

Institution Information



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *

2024

2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

55199150

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Saddleback Beauty Academy

Program Name

2024 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Barbering

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. *

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

Barbering/Barber.

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

39-5011 - Barbers

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or

Certificates Awarded *

If none, indicate "0".

0

9. Total Charges for this Program *

\$7,750.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program *

0

12. Number of Students Who Began the Program *

If none, indicate "0".

1

13. Number of Students Available for Graduation *

If none, indicate "0".

1

14. Number of On-time Graduates *

If none, indicate "0".

0

15. Completion Rate

This is a calculated field based on #14 and #13.

0

16. 150% Graduates?

0

17. 150% Completion Rate

This is a calculated field based on
#16 and #13.

0

18. Is the above data taken from the
Integrated Postsecondary Education
Data System (IPEDS) of the United
States Department of Education? *

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for
Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field

*

If none, indicate "0".

0

21. Placement Rate

This is a calculated field based on
#17 and #18.

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *

If none, indicate "0".

0

23b. In concurrent aggregated positions in the field of

study (2 or more positions at the same time) *

If none, indicate "0".

0

23d. By the institution or an employer owned by the
institution, or an employer who shares ownership with
the institution *

If none, indicate "0".

0

Allied Health

2024 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2024 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

26. Does this educational program lead to an occupation that requires State licensing? *

Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *

No

Exam Passage Rate - Year 1

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

Display Instructions for #27-34 (Toggle)

Not Checked

27. Name of the State licensing entity that licenses this field *

BOARD OF BARBERING AND COSMETOLOGY

28. Name of State Exam *

BARBER

29. Number of Graduates Taking State Exam *

If none, indicate "0".

0

30. Number Who Passed the State Exam *

If none, indicate "0".

0

31. Number Who Failed the State Exam
This is a calculated field based on #25 and #26.

0

33. Is this data from the State
licensing agency that administered
the exam? *

Yes

32. Passage Rate
This is a calculated field based on #25 and #26.

33a. Name of Agency *

BOARD OF BARBERING AND COSMETOLOGY

Exam Passage Rate - Year 2

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2024

Display Instructions for #35-42 (Toggle)

Not Checked

35. Name of the State licensing entity that licenses this
field *

BOARD OF BARBERING AND COSMETOLOGY

36. Name of State Exam *

BARBER

37. Number of Graduates Taking State Exam *
If none, indicate "0".

0

38. Number Who Passed the State Exam *
If none, indicate "0".

0

39. Number Who Failed the State Exam
This is a calculated field based on #33 and #34.

0

40. Passage Rate
This is a calculated field based on #33 and #34.

41. Is this data from the State licensing agency that
administered the State exam? *

Yes

41a. Name of Agency *

BOARD OF BARBERING AND COSMETOLOGY

\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	

Institution Information



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *

2024

2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

55199150

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Saddleback Beauty Academy

Program Name

2024 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Cosmetician

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. *

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

Aesthetician/Esthetician and Skin Care Specialist.

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

39-5094 - Skincare Specialists

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or

Certificates Awarded *

If none, indicate "0".

2

9. Total Charges for this Program *

\$7,800.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program *

0

12. Number of Students Who Began the Program *

If none, indicate "0".

3

13. Number of Students Available for Graduation *

If none, indicate "0".

3

14. Number of On-time Graduates *

If none, indicate "0".

0

15. Completion Rate

This is a calculated field based on #14 and #13.

0

16. 150% Graduates?

2

17. 150% Completion Rate

This is a calculated field based on
#16 and #13.

66.66667

18. Is the above data taken from the
Integrated Postsecondary Education
Data System (IPEDS) of the United
States Department of Education? *

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for
Employment *

If none, indicate "0".

2

20. Graduates Employed in the Field

*

If none, indicate "0".

2

21. Placement Rate

This is a calculated field based on
#17 and #18.

100

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

2

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *

If none, indicate "0".

2

23b. In concurrent aggregated positions in the field of

study (2 or more positions at the same time) *

If none, indicate "0".

0

23d. By the institution or an employer owned by the
institution, or an employer who shares ownership with
the institution *

If none, indicate "0".

0

Allied Health

2024 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2024 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

26. Does this educational program lead to an occupation that requires State licensing? *

Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *

No

Exam Passage Rate - Year 1

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

Display Instructions for #27-34 (Toggle)

Not Checked

27. Name of the State licensing entity that licenses this field *

BOARD OF BARBERING AND COSMETOLOGY

28. Name of State Exam *

ESTHETICIAN

29. Number of Graduates Taking State Exam *

If none, indicate "0".

30. Number Who Passed the State Exam *

If none, indicate "0".

31. Number Who Failed the State Exam
This is a calculated field based on #25 and #26.

0

33. Is this data from the State
licensing agency that administered
the exam? *

Yes

32. Passage Rate
This is a calculated field based on #25 and #26.

100

33a. Name of Agency *

BOARD OF BARBERING AND COSMETOLOGY

Exam Passage Rate - Year 2

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2024

Display Instructions for #35-42 (Toggle)

Not Checked

35. Name of the State licensing entity that licenses this
field *

BOARD OF BARBERING AND COSMETOLOGY

36. Name of State Exam *

ESTHETICIAN

37. Number of Graduates Taking State Exam *
If none, indicate "0".

2

38. Number Who Passed the State Exam *
If none, indicate "0".

2

39. Number Who Failed the State Exam
This is a calculated field based on #33 and #34.

0

40. Passage Rate
This is a calculated field based on #33 and #34.

100

41. Is this data from the State licensing agency that
administered the State exam? *

Yes

41a. Name of Agency *

BOARD OF BARBERING AND COSMETOLOGY

Salary Data

2024 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

2

44. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

2

45. Graduates Employed in the Field Reported receiving the following Salary or Wage:

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

0 0

\$10,001 - \$15,000 *

\$15,001 - \$20,000 *

0 0

0

0

\$30,001 - \$35,000 **\$35,001 - \$40,000**

\$16,664 - \$15,668 *

\$40,001 - \$45,000

\$45,001 - \$50,000

\$50,001 - \$55,000 * **\$55,001 - \$60,000 ***

2018-2019
2019-2020

\$60,001 - \$65,000 *

665 001 - 670 000 *

\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	

Institution Information



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *

2024

2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

55199150

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Saddleback Beauty Academy

Program Name

2024 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

COSMETOLOGY

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. *

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

Hair Styling/Stylist and Hair Design.

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

39-5012 - Hairdressers, Hairstylists, and Cosmetologists

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or

Certificates Awarded *

If none, indicate "0".

0

9. Total Charges for this Program *

\$7,750.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program *

0

12. Number of Students Who Began the Program *

If none, indicate "0".

0

13. Number of Students Available for Graduation *

If none, indicate "0".

0

14. Number of On-time Graduates *

If none, indicate "0".

0

15. Completion Rate

This is a calculated field based on #14 and #13.

16. 150% Graduates?

0

17. 150% Completion Rate

This is a calculated field based on
#16 and #13.

18. Is the above data taken from the
Integrated Postsecondary Education
Data System (IPEDS) of the United
States Department of Education? *

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for
Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field

*

If none, indicate "0".

0

21. Placement Rate

This is a calculated field based on
#17 and #18.

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *

If none, indicate "0".

0

23b. In concurrent aggregated positions in the field of

study (2 or more positions at the same time) *

If none, indicate "0".

0

23d. By the institution or an employer owned by the
institution, or an employer who shares ownership with
the institution *

If none, indicate "0".

0

Allied Health

2024 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2024 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

26. Does this educational program lead to an occupation that requires State licensing? *

Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *

No

Exam Passage Rate - Year 1

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

Display Instructions for #27-34 (Toggle)

Not Checked

27. Name of the State licensing entity that licenses this field *

BOARD OF BARBERING AND COSMETOLOGY

28. Name of State Exam *

COSMETOLOGIST

29. Number of Graduates Taking State Exam *

If none, indicate "0".

0

30. Number Who Passed the State Exam *

If none, indicate "0".

0

31. Number Who Failed the State Exam
This is a calculated field based on #25 and #26.

0

33. Is this data from the State
licensing agency that administered
the exam? *

Yes

32. Passage Rate
This is a calculated field based on #25 and #26.

33a. Name of Agency *

BOARD OF BARBERING AND COSMETOLOGY

Exam Passage Rate - Year 2

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2024

Display Instructions for #35-42 (Toggle)

Not Checked

35. Name of the State licensing entity that licenses this
field *

BOARD OF BARBERING AND COSMETOLOGY

36. Name of State Exam *

COSMETOLOGIST

37. Number of Graduates Taking State Exam *
If none, indicate "0".

0

38. Number Who Passed the State Exam *
If none, indicate "0".

0

39. Number Who Failed the State Exam
This is a calculated field based on #33 and #34.

0

40. Passage Rate
This is a calculated field based on #33 and #34.

41. Is this data from the State licensing agency that
administered the State exam? *

Yes

41a. Name of Agency *

BOARD OF BARBERING AND COSMETOLOGY

\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Institution - General Info

Annual Report data is institutional data that is combined for the main location, branch and all satellite locations.

1. Report Year *

2024

2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

55199150

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Saddleback Beauty Academy

4. Street Address (Physical Location) *

23656 Moulton Parkway, Suite B

5. City *

Laguna Hills

6. State *

CA

7. Zip Code *

92653

8. Select the type of business organization for this institution *

For profit corporation

9. Number of Branch Locations *

Indicate the number of branch locations associated with the main location. If none, enter zero ("0")

0

10. Number of Satellite Locations *

Indicate the number of branch locations associated with the main location or branch location. If none, enter zero ("0")

1

Graduate Identification Data

2024 BPPE Annual Report - Institution - Graduate Identification Data

New Reporting Requirement: California Education Code section 94892.6 requires that institutions approved to operate by the Bureau collect, retain, and report specified information about each graduate completing a program on or after January 1, 2020. This includes identifying information for each graduate along with information about the program from which they graduated and the amount of student loan debt borrowed. Pursuant to Title 5, California Code of Regulations section 74110, beginning in 2022 institutions will report this information to the Bureau annually through the Annual Report submission process.

The AR_LaborMarketData_2024 reporting template linked below includes details about the data required to be reported for each student who graduated from the institution's education program(s) between January 1, 2024 and December 31, 2024. Click on the link to the template and save to your computer to fill out. After adding the required information to the "Data" tab, press the "Select files" button at the bottom of the portal Graduate Identification Data page to upload and attach your completed AR_LaborMarketData_2024 report to the institution's Annual Report submission. Uploaded files must be in Excel or CSV formats.

Please contact Jennifer Jones (Jennifer.jones@dca.ca.gov) with questions about this requirement.

Upload completed Excel or CSV here

*

Fees / Accreditation

2024 BPPE Annual Report - Institution - Fees/Accreditation

Display Instructions for #11 - #14 (Toggle)

Not Checked

11a. Is this institution current with all assessments to the
Student Tuition Recovery Fund? *

11b. Is this institution current on Annual Fees? *

Yes

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of
Education? *

No

13. If your institution has specialized accreditation from a recognized United States Department of Education approved
specialized/programmatic accreditor, list the accreditation below.

14. Has any accreditation agency taken any final disciplinary action against this institution in the reporting year? Indicate "yes" if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate "no" if no final action has been taken against the institution by an accreditation agency. If Yes, please upload a copy of the action at #14a. *

No

Financial

2024 BPPE Annual Report - Institution - Financial

For the questions below, please disclose any funds received by the institution from the federal and/or state government to provide services to the general public.

Display Instructions for #15 - #26 (Toggle)

Not Checked

15. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? (This includes federal loans and grants) *

No

16. Does your institution participate in veterans' financial aid education programs? *

No

17. Does your institution participate in the Cal Grant program? *

No

18. Is your institution on California's Eligible Training Provider List (ETPL)? *

No

19. Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program? *

No

21. Provide the percentage of institutional income during this Reporting Year derived from public funding. *

If none, indicate "0".

0

23. The percentage of institutional income in the reporting year derived from any non-government financial aid. *

0

25. Provide the percentage of the students who attended this institution during this Reporting Year who received federal student loans to help pay their cost of education at the school. *

If none, indicate "0".

0

20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...) *

No

22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans) *

No

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. *

If Not Applicable, indicate "0".

0

26. Provide the average amount of federal student loan debt of graduates who took out federal student loans at this institution. *

\$0.00

Offerings

2024 BPPE Annual Report - Institution - Offerings

Display Instructions for #27 - #37 (Toggle)

Not Checked

27. Total number of students enrolled at this institution in the reporting year. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students in the reporting year who cancelled during the cancellation period) January 1st through December 31st . *

If none, indicate "0".

6

28. Number of Doctorate Degree Programs Offered?

Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

0

29. Number of Students enrolled in Doctorate programs at this institution? Indicate the number of students enrolled and/or active in all Doctorate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *

If none, indicate "0".

0

30. Number of Master Degree Programs Offered? Indicate the number of Master degree Programs the institution offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

0

31. Number of Students enrolled in Master programs at this institution? Indicate the number of students enrolled and/or active in all Master programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *

If none, indicate "0".

0

32. Number of Bachelor Degree Programs Offered? Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

0

33. Number of Students enrolled in Bachelor programs at this institution? Indicate the number of students enrolled and/or active in all Bachelor programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *

If none, indicate "0".

0

34. Number of Associate Degree Programs Offered?

Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students)

*

If none, indicate "0".

0

36. Number of Diploma or Certificate Programs Offered?

Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

6

Total Program Count

6

35. Number of Students enrolled in Associate programs at this institution? Indicate the number of students enrolled and/or active in all Associate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *

If none, indicate "0".

0

37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate the number of students enrolled and/or active in all diploma/certificate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *

If none, indicate "0".

6

Website / Uploads

2024 BPPE Annual Report - Institution - Website and Required Uploads

An institution that maintains a website, shall provide on the homepage of that website, clear and conspicuous links to the most recent Annual Report submitted to the Bureau, the Catalog, and School Performance Fact Sheet (CEC §94913).**

**The Bureau recommends a portion of the school's website dedicated to providing students with the required information below.

Uploads for Documents must be in PDF format. Other formatting may be too large to upload and will be rejected by BPPE staff.

Institution's Website

www.saddlebackbeautyacademy.com

38. Upload School Performance Fact

Sheet *

Required file format = PDF

**School Performance Fact
Sheets.pdf**

39. Upload Catalog *

Required file format = PDF

Catalog 2024.pdf

40. Upload Enrollment Agreement *

Required file format = PDF

EA.pdf

The file upload facility below (#41) is ONLY for use when BPPE requests additional supporting documentation. The initial submission of the Annual Report does not require any action below.

41. General File Upload (only use as directed by BPPE staff)

Recommended file format = PDF

Pursuant to 5 CCR § 74110 (f)(6), **financial statements are required to be submitted via mail in hard copy format to the Bureau and attention to the Annual Report Unit**; however, the institution may in addition upload an electronic version. This is optional.

42. Upload Financial Statements

Recommended file format = PDF

2024 Financial Statement.pdf

Institution Information



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *

2024

2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

55199150

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Saddleback Beauty Academy

Program Name

2024 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

MANICURING

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. *

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

Nail Technician/Specialist and Manicurist.

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

39-5092 - Manicurists and Pedicurists

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or

Certificates Awarded *

If none, indicate "0".

0

9. Total Charges for this Program *

\$5,900.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program *

0

12. Number of Students Who Began the Program *

If none, indicate "0".

0

13. Number of Students Available for Graduation *

If none, indicate "0".

0

14. Number of On-time Graduates *

If none, indicate "0".

0

15. Completion Rate

This is a calculated field based on #14 and #13.

16. 150% Graduates?

0

17. 150% Completion Rate

This is a calculated field based on
#16 and #13.

18. Is the above data taken from the
Integrated Postsecondary Education
Data System (IPEDS) of the United
States Department of Education? *

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for
Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field

*

If none, indicate "0".

0

21. Placement Rate

This is a calculated field based on
#17 and #18.

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *

If none, indicate "0".

0

23b. In concurrent aggregated positions in the field of

study (2 or more positions at the same time) *

If none, indicate "0".

0

23d. By the institution or an employer owned by the
institution, or an employer who shares ownership with
the institution *

If none, indicate "0".

0

Allied Health

2024 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2024 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

26. Does this educational program lead to an occupation that requires State licensing? *

Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *

No

Exam Passage Rate - Year 1

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

Display Instructions for #27-34 (Toggle)

Not Checked

27. Name of the State licensing entity that licenses this field *

BOARD OF BARBERING AND COSMETOLOGY

28. Name of State Exam *

MANICURIST

29. Number of Graduates Taking State Exam *

If none, indicate "0".

0

30. Number Who Passed the State Exam *

If none, indicate "0".

0

31. Number Who Failed the State Exam
This is a calculated field based on #25 and #26.

0

33. Is this data from the State
licensing agency that administered
the exam? *

Yes

32. Passage Rate
This is a calculated field based on #25 and #26.

33a. Name of Agency *

BOARD OF BARBERING AND COSMETOLOGY

Exam Passage Rate - Year 2

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2024

Display Instructions for #35-42 (Toggle)

Not Checked

35. Name of the State licensing entity that licenses this
field *

BOARD OF BARBERING AND COSMETOLOGY

36. Name of State Exam *

MANICURIST

37. Number of Graduates Taking State Exam *
If none, indicate "0".

0

38. Number Who Passed the State Exam *
If none, indicate "0".

0

39. Number Who Failed the State Exam
This is a calculated field based on #33 and #34.

0

40. Passage Rate
This is a calculated field based on #33 and #34.

41. Is this data from the State licensing agency that
administered the State exam? *

Yes

41a. Name of Agency *

BOARD OF BARBERING AND COSMETOLOGY

\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	

Institution Information



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *

2024

2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

55199150

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Saddleback Beauty Academy

Program Name

2024 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

MASSAGE THERAPY

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. *

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or

Certificates Awarded *

If none, indicate "0".

0

9. Total Charges for this Program *

\$7,800.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program *

0

12. Number of Students Who Began the Program *

If none, indicate "0".

0

13. Number of Students Available for Graduation *

If none, indicate "0".

0

14. Number of On-time Graduates *

If none, indicate "0".

0

15. Completion Rate

This is a calculated field based on #14 and #13.

16. 150% Graduates?

0

17. 150% Completion Rate

This is a calculated field based on
#16 and #13.

18. Is the above data taken from the
Integrated Postsecondary Education
Data System (IPEDS) of the United
States Department of Education? *

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for
Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field

*

If none, indicate "0".

0

21. Placement Rate

This is a calculated field based on
#17 and #18.

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *

If none, indicate "0".

0

23b. In concurrent aggregated positions in the field of

study (2 or more positions at the same time) *

If none, indicate "0".

0

23d. By the institution or an employer owned by the
institution, or an employer who shares ownership with
the institution *

If none, indicate "0".

0

Allied Health

2024 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2024 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

26. Does this educational program lead to an occupation that requires State licensing? *

No

You have indicated "No" for question #22, please proceed to 'Salary Data'.

Salary Data

2024 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

0

44. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

0

45. Graduates Employed in the Field Reported receiving the following Salary or Wage:

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Satellite Location Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Satellite Location Data

1. Report Year *

2024

2. Institution Code *

Enter Institutional Code, main or branch, associated with this satellite location. Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #4.

55199150

4. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to refill the Institution Name with the correct Institution Name.

3. School Code *

Enter school code (Satellite Location)

77596214

Saddleback Beauty Academy

Satellite Location Data (California locations only)

5. Street Address (Physical Location) *

23555 Moulton Parkway

6. City *

Laguna Hills

7. State *

CA

8. Zip Code *

92653

Institution Information



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *

2024

2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

55199150

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Saddleback Beauty Academy

Program Name

2024 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

TEACHER TRAINING

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. *

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or

Certificates Awarded *

If none, indicate "0".

0

9. Total Charges for this Program *

\$6,350.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program *

0

12. Number of Students Who Began the Program *

If none, indicate "0".

0

13. Number of Students Available for Graduation *

If none, indicate "0".

0

14. Number of On-time Graduates *

If none, indicate "0".

0

15. Completion Rate

This is a calculated field based on #14 and #13.

16. 150% Graduates?

0

17. 150% Completion Rate

This is a calculated field based on
#16 and #13.

18. Is the above data taken from the
Integrated Postsecondary Education
Data System (IPEDS) of the United
States Department of Education? *

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for
Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field

*

If none, indicate "0".

0

21. Placement Rate

This is a calculated field based on
#17 and #18.

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *

If none, indicate "0".

0

23b. In concurrent aggregated positions in the field of

study (2 or more positions at the same time) *

If none, indicate "0".

0

23d. By the institution or an employer owned by the
institution, or an employer who shares ownership with
the institution *

If none, indicate "0".

0

Allied Health

2024 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2024 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

26. Does this educational program lead to an occupation that requires State licensing? *

No

You have indicated "No" for question #22, please proceed to 'Salary Data'.

Salary Data

2024 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

0

44. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

0

45. Graduates Employed in the Field Reported receiving the following Salary or Wage:

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	