



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING  
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September 1, 2011

VIA EMAIL  
(tommy@metro-auto.com)

Mr. Thomas LaMera, Director  
Metro Auto Electronics Training  
111 Market Street  
Kenilworth NJ 07033

***Re: Reaccreditation Denied/Accreditation Withdrawn  
(Appealable, Not a Final Action);  
Team Report Response Reviewed;  
Interim Report Reviewed  
ACCET ID #1072***

Dear Mr. LaMera:

This letter is to inform you that, at its August 2011 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny reaccreditation to Metro Auto Electronics Training, located in Kenilworth, New Jersey. The decision was based upon a careful review and evaluation of the record, including the Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted May 26-27, 2011), and the institution's response to that report, dated July 25, 2011). It is noted that two of the weaknesses cited in the team report were adequately addressed in the institution's response and were accepted by the Commission. However, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. II-A: Governance

The institution failed to demonstrate its senior management team as knowledgeable of statutory, regulatory, and accreditation requirements to the point where it felt it needed an external agency to review its internal processes and monitor compliance.

The team report indicated that while the director/owner is actively involved in the operation of the institution, he is not, nor are any senior management employees able to ensure compliance over the daily operations of the institution. In response, the institution indicated that the organization had contracted with professional services, but that a "key position" was not assigned to "follow-up or improve on current logistical processes," but went on to state that a compliance team has been formed internally to review current practices. Additionally, a Business Development and Financial Consultant has been hired. However, no documentation was provided to evidence the qualifications of the outside "professional services" or the new hire, nor any action plans for initializing the projected improvements

responsive to the weaknesses attributable to this standard or actual results to date. Therefore, the systematic and effective implementation of a management team with a clear understanding of responsiveness to compliance and regulatory issues has not been demonstrated.

## 2. II-C: Personnel Management

The institution failed to demonstrate sound recruitment and retention practices relative to maintaining a consistent staff.

The team report indicated that in the past 12 months, significant turnover among administrative staff negatively impacted the administrative capabilities of the institution, including record maintenance, attendance tracking, and placement reporting. At the time of the visit, three of seven administrative staff were recently hired, two of whom had been employed for less than six weeks. Additionally, the Administrative Assistant position had been filled three times in the past 12 months. In response, the institution indicated that they had initially been unsuccessful in their recruiting process, but have since hired an admissions representative and a job placement/internship coordinator, each with “many years of experience within the industry and local government agencies.” The institution failed, however, to provide documentation to evidence the qualifications and experience of the recent hires. Nor did the institution provide evidence of written policies, procedure or other documentation to evidence systematic and effective orientation, supervision, evaluation, or training for all staff. Therefore, compliance with this standard has not been demonstrated.

## 3. II-D: Records

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

The team report indicated that the enrollment agreement, and academic, attendance, and financial records housed in student files were incomplete, inconsistent and/or disorganized. As a result, in some cases the team was unable to determine students’ enrollment status, last date of attendance, percentage of program completed, and attendance percentages. The team also noted the use of white-out on enrollment agreements and attendance records. In response, the institution noted that they are “aware of the irregularities during the last fiscal year (2010-2011),” indicating that it was a result of the departure of their administrative assistant. The institution further noted that it has implemented new technologies to better track, organize, and share records across all departments. The institution failed, however, to provide documentation to evidence of systematic and effective implementation of the new technology in the context of specific operational practices to address the weaknesses cited in the team report. Therefore, the institution failed to demonstrate compliance with this standard because a complete and organized record-keeping system that facilitates ready access and review of those records by appropriate parties has not been demonstrated.

4. III-B: Financial Practices

The institution failed to demonstrate that refunds are consistently administered and comply with statutory, regulatory, and accreditation requirements.

The team report indicated that the samples of withdrawn student files reviewed by the team were incomplete, disorganized, inconsistent and confusing, with many lacking program start dates, daily student attendance, program transfers, last dates of attendance, dates of determination of withdrawal, student outcomes, and percentage of program completed. Further, the team found that appropriate and timely refunds were not being made. Student ledgers were not updated for any of the twelve files reviewed and no files reviewed by the team were properly calculated and documented as required. The team provided summaries of three student refunds by way of example to demonstrate the incomplete or inaccurate refund calculations. In response, the institution indicated that they have now implemented “good processes and procedures for our staff to have ‘Real Time’ information and conduct business in an efficient and timely manner.” However, while the institution’s response indicated, “Metro was aware of the deficiencies due to lack of easy flow between our departments,” it failed to provide new or revised policies and procedures to evidence the systematic and effective implementation of the new procedures, nor were revised refund calculations with supporting documentation submitted for the student’s noted in the team report. Therefore, compliance with this standard, specifically including the systematic and effective implementation of accurate and timely refund calculations and disbursements have not been demonstrated.

5. IV-C: Performance Measurements

The institution failed to demonstrate an educationally sound assessment system for measuring student performance.

The team report indicated that the weighted calculation of externships towards the final grade is inconsistent. According to the institution’s catalog, the externship counts as 5% of the total grade. However, if a student has a 60-69% GPA, the externship counts towards 10% of the final GPA. The team noted that, according to the grading scale published in the institution’s catalog, a grade of 69% or below is failing, yet these students were still being sent on externships. In response, the institution indicated that students may be assigned an externship with a GPA of 65% or higher as those students can gain the 5 percentage points necessary to meet the graduation requirement of 70%. Further, the institution indicated that externships at one point had counted towards 10% of the final grade, and that upon revision, it was not changed to 5% in every part of the catalog. The institution indicated that it has revised its catalog; however, the institution failed to provide either a convincing explanation of the inconsistency with documentation to evidence its policy in practice or the rationale for sending failing students on externships. Therefore, compliance with this standard and the systematic and effective implementation of this revision has not been demonstrated.

6. IV-D: Curriculum Review/Revision

The institution failed to demonstrate the use of systematic and effective procedures to continuously monitor and improve its curriculum.

The team report indicated that the institution's policy requires an annual review of all course curriculum; however, no documentation was provided to evidence curriculum review or revision for the Mobile Electronics and Enclosure Design (MEED) program since 2008. In response, the institution indicated that there is a yearly review of all updated materials with a report sent to the Training Coordinator, and that the curriculum is regularly reviewed, revised, and updated as needed as new technologies are introduced. Further, the response stated that meetings are held every three months with the Training Coordinator or as needed. The institution provided a list of revisions made in the past three years; however, it failed to provide any supporting documentation to evidence the review of the curriculum, regular meetings with the Training Coordinator or revised curriculum materials as outlined in the institution's narrative response. Therefore, compliance with the standard and systematic and effective implementation of curriculum review/revision policies and procedures have not been demonstrated.

7. V-C: Equipment/Supplies

The institution failed to demonstrate that adequate, appropriate, and functional equipment to effectively provide education and training services is readily available for instructor and participant use.

The team report indicated that the available equipment listed in the institution's catalog includes ten fully functional automobiles; however, only three cars were available on site and their make and model did not match of those listed in the catalog. Further, the institution provided no written policy and procedures relative to the maintenance, upgrade, or replacement of equipment. In response, the institution indicated the equipment available at the time of the visit was adequate for maximum class size, but that four additional cars have been purchased with one more in process. Further, the institution indicated that a new policy has been implemented relative to regular equipment maintenance and upkeep; however, no supporting documentation was provided to evidence this policy in practice. Further, the institution failed to revise its catalog to reflect current equipment inventory, the result of which is to provide prospective enrollees with false and misleading information. Therefore, compliance with this standard and the systematic and effective implementation of appropriate equipment upkeep has not been demonstrated.

8. V-D: Facilities

The institution failed to demonstrate that it's facility is suitable for the education, training, and student services offered.

The team report indicated that the institution's catalog and website claim that its facility is "state-of-the-art, offering over 5,000 square feet of modern equipment and technology;" however, the facility is housed in a building utilizing approximately 1,300 square feet for classroom, lab and office space. The team noted that in March 2011, the institution lost its auxiliary classroom and consolidated all classroom space to the main campus, resulting in a cramped, inefficiently laid-out facility inadequate for the training provided. Further, instructional classrooms were not easily identified by area, and there was no library or computer lab provided to students. It was also noted by the team that even prior to the consolidation, students repeatedly voiced complaints in their end-of-program and course evaluations about the conditions of the auxiliary classroom including water leakage and extreme heat and cold in the classrooms. In response, the institution acknowledged the need to move to a larger facility, but have yet to sign a lease, as they are waiting for approval from the Department of Education of New Jersey and ACCET. Until then, the institution indicated that it has taken over all of the 5,000 square feet of its current building, noting that the expansion has provided for large open areas for hands-on training, and a library/multi-media room. Further, the institution indicated that a new air conditioning unit has been installed, as well as more clearly marked signs for classrooms and student space; however, the institution failed to provide any evidence of these improvements, such as a floor plan of the new lay-out of expanded space or photos to support its claims. Therefore, compliance with this standard and evidence of a suitable educational environment has not been demonstrated.

9. VI-C: Instructor Orientation and Training

The institution failed to demonstrate effective orientation and training of instructional personnel to ensure a consistent, high level of instruction.

The team report indicated that the institution does not have a written policy and procedure manual for new instructors to include classroom procedures, departmental policies, instructional methodology, program implementation, and other responsibilities. In response, the institution indicated that it provides all new instructors with a copy of "Art of Teaching" and "Guidelines for Instructors," in which its contents sufficiently address procedures, methodologies and outlined responsibilities; however, the institution failed to provide evidence that these documents are provided to or utilized by all new instructors, nor was evidence provided to indicate that any orientation or training has taken place beyond these printed documents. Therefore, compliance with that standard and effective orientation and training of instruction personnel has not been demonstrated.

10. VII-A: Recruitment

The institution failed to demonstrate that all informational, promotional, and advertising materials, make only justifiable and provable claims regarding the courses, programs, costs, location, instructional personnel, student services, outcomes, and other benefits.

The team report indicated that the institution's website and promotional materials made exaggerated and unsubstantiated claims, including statements relative to facilities, equipment, financial aid, and employment potential for graduates. The institution advertises, "Federal Pell Grants (free \$\$)," a 12,000 square foot modern facility, and inaccurate claims that auto electronic instillation is one of the largest and most profitable of today's "growth industries." In contrast, the Bureau of Labor Statistics states that, "Little or no employment change is expected for motor vehicle electronic equipment installers and repairers. As motor vehicle manufacturers install more and better sound, security, entertainment, and navigation systems in new vehicles, and as newer electronic systems require progressively less maintenance, employment growth for aftermarket electronic equipment installers will be limited." In addition, the institution's catalog does not meet the requirements of ACCET Document 29 – Catalog Guidelines and Checklist in a number of areas including misrepresentation of accreditation, inconsistent refund policy, inconsistent enrollment costs, and an incomplete transfer of credit policy. In response, the institution acknowledged that its catalog and promotional materials included items that "were not in compliance with ACCET standards, policies and practices." Further, the institution indicated that all of its promotional materials including its website and catalog are now fully compliant with ACCET requirement; however, the institution failed to provide any documentation to evidence revisions must less demonstrate that they constitute compliance. Therefore, compliance with this standard and the systematic and effective implementation of the revised promotional and recruitment materials has not been demonstrated and the scale and scope of misrepresentation is so blatant, including the representation of PELL grants as "free \$\$," as to totally undermine the institution's response on these issues.

#### 11. VII-B: Enrollment

The institution failed to demonstrate that the requirements in the enrollment agreement are clearly stated, defined, and in compliance with statutory, regulatory, and accreditation requirements.

The team report indicated that there were inconsistencies between the institution's catalog and enrollment agreement relative to the refund policy, and certification requirements for the MECF certification testing. Further, the enrollment agreement allows for students to choose whether they are enrolling for avocational or vocational purposes, yet their response confirms that these avocational student were enrolling in the program with the intention of earning extra income. Further, these "avocational" students were drawing Title IV funds. In response, the institution indicated that its third party servicer, BEN, confirmed that students attending full or part-time, either as vocational or avocational, are eligible for Title IV funds; however, the institution failed to submit documentation to evidence this claim. Further, the institution indicated that it has removed the avocational component from the enrollment agreement, but notes that this change will "create an issue [...] when completing the Doc 28.1." Additionally, the institution indicated that the enrollment agreement and catalog are now consistent, utilizing the ACCET refund policy and requiring certification testing as a requirement for graduation; however the institution failed to provide documentation to

evidence these changes. Therefore, compliance with this standard and the systematic and effective implementation of these revisions have not been demonstrated.

#### 12. VIII-A: Student Progress

The institution failed to demonstrate that it effectively monitors, assesses and records the progress of participants utilizing a sound assessment system with a set of defined elements that are appropriately related to the performance objectives of the program or courses.

The team report indicated that three of the twelve student files reviewed indicated that graduates had not completed the required 96 hour externship component of the MEED program, and therefore were not eligible to graduate. In response, the institution acknowledged that a student must complete the externship component of the program to graduate, but also indicated that since a student must complete 90% of the program to graduate, that with perfect attendance, a student could complete the program after 36 externship hours; however, the institution failed to provide a published policy outlining this early graduate option after the completion of 90% of the program, nor did it provide any information to evidence the sound educational practice of graduating a student without the completion of a required externship. Therefore, compliance with the standard and a sound assessment system and method for systematically and effectively tracking and monitoring student progress and completion have not been demonstrated.

#### 13. VIII-B: Attendance

The institution failed to demonstrate that its attendance policy is effective in ensuring that student participation and preparation are consistent with the expected performance outcomes of the course or program.

The team report indicated that faculty, staff and students interviewed at the institution did not know the attendance requirements, nor was the institution following its consecutive absence policy of termination after ten consecutive absences. The team noted that 12 students had missed at least four weeks of school before any action was taken. Additionally, students with excessive absences were allowed to transfer to subsequent classes, resulting in students in limbo status, neither attending classes nor being placed on a leave of absence, for up to 15 weeks. Further, the team reviewed documentation identifying at least five students with excessive absences as of April 13, 2011, which warranted termination in accordance with the institution's policy; however, these students were listed on the "Roster of Active Students" at the time of the visit. A review of the attendance records showed three of these students attended no classes in April or May 2011 and two students attended only one day of class. The team reviewed the "Student Behavior and Counseling Advisory" forms for each student, dated April 13, 2001, which stated "Has not attended in four weeks. Student Terminated;" however, six weeks later, the students still had not been terminated. The team report also indicated that students were allowed to make up hours by extending their externships. Additionally, no documentation was provided to evidence the tracking of student tardiness.

In response, the institution indicated that while an externship may be extended for the purpose of make-up hours, the actual make-up work is done in-house with an instructor. The institution further acknowledged the inconsistencies in record keeping, and noted that the newly implemented online attendance tracking system should resolve all issues; however, the institution failed to provide any supporting documentation to evidence the systematic and effective implementation of the new online attendance tracking system; nor did it provide policies and procedures outlining the use of the new system; training provided to faculty and staff; or a rational basis for the compounded weaknesses under this standard beyond “information did not flow correctly to Admissions or Financial Aid departments for proper flow-up of policies and procedures.” Therefore, compliance with this standard and evidence of systematic and effective implementation of attendance tracking, nor the enforcement of the institution’s attendance policy has not been demonstrated.

#### 14. VIII-C: Participant Satisfaction

The institution failed to demonstrate that written policies and procedures are followed that provide an effective means to regularly assess, document, and validate student satisfaction.

The team report indicated that while student evaluations are being done at the end of each course and at the end of the program, no written policy and procedure were provided. Further, ACCET Document 49.1 – Notice to Students was not posted. In response, the institution indicated that it has posted the “Metro student complaint procedure” from the institution’s catalog; however, it did not provide evidence of posting ACCET Document 49.1 as required by ACCET policy. Further, the institution provided three blank evaluation forms, but failed to provide written policies and procedures for the participant satisfaction evaluation process. Therefore, compliance with this standard and effective means of regular assessment, documentation, and validation of student satisfaction has not been demonstrated.

#### 15. VIII-D: Employer/Sponsor Satisfaction

The institution failed to demonstrate that they regularly assess, document, and validate employer satisfaction relative to the quality of the education and training services provided.

The team report indicated that while the institution surveys employers that provide externship sites for their students, the institution does not solicit feedback from other employers of Metro Auto graduates. Only one completed employer/externship site survey was available for review by the team. In response, the institution acknowledged that only one survey was provided, and that the institution will solicit feedback from more employers in the future; however, no evidence of additional surveys, nor a strategic plan to guide the solicitation of these surveys was provided. Therefore, compliance with this standard and regular assessment and documentation of employer satisfaction has not been demonstrated.

16. VIII-E: Completion and Placement

The institution failed to demonstrate effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion and placement rates.

The team report indicated multiple concerns relative to the institution's placement rate, the tracking of placements and the completion of ACCET Document 28.1 - Completion and Placement Statistics. The team noted that multiple versions of Document 28.1 for the day session of the MEED program were provided to the team throughout the visit, and that the Document 28.1 for the evening session was not provided until the afternoon of the second day. Both 28.1s show below-benchmark completion and placement rates: MEED (evening) 2010 statistics show a completion rate of 57.14% (7 net starts/4 completers) and a placement rate of 25% (4 eligible/1 placed); the MEED (day) 2010 statistics show a placement rate of 65.22 % (23 eligible/15 placed) which was further adjusted by the team to 52.17% (23 eligible/12 placed) when three placements were discounted. Further, the institution's documentation for self-employment does not meet the requirements of Document 28 – Completion and Placement Policy, as it does not document student attestations relative to self-employment at graduation or 30 days after graduation. In response, the institution indicated that it has established an action plan that will require the update of Document 28.1 on a monthly basis; however, the institution failed to provide any documentation to evidence the implementation of this new plan. Further, the institution provided an updated Document 28.1 for the MEED (day) program (as part of the "Art of Teaching" exhibit under Standard IV-B) indicating above benchmark rates for both completion (70% with 40 net starts/28 completed) and placement (76% with 25 eligible/19 placed); however, no supporting documentation was provided to evidence placement or waiver verification, nor were the placements discounted by the team addressed by the institution. Therefore, compliance with this standards and effective means to regularly assess, document and validate completion and placement rates has not been demonstrated.

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

If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of \$5,000.00, payable to ACCET, for an appeals hearing. This notification must be accompanied by an affidavit signed by an authorized representative of the institution indicating that a Notice of Status of Accreditation notifying interested parties of the Commission's adverse action has been disseminated to new enrollees and posted in conspicuous places at the institution to include, at minimum, the admissions office and student lounge or comparable location. In addition, the institution must submit a written teach-out plan that is in

accordance with ACCET Document 32 – Closing/Teach-Out Policy, for which it is noted that the institution's interim report response to the April 25, 2011 Commission action letter did not satisfy the requirements in that ACCET policy document.

In the case of an appeal, a written statement, plus six (6) additional copies of CD's in PDF format, regarding the grounds for the appeal must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The institution may provide clarification of and/or new information regarding conditions at the institution relating to the findings of non-compliance up to the time of the Commission's decision, but not thereafter. A timely request for an appeal will extend the institution's accredited status until a final decision on the appeal is rendered by the Accrediting Commission; otherwise, the institution's accreditation will expire fifteen (15) days from receipt of this letter. In the event of a final determination of denial of accreditation, the institution is precluded from making application for accreditation for a minimum of one (1) year from the date of such final action.

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

Sincerely,



ELECTRONIC SIGNATURE

Roger J. Williams  
Executive Director

RJW/lao

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