



Accrediting Commission of Career Schools and Colleges

2101 Wilson Boulevard, Suite 302
Arlington, Virginia 22201
703.247.4212
703.247.4533 fax
www.accsc.org

February 28, 2021

ELECTRONIC DELIVERY

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Cannon Institute of Higher Learning
8500 North Stemmons Freeway, Suite 3030
Dallas, Texas 75427

School #M070965
Denial Letter

Dear ██████████:

At the November 2021 meeting, the Accrediting Commission of Career Schools and Colleges (“ACCSC” or “the Commission”) considered the previous decision to defer final action on the Application for Initial Accreditation submitted by Cannon Institute of Higher Learning (“CIHL” or “Cannon”) in Dallas, Texas. Upon review of the history of this matter, the July 13, 2021 Deferral Letter, and the school’s response to that letter, the Commission found that Cannon has failed to meet its burden to demonstrate compliance with accrediting standards¹ and accordingly voted to deny the school’s Application for Initial Accreditation. The history of the Commission’s review and the grounds for the Commission’s decision are outlined below.

Grounds for Denial Decision:

1. Management and Administrative Capacity

The Commission found that CIHL failed to demonstrate that the school has adequate management and administrative capacity in place with a demonstrated ability to lead and manage a post-secondary educational institution in compliance with accrediting standards. The Commission also found that CIHL failed to demonstrate that the school has appropriate administrative and operational policies and procedures in place to which the school adheres as required by *Section I (A)(1), Substantive Standards, Standards of Accreditation*.²

History of the Commission’s Review of this Matter:

The question of adequate management was first raised in the May 12, 2020 On-site Evaluation Report (“OER”) wherein the on-site evaluation team found “significant concerns with regard to the day-to-day operations of the school, as well as adherence to and documentation of compliance with accrediting standards in numerous areas” (p. 4).

The May 12, 2020 OER requested that the school provide information and documentation about the management structure and administrative capacity at the school. In response, Cannon submitted an organization chart, résumés, faculty/staff personnel reports, job descriptions, and a description of how this team is adequate to manage the school. The response asserts that the number of managers, staff, and faculty, and the allocation of time spent in their various roles is sufficient based on the size of the school. The Commission found, however, that in some cases the response to other areas does not align with the information provided with regard to staff roles and responsibilities (see the October 19, 2020 Deferral Letter).

In addition, the May 12, 2020 OER requested the results of a thorough assessment of the management of the school, with particular attention to the issue of continuous compliance with standards and a description of the school’s plans to address the findings of the assessment. In response, Cannon submitted “Results of

¹ *Preamble; Section I (G)(1), Substantive Standards; Standards of Accreditation.*

² Although not included in the grounds for denial of initial accreditation in this letter, unresolved questions and concerns remain in the areas of Institutional Assessment and Improvement Activities, Faculty Development, and Library Resource System despite multiple opportunities given to CIHL to demonstrate compliance.

the assessment of school management and continuous compliance with standards of accreditation.” The Commission noted that the response does not describe assessment but instead lists two goals: 1) ensure compliance with accrediting standards and 2) improve management skills. To achieve these goals, the response includes the following, in summary:

Compliance with Standards:

- Participation in courses on ACCSC’s Online Training Center (OTC) and CAP Certified Accreditation Professional;
- Quarterly Audits by PAC;
- Integration of accreditation standards into the school’s current in-house staff and faculty training program;
- Partnership with a local ACCSC accredited school to view operations and suggest areas of improvement or make recommendations; and
- Self-Evaluation Report (SER) bi-yearly meeting and updates

How to Improve Your Management Skills:

- Strengthen Your Decision-Making – engage your team members in the decision-making process;
- Be a Better Communicator – be transparent and follow-up;
- Establish Regular Check-ins;
- Complete Management Training – such as online courses; and
- Management and Leadership Skills – set priorities, delegate, motivate, and communicate objectives and goals.

Although the Commission recognized that the school formulated a plan for engaging in activities that will improve understanding of ACCSC standards and their application, ongoing institutional assessment, and general management skills, the Commission noted that the response does not include a clear assessment of the management on which the above plans were based. Also, the Commission noted CIHL did not submit documentation to show completion of the listed activities, and as such, it appears the school may have not yet implemented these plans.

Upon review of the school’s response to the OER, the Commission stated in the October 19, 2020 Deferral Letter that “[o]verall...the response to the team findings as outlined in this letter does not demonstrate Cannon’s capability to lead and manage the school in compliance with accrediting standards” (p. 2). The Commission also expressed in that letter that it had significant questions about the school’s compliance with accrediting standards in the areas of management and administrative capacity, student achievement outcomes, institutional assessment and improvement activities, Program Advisory Committees, assisting students with the learning resource system, faculty qualifications and professional development, recruiter activities and codes of conduct, leaves of absence, and advising sessions. The Commission informed CIHL at that time that “...the Commission’s next assessment of Cannon’s management capacity and the effectiveness of the school’s strategies will be based on an evaluation of the school’s ability to demonstrate compliance with the other areas expressed in this letter” (*Id.*, p. 2).

At its May 2021 meeting, the Commission reviewed the school’s response to the October 19, 2020 Deferral Letter, and in a letter dated July 13, 2021, the Commission acted again to defer final action on the school’s Application for Initial Accreditation a second time and notified CIHL that the school had not demonstrated the ability to develop and implement policies and procedures necessary to operate a postsecondary school in compliance with ACCSC accrediting standards. The July 13, 2021 Deferral Letter notes that in response to the October 19, 2020 letter, CIHL provided an update on the school’s plans to achieve compliance,

documentation of trainings completed including attending the December 2020 ACCSC Workshop as directed, and information regarding the management structure and management team. The response also includes a “Management Assessment,” which appears to indicate that CIHL asked the school’s Program Advisory Committee (“PAC”) to provide a “yearly assessment of management,” (CIHL’s response to the October 19, 2020 Deferral Letter, p. 23)

While the Commission’s October 19, 2020 Deferral Letter indicates that the school’s previous response lacked an assessment of its management upon which the school’s plans for improvement were based, the Commission found that CIHL did not make clear how a PAC is an appropriate resource to tap as a means to assess CIHL’s management capacity and ability to comply with ACCSC accrediting standards.

Although the school’s PAC may have the knowledge and experience to review the school’s educational programs, CIHL provided no evidence to suggest that the PAC has the knowledge and experience to assess whether the CIHL has the management and administrative capacity and capability to operate in compliance with ACCSC accrediting standards.

Notwithstanding the Commission reviewed the information provided by CIHL in its response to the October 19, 2020 Deferral Letter (p. 23), which states:

PAC members were asked to assess the management of the school. This management assessment was used to examine the school's overall daily business management abilities in such areas as decision-making, leadership, training, developing and implementing policies and procedures, and maintaining accreditation standards. The PAC identified four areas of improvement with recommendations.

PAC Members Results and Recommendations:

Area of improvement:	Recommendation:
<i>Policies and Procedures</i>	<i>Develop and implement clear and precise policies and procedures in all areas of the school. For Example; The Learning Resource System (LRS)</i>
<i>Sources of Management Training and Development</i>	<i>On-line management training courses, continuing education</i>
<i>Goal Setting for Management Development</i>	<i>Write a yearly plan the school will use to develop and grow management with benchmarks.</i>
<i>Maintain daily Accreditation Standards</i>	<i>Membership in professional organizations, participation in yearly educational conventions, networking</i>

While the PAC identified areas of improvement, which align with those identified by the Commission, the response does not provide any detail as to how to achieve the recommendations listed. For example, the recommendation to help the school improve in the area of “Maintain[ing] daily Accreditation Standards,” simply suggests that the school should enroll in professional memberships but provides no feedback about achieving “daily” operations in compliance with accrediting standards. In the area of Policies and Procedures, the recommendation is to “[d]evelop and implement clear and precise policies and procedures in all areas of the school.” While the Commission agreed that the school needs to implement clearer policies, the Commission found that a PAC recommendation for improvement in this area failed to demonstrate the development or implementation of clear policies and procedures (July 13, 2021 Deferral Letter, p. 2).

Overall the Commission found that the school had again not satisfactorily demonstrated compliance with accrediting standards as required. Accordingly, in a July 13, 2021 Deferral Letter, the Commission again informed CIHL that it must be able to demonstrate an understanding of accrediting requirements. Specifically that letter states:

CIHL must be able and willing not only to demonstrate current compliance with standards, but also demonstrate an understanding of the requirements of accreditation as an ongoing process. The school must show a level of competence and ability so as to give ACCSC the confidence that CIHL could be able to remain in compliance with standards should the school receive a grant of initial accreditation (Id., p. 3).

In addition to concerns regarding management and administrative capacity, the Commission expressed continued concerns regarding the school's student achievement outcomes, institutional assessment and improvement activities, utilization of Program Advisory Committees, assistance for students with the learning resource system, adequacy of faculty professional development, and the use of leaves of absence. The July 13, 2021 Deferral Letter fully expressed the Commission's findings and concerns and provided the school with another opportunity to demonstrate compliance with accrediting standards with a subsequent review scheduled for November 2021.

November 2021 Review and Findings:

In the Commission's July 13, 2021 Deferral Letter the Commission expressed its concerns that CIHL must demonstrate the school has adequate management and administrative capacity in place with a demonstrated ability to lead and manage a post-secondary educational institution in compliance with accrediting standards and demonstrate that the school has appropriate administrative and operational policies and procedures in place to which the school adheres as required by *Section I (A)(1), Substantive Standards, Standards of Accreditation* (p. 1). In response, the school simply stated that "[t]o demonstrate CIHL has adequate policies and procedures in place to consistently maintain daily adherence to accrediting and approving agency standards, the school is submitting the below seven documents for review by the commission" (CIHL response to the July 13, 2021 Deferral Letter, p. 19):³

- *Operational Policies and Procedures* [Document 1]
- *Compliance Management Plan* [Document 2]
- *LRS Policies and Procedures Manual* [Document 3]
- *Faculty Development Plan*
- *Results of the latest school inspection, letter dated July 9, 2021, conducted by the Texas Veterans Commission, in which all three programs of CIHL is approved to train Veterans and other eligible persons under the provisions of Title 38* [Document 5]
- *Results of recent Third-Party Graduate Employment verification* [Document 6]
- *CIHL Membership and documentation of participation in training activities by the director related to day-to-day school operations (Id., p. 19).*

The response, however, does not include a substantive narrative to explain how the above-listed seven documents in fact show that the school management has the demonstrated ability to lead and manage the institution in compliance with accrediting standards or how these documents represent appropriate administrative and operational policies and procedures in place to which the school adheres. Rather, CIHL

³ All references to page numbers in the school's responses refer to the PDF page number from the compiled submissions from the school, and not for example, a page number from a document within the compiled PDF such as a policy manual or catalog.

merely points to this collection of policies, plans, and manuals as evidence of the school's compliance. Also, the limited narrative does not provide an explanation as to whether or how these seven documents supplement or supplant the school's previous plan – e.g., to utilize the PAC to provide yearly assessment as described in the last response. Although there is mention of PAC members serving along with school staff members on many of the school's various committees, there is no narrative to explain whether and how the creation of the policies and manuals was a result of the PAC's recommendations and whether the school still intends to utilize the PAC to provide a yearly assessment. Moreover, while the school appears to have created some policies and procedures there is still a lack of clarity, agreement, precision, and detail.

Based on a careful review of the information included in the seven documents supplied as evidence of adequate management and administrative policies, the Commission found the following with regard to Documents 1-3, 5, and 6:

Document 1: Operational Policies and Procedures

This document includes sections titled Committees, Staff-Faculty, Administrative, and Academic. The Compliance Management Plan, LRS Policies and Procedures, Faculty Development Plan, and Institutional Assessment and Improvement Plan are identified as “under separate cover” (CIHL Response to the July 13, 2021 Deferral Letter, p. 21). The Commission found that the policies outlined in the *Operational Policies and Procedures* document in some cases do not align with the practices documented in other areas of the response and in some cases do not align with accrediting standards. The following are examples of the inconsistencies found between the stated policy, and the school's practice or the requirements of ACCSC accreditation standards:

- Graduate Employment Verification Policies and Procedures
 - The Commission found that the policy does not align with the forms provided as documentation of implementation. Specifically, the school's *Operational Policies and Procedures* document is explicit in the policy for verification of regular employment from the **graduate** stating that the school will obtain from the graduate “[w]ritten, signed verification that employment is consistent, sustainable, related to the student's program of study” (*Id.*, p. 32). However, the policy for obtaining written verification from the **employer** omits the written, signed verification requirement (*Id.*, p. 31). Although the form provided in the response used to verify employment from the employer has a place for the employer to sign, the school did not submit any completed forms to demonstrate whether the school adheres to the written policy manual or the form. Thus, the response fails to show how either the policy or the form in fact demonstrate compliance with the Commission's *Guidelines for Employment Classification* (see also, Ground 2 below).
 - The school's policy indicates that in cases where the school relies on a “verbal” verification of employment, the school will only obtain verbal verification from the graduate. The Commission found that this practice does not align with ACCSC's the *Guidelines for Employment Classification* (*Appendix VII, Substantive Standards, Standards of Accreditation*), which requires verbal verification from both the employer and the graduate (see also, Ground 2 below).
 - The Commission found that the Career Advancement verification policy does not align with ACCSC's *Guidelines for Employment Classification* (*Appendix VII, Substantive Standards, Standards of Accreditation*). Specifically, although there is a provision in the policy which indicates Career Advancement verification is received in writing from the employer or the graduate, the policy goes on to include another Career Advancement verification policy which allows for “school produced documentation,” which is “signed and dated documentation by an appropriate school official that the training allowed the graduate to maintain his/her employment position due to the training provided by the school” (*Id.*, p. 32). ACCSC's *Guidelines for Employment Classification*

(*Appendix VII, Substantive Standards, Standards of Accreditation*), requires that the graduate or employer provide the attestation regarding whether the school's program provided career advancement opportunity and does not have an allowance for school produced documentation or verification.

- The section entitled "Committees" lists an "Academic Oversight Committee," whose "purpose is to monitor student grades, student academic progress, student academic achievements, student retention, identify students failing to make academic progress, institutional assessment and improvement plan, and graduate retention/completion rates" (*Id.*, p. 22). The committee membership includes seven individuals, three of which are PAC members, one from each of the school's three programs. The Commission found that the use of non-school employees on a committee that is being provided access to student records to be further indication of the school's lack of an understanding of how to develop appropriate policies.
- The Commission also found that the refund policy references, "[i]f a student enters a residence or synchronous distance education program and withdraws..." (*Id.*, p. 29), however, to the Commission's knowledge CHIL does not offer programs via distance education. Thus, it is not clear how this policy is pertinent to the school, why it is included in CIHL's policy documents, and the degree to which the school's policy documents are accurately tied to school operations.

Document 2: Compliance Management Plan

The "Compliance Management Plan" is a four-page document that starts with the following Policy Statement: "CIHL has established this Compliance Plan to ensure that educational standards are maintained at this institution in a manner that fully complies with all Accrediting Standards" (CIHL Response to the July 13, 2021 Deferral Letter, pgs. 33-38). The policy statement outlines five main areas addressed by the compliance management plan:

1. *All appropriate parties are educated about the Accreditation and Approving Agency Standards and trained in matters of compliance*
2. *There is periodic auditing, monitoring, and oversight of compliance with those standards*
3. *There exists an atmosphere that encourages compliance and enables the reporting of noncompliance without fear of retribution*
4. *Responsibility is not delegated to persons with a propensity to act in a non-compliance [sic] manner*
5. *Mechanisms exist to investigate, discipline, and correct non-compliance.*

The plan goes on to describe a "Compliance Management Plan Committee" which "will" meet quarterly and "will" include school staff and PAC members and whose purpose is to recommend and implement policies and changes to the Compliance Management Plan. It is not clear whether this committee has yet been formed or has had any meetings as there are no names listed, only positions/titles, and no evidence of any meetings such as minutes. There is also a section on "Designation of a Compliance Officer," which states that the Director is responsible for the school's compliance matters; however, each employee of the school is responsible "for his or her compliance with Accreditation and Approving Agency standards." The plan lists six responsibilities of the "Compliance Officer;" such as developing training materials and "reporting on activities to the PAC." The response makes no mention as to who has in fact been designated as the Compliance Officer, the qualifications of that individual to fulfill that role, nor is there sufficient detail as to how the Compliance Officer will help to ensure compliance with accrediting standards.

The Commission found overall that there is not sufficient detail or evidence regarding the actual implementation of the Compliance Management Plan, a clear description of who is responsible for the areas

listed, or how specifically the plan will be utilized to ensure compliance. To the contrary, given the school's response overall as described herein the Commission found that this Compliance Management Plan is in fact ineffective in ensuring compliance.

Document 3: Learning Resource System ("LRS") Policies and Procedures Manual (Id., pgs. 39-46)

The Student Orientation and Training section of the LRS policy and procedures (*Id.*, p. 45) indicates that "[a]ny student may contact the business office ... and schedule an individual LRS orientation training session with the director," that "[g]eneral orientation is provided and documented to all incoming students during orientation sessions," and "[f]ormal instruction is provided to specific classes upon request by a faculty member." Although "general orientation" is provided to all incoming students, the response does not make clear that qualified school personnel orient, train, and assist students and faculty in the use of the LRS in a manner that supports learning objectives, unless requested by the student. See also more specific information about the Commission's findings regarding the management and administrative capacity of the school regarding LRS training further below.

Document 5: Results of the latest school inspection, letter dated July 9, 2021, conducted by the Texas Veterans Commission, in which all three programs of CIHL is approved to train Veterans and other eligible persons under the provisions of Title 38

Although the Texas Veterans Commission approval letter may signify compliance with the requirements of that agency, there is no explanation about how that approval is relevant to adequate management and administrative capacity to lead a postsecondary institution in compliance with ACCSC's standards of accreditation.

Document 6: Results of recent Third-Party Graduate Employment Verification

The "Results of recent Third-Party Graduate Employment verification" completed September 3, 2021 show that the third-party verified the employment for four graduates from the Medical Billing and Coding program; however, the school only reported two graduates as employed in field on the accompanying Graduation and Employment Chart. There is no information as to how this third-party verification report demonstrates that the management has an ability to comply with accrediting standards in an ongoing fashion, especially in light of the discrepancies noted and the Commission's findings regarding outcomes, employment verification, and documentation (see item #2).

Other Areas of the Response to the July 13, 2021 Deferral Letter:

In addition to the seven policy documents intended to address the management of the institution, the Commission found that the school's response to other compliance items in the July 13, 2021 Deferral Letter provided further evidence toward the Commission's determination of the school's inability to create administrative and operational policies and procedures to meet accrediting standards, as follows:

- The school's response to the Commission's concern regarding Institutional Assessment and Improvement Activities does not show an understanding of how to conduct an assessment of the effectiveness of its plan. The response provides no narrative assessment and instead provides a copy of a Five-Year Strategic Institutional Assessment and Improvement Plan updated to reflect "2021-2026." While the plan includes a column titled "assessment," this column for the most part indicates "ongoing," and/or completed.
- The school's response to the Commission's concern regarding orientation and assistance to students and faculty in the use of the learning resource system ("LRS") also demonstrates an inability to create administrative and operational policies and procedures to meet accrediting standards. The response to the October 19, 2020 Deferral Letter provided a copy of the ACCSC accreditation workshop as a means

to show [REDACTED] qualifications to manage the LRS. In the July 13, 2021 Deferral Letter the Commission noted attendance at an accreditation workshop is not relevant to management of an LRS, and directed CIHL to submit documentation of the qualifications of [REDACTED], or the individual/s assigned, to manage and oversee the LRS. In response to the July 13, 2021 Deferral Letter CIHL stated “[t]he school has a Library Consultant that assists, advises, and train [sic] the director on all matters concerning the LRS/Library. This individual is a member of the LRS Committee which meets quarterly.” (CIHL Response to the July 13, 2021 Deferral Letter, pgs. 207 – 208). Regarding the LRS Committee, the response states that,

The purpose of the LRS Committee is to provide a perspective on LRS budgetary matters. Its functions are to recommend and implement policies and procedures as necessary and proper to accomplish its purpose, make recommendations concerning collection development, help achieve LRS’s goals and objectives, and guide the general direction for the ongoing development of LRS resources. The committee will consist of six individuals and meet quarterly.

Membership:

- Director
- One faculty member from each academic program selected by the director
- **One outside Library Consultant selected by the director**
- One staff member selected by the director

Find attached background information on the Library Consultant.⁴

Also, because the response to the October 19, 2020 Deferral letter had provided an LRS policy which appeared to be the LRS usage policies and not a) information pertaining to student orientation to the LRS materials; b) the process to provide assistance to faculty and students; or c) how the school assists students after the orientation is completed, the Commission directed CIHL to submit a copy of the school’s policies and procedures for the orientation, training, and assistance of students and faculty in the use of the LRS. The Commission also directed the school to submit copies of training materials used by the school along with documentation of all orientation and trainings conducted with students and faculty since the on-site evaluation (ACCSC July 13, 2021 Deferral Letter, p. 9). The school’s response to the July 13, 2021 Deferral letter states the following:

STUDENT ORIENTATION AND TRAINING

*The LRS provides basic and in-depth instruction in both formal and informal settings to serve the needs of students. Any student may contact the business office ... and schedule an individual LRS orientation training session with the director. General orientation is provided and documented to all incoming students during orientation sessions. **Formal instruction is provided to specific classes upon request by a faculty member [emphasis added].** Students are offered literacy instruction includes topics such as locating and qualifying the information needed for an assignment and/or research, effectively using and presenting the information, and evaluating the success of the completed work (p. 211).*

In response to the Commission’s directive to submit copies of training materials used by the school and documentation of all orientation and trainings conducted with students and faculty since the on-site evaluation, the school stated that all students receive a copy of the LRS Policies and Procedures Manual during orientation training. The school also provided a “Faculty LRS Training” which was a sign-in sheet for a training conducted by [REDACTED] on the LRS on May 5, 2021 and signed by three school employees.

⁴ The résumé shows this individual has an M.L.S. degree in Library Services.

The response also includes a “Student LRS Orientation and Training Log” with nine students listed and various training dates occurring from January 2020 to November 2020.

In reviewing the school’s response summarized above, the Commission found the following:

- While the outside Library consultant may be qualified to manage an LRS the response appears to indicate that the Library consultant is not responsible for managing the LRS or providing training and assistance to students and faculty. It appears the consultant is training the Director on the LRS although there is no evidence of his training, and the “purpose” of the committee does not mention training only the development of policies.
- The response appears to indicate that students can, by request, contact either the director for individual training, or may contact the faculty to provide formal instruction. Although “general orientation” is provided to all incoming students, the response does not make clear that qualified school personnel orient, train, and assist students and faculty in the use of the learning resource system (“LRS”) in a manner that supports learning objectives, unless requested by the student.
- Lastly, although it appears the director trained the faculty on the LRS, the response provides no training materials, as directed, only a sign-in sheet, which does not demonstrate how the consultant trains the director who then apparently trains the faculty who are responsible for providing formal instruction to students.

Moreover, the outstanding issues regarding student achievement, employment verification/classification, and documentation discussed below reinforces that despite being given multiple opportunities to do, the school has not able to demonstrate an understanding of the requirements set forth for documenting student achievement (see Ground 2 below).

Overall, the CIHL has failed to demonstrate current compliance with standards. In addition, CIHL has not demonstrated an ability to develop and implement policies and procedures to be able to achieve compliance or show that the school has a level of competence and ability to do so. Absent this showing, the Commission does not have confidence that the school possess the management and administrative capacity to operate the school in compliance with ACCSC’s accreditation in an ongoing manner.

2. Student Achievement

CIHL failed to demonstrate and support the successful achievement of its students in the following areas required by accrediting standards:

- Maintaining acceptable rates of student graduation and employment in the career field for which the school provided education and
- Supporting student achievement rates through the school’s verifiable records and documentation of initial employment of its graduates (*Section VII (B)(1)(b), Substantive Standards, Standards of Accreditation and Guidelines for Employment Classification, Appendix VII, Substantive Standards, Standards of Accreditation*).
- Providing student achievement outcomes for all programs prepared in accordance with the Commission’s student achievement reporting requirements (*Section I (D)(4)(e), Rules of Process and Procedure; Section VII (B)(1)(b)(ii), Substantive Standards; Standards of Accreditation*).
- Providing the results of an independent third party verification of reported student achievement rates (*Application for Initial Accreditation – Part II and Self-Evaluation Report – Initial*).

The question of successful student achievement was first raised in the May 12, 2020 OER and continued through the Commission’s October 19, 2020 and July 13, 2021 Deferral Letters. In the July 13, 2021

Deferral Letter, the Commission directed CIHL to provide a list of specific items to address its ongoing questions and concerns and to provide documentation of compliance with accrediting standards. The items below summarize the Commission's findings:

Item #2.a-b: A copy of the school's policies and procedures for verifying the employment of graduates in alignment with the Guidelines for Employment Classification and a copy of the form or other verification tool the school is using to verify employment (ACCSC July 13, 2021 Deferral Letter, p.5).

As noted above in the Commission's findings related to the adequacy of the school's management, the school's Graduate Employment Verification Policies and Procedures in some cases do not align with accrediting standards set forth in the *Guidelines for Employment Classification, Substantive Standards, Standards of Accreditation*. In addition, the Commission found that the response does not include a form for Regular Employment/written verification from the Graduate which is stated in the policy as a one of the types of required documentation.

Item #2.c-d: Employment information for each graduate – in all programs - who gained employment in the career for field for which the school provided education from February 28, 2021 to August 30, 2021, the school's completed verification form for each graduate employed; documentation for graduates that are self-employed; and documentation for any graduates that are classified as "career advancement" (ACCSC July 13, 2021 Deferral Letter, p. 5).

The school provided employment information for two graduates of the Medical Billing and Coding program. Upon review of that information, the Commission found the following:

- The job titles listed for both graduates⁵ do not demonstrate that the employment classifications are appropriate and reasonable based on the educational objectives of the program. Specifically, the program educational objectives are stated in the catalog provided in the response as follows:

This course of instruction prepares individuals for entry-level jobs as medical coders and medical billers. Graduates may find suitable employment with hospitals, insurance companies, doctor's offices, and other medical facilities (CIHL Response to the July 13, 2021 Deferral Letter, p. 262).

One graduate is classified as employed in field as "Medical Patient Transportation" and the employment verification form lists job duties as "[p]rovide transportation for medical patients to their appointments and back home" (*Id.*, p. 90). The job title for the other graduate is "Home Health Care Provider," and the employment verification form lists the job duties as "[p]rovide assistance with daily living activities to patients within their homes" (*Id.*, p. 93). There is no further information in the employment record, or in the response that explains how patient transportation or in-home patient care aligns with a majority of the educational and training objectives of the Medical Billing and Coding program.

- The employment start date for both graduates is before the date of graduation (two months and five months); however, the response indicates "NA" in response to the career advancement documentation response requirement (*Id.*, pgs. 88 and 100).

Item #2.e: Graduation and Employment ("G&E") Charts for the Computer Repair & Networking Technician, Office Administration, and Medical Billing and Coding programs using a July 2021 Report Date (ACCSC July 13, 2021 Deferral Letter, p. 5).

In response to the July 13, 2021 Deferral Letter, the school submitted the above requested charts and the Commission found the following:

⁵ Both graduates are reported as self-employed.

- The Graduation and Employment Charts were not completed in accordance with the instructions. In all three charts, the school reported on cohort starts that do not fall within the required reporting period (CIHL Response to the July 13, 2021 Deferral Letter, pgs. 101-103) and
- The employment rates for all programs fall below ACCSC's benchmark of 70% – the school reported employment rates of 40% for the Medical Billing and Coding program, 50% for the Computer Repair and Networking program, and 50% for the Office Administration program (pgs., 101-103).

Item #2.f: Summary information for each Graduation and Employment Chart including employment information for all graduates classified as employed in the field (ACCSC July 13, 2021 Deferral Letter, pgs. 5-7).

The school provided employment information for the five graduates classified as employed in the field across all three programs/charts. The Commission found the response does not demonstrate how four of the five graduates are employed in the field as follows:

- One graduate of the Office Administration program is listed as self-employed. The self-employment verification form indicates that his business is [REDACTED] and that his job duties are "Owner/Repair Specialist: Draft Contracts, record keeping." It is unclear how this position is related to Office Administration (CIHL Response to the July 13, 2021 Deferral Letter, pgs. 107-108). The program educational objectives are stated in the catalog provided in the response as follows:

Students will learn the skills necessary to work in executive-level secretarial and administrative assistant positions...Students will also be trained for positions in accounting, bookkeeping, and data entry. Students will learn to prepare financial statements and learn the latest software programs required by companies. Students will be able to find employment with various companies and organizations in the government, public, and private sectors. (Id., p. 260).

- One graduate of the Computer Repair and Networking program is working at [REDACTED] as a "Cell Phone Repairman" and the response does not make clear how cell phone services are in the field of Computer Repair and Networking (*Id.*, pgs. 107-108.). The program educational objectives are stated in the catalog provided in the response as follows:

This program of instruction prepares individuals for entry-level jobs as computer repair and networking technicians. Graduates may find suitable employment with computer manufacturing, computer sales, and computer repair companies. Students will learn to troubleshoot and repair personal computers and network devices. Upon completion of this program students will be able to install, upgrade, and support personal computers and associated peripheral devices in a network environment. (Id., p. 263).

- Two graduates from the Medical Billing and Coding program are working at the [REDACTED] with job duties listed as Client Records Specialist and Client Account /Funding Specialist (*Id.*, pgs. 107-108). There is no other information about these positions or the employer/company to demonstrate the graduates are working in the field of Medical Billing and Coding. In response to the item requesting supporting and verifiable documentation or a narrative justification for each graduate whose descriptive **job title or place of employment** does not appear directly related to the graduate's program of study, the school stated "This is NA" (*Id.*, p. 109.).

Item #2.i: Third-party verification of the employment rates reported above⁶ in the Medical Billing and Coding program in accordance with Guidelines for Independent Third Party Verification (ACCSC July 13, 2021 Deferral Letter, p. 7).

⁶ This referenced the above charts dated July 2021 required in the July 13, 2021 Deferral Letter.

The Commission found that the “Results of recent Third-Party Graduate Employment verification” completed September 3, 2021 show that the third-party verified the employment for four graduates from the Medical Billing and Coding program (CIHL Response to the July 13, 2021 Deferral Letter, p. 126); however, the accompanying July 2021 Graduation and Employment Chart shows only two graduates as Employed in the Field (*Id.*, p. 101).⁷

For the reasons described above, the Commission found that CIHL failed to demonstrate the successful achievement of the school’s students because the school reported below-benchmark rates of graduate employment, graduates are employed in positions that are not shown to align with educational objectives, student achievement rates have not been prepared in accordance with the instructions, and the school has not demonstrated the accuracy of the data provided.

Based on the foregoing, the Commission found that CIHL has failed to satisfactorily demonstrate that the school complies with the accrediting standards cited in this letter and accordingly voted to deny the Application for Initial Accreditation submitted by CIHL located in Dallas, Texas.

Appeal and Reapplication Process and Procedure

CIHL may opt to appeal the Commission’s decision to deny initial accreditation or may elect to reapply for accreditation. Details regarding the reapplication and appeal procedures are set forth in the *ACCSC Rules of Process and Procedures, Standards of Accreditation*.

- If CIHL elects to appeal this decision, the school must sign and return the enclosed Letter of Intent to Appeal a Commission Decision, along with the Appeal Expense Fee of \$6,000.00, **on or before March 10, 2022.**
- If CIHL elects to appeal this decision, the school’s Application for Appeal of a Commission Decision and Grounds for Appeal must be submitted **on or before March 30, 2022.**
- If CIHL elects not to appeal this decision, the Commission’s decision will become effective **March 10, 2022.** The school may submit comments **March 10, 2022** in accordance with the enclosed Public Comment Disclosure Form. Comments submitted by the school will accompany any public disclosure of a final Commission action pursuant to *Section X (D)(4), Rules of Process and Procedure, Standards of Accreditation*.
- In accordance with *Section VII (N)(3) Rules of Process and Procedure, Standards of Accreditation*, the school may reapply no sooner than nine months from the date on which the denial of accreditation becomes effective.

⁷ The Commission’s letter stated that if there were no starts or graduates reported as employed in the field during the reporting period, the school should submit employment information and verification of the employment for the two students enrolled in this program at the time of the on-site evaluation. The response does not make clear which students are verified in the third-party report, but either way, the number of [four] graduates verified by the third party does not align with the July 2021 Graduation and Employment Chart or the number enrolled at the time of the on-site evaluation.

For additional information regarding the Commission's decision, please contact me directly at

[REDACTED]

Sincerely,

[REDACTED]

Michale S. McComis, Ed.D.
Executive Director

Encls: Letter of Intent to Appeal a Commission Decision
ACCSC Standing Appeals Panel Members
Public Comment Disclosure Form