2004 for a period of two years and requested the agency submit an interim report. The NACIQI reviewed the agency's interim report at its fall 2005 meeting and recommended that the Secretary accept the report.

In June 2006, the agency submitted its petition for continued recognition. The Secretary recognized the agency for a perid of four years (maximum timeframe for recognition of a State agency) and requested an interim report which the Secretary subsequently accepted in 2008.

On August 14, 2008, the Higher Education Opportunity Act amended the Higher Education Act of 1965, which disbanded the existing NACIQI. This meeting is the first opportunity for the agency to appear before NACIQI.

PART II: SUMMARY OF FINDINGS

§603.24 Criteria for State agencies

The following are the criteria which the Secretary of Education will utilize in designating a State agency as a reliable authority to assess the quality of public postsecondary vocational education in its respective State.

> **(ii) Receives adequate and timely financial support, as shown by its appropriations, to carry out its operations;**

The agency provided a detailed description of its funding process and the portion of the State Statutes authorizing sufficient funds and resources demonstrating that the agency can currently administer its responsibilities with funds available during this fiscal period. However, the agency provided no documentation of its budget and expenditures.

Staff Determination: The agency does not meet the requirements of this section. It needs to provide documentation of its budget and expenditures.

Analyst Remarks to Response:

In response to the staff draft analysis the agency provided a document identifying an ASIAE budget for FY 2010-11 of approximately 120K. This is significantly less than the funds anticipated by the agency of "approximately $186,283 will be absorbed for its ASIAE services and expenses". The agency provided no explanation of how this is adequate and timely financial support, as shown by its appropriations, to carry out its operations.

Staff determination: The agency does not meet the requirements of this section. It must provide an explanation of how this budget, which is less than planned, is adequate enough to support its accreditation operations.

(i) Has an advisory body which provides for representation from public employment services and employers, employees, postsecondary vocational educators, students, and the general public, including minority groups. Among its functions, this structure provides counsel to the State agency relating to the development of standards, operating procedures and policy, and interprets the educational needs and manpower projections of the State's public postsecondary vocational education system;

The agency's Administration Guidelines and its Handbook For Approval outline the Institution Accreditation Advisory Group (IAAG) role. The IAAG is comprised of eight members; it meets twice a year and provides counsel in the review of the agency's standards, policies and operating procedures; recommends continuous improvements; and assists in interpreting the educational needs and resource projections for the PPVE. However, the agency documents, as noted earlier, are inconsistent and it is unclear if the role of the IAAG is advisory or decisional.

As well, the agency has not documented that the IAAG membership complies with the requirements of this criterion.

Staff determination: The agency does not meet the requirements of this section. It needs to (1)provide documentation demonstrating that the IAAG is composed of the types of individuals required by this section and, (2)clarify the role of the IAAG to include amending its documents accordingly.

Analyst Remarks to Response:

In response to the staff draft analysis the agency provided its revised ASIAE Guidelines to clarify the role of the IAAG as a advisory body. It also provided a list of its advisory board members. However there is no documentation identifying that the IAAG includes representation by each of the categories required by this section

Staff determination: The agency does not meet the requirements of this section. It must provide documentation identifying that the IAAG includes representation by each of the categories required by this section.

(ix) Has written procedures for the review of complaints pertaining to institutional or program quality as these relate to the agency's standards, and demonstrates that such procedures are adequate to provide timely treatment of such complaints in a manner fair and equitable to the complainant and to the institution or program;

The agency's guidelines Chapter 12 Complaint Procedure provide the following written guidance:

Written Complaint Procedure for the Applicant Institution.

a. Complaints, in reference to the Accreditation Process, must be submitted in writing and directed to the attention of the Director of the Bureau of Career and Technical Education.
b. Solution(s) to the complaint will be executed as appropriate.
c. BCTE will follow up with the complaint if appropriate.
d. The disposition of the complaint will be provided to the complainant, the institution, and other interested parties in writing within ten (10) calendar days of

the final decision.

The agency has a written complaint policy. However, the policy is vague and does not provide sufficient procedural guidance regarding how it will execute complaints it receives. More specifically, it does not include timeframes for ensuring the timely investigation and resolution of complaints nor does it include guidance as to what types of complaints will be addressed, by whom, and in what manner. .

Staff determination: The agency does not meet the requirements of this section. It needs to strengthen its complaint procedures to include more procedural specificity on how it will address complaints it receives.

Analyst Remarks to Response:

In response to the staff draft analysis the agency provided its revised complaint procedures outlined in chapter 12 of its ASIAE Guidelines. The agency has strengthened its written complaint policy procedures to define what type of complaints it will receive along with clarifying who administers and responds to the complaints sent to the agency. This includes a time frame for the review and resolution of the complaint of ten days with the additional procedures allowing for following up the disposition of the complaint. However, the agency has not indicated that it has had no complaints nor has it provided evidence of its timely, fair and equitable treatment of complaints.

Staff determination The agency does not meet the requirements of this section. It must provide documentation of its timely, fair and equitable treatment of complaints or indicate that it has had no opportunity to apply its complaint procedures.

(ii) Furnishes as a result of the evaluation visit, a written report to the institution or program commenting on areas of strength, areas needing improvement, and, when appropriate, suggesting means of improvement and including specific areas, if any, where the institution or program may not be in compliance with the agency's standards;

The process outlined by the agency in its narrative is not supported by the agency's written policy and procedures. The agency's written policies/procedures indicate that the report is provided to the institution only after the report is provided to the IAAG, an accreditation decision is made, and the decision is a denial of accreditation.

Staff determination: The agency does not meet the requirements of this section. It needs to amend its policy/procedures and demonstrate that it provides all institutions with a written report of its evaluation of the institution's strengths, weaknesses, suggestions for improvement, and areas of non-compliance prior to

making the accreditation decision.

Analyst Remarks to Response:

The agency provided its revised written report policies and procedures contained in its ASIAE, Chapter 8,(Exit and Written Report) reflecting the process to provide all institutions with a written report of its evaluation of the institution's strengths, weaknesses, suggestions for improvement, and areas of non-compliance prior to making the accreditation decision. However, the agency has not demonstrated its application of this revised procedure.

Staff determination: The agency does not meet the requirements of this section. It must provide evidence that it provides all institutions with a written report of its evaluation of the institution's strengths, weaknesses, suggestions for improvement, and areas of non-compliance prior to making the accreditation decision.

(iii) Provides the chief executive officer of the institution program with opportunity to comment upon the written report and to file supplemental materials pertinent to the facts and conclusions in the written report of the visiting team before the agency takes action on the report;

As described in the previous section, the report is provided to the institution, however, this is only after the report is provided to the IAAG, an accreditation decision is made, and the decision is a denial of accreditation. The agency provides no opportunity to the institution to comment on the report or provide supplemental materials pertinent to the report before an accreditation decision (of all types) is rendered.

Staff determination: The agency does not meet the requirements. The agency needs to revise its policies/procedures and demonstrate that institutions have an adequate window of opportunity to respond to the report before an accreditation decision is made.

Analyst Remarks to Response:

In response to the staff draft analysis the agency provided its revised policies and procedures allowing the institution 30 days to respond to any findings in the final site evaluation report thus demonstrating that it has provided the institution an adequate window of opportunity to respond to the report before an accreditation decision is made. However, the agency has not demonstrated its application of this revised procedure.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that institutions have an adequate window of opportunity to respond to the final site report before an accreditation decision is made.

(iv) Provides the chief executive officer of the institution with a specific statement of reasons for any adverse action, and notice of the right to appeal such action before an appeal body designated for that purpose;

An institution has 2 opportunities to seek to have a denial of accreditation decision overturned. First the agency provides the institution a 30-day window to rebut the findings and recommendation to deny accreditation and/or to correct deficiencies. If unsuccessful, the institution may file an appeal in accordance with State law. The agency has provided evidence of providing an opportunity for an institution to respond to a recommendation of denial of accreditation. It has not provided evidence that it provides an institution with information regarding its right to appeal before a body designated for that purpose nor has it indicated that it has had no appeals.

Staff determination: The agency does not meet the requirements of this section. It must amend its procedures to ensure that it provides institutions information regarding the right to appeal an adverse decision and evidence of its application of this procedure, as appropriate.

Analyst Remarks to Response:

In response to the staff draft analysis the agency provided its revised appeal procedures contained in its ASIAE Guidelines (Chapter 11) that describes and provides an institution with information regarding its right to appeal to the Secretary of Education who is designated by Pennsylvania Statue as the authority for that purpose. The agency has not demonstrated its application of this revised procedure. Specifically, it has not demonstrated that it provides an institution with information regarding its right to appeal before a body designated for that purpose

Staff determination: The agency does not meet the requirements of this section. It must provide evidence that it provides an institution with information regarding its right to appeal before a body designated for that purpose, or indicated that it has had no situations that an institution may appeal.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.

U.S. Department of Education

Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues

RECOMMENDATION PAGE

1. **Agency:** WASC Accrediting Commission For Community and Junior Colleges (1952/2008)

   (The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Interim Report

3. **Current Scope of Recognition:** The accreditation and preaccreditation ("Candidate for Accreditation") of two-year, associate degree-granting institutions located in California, Hawaii, the United States territories of Guam and American Samoa, the Republic of Palau, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and the Republic of the Marshall Islands, including the accreditation of such programs offered via distance education at these colleges.

4. **Requested Scope of Recognition:** Same.

5. **Date of Advisory Committee Meeting:** December, 2011

6. **Staff Recommendation:** Accept the report.

7. **Issues or Problems:** None.

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (WASC-ACCJC, Commission or agency) is an institutional accreditor. The Commission's institutions are voluntary members that offer two-year educational programs and award associate degrees. They include community colleges, private religious institutions, for-profit and independent nonprofit vocational institutions, and independent junior colleges.

The agency has approximately 140 accredited member institutions. The member institutions are located in California, Hawaii, the United States territories of Guam and American Samoa, the Republic of Palau, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and the Republic of the Marshall Islands. The majority of the Commission's member institutions offer at least some courses via distance delivery modes.

The agency's recognition enables its institutions to establish eligibility to receive Federal student assistance funding under Title IV of the Higher Education Act of 1965, as amended (Title IV). The agency demonstrated that it serves as the Title IV gatekeeper for at least one institution it accredits. Consequently, the agency must meet the Secretary's separate and independent requirements.

Recognition History

The agency was one of the three original commissions that made up the Western College Association (now the Western Association of Schools and Colleges), which was first recognized by the U.S. Commissioner of Education in 1952. In 1962, the Commissioner of Education recognized the present Commission separately. Since that time, the agency has been periodically reviewed and has been granted continued recognition.

WASC-ACCJC last came before the National Advisory Committee on Institutional Quality and Integrity for a full review in December 2007, and was subsequently granted continued recognition for a period of five years. The current report was also requested. (Originally, the agency was asked to submit its report by December 2008. However, due to passage of the HEOA, the agency's report was put on hold until the NACIQI was reconstituted and the backlog reduced.)

The Department received no third-party comments in connection with the

agency’s compliance report.

PART II: SUMMARY OF FINDINGS

§602.20 Enforcement of standards

(b) If the institution or program does not bring itself into compliance within the specified period, the agency must take immediate adverse action unless the agency, for good cause, extends the period for achieving compliance.

Previous Issue or Problem: During its 2007 review of the agency, Department staff noted that the agency's "Policy on Public Disclosure" permitted the Commission, for good cause, to extend the time allowed for an institution to demonstrate that it meets or exceeds the agency's standards, eligibility requirements and policies. However, the basis upon which the agency could grant those extensions was unclear. Consequently, WASC-ACCJC was asked to describe the mechanism or criteria it applied in determining what institutional circumstances typically must exist for a "good cause" determination to be made.

In response, the agency reported that an institution with deficiencies that significantly impact its integrity or educational quality would be expected to correct those problems within two years and would not generally be granted an extension for good cause. Conversely, the agency could consider granting an extension for good cause to an institution where the deficiencies "are not directly and immediately affecting educational quality, but have longer term direct or indirect effects on educational quality or integrity."

The agency's response also provided several examples to illustrate how a determination to grant an extension for good cause was made. Department staff found most of the examples readily defensible and requiring relatively brief extensions of time to come into full compliance for good cause. However, one example potentially allowed an institution its entire six-year period of accreditation to come into compliance with some of the WASC-ACCJC standards.

Specifically, the agency reported that it considered "providing time for an institution to demonstrate that it has fully implemented standards that require several years to implement: In extending good cause, the Commission considers whether its standards require multiple years to fully implement." WASC-ACCJC noted, for example, that its standards "require institutions to institutionalize regular program reviews and assessments, to develop short and long term integrated planning, to assess the results of their attempts to improve educational quality before developing subsequent plans. It may take an institution several years to demonstrate that it has accomplished all stages of this assessment-planning-improvement cycle."

The issue, however, was that the good cause extensions of "several years"

allowed by the agency exceeded the normal two-year timeframe expected by the Secretary's Criteria and went significantly beyond the "good cause" exception envisioned in the Criteria. Consequently, WASC-ACCJC needed to demonstrate that it ordinarily requires compliance within the maximum two-year period envisioned by the Secretary's Criteria, and that the extensions it granted were exceptional and of limited duration.

Agency Response and Discussion: The agency reported that it has taken several steps regarding various aspects of its operations to address the identified concern. First, the agency began training its Commission on the importance of the Secretary's expected two-year maximum for schools to come into compliance with the agency's standards. That training first took place at the agency's January 2008 decision-making meeting and has been repeated periodically since that time. Furthermore, the agency's training materials for new commissioners were revised to incorporate the emphasis on timely compliance, and all new commissioners have been given that revised training since 2008.

Along those lines, the agency's standardized forms for its Commission readers were revised to specify when an institutional problem was first noted and to specify when the problem must be corrected within a two-year timeframe. If a previously noted problem was extended beyond the maximum timeframe, then a limited and specific extension for good cause, or a show cause determination, is now required. In addition, the agency's official action letters to the institutions have been revised to specify the date when a deficiency must be corrected. If an extension for good cause was granted, then the final deadline for compliance is given, together with the basis for that decision.

The specific criteria that can justify a limited extension have been reduced by the agency to include the following four basic reasons: (1) when the institution must reasonably take more than two years to correct a deficiency, while demonstrating substantial progress, such as the restoration of fiscal reserves and securing enrollment growth, (2) when an external agency is involved that requires sequential steps to take action, such as the Department of State Architecture with its approval timelines for building renovations and/or construction, (3) when consultants and others external to the institution are retained to assist in the resolution of the deficiency, such as the development of a comprehensive fiscal recovery plan linked to enrollment management and institutional planning, and (4) when an external agency is a participant in resolving the compliance issue, such as auditors or state regulatory personnel who are overseeing an activity. Even when those criteria are used to grant an extension for good cause, those extensions are clearly limited in duration.

The agency has made a concerted effort to inform its constituencies that deficiencies must normally be corrected within the two-year timeframe specified by the Secretary's criteria, and that simply showing progress will no longer be sufficient. Those educational efforts included a written advisory to all member institutions, and various agency-conducted workshop/training programs that have been attended by on-site visiting team members, chief financial officers,

governing board members, accreditation liaison officers, presidents, faculty senate leaders, self-study committees, and members of local and state government agencies/legislatures with responsibility/authority over agency-accredited institutions.

Beginning in January 2008 the agency's decision-making meetings have been used as opportunities to emphasize the focus on timely compliance. Since that time the agency reported that the number of cases where the Commission has applied a "good cause" extension has been reduced from 17 in January 2008, to 3 in June 2008, 9 in January 2009, none in June 2009, 2 in January 2010, none in June 2010, and 2 in January 2011.

In addition, since 2008 the agency has had no examples where institutions have not come into compliance within the timelines set by the Commission, and the agency has not been required to take adverse action based solely on lack of compliance with the two-year rule. Furthermore, responsible parties both internal and external to WASC-ACCJC institutions have taken note of the substantially reduced timeframes granted by the agency to demonstrate compliance, and have expedited their processes accordingly. As a result, the agency meets the requirements of this section of the criteria.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.