



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING  
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August 31, 2011

VIA EMAIL & FEDERAL EXPRESS  
([stroth@nanny-governess.com](mailto:stroth@nanny-governess.com))

Ms. Sheilagh Roth  
Executive Director  
English Nanny and Governess School, Inc.  
37 South Franklin Street  
Chagrin Falls, OH 44022

***Re: Initial Accreditation Denied  
(Appealable, Not a Final Action)  
ACCET ID #1296***

Dear Ms. Roth:

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 initial accreditation to the English Nanny and Governess School, Inc., located in Chagrin Falls, Ohio.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted June 7-8, 2011), and the institution's response to that report, dated July 28, 2011. It is noted that a few weaknesses cited in the team report were adequately addressed in the institution's response and accepted by the Commission. However, the Commission determined that the institution has not adequately demonstrated compliance with respect to numerous ACCET standards, policies, and procedures, relative to the following findings:

1. Standards I-A: Mission Statement and IV-A: Educational Goals and Objectives

The institution did not demonstrate that the education and training provided are consistent with the institution's mission; that the programs and courses have appropriate educational goals and objectives; that the curricular content and learning experiences are preplanned and present a sound, systematic, and sequential educational methodology; or that sufficient and appropriate knowledge and skill elements are included to ensure adequate preparation for the expected performance outcomes.

The team report questioned the institution's ability to meet its mission in so far as the quality and coherence of the curriculum and the practicum do not provide a solid basis to ensure student success as early childhood educators/caregivers. More specifically, the team noted a lack of organization among the curricular materials, and no system to provide easy access to them by instructors, students, or administrators. While a course list, naming all courses in the program and the corresponding instructor, was available for review, the team could not

determine that there was a prescribed course order or that prerequisites were established. The team could also not determine that specific educational goals and learning objectives had been defined for each course. Further, the institution had no coherent and written policy or procedure to ensure continuity of orderly progress through the program and adherence to the learning objectives in the event that an instructor is absent and substitution is required.

In its response, the institution took issue with the team's use of the phrase "early childhood educators/caregivers," arguing that this is not the intended focus of its program. It provided documentation from the American Council of Nanny Schools (ACNS), upon whose criteria its program is based. However, the institution does not meet a basic requirement of the ACNS criteria, which require 70 hours of child development, whereas the institution's program appears to offer only 42 hours.

The institution's response also provided a rationale for its position relative to substitute instructors, though its argument failed to demonstrate that maximum continuity of program delivery in compliance with this Standard would be ensured. The institution stated that it is not satisfactory for a substitute to cover the educational goals outlined by the core instructor, so the substitute will "conduct as much as possible from the assignments given by the [core faculty member] and then the core faculty member will make up the desired lesson at a later date." However, this response does not address the team's concern as to where a substitute would look to find such assignments, nor does it address how the program content might be compromised "at a later date" in order to accommodate the missed lesson, especially in the event of an extended absence of the primary instructor. Finally, the institution provided a complete copy of its curriculum.

Upon review, however, the Commission concluded that the materials provided do not constitute an organized and educationally sound educational program. The documents evidenced randomly organized topics, supposedly intended to represent the courses taught, but no clear correlation to the courses listed in the catalog or the course list provided by the institution could be seen. There is still little evidence of appropriately delineated educational goals and learning objectives. Of all the courses, only the practicum has specifically outlined objectives. The curriculum still indicates no stated prerequisites for its courses and does not evidence a preplanned, sound, systematic, and sequential educational methodology. Therefore, since the institution has been unable to produce an organized and complete curriculum that demonstrates the program can effectively meet its mission, compliance with these standards has not been demonstrated.

## 2. Standards I-B: Institutional Goals and I-C: Planning

The institution did not demonstrate that it has sound, written one-year and longer-range plans encompassing both its educational and business objectives; that these plans support the mission and facilitate the accomplishment of clearly stated institutional goals; nor that the

plans include clearly defined specific objectives and operational strategies with timeframes, resources, and measurable results identified for subsequent evaluation.

The team report indicated that goals are listed as part of the strategic planning document, but noted that this document represents a plan that is in its early stages of development, at best. The team could not confirm that either the institution's goals or its written plan are a part of any actual, coherent planning process. Goals are not developed in any depth nor are they clearly linked to specific strategies with measurable results, timeframes for implementation and future evaluation, or assigned resources in terms of manpower and budgeting considerations. The team determined there was no correlation of the written goals with discussion evidenced in meeting minutes or any other evidence of planning for the future of the institution. The absence of detailed strategies and of any evidence that the plan informs management activities at the institution suggest that pursuing a unified, strategic vision is not a priority.

The institution's response acknowledged that the Strategic Plan is in the "development stage" and stated that help has been sought from outside sources relative to preparing a strategic plan. It also stated that future quarterly meetings will be held on the subject, and that it "expects" to increase the size of its Board. However, no documentation – revised policies, new planning documents, minutes of additional meetings, actual schedules and agenda for future meetings, results from consultation with outside experts, indication of consideration of new Board members – was provided to evidence actual progress in moving this process forward. Therefore, systematic and effective implementation of a planning process that would enable the institution to evaluate its effectiveness and demonstrate how its operations support the mission has not been demonstrated.

### 3. Standard II-B: Operational Management

The institution did not demonstrate that operational management is responsible for systematically and effectively implementing the strategies and policies of senior management.

The team report indicated that the primary venue for oversight by operational management are bi-weekly staff meetings. A review of minutes from these meetings did not reveal a substantive account of activities comprising cohesive and comprehensive direction by management. In response, the institution submitted minutes from a more current, post-team visit meeting, held June 23, 2011, to indicate a revised format for the meeting and the record-keeping. However, these minutes still did not demonstrate a level of detail necessary to substantiate the daily management of an institution the size and scope of English Nanny and Governess School. The minutes documented some activities were, but the descriptions of these were vague at best. They often did not differentiate between statements of past or current fact and directions for future action. When they did, the future actions directed were unclear and without supporting detail. In most cases there is no indication who will follow up on these actions or when. Therefore, effective implementation of systematic and effective oversight of its day to day operation in order to support its organizational framework has not been demonstrated.

4. Standards II-C: Personnel Management and VI-C: Instructor Orientation and Training

The institution did not demonstrate that management provides orientation, training, evaluation, and development of its employees to ensure that qualified and capable personnel are placed and effectively utilized, including the implementation of a written policy for the effective orientation and training of instructional personnel to ensure a consistent, high level of instruction. Nor did the institution demonstrate that it has an effective policy for the continued professional development of instructional personnel that is systematically implemented, monitored, and documented.

The team report indicated that all employees are to be evaluated at 90 days of employment and annually on the anniversary of their hire, yet there were few such evaluations documented in personnel files. The team also reported that there is no formal program for professional growth and development, that the institution does not reimburse faculty and staff for outside training and development events, and that it maintains no policy for the orientation and training of new faculty. The institution's response provided a blank copy of a new form for performing employee evaluations. The response also stated that the institution encourages outside professional growth of faculty and staff, but provided no professional growth policy nor any evidence of registration for or attendance at appropriate outside activities. The institution did not address the possibility of arranging in-service ongoing training events. Regarding faculty in particular, the response included a copy of the Faculty Handbook and a copy of a new policy for orientation of new instructors, but the Commission cannot verify that this policy has been implemented in practice. The institution also failed to specifically address ongoing training and development for faculty. Therefore, since the institution has failed to demonstrate that it has policies and procedures in place to ensure the continued growth and development of its faculty and staff, systematic and effective implementation is not in evidence and must be demonstrated in practice over time.

5. Standard II-E: Communications

The institution did not demonstrate that, in order to maintain operational effectiveness, periodic meetings with employees are conducted and appropriate documentation is maintained on significant issues, consistent with the size and purpose of the institution.

The team report indicated that, while there was evidence of the dates of scheduled meetings of the management team, there was no detailed documentation of the content and background of discussion or of the outcomes of the meetings. The institution's response provided the management meeting agenda format that is followed for such meetings, but it provided no copies of detailed minutes to evidence the scope and focus of discussions are substantive and productive in addressing operational effectiveness in accordance with this standard. Therefore, systematic and effective implementation is not in evidence and must be demonstrated in practice over time.

6. Standard IV-B: Program/Instructional Materials

The institution did not demonstrate that program materials, including syllabi, lesson plans, instructional guides, and texts demonstrate the appropriate scope, sequence, and depth of each course in relation to the stated goals and objectives.

The team report indicated that faculty create all of their own lesson plans and provide their own course materials. It was not clear how the institution's management ensures a uniform level of consistency, quality, and relevance among such materials. In its ASER, the institution stated that course materials are maintained by each instructor in his or her own instructor file which restricts access by other instructors, staff, and students to such materials, even though all faculty are teaching elements of the same program. The team report revealed that, in practice, each instructor is relied upon to structure the core content of his or her own course autonomously, with little direction, oversight, or control by senior management, and with minimal established curricular materials to draw upon. The institution was unable to provide the team with a complete set of syllabi for its courses, and there was no procedure to guide how syllabi and lesson plans are to be created, distributed, edited, and utilized.

The institution's response did not address accessibility of curricular materials between instructors. As for policy and procedure directing use of syllabi, the response provided a copy of the Faculty Handbook, which references a Course Syllabus Template, but no completed copies of this template were provided. The Handbook also mentions that "the business office can provide you with an approved course description and outcomes/objectives if needed." The Handbook states that all syllabi and handouts created/selected by an instructor must now be submitted for approval, but the institution provided no supporting evidence of systematic and effective implementation. What the institution did provide was a complete set of curricular materials to evidence a syllabus for each course in its program. Upon review, however, the syllabi provided proved highly inconsistent in format and in quality. Of the forty courses reviewed, only nine possessed syllabi that specified the number of clock hours in the course. Two were partially in another language. Some were organized as topical outlines, while others were only study notes. Some were merely handouts copied from a textbook or periodical. Generally the institution's textbooks could not be linked to the syllabi provided, since the syllabi do not reference what texts are assigned. It cannot be determined if the syllabi support the educational goals and learning objectives of each course, since in nearly no cases have such goals and objectives been defined. Therefore, because the institution did not provide program materials that show the appropriate scope, sequence, and depth of each course in relation to the stated goals and objectives, compliance with this standard has not been demonstrated.

7. Standard IV-C: Performance Measurements

The institution did not demonstrate that it implements a sound, written assessment system, periodically evaluated and updated to ensure instructional effectiveness, that contains a set of

defined elements, such as weighting factors, tests, quizzes, reports, projects, attendance, and participation, that are appropriately related to the performance objectives of the course or program.

The team report indicated a lack of policies and procedures directing a systematic and consistent process for evaluating student academic performance. The team also noted that absence of curricular materials, including functional syllabi for most courses, which would normally detail the evaluation criteria, weighing factors, and testing instruments for both instructor and student reference.

The institution failed to persuade the Commission in its response that it has achieved compliance, since much of that response appears to reference practices for evaluating instructor performance, rather than detailing the criteria and tools by which instructor's measure student performance, with which this Standard is concerned. Although the newly distributed Faculty Handbook addresses grading, it discusses only the timely submission of grades by the instructor to the central office and the procedures by which a student might appeal a given grade; it contains no discussion of matching evaluations to learning objectives; the types of evaluation instruments to be used; where to find them and/or how to generate them; minimum/maximum weights for different evaluation elements; nor how all of these considerations should be addressed on syllabi. Rather, via discussion of academic freedom, the Handbook is clear that all such matters are the sole purview of each instructor, apparently without need for documentation or oversight. As such, the institution has not demonstrated how a degree of consistency in the administration of its program will be maintained. As discussed above (see Standard IV-B), copies of syllabi provided with the institution's response fail to evidence many of the requisite elements of a functional syllabus, including outline of the evaluation system. It remains impossible to determine if the institution's assessment system fairly evaluates student attainment of the educational goals and learning objectives, since neither a clearly defined assessment system nor goals and objectives have been demonstrated. Therefore, because the institution has failed to document that it systematically and effectively implements a sound student assessment system as required by the standard, compliance with this standard has not been demonstrated.

#### 8. Standard IV-D: Curriculum Review/Revision

The institution did not demonstrate that it uses systematic and effective procedures focused on a comprehensive review of the curriculum as it relates to the expected learning outcomes, or that these procedures include soliciting feedback from relevant constituencies, such as faculty, students, graduates, employers, and advisory/certification boards, as well as consideration of completion and placement results.

The team report indicated that no evidence of any kind existed to suggest any regular and systematic review and, if necessary, revision of the curriculum. The institution's response stated that the curriculum is reviewed annually by the Curriculum Review Committee, and that all faculty are encouraged to submit proposals for changes to the Executive Director at any time. The next faculty review committee meeting is scheduled for November 3, 2011.

However, neither an agenda for this meeting nor minutes from past meetings were provided to evidence the Committee's actions. The response anecdotally described several recent changes to the curriculum, but no specific evidence of these was provided, and the larger set of curricular materials provided was too poorly crafted and organized to permit cross-verification. The response also stated that student feedback, in particular, is solicited via a Student Survey: Class & Instructor form. However, the institution did not address any other relevant source of data/feedback for the curricular review process, and no completed examples of the student form were provided. Their absence, together with the generic "(School Name)" at the top of the form, do little to evidence a history of systematic and effective implementation. Therefore, because the institution did not demonstrate that it systematically and effectively implements policies and procedures to conduct a comprehensive review of the curriculum as it relates to the expected learning outcomes, or that these procedures include soliciting feedback from relevant constituencies, compliance with this standard has not been demonstrated.

9. Standard V-A: Instructional Methods

The institution did not demonstrate that policies and procedures are in place to ensure that the curricula are followed and that there is consistency of application by all instructional staff, or that instructional methods provide encouragement, challenges, and learning opportunities for all enrolled participants, taking into account different backgrounds, learning abilities and styles, and prior levels of achievement.

The team report indicated that instructional methods observed on site lacked variety and did not demonstrate that proactive measure are taken either to solicit student feedback or to specifically address the learning needs of both advanced and challenged students.

The institution's response referenced the process by which all instructional methods are overseen and approved by the institution in so far as all lesson plans are required to be submitted and approved in advance by senior management. However, the team observed no such practice, and no additional evidence was provided in the response to confirm that this practice is systematically and effectively implemented. Similarly, the response stated that information on student background, education, and learning styles garnered from a mandatory evaluation as part of the admissions process is routinely relayed to instructors in order to prompt custom-tailored teaching methods to address both challenged students and advanced students or those with prior higher education. However, neither specific details nor actual examples were provided to demonstrate this process in practice with specific students, and no policy or procedure directing the process are in evidence; the Faculty Handbook is silent on this topic, and no other procedural documents were submitted with the response. Therefore, because the institution failed to demonstrate systematic and effective implementation of policies and procedures to ensure instructional methods provide encouragement, challenges, and learning opportunities for all enrolled participants, taking into account different backgrounds, learning abilities and styles, and prior levels of achievement, compliance with this standard has not been demonstrated.

10. Standard VI-B: Supervision of Instruction

The institution did not demonstrate that individuals with relevant education and experience in instructional delivery and management supervise instructional personnel, that such supervisors demonstrate good practice in the evaluation and direction of instructors, or that classroom observations, along with student, peer, and supervisory feedback, are effectively utilized.

The team reported that neither policy, procedure, the institution's ASER responses, nor documentary evidence in instructor files indicated that any regular system exists for the observation and critical evaluation of instructor performance. The response provided a copy of the faculty handbook, which now includes a policy and procedure for performing classroom observations and providing feedback to instructors. This process is to be carried out by the Executive Director on an annual basis. However, no supporting documentation was provided to show that any such process has been put into practice. Therefore, systematic and effective implementation has not been demonstrated and must be evidenced in practice over time.

11. Standard VIII-A: Student Progress

The institution did not demonstrate that it uses effective means to assess and record the progress of participants or that assessment results are documented consistently in accordance with institutionally established performance outcomes and are communicated to all participants.

The team reported that all grading criteria and policies are determined and implemented solely by individual instructors. There is no overall, consistent grading system. The team report also indicated that the institution's ASER described basic criteria for satisfactory academic progress (SAP), yet no specifics of an actual process for assessing SAP were presented to the team. The institution's response disagreed that all grading criteria are left to the purview of each instructor, stating that the Executive Director sets the grading criteria for each course together with the Curriculum Review Committee. However, as described above (see Standard IV-D), the Commission has been presented with no evidence to substantiate the activities of such a committee. Few examples of any such grading criteria are evident on the curricular materials provided. The response stated that the grading policies for most courses are based around a letter grade on a 10-point scale, while others are based around a pass/fail determination, yet no indication was given as to which courses are which and no evidence was provided that these decisions are communicated to or implemented by instructors. The response also stated that "each pass/fail course has an activity used as a grading standard," yet no explanation or examples of such activities were provided. Therefore, because the institution failed to demonstrate systematic and effective implementation of policies and procedures that assess and record the progress of participants or that assessment results are documented consistently in accordance with institutionally established performance outcomes, compliance with this standard has not been demonstrated.



12. Standards VIII-D: Employer Satisfaction and VIII-E: Completion and Placement

The institution did not demonstrate that written policies and procedures are followed that provide an effective means to regularly assess, document, and validate the quality of the education and training services provided by means of employer satisfaction or of positive training-related outcomes as represented by placement rates consistent with the benchmarks established by the Accrediting Commission.

The team reported simply that the institution has no policy, procedure, or process in place to solicit feedback on the satisfaction of employers with the preparations of its graduates, nor is the institution prepared to analyze such feedback in order to evaluate the performance of its training program. It relies on continued employment of graduates to indicate employer satisfaction, which by itself yields only partially useful observations or criticisms. The team was unable to evaluate or verify the institution's processes for determining valid, training-related placements or for tracking placement rates, as the institution was unwilling to divulge any employer information owing to the confidentiality agreements into which it enters with the families that employ its graduates. While the Commission acknowledges the institution's commitment to its agreements with these families, the onus remains on the institution to present a regular and effective methods by which compliance with these Standards can be assessed, which it did not do in its response. Its response offered no constructive solution to either Standard other than a web link to a survey reportedly developed in order to solicit client feedback. However, no examples of actual feedback were provided to evidence the survey put into practice, and such an instrument, by itself fails to meet the requirements for verifying and documenting placements per the requirements of ACCET Document 28 – Completion and Placement Policy. Further, close examination reveals that the survey instrument provided is actually aimed at the institution's graduates, not its employer clients. Therefore, because the institution has not demonstrated that it follows written policies and procedures that provide an effective means to regularly assess, document, and validate the quality of the education and training services provided by means of employer satisfaction and positive training-related outcomes as represented by validated placement rates, compliance with these standards has not been demonstrated.

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

In the case of an appeal, a written statement, plus six (6) additional copies on CDs 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

English Nanny and Governess School, Inc.

August 31, 2011

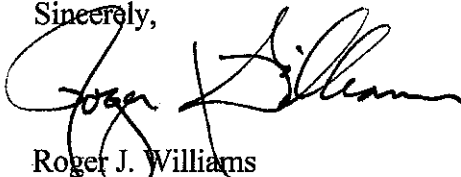
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new information regarding conditions at the institution relating to the findings of non-compliance up to the time of the Commission's decision, but not thereafter. In the event of a final determination of denial of accreditation, the institution is precluded from making new application for accreditation for a minimum of one (1) year from the date of such final action.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Roger J. Williams". The signature is fluid and cursive, with the first name "Roger" being particularly prominent.

Roger J. Williams  
Executive Director

RJW/mln

c: Mr. John Ware, Executive Director, Ohio State Board of Career Colleges & Schools  
(john.ware@scr.state.oh.us)